

# Cochrane Rehabilitation: La strategia di Knowledge Translation

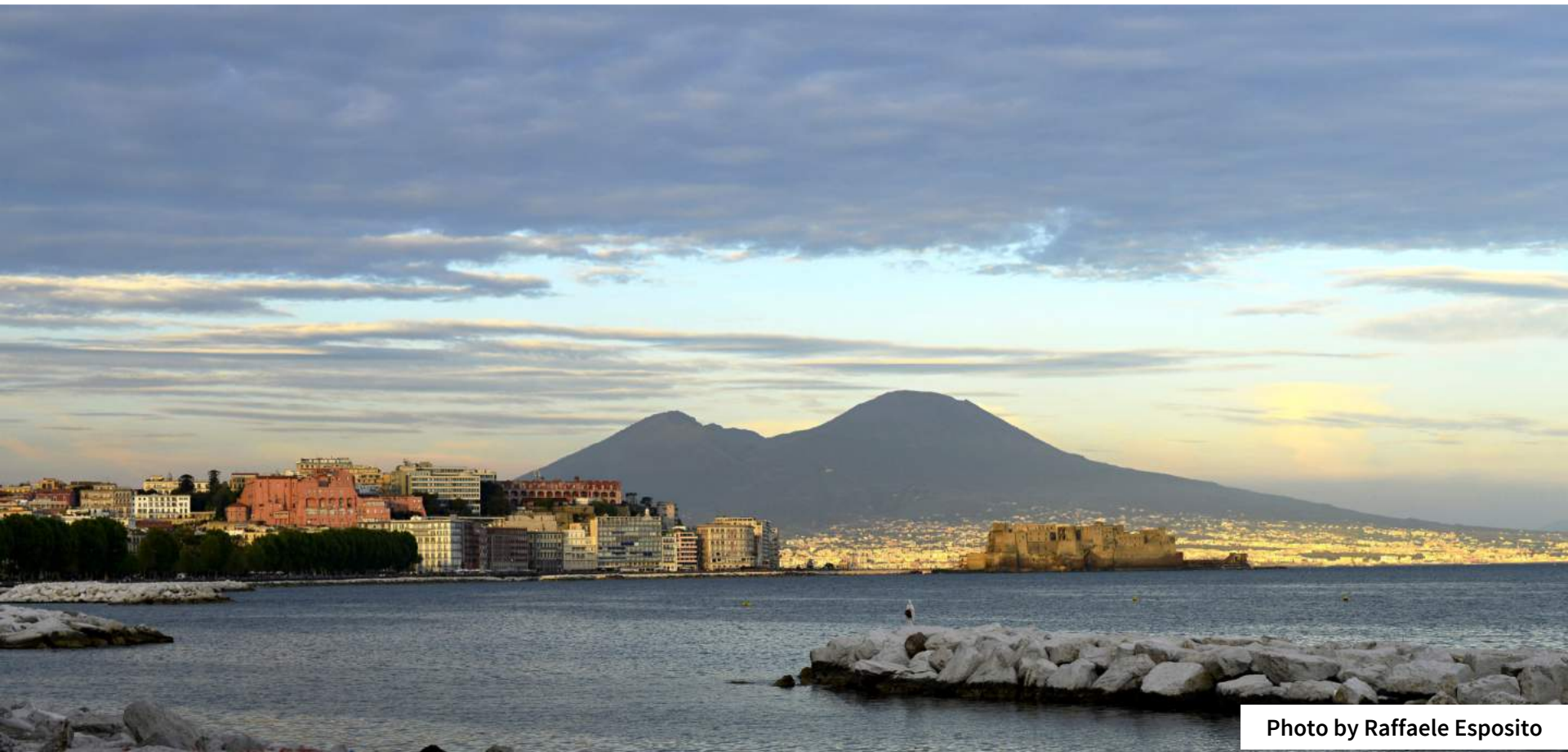
**Francesca Gimigliano, MD PhD**  
Cochrane Rehabilitation  
Communication Committee Chair  
ISPRM Secretary  
Associate Professor of PRM  
University of Campania “Luigi Vanvitelli”

Trusted evidence.  
Informed decisions.  
**Better health.**



**Associate Professor of  
Physical & Rehabilitation Medicine**

**Department of Mental and Physical  
Health and Preventive Medicine  
University of Campania “Luigi  
Vanvitelli”, Napoli, Italy**



# ISPRM – Secretary

## Secretary of the International Society of Physical and Rehabilitation Medicine

[www.isprm.org](http://www.isprm.org)  
**@ISPRM**  
[ISPRMsecretary@gmail.com](mailto:ISPRMsecretary@gmail.com)



The screenshot shows the ISPRM website homepage. At the top right is a 'TRANSLATE' button. Below the header is the ISPRM logo and name, followed by a login section with fields for 'Email' and 'Password', a 'login' button, and links for 'Register', 'Renew membership', and 'Forgot my password'. A navigation bar contains links: DISCOVER, MEET, LEARN, READ, JOIN, COLLABORATE, and DONATE/SUPPORT. Social media icons for Facebook, Twitter, and LinkedIn are present, along with a 'MediGrip Research Into Practice' logo. The main banner features a night image of the Louvre Pyramid with the text 'Share knowledge to reduce disabilities', 'Paris, France July 7-12, 2018', and a 'LEARN MORE' button. A small inset box on the left of the banner promotes 'ISPRM 2018' in Paris, France, from July 8-12, 2018. At the bottom, there are buttons for 'MEET more...', 'LEARN', 'DISCOVER', and 'JOIN'.



