Cochrane Rehabilitation
The Communication Strategy

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Trusted evidence.
Informed decisions.
Better health.
EBCP process

Evaluating the Process

Formulating the clinical question

Searching the Evidence

Appraising the Evidence

Appraise

Apply

Assess

Incorporating Evidence to decision-making

Patient for whom we are uncertain about therapy, diagnosis, or prognosis

Ask

Acquire

Patient Population

Intervention or Issue

Comparison intervention (optional)

Outcome of interest
Evidence Based Medicine

A 21st century clinician who cannot critically read a study is as unprepared as one who cannot take a blood pressure or examine the cardiovascular system.

Rule 31: Review the world literature fortnightly
"It is surely a great criticism of our profession that we have not organised a critical summary, by specialty or subspecialty, adapted periodically, of all relevant randomised controlled trials."

Professor Archibald Leman Cochrane, CBE FRCP FFCM, (1909-1988) (as depicted by a composite of hundreds of photos of Cochrane contributors)
The Know-Do Gap

“All breakthrough, no follow through”

High quality evidence is not consistently applied in practice

Examples in clinical practice:

• Statins decrease mortality and morbidity in post-stroke, but they are underprescribed

• Antibiotics are overprescribed in children with upper respiratory tract symptoms

Examples in health system policies:

• Evidence was not frequently used by WHO (not true for last rehabilitation guidelines)

• Out of 8 policymaking processes in Canada
  – Only 1 was fully based on research
  – Other 3 were partially based on research

Why there is the Know-Do Gap?

Evidence not focused on the end-users\(^1\):

- Epidemiologically and methodologically focused
- Missing details on interventions and settings

Lack of knowledge management skills and infrastructure\(^2\)

- Macro-level: health care system and organization (finance and equipments)
- Meso-level: health care teams (standards of care)
- Micro-level: Individual health care professionals
  - Volume of, and access to research evidence
  - Time to read
  - Skills to appraise, understand and apply research evidence


Courtesy of Stefano Negrini
Judging the benefits and harms of medicines

Only trustworthy evidence will earn the public’s trust

Joe Freer editorial registrar, The BMJ, Fiona Godlee editor in chief, The BMJ

Box 1: Academy of Medical Science's 12 recommendations

YOU MISSED THE MEETING.

WHAT MEETING?

THE BUDGET MEETING THAT YOU TOLD ME TO SCHEDULE.

YOU NEVER TOLD ME WHEN IT WAS.

I SENT YOU AN E-MAIL.

WELL, OBVIOUSLY YOU CHOSE AN UNINTERESTING SUBJECT LINE.

OTHERWISE I WOULD HAVE OPENED IT.

YOU'RE A BAD E-MAIL SENDER.

I ALSO TOLD YOU IN PERSON. BORINGLY?
Knowledge to action process

Adapted from Graham ID et al. J Contin Ed Health Prof. 2006.
Strategy to 2020

The main aims of the Strategy to 2020 are:
1. Make it simpler, quicker and more efficient to produce Cochrane Reviews and other synthesized research evidence.
2. Increase the number of people worldwide accessing and using this evidence in their decision making.
Knowledge Translation

“A dynamic and interactive process that includes the synthesis, dissemination, exchange, and ethically sound application of knowledge to improve health, provide more effective health services and products, and strengthen the health care system.” Canadian Institutes of Health Research

Alternative terms are:
- dissemination and implementation,
- implementation science,
- research use,
- knowledge transfer
- uptake/exchange


Courtesy of Stefano Negrini
Knowledge Translation

It is about ensuring that:

• stakeholders are aware of and use research evidence to inform their decision making

• research is informed by current available evidence and the experiences and information needs of stakeholders

What should be transferred?

To whom should research knowledge be transferred?

By whom should research knowledge be transferred?

How should research knowledge be transferred?

With what effect should research knowledge be transferred?

Lavis JN et al. Milbank Q. 2003
Purpose of KT

KT is the vital ‘other half’ to Cochrane’s investment in producing systematic reviews.

We have to take responsibility for getting our knowledge used (there are currently Cochrane reviews published, that then ‘fall off a cliff’, never to be heard from again).

Only through a serious investment in KT can we achieve Cochrane’s vision of ‘a world of improved health where decisions about health and health care are informed by high quality, relevant and up to date synthesized research evidence’
Cochrane & WHO

Cochrane has been in **official relations** with the World Health Organization (WHO) **since 2011**.

