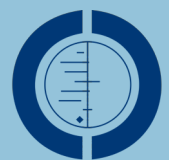


Cochrane Library Summit

2-3 December 2008
Melbourne

Summary Report



AUSTRALASIAN
COCHRANE CENTRE

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Report prepared by

Steve McDonald and Sally Green
 Co-Directors, Australasian Cochrane Centre
 October 2009

Acknowledgements

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Executive summary

In December 2008, the Australasian Cochrane Centre (ACC) hosted a summit in Melbourne with a view to identifying approaches to maximise use of *The Cochrane Library* and ensure it remains a pivotal resource in facilitating knowledge translation in Australia. This report identifies the key issues raised and recommendations for the future. These recommendations include some that will inform the Cochrane Collaboration Steering Group and Cochrane Editorial Unit, and some that will inform local activities.

SUMMIT OBJECTIVES

1. To clearly articulate the needs and expectations of Australian users of *The Cochrane Library*.
2. To consider strategies to bring about effective use of *The Cochrane Library*.
3. To create a forum where people from different viewpoints (information producers, disseminators and users) can discuss knowledge transfer and exchange, and provide input into future directions for *The Cochrane Library*.

Summit participants envisioned that in 2013 *The Cochrane Library* would be considered “not just the best evidence but the best looking evidence”.

KEY ISSUES AND RECOMMENDATIONS

1. Improving the usability and 'look and feel' of the Library

Content	<ul style="list-style-type: none"> - address lack of coverage of important topics, prioritised by users - consider relevance and purpose of the non-Cochrane databases - increase the output of diagnostic test accuracy reviews
Front page	<ul style="list-style-type: none"> - redesign the front page with less clutter - introduce the ability to customise the front page to create and display local content or create a personal profile
Search functionality	<ul style="list-style-type: none"> - facilitate browsing rather than searching - include choice of search approaches for different audiences and purposes
Topic organisation	<ul style="list-style-type: none"> - consider specialist collections of reviews - make the patient journey central to decisions about reorganising the Library
Review presentation	<ul style="list-style-type: none"> - provide links to related reviews - link multi-platform content, eg provide a link to the podcast - front-load the key messages of reviews - promote and highlight forest plots - improve the presentation style of information in reviews

2. Beyond knowledge support: supporting healthcare decisions

Possible activities	<ul style="list-style-type: none"> - provide 'evidence feeds' to decision support providers - consider other derivative products and translations - explore the capacity to develop 'Cochrane Learning'
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3. Advancing dissemination of the Library and reviews

Promotion	<ul style="list-style-type: none"> - facilitate improvements to the website - promote the notion of Cochrane as a 'social good' - establish closer links with NGOs - nominate Cochrane ambassadors and champions - appoint an ACC communications officer - run courses in health literacy for journalists
Disseminating individual reviews	<ul style="list-style-type: none"> - establish an effective alerting service - 'Australianise' the content of reviews by providing Australian-specific data and adding an Australian commentary and podcast - provide a structured summary of each review for practitioners and another for policy makers - Incorporate reviews into existing local resources and dissemination channels

PRE-SUMMIT

Summit synopsis

The Cochrane Library has an unrivalled reputation as a reliable source of evidence for healthcare decision-making. Systematic reviews published in the Library address hundreds of important questions relevant to consumers, clinicians and policy makers, and are a key component of guidelines and other knowledge syntheses. Since 2002, all Australians have had access to *The Cochrane Library* through a national licence funded by the Department of Health and Ageing.

Despite its reputation for quality, we know that we face a considerable challenge in making the Library a more useable and user-friendly resource, especially for consumers and clinicians. This summit will bring together major stakeholders with a view to identifying approaches to maximise the use of *The Cochrane Library* and ensuring it remains a pivotal resource in facilitating knowledge translation in Australia.

Context of summit

Several changes at the local and international level provided the context for the summit.