# Cochrane Rehabilitation

Communication Committee Chair

[Cochrane Library](#) | [Cochrane.org](#) | [Admin](#)



Trusted evidence.  
Informed decisions.  
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[About us](#)[Evidence](#)[Resources](#)[News & Events](#)[Get Involved](#)[Contact us](#)

## Cochrane News

- ✦ The Cochrane Review on portion sizes - from publication to informing policy
- ✦ Join the Cochrane Crowd 48-hour Citation Screening Challenge!
- ✦ Cochrane in the news: December 2016
- ✦ Cochrane seeks Junior Systems Administrator -



Welcome to the new Cochrane  
Rehabilitation Field

## Keep Posted



Tweets by

# Outline

EBM and EBCP

Knowledge Translation (KT)

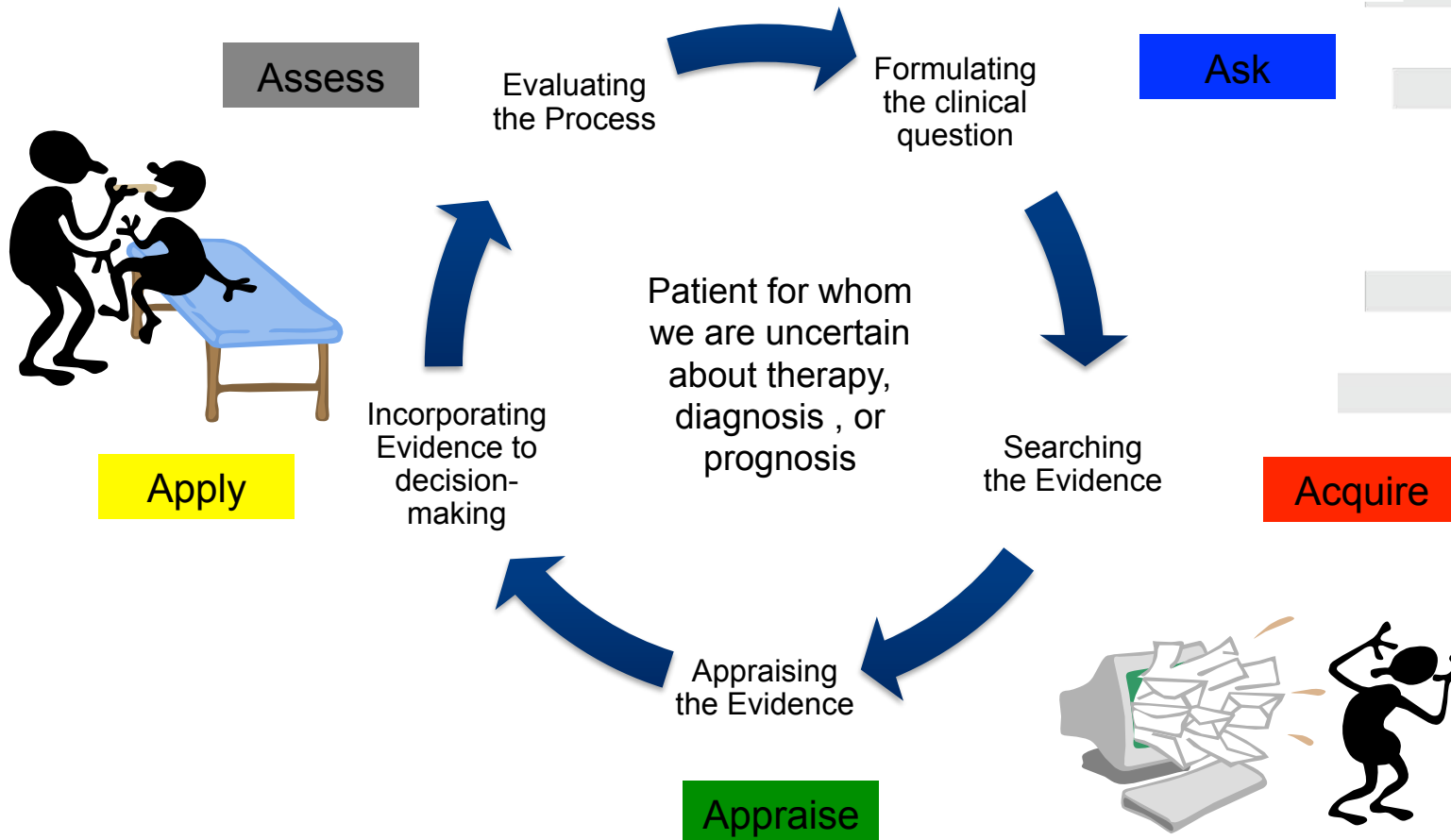
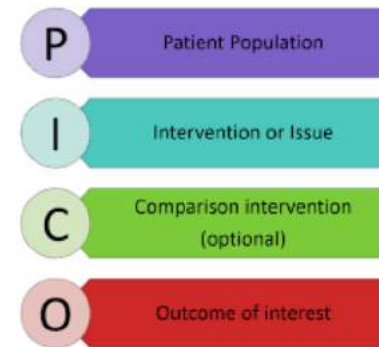
Cochrane Strategy to KT

Cochrane Rehabilitation Strategy to KT

- Website
- Social Media
- Newsletter
- Blogshots
- Translations
- Publications
- Meetings
- E-book