This collaboration includes:

To **appoint a representative** to participate in WHO’s meetings, including **at the World Health Assembly**

To **provide input on the way research evidence is identified, synthesized, assessed and used** by WHO

To **provide reliable summaries of health information** which can be used to inform recommendations and policies

To promote **intersectoral collaboration** and high-quality research between our two organizations **to produce** the necessary **evidence to ensure policies** in all sectors contribute to improving health and health equity
Cochrane and Wikipedia

Articles relating to medicine are viewed more than 180 million times per month on Wikipedia, yet less than 1 per cent of these have passed a formal peer review process.

This opens up a unique opportunity for Cochrane to work with Wikipedia medical editors to transform the quality and content of health evidence available online.

The partnership, formalized in 2014, supports the inclusion of relevant evidence within all Wikipedia medical articles, as well as processes to help ensure that medical information included in Wikipedia is of the highest quality and as accurate as possible.

**Trusted, evidence-based research can help people to make informed decisions about their own health care.**
Cochrane Rehabilitation Field

- Facilitate the work of Cochrane Review Groups
- Ensure that Cochrane reviews are both relevant and accessible to their fellow specialists and consumers
Website

http://rehabilitation.cochrane.org
Facebook

• 1,528 likes & 1,595 follows (May 3, 2018)

• ~80 posts shared (December 2016-May 2018)
Twitter

- 940 followers (May 3, 2018)
- 478 tweets (December 2016-May 2018)
YouTube

- 28 video shared with a mean of 61 visualizations
Cochrane Rehabilitation was formally approved on October 22nd, 2016 and officially launched on December 16th, 2017.

Cochrane Rehabilitation serves as a bridge between all the stakeholders in Rehabilitation and Cochrane.

The Global Evidence Summit 2017

My experience as a PhD student at the Global Evidence Summit 2017

An African proverb says: “If you want to go fast, go alone, if you want to go far, go together.”
**Blogshots**

**Cochrane Rehabilitation**

**Yoga for stroke rehabilitation**

We are uncertain whether yoga improves quality of life, balance, gait, depression, anxiety and disability in stroke survivors. Whether or not yoga has any adverse effects is also uncertain.

Cochrane Review; two studies with 72 people comparing yoga vs waiting-list control in adults with stroke.

Cochrane Review by: Cochrane Stroke Group

**Cochrane Rehabilitation**

**Vocational rehabilitation for enhancing return-to-work in workers with traumatic upper limb injuries**

We are uncertain whether vocational rehabilitation improves workers’ ability to return to work after traumatic upper limb injuries. Effects on functional status and quality of life are also uncertain. **EVIDENCE GAP.**

Cochrane Review; no eligible studies found.

Cochrane Review by: Cochrane Work Group

**Cochrane Rehabilitation**

**Fitness training for cardiorespiratory conditioning after traumatic brain injury**

Cardiorespiratory exercise programmes may improve cardiorespiratory fitness in people after traumatic brain injury. It is uncertain whether they improve depression, cognition or fatigue or whether there are any adverse effects.

Cochrane Review, 8 studies with 399 people with traumatic brain injury of any age or severity, comparing cardiorespiratory exercise prescribed alone vs usual care, a non-exercise intervention or no intervention.

Cochrane Review by: Cochrane Injuries

**Cochrane Rehabilitation**

**Treatment of fatigue in amyotrophic lateral sclerosis/motor neuron disease**

It is uncertain whether modafinil, breathing exercises, exercises with weights, or magnetic brain stimulation are safe and effective at improving fatigue in people with amyotrophic lateral sclerosis (also known as motor neuron disease). **EVIDENCE GAP**

Cochrane Review; 4 studies with 86 people with amyotrophic lateral sclerosis, comparing pharmacological and non-pharmacological treatments vs placebo.

Cochrane Review by: Cochrane Neuromuscular
Blogshots translations

Cochrane Rehabilitation

脳卒中リハビリテーションのためのヨガ

ヨガが脳卒中サバイバーの生活の質、バランス、歩行、うつ、不安、そして能力障害を改善するかどうかは不明である。ヨガが引き起こす有害事象の存在についても不明である。

Cochrane Review; 成人脳卒中患者72名を有する2つの研究、ヨガを実施した群と実施しなかった群との比較。

Cochrane Review by: Cochrane Stroke Group

rehabilitation.cochrane.org | @CochraneRehab | #CochraneEvidence http://bit.ly/2BR580B
Publications

Rehabilitation
key for health in the 21st century

- Rehabilitation is essential in addressing the full scope of health needs of a population: ensure healthy lives and promote well-being for all at all ages.