1. Changes in arrangements for managing the licence in Australia

The National Institute of Clinical Studies (on behalf of the Department of Health and Ageing) was responsible for managing national access to *The Cochrane Library* from 2002 until 2007. In addition to overseeing licence negotiations with Wiley, NICS had a specific role in disseminating reviews and promoting use of the Library among key user groups. Following the merger of NICS with the NHMRC in 2007, responsibility for the licence passed to the Department of Health and Ageing, and the dissemination and promotion activities previously the responsibility of NICS were discontinued. The Department was keen that these activities resume but with the emphasis on knowledge transfer and exchange (KTE) rather than merely dissemination or promotion.

2. Cochrane Collaboration Strategic Planning Session

At its mid-year meeting in Vellore, India in April 2008, members of the Cochrane Collaboration Steering Group, Centre Directors and Co-ordinating Editors Executive met for a half-day strategic planning session around the outputs of the Cochrane Collaboration. Specifically, the discussion focused on the following question:

Should the Collaboration take steps to make Cochrane reviews more accessible or useful to clinical decision-makers by creating additional products and services (i.e. not just changing the format of Cochrane reviews)?

In his introductory remarks, Lorne Becker (Co-Chair of CCSG) noted that this discussion had been prompted by changes in the EBM market over the past ten years, while at the same time there had been little commensurate change in Cochrane products. When the Collaboration started, we were ahead of the market; now others have developed new products, often derivative of our work and with no obvious benefit to the Collaboration. The Collaboration has consistently received dual feedback: that its reviews are second to none in quality but are not user-friendly.

3. Appointment of first Editor in Chief of *The Cochrane Library*

The appointment of David Tovey as the Library's first Editor in Chief in October 2008 marked the culmination of many months' work and a significant investment decision by the Collaboration in the future of *The Cochrane Library*. The appointment also coincided with the Library receiving its first impact factor (4.65, 14th place in the mainstream medical category). On taking up the editorship, David said "The Cochrane Collaboration has been enormously influential in changing healthcare practice through systematically reviewing the evidence for treatment interventions. *The Cochrane Library* is a key resource in bringing this evidence to the attention of practitioners, policy makers and patients. I look forward to working with Cochrane's many supporters to ensure that the Library remains relevant to its

users, that its quality and coverage continue to grow, and that it remains at the core of healthcare decision-making.”

Pre-summit interviews

To inform planning for the summit, we conducted semi-structured interviews with the purpose of exploring people’s views of *The Cochrane Library* and generating some ideas around potential strategies for maximising Library usage.

Seven telephone interviews were conducted by an independent researcher skilled in qualitative research methods. The broad questions covered different aspects of the Library, including the way information is organised and presented, and its usefulness. Interviews were recorded and transcribed by a researcher at the Australasian Cochrane Centre.

The seven people interviewed represented a variety of different users and stakeholders: professor of evidence-based practice; health writer; adviser to government on KTE; clinical librarian; co-ordinating editor of a Cochrane Review Group; CEO of a consumer health charity; CEO of a professional education and consumer health provider. (See page 15 for results.)

Pre-summit surveys

We asked participants to complete a short survey (below) to elicit their views on the key audiences for *The Cochrane Library*, how well the design meets the needs of each audience, and what changes they would make to ensure the Library reached those needs more effectively.

1. When was the last time you used *The Cochrane Library*, and why?
2. List in order of importance who you believe are the three main target audiences for *The Cochrane Library*.
3. On a scale of 1 to 5, how well designed is *The Cochrane Library* to reach its target audience. (Where 1 is very poorly designed and 5 is very well designed.)

Your nominated target audience 1

Your nominated target audience 2

Your nominated target audience 3

4. What two or three changes would you make to *The Cochrane Library* so that it reached its target audience(s) more effectively? (If these changes are specific to particular audiences, please indicate.)

SUMMIT

1. Vision for *The Cochrane Library* in 2013

Think forward to 2013... *The Cochrane Library* is pivotal in informing healthcare decisions, it's on the desk of all clinicians and is Australia's no. 1 health website.