# EBCP process



# 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.

*Glasziou P, et al. EBM and the Medical Curriculum. BMJ 2008.*



# The Know-Do Gap

***“All breakthrough, no follow through”***

High quality evidence is not consistently applied in practice<sup>1</sup>

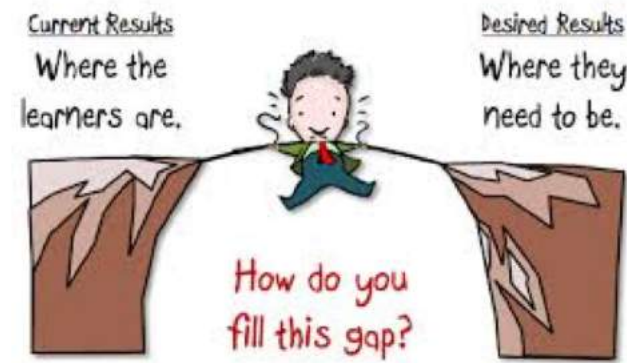
Examples in clinical practice:

- Statins decrease mortality and morbidity in post-stroke, but they are underprescribed<sup>2</sup>
- Antibiotics are overprescribed in children with upper respiratory tract symptoms<sup>3</sup>

Examples in health system policies:

- Evidence was not frequently used by WHO<sup>4</sup> (not true for last rehabilitation guidelines)
- Out of 8 policymaking processes in Canada<sup>5</sup>
  - Only 1 was fully based on research
  - Other 3 were partially based on research

1. Majumdar SR et al. *J Am Coll Cardiol.* 2004. 2. LaRosa JC et al. *JAMA.* 1999. 3. Arnold S et al. *Cochrane Database Syst Rev.* 2005;. 4. Oxman A et al. *Lancet.* 2007. 5. Lavis J et al. *Milbank Q.* 2002.





# Why there is the Know-Do Gap?

Evidence not focused on the end-users<sup>1</sup>:

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

Lack of knowledge management skills and infrastructure<sup>2</sup>

- 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

1. Glenton C et al. *J Clin Epidemiol* 2006. 2. Grimshaw JM et al. *J Contin Educ Health Prof.* 2002.

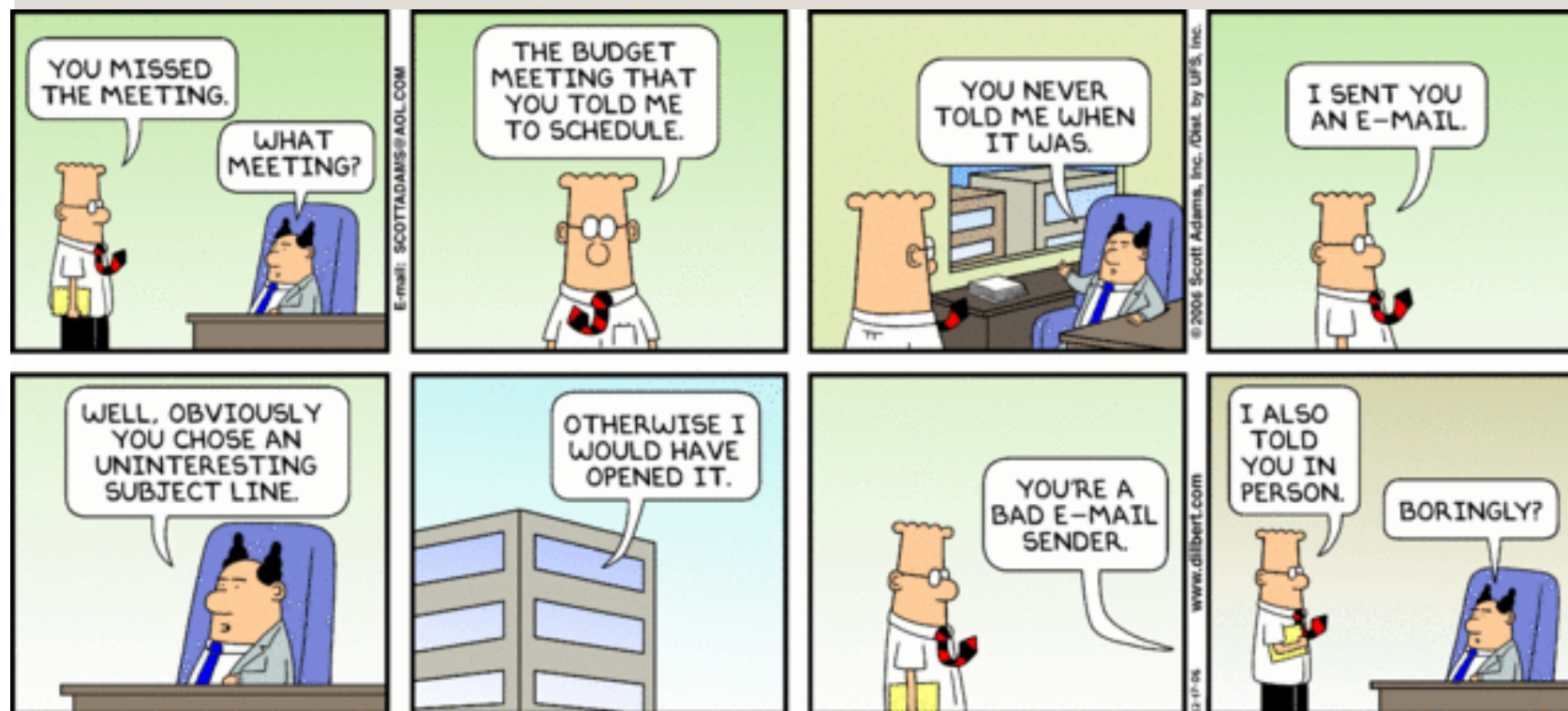
*Courtesy of Stefano Negrini*

# Judging the benefits and harms of medicines

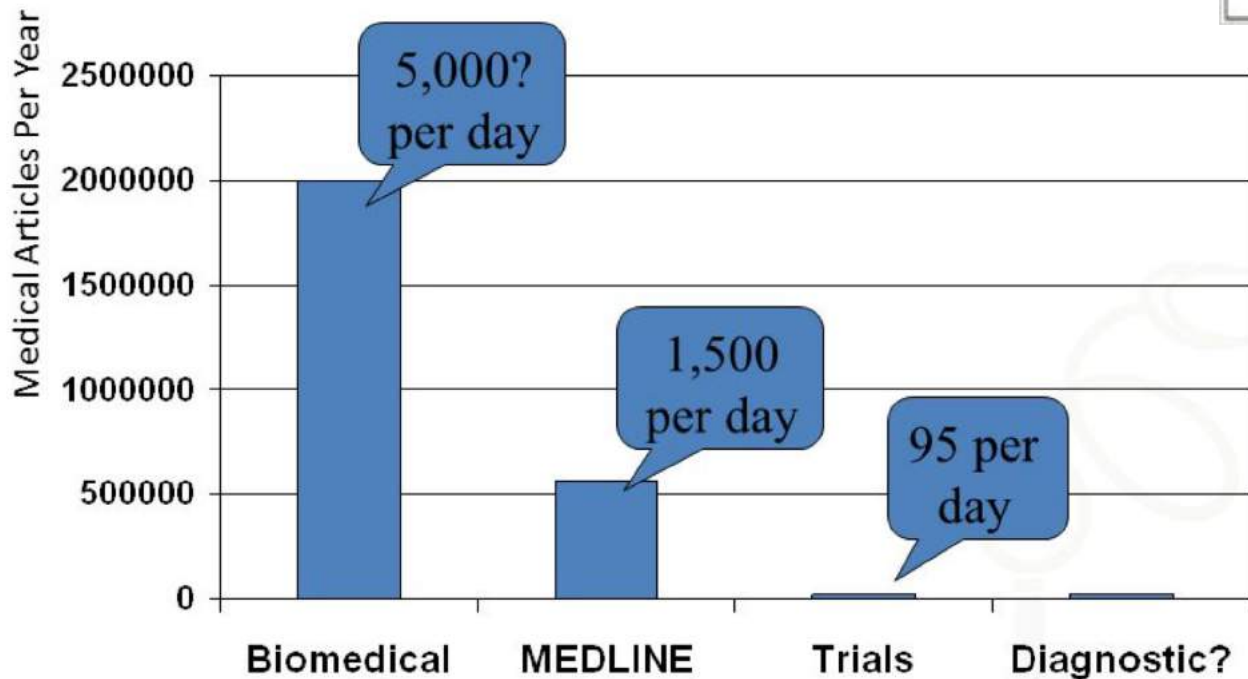
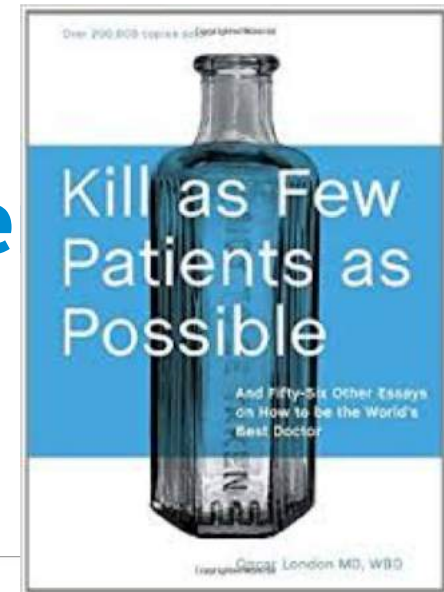
Only trustworthy evidence will earn the public's trust