- Health systems need to be equipped to provide services that optimize functioning in light of impairments, injuries or health conditions, acute or chronic.

- The benefits of rehabilitation are realized beyond the health sector.

- Rehabilitation must be integrated into national health plans and budgets. Current epidemiological trends, demographic shifts and expanded access to health care make scaling up rehabilitation services imperative for health systems in the 21st century.
Cochrane Rehabilitation at ISPRM2017
The Global Evidence Summit 2017 was a unique event. It was the first time that Cochrane, the Campbell Collaboration, the Guidelines International Network, the International Society for Evidence-based Health Care, and the Joanna Briggs Institute joined together to create this premiere event in evidence-based policy.

“If you want to go fast, go alone, if you want to go far, go together”.
Cochrane Rehabilitation E-book

Cochrane Rehabilitation Audiences

Clinicians
Consumers and the public
Those seeking health care, their families and carers, and the public

Students
Practitioners
of health care including clinicians and public health practitioners

Politicians
Policy-makers & healthcare managers
making decisions about health policy within all levels of management

Consumers
Researchers & Research Funders
who need information regarding important gaps in the evidence
## Data extraction Form

<table>
<thead>
<tr>
<th>Title</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Cochrane Review Group</td>
<td></td>
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<tr>
<td>Cochrane Review Code</td>
<td></td>
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<tr>
<td>Population (age and gender if relevant)</td>
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<tr>
<td>Intervention(s)</td>
<td></td>
</tr>
<tr>
<td>Control(s)</td>
<td></td>
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<tr>
<td>Aim(s)</td>
<td></td>
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<tr>
<td>Study design and other characteristics</td>
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<tr>
<td>Bias and limits</td>
<td></td>
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<tr>
<td>Outcome(s)</td>
<td></td>
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<tr>
<td>Result(s)</td>
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<tr>
<td>International and National recommendation and guidelines including the intervention</td>
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<tr>
<td>Quality of evidence (GRADE)</td>
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<tr>
<td>Blogshot(s)</td>
<td></td>
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<tr>
<td>Cochrane Indexed Terms</td>
<td></td>
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</tbody>
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Clinical Summary

Target audience:
• All clinicians

Guideline on the content:
• Evidence gap
• Description of the Outcome
• Description of the Intervention
• Description of the Control
• Description of the Study
• Results
• GRADE
Educational Summary

Target audience:
• Medical or other health professional students

Guideline on the content:
• Description of the disease/syndrome (what is the problem?)
• What is the investigated treatment?
• Brief summary of the results as described in the plain language summary
• Comment on how and if the evidence could change in the future (the quality of evidence says that…)

NOTE: The statement should be very simple and easy to understand. Basic concepts should be reinforced.
Political Summary

Target audience:
• Policy decision makers
• Rehabilitation administrators

Guideline on the content:
• Title (Slogan): a journalistic title attracting the attention to what is reported below.
• Epidemiology reporting disease data in terms of 1/100.000 or 1/1.000.000 people in the population
• Costs of the disease and of treatment
• Description of the standard treatment and how the investigated treatment is part of it. Including International or National guidelines, if appropriate.
• Results of the review
• Conclusion about PRM

NOTE: The text should be very concise and simple to understand.
Consumer Summary

Target audience:
• Rehabilitation patients and caregivers

Guideline on the content:
• Summary of the plain language summary. It should be written in a clear and simple language as to explain to a patient his pathology, functioning and possible treatments. Focused on rehabilitation patients.
Cochrane Colloquium
Edinburgh 2018
A patients included health research conference
Share knowledge to reduce disabilities

12TH INTERNATIONAL SOCIETY OF PHYSICAL & REHABILITATION MEDICINE (ISPRM) WORLD CONGRESS

Paris, France
July 8-12, 2018
GET INVOLVED

FOLLOW US

http://rehabilitation.cochrane.org
@CochraneRehab
@francescagimi

CONTACT US

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Trusted evidence.
Informed decisions.
Better health.