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

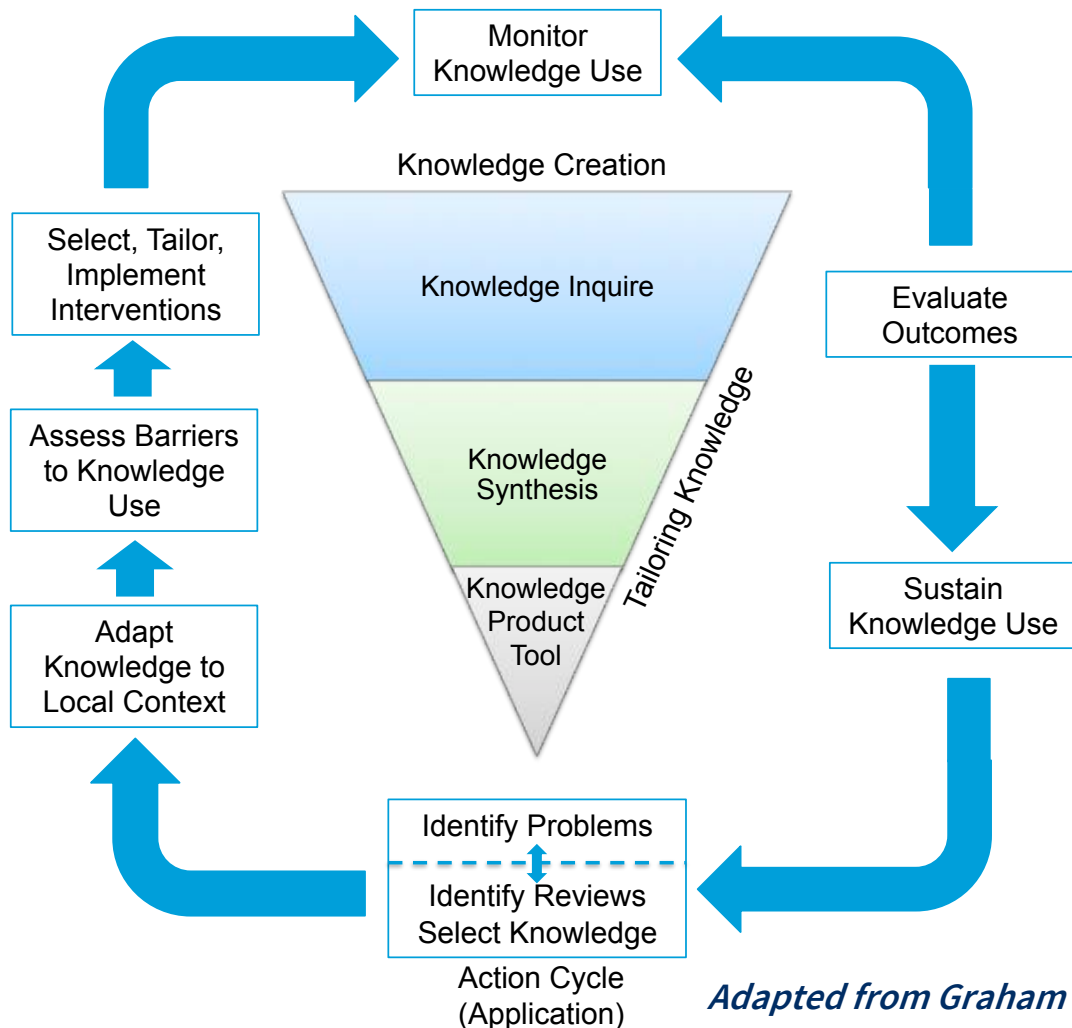
## Box 1: Academy of Medical Science's 12 recommendations



# Rule 31: Review the world literature fortnightly



# Knowledge to action process



*Adapted from Graham ID et al. J Contin Ed Health Prof. 2006.*

**The only certainty in  
medicine is its uncertainty.**

**Systematic Review represents  
one way**



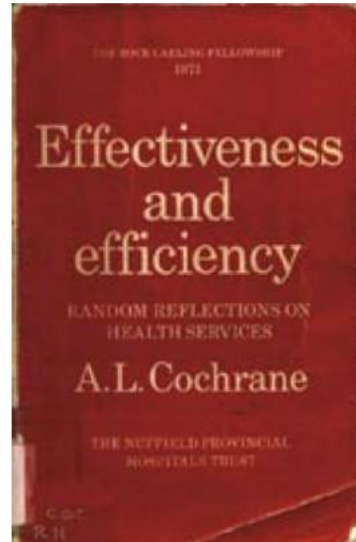
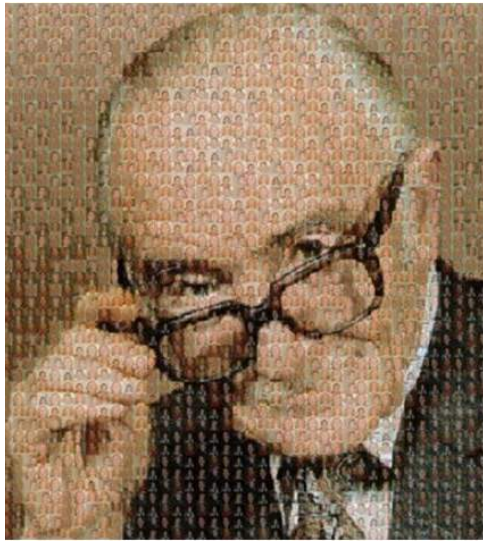




Trusted evidence.  
Informed decisions.  
Better health.

*"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)



# Strategy to 2020

- |   |   |   |
|---|---|---|
| 1 | Collaboration                             | by fostering global co-operation, teamwork, and open and transparent communication and decision making. |
| 2 | Building on the enthusiasm of individuals | by involving, supporting and training people of different skills and backgrounds.                       |
| 3 | Avoiding duplication of effort            | by good management, co-ordination and effective internal communications to maximize economy of effort.  |



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.

- |    |                             |  |
|----|-----------------------------|--|
| 7  | Promoting access            | by wide dissemination of our outputs, taking advantage of strategic alliances, and by promoting appropriate access models and delivery solutions to meet the needs of users worldwide. |
| 8  | Ensuring quality            | by applying advances in methodology, developing systems for quality improvement, and being open and responsive to criticism.   |
| 9  | Continuity                  | by ensuring that responsibility for reviews, editorial processes and key functions is maintained and renewed.  |
| 10 | Enabling wide participation | in our work by reducing barriers to contributing and by encouraging diversity.   |



# 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*<sup>1</sup>

Alternative terms<sup>2</sup> are:

- dissemination and implementation,
- implementation science,
- research use,
- knowledge transfer
- uptake/exchange



1. Mc Kibbin KA et al. *Impl Sci*. 2010. 2. [www.cihr-irsc.gc.ca/e/29418.html](http://www.cihr-irsc.gc.ca/e/29418.html).

# 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?

# 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’*





# Audiences



## Consumers and the public

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



## Practitioners

of health care  
including clinicians  
and public health  
practitioners



## Policy-makers & healthcare managers

making decisions  
about health policy  
within all levels of  
management



## Researchers & Research Funders

who need  
information  
regarding important  
gaps in the evidence



# Evidence informed policy making

Research evidence in management and policymaking are useful to:

- get problems on the agenda
- think about problems and solutions differently
- solve particular problems at hand
- justify a decision made for other reasons

SUPPORT tool is a series of 18 papers about how policy makers can better use research evidence to support their decision making

*<https://health-policy-systems.biomedcentral.com/articles/supplements/volume-7-supplement-1>*



Background: Knowing how to find and use research evidence can help policy makers and those who support them to do their jobs better and more efficiently. Each chapter presents a proposed tool that can be used by those involved in finding and using research evidence to support evidence-informed health policymaking. The book addresses four broad areas: 1) Supporting evidence-informed policymaking, 2) Identifying needs for research evidence in relation to three steps in policymaking processes, namely problem clarification, options framing, and implementation planning, 3) Finding and assessing both systematic reviews and other types of evidence to inform these steps, and 4) Going from research evidence to decisions. Each chapter begins with between one

# 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

**WIKIPEDIA**  
The Free Encyclopedia

# 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**

Rehabilitation  
stakeholders

Cochrane Groups





# Cochrane Rehabilitation goals

- 
- 01** To connect stakeholders and individuals involved in production, dissemination, and implementation of EBCP in rehabilitation, creating a global network

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  - 02** To undertake knowledge translation for Cochrane on reviews relevant to rehabilitation, with dissemination to stakeholders, in line with Cochrane's knowledge translation strategy

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  - 03** To develop a register of Cochrane and non-Cochrane systematic reviews relevant to rehabilitation

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  - 04** To promote EBCP and provide education and training on it and on systematic review methods to stakeholders

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  - 05** To review and strengthen methodology relevant to EBCP to inform both rehabilitation and other Cochrane work related to rehabilitation and stimulating methodological developments in other Cochrane groups

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  - 06** To promote and advocate for EBCP in rehabilitation to other Cochrane groups and wider rehabilitation stakeholders
- 



a goal without  
a plan is just  
a wish - Antoine de Saint Exupéry



# Committees

## Methodology

- Strengthen methodology in Rehabilitation

## Rehabilitation Reviews

- Reference database of Cochrane Reviews

## Publication

- Cochrane Corners in scientific journals
- Cochrane Rehabilitation e-book

## Communication

- Website, Newsletter, Social media

## Education

- Courses, Workshops and Congresses



# Cochrane Rehabilitation & KT

1. **Review Committee** selects and tags all Cochrane Reviews relevant for rehabilitation creating the background for the work of all other Committees;
2. **Communication and Publication Committees** spread Cochrane Reviews results through social media and scientific instruments respectively (theme 2 of the Cochrane KT Strategy);
3. **Education Committee** educates and trains rehabilitation professionals on evidence and review production (theme 3-5 of the Cochrane KT Strategy)
4. **Methodology Committee** works on methodology in evidence production and gathering in rehabilitation (themes 1 and 4 of the Cochrane KT Strategy)





# Supporters

[illegible]

## Individual members & Cochrane Rehabilitation Units

**Members: individual tasks**  
**Units: big tasks and actions**





# Newsletter



## Cochrane Rehabilitation

Trusted evidence. Informed decisions. **Better health.**

Issue 1 | June 2017

Cochrane Rehabilitation was formally approved on October 22<sup>nd</sup>, 2016 and officially launched on December 16<sup>th</sup>, 2017.

**Cochrane  
Rehabilitation**

Trusted evidence. Informed decisions. **Better health.**

Issue 2 | September 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".*



# Website



The screenshot shows the Cochrane Rehabilitation website. At the top, there is a navigation bar with links to Cochrane Library, Cochrane.org, and Admin. Below this is the Cochrane Rehabilitation logo and the tagline "Trusted evidence. Informed decisions. Better health." A search bar is located on the right. The main navigation menu includes links to About us, Evidence, Resources, News & Events, Get Involved, and Contact us.

**Cochrane News**

- The Cochrane Review on portion sizes - from publication to informing policy
- Join the Cochrane Crowd 48-hour Citation Screening Challenge!
- Cochrane in the news: December 2016
- Cochrane seeks Junior Systems Administrator - London, UK
- 2016 winner of the prestigious Aubrey Sheiham Leadership Award for Evidence-Based Healthcare in Africa announced

**Latest News and Events**

- Launch Event December 16th 2016
- Cochrane Colloquium 2017
- Signature of Memorandum of Understanding, Brescia, Italy
- Exploratory Meeting 2016, Rovato, Brescia, Italy

**Keep Posted**

Tweets by @CochraneRehab

Welcome message of Gulseren Akyuz MFPRM President

youtu.be/7G\_je\_BQcOw via @CochraneRehab

@JorgeLains @francescagimi #CochraneRehab

YouTube @YouTube

<http://rehabilitation.cochrane.org>

# Facebook

- 1,372 likes & 1,427 follows (March 6, 2018)
- ~70 posts shared (December 2016-March 2018)



The screenshot shows the Facebook profile of Cochrane Rehabilitation. The page header includes the Facebook logo, the name "Cochrane Rehabilitation", and a search bar. Below the header are tabs for "Page", "Inbox", "Notifications", "Insights", and "Publishing Tools". The profile picture is the Cochrane Rehabilitation logo. The cover photo is a large group of people. The bio states "Cochrane Rehabilitation" and "@CochraneRehab". The "Home" tab is selected, showing a list of menu items: Home, About, Events, Photos, Videos, Community, Groups, Reviews, and Posts. A "Promote" button is visible. The main feed shows a post from Cochrane Rehabilitation, published by Joel Pollet on June 16, 2017. The post text reads: "The first issue of Cochrane Rehabilitation Newsletter has been sent! Take a look at it and subscribe to get the next issues." Below the text is a large group photo. The post has 3,672 people reached, which is circled in red. At the bottom of the post are buttons for "Like", "Comment", "Share", and "Boost Post". The post is liked by Veronica Matassa, Sheikh Noman Sadiq, and 63 others.

# Twitter

- 844 followers (March 6, 2018)
- 418 tweets (December 2016-March 2018)



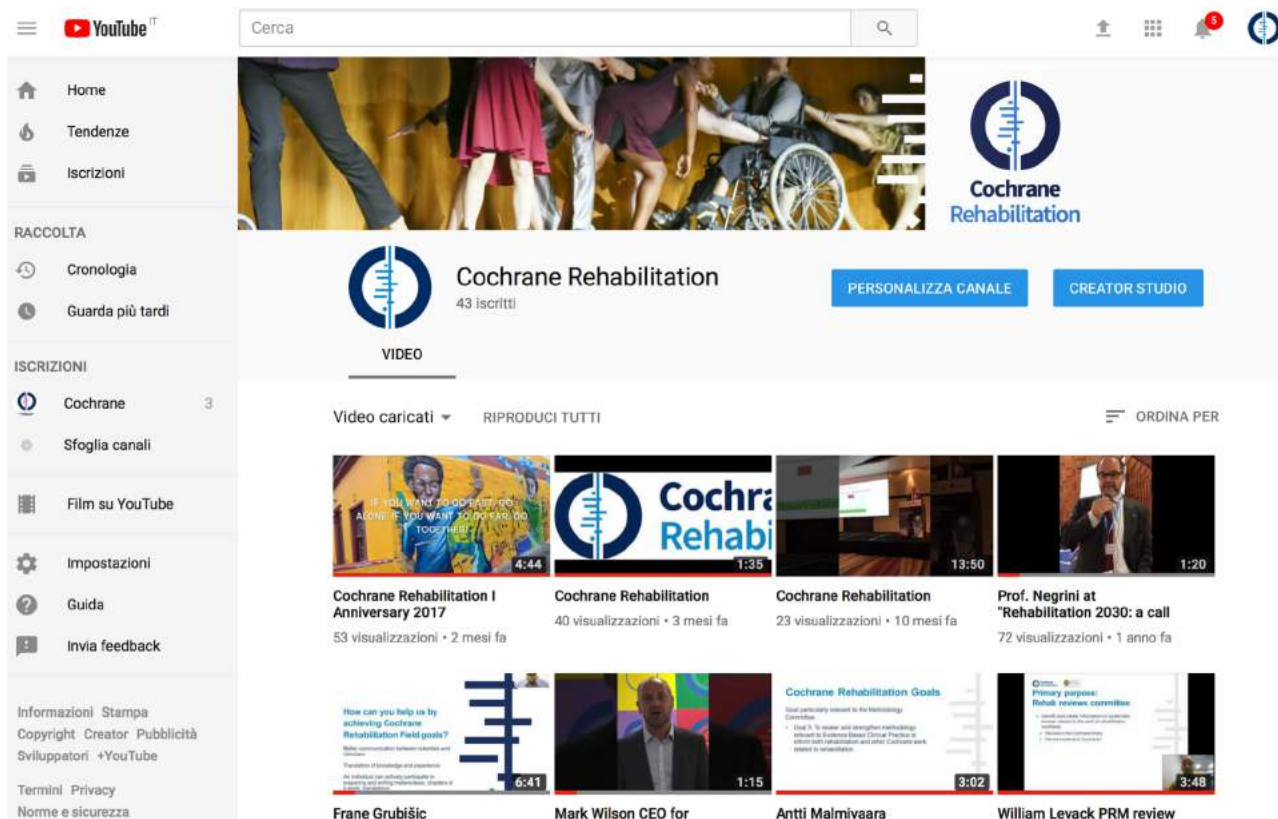
The screenshot shows a tweet from the account @CochraneRehab, posted on June 16, 2017. The tweet text is "Cochrane Rehabilitation Newsletter issue 1 | June 2017:" followed by a link "mailchi.mp/9e1678238e93/c...". Below the text, it says "Traduci dalla lingua originale: inglese". At the bottom of the tweet, there are icons for replies, retweets (12), and likes (10). To the right of the tweet, the word "Visualizzazioni" (Views) is visible, with the number "23.583" circled in red.

Visualizzazioni	23.583
Interazioni totali	148
Clic sul link	64
Espansioni dettagli	44
Clic sul profilo	16
Retweet	12
Mi piace	10
Nuovi follower	2



# YouTube

- 28 video shared with a mean of 61 visualizations



The screenshot shows the YouTube channel page for Cochrane Rehabilitation. The channel has 43 subscribers and is categorized under 'VIDEO'. The page displays a grid of video thumbnails with their titles, durations, and view counts.

Video Title	Duration	Views	Time
Cochrane Rehabilitation I Anniversary 2017	4:44	53 visualizzazioni	2 mesi fa
Cochrane Rehabilitation	1:35	40 visualizzazioni	3 mesi fa
Cochrane Rehabilitation	13:50	23 visualizzazioni	10 mesi fa
Prof. Negrini at "Rehabilitation 2030: a call	1:20	72 visualizzazioni	1 anno fa
How can you help us by achieving Cochrane Rehabilitation Field goals?	6:41		
Mark Wilson CEO for	1:15		
Cochrane Rehabilitation Goals	3:02		
William Levack PRM review	3:48		

Additional video titles visible in the grid include "Frane Grubišić" and "Antti Malmivaara".



# Newsletter



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### The Global Evidence Summit 2017



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

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# Blogshots



## 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

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

## 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

rehabilitation.cochrane.org | @CochraneRehab | #CochraneEvidence <http://bit.ly/2kQwJM8>

## 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

rehabilitation.cochrane.org | @CochraneRehab | #CochraneEvidence <http://bit.ly/2Ezi2CQ>

## 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

rehabilitation.cochrane.org | @CochraneRehab | #CochraneEvidence <http://bit.ly/2Dmf14k>





# Blogshots translations



## 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**

# Publications

1. Negrini S, Kiekens C, Meerpohl JJ, Thomson D, Zampolini M, Christodoulou N, Delarque A, Gutenbrunner C, Michail X. Contributing to the growth of Physical and Rehabilitation Medicine (PRM): call for a Cochrane Field in PRM. *Eur J Phys Rehabil Med*. 2015 Jun;51(3):239-43.
2. Kiekens C, Negrini S, Thomson D, Frontera W. Cochrane Physical and Rehabilitation Medicine: Current State of Development and Next Steps. *Am J Phys Med Rehabil*. 2016 Apr;95(4):235-8.
3. Negrini S, Kiekens C, Levack W, Grubisic F, Gimigliano F, Ilieva E, Thorsten M. Cochrane physical and rehabilitation medicine: a new field to bridge between best evidence and the specific needs of our field of competence. *Eur J Phys Rehabil Med*. 2016 Jun;52(3):417-8.
4. Negrini S, Kiekens C, Levack W, Grubisic F, Gimigliano F, Ilieva E, Thorsten M. Cochrane Physical and Rehabilitation Medicine: A New Field to Bridge Between Best Evidence and the Specific Needs of Our Field of Competence. *Phys Ther*. 2016 Jul;96(7):1109-10.
5. Negrini S, Kiekens C, Levack W, Grubisic F, Gimigliano F, Ilieva E, Thorsten M. Cochrane Physical and Rehabilitation Medicine: A New Field to Bridge Between Best Evidence and the Specific Needs of Our Field. *Arch Phys Med Rehabil*. 2016 Aug;97(8):1226-7.
6. Negrini S, Kiekens C, Levack W, Grubisic F, Gimigliano F, Ilieva E, Thorsten M. Cochrane physical and rehabilitation medicine: A new field to bridge between best evidence and the specific needs of our field of competence. *Man Ther*. 2016 Dec;26:vii-viii.
7. Negrini S, Kiekens C. Cochrane Rehabilitation Corners in the European Journal of Physical and Rehabilitation Medicine. *Eur J Phys Rehabil Med*. 2017 Oct;53(5):812-3.
8. Levack WM, Meyer T, Negrini S, Malmivaara A. Cochrane Rehabilitation Methodology Committee: an international survey of priorities for future work. *Eur J Phys Rehabil Med*. 2017 Oct;53(5):814-7.
9. Negrini S, Arienti C, Gimigliano F, Grubišić F, Howe T, Ilieva E, Levack W, Malmivaara A, Meyer T, Patrick Engkasan J, Rathore FA, Kiekens C. Cochrane Rehabilitation: Organization and Functioning. *Am J Phys Med Rehabil*. 2018 Jan;97(1):68-71.
10. Negrini S, Gimigliano F, Arienti C, Kiekens C. Knowledge Translation: The Bridging Function of Cochrane Rehabilitation. *Arch Phys Med Rehabil*. 2017 Dec 12. [Epub ahead of print].



# 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.



**World Health  
Organization**







# Global Evidence Summit 2017

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

Trusted evidence.  
Informed decisions.  
Better health.





# Cochrane Rehabilitation Audiences



**Clinicians**



**Students**



**Politicians**



**Consumers**



**Consumers  
and the public**

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



**Practitioners**

of health care  
including clinicians  
and public health  
practitioners



**Policy-makers  
& healthcare  
managers**

making decisions  
about health policy  
within all levels of  
management



**Researchers &  
Research  
Funders**

who need  
information  
regarding important  
gaps in the evidence

# Data extraction Form

Title	
Cochrane Review Group	
Cochrane Review Code	
Population (age and gender if relevant)	
Intervention(s)	
Control(s)	
Aim(s)	
Study design and other characteristics	
Bias and limits	
Outcome(s)	
Result(s)	
International and National recommendation and guidelines including the intervention	
Quality of evidence (GRADE)	
Blogshot(s)	
Cochrane Indexed Terms	



# 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**





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