1. To what uses is the Library being put in 2013 that weren't happening in 2008?
2. What are consumers, clinicians and policy makers saying about the Library?

"The Cochrane Library is a trusted household name."

"The Cochrane Library - not just the best evidence but the best looking evidence."

"All Cochrane reviews are relevant and up-to-date."

"Cochrane reviews are frequently cited in the news."

"Charities use The Cochrane Library to make decisions about how to spend donations and to inform request for tenders."

"Other databases are not required as CDSR has complete coverage of all important health questions."

"Cochrane reviews rank first on internet searches."

"Patients will ask their doctor 'what does Cochrane say?'"

"Cochrane reviews will contribute to better quality randomised trials."

"The Cochrane Library sets the research agenda and identifies gaps."

"Every clinician uses the Library at least once a day."

"Cochrane reviews are fully embedded in all forms of health information and health policy decisions."

"Cochrane is taught in every secondary school."

"Funding for The Cochrane Library is assured for the next 10 years."

"Complex, chronic conditions and co-morbidities are adequately dealt with in Cochrane reviews."

"Accessing the evidence requires no effort – it should be quicker than asking a colleague."

"The Cochrane Library will be an example of excellent website design."

"Cochrane is not just another 'ask-a-doctor' website but is the Wikipedia of health"

"No one should have to do a literature search again"

"Cochrane seen as social good – it belongs to everybody."

"Cochrane is the homepage for health"

2. Usability and 'look and feel'

Findability

- How easy is it for users to find what they are looking for?
- Is the information organised in a way that best serves the needs of users?
- How could browsing the content be improved?
- Is there too much or too little information?

Usability

- How does the layout, legibility and language used enhance or detract from the users' experience?
- Are different types of information (reviews, trials, HTA reports etc.) easily differentiated?
- Signal and noise: how not to lose the reviews' key messages

Desirability

- What overall impression is created by the Cochrane Library in its current form? How could this be improved?
- What can be done to give the Library the 'wow' factor

Value

- Does the Cochrane Library advance the mission of the Cochrane Collaboration to promote the accessibility of systematic reviews?

1. CONTENT OF THE COCHRANE LIBRARY

In the opening presentation, people were encouraged to consider whether - 12 years after *The Cochrane Library* was first published - the current content of the Library is still appropriate. There was a lot of discussion about continuing to include the **DARE, HTA and NHS EED databases**. It was recognised that these databases were helpful to a subset of Library users that conduct broad ranging searches but that for the vast majority of users, particularly consumers, they were seen as distracting and confusing (as the Norwegian user-testing showed). With 4000 reviews in the Library, the time is right to weigh up the benefits/harms from the users' perspective of retaining the same content, especially since these other databases are freely available on the web.

The inclusion of CENTRAL was also discussed but was seen as a valuable component of the Library – vital in preparing reviews and for giving direct access to the primary evidence (both included in reviews and still to be included). Other remarks about content included recommendations to:

- address urgently the lack of coverage of important topics, especially in cancer and heart disease
- approach specialist groups to identify what important issues are not addressed
- increase the output of reviews of diagnostic test accuracy and move forward with prognosis reviews
- enable review topics to be prioritised by users (answer the questions users want answered)

2. FRONT PAGE

There was a unanimous view that the Library front page is too **cluttered** and needs a makeover but different opinions on how radical this makeover should be. Suggestions ranged from just having a simple statement of the purpose of the Library and/or the Collaboration, plus a search box, to a front page that still includes information, such as 'About us', links to first-time users' guide, a search box, FAQs, links to social networking sites, a blog, feedback facility, podcasts, breaking news, etc.

A lot of discussion focused around being able to **customise** a section of the front page in order to create and display **local content**. For example, to give prominence to reviews of local relevance or to highlight some other aspect of local context (e.g. a review done by a local team of authors). This customised content could be an optional feature that's the responsibility of each Cochrane Centre or Branch. A customised section might also include:

- ability to add a short expert commentary that explains the local context
- blog-style comments from readers in response to the review or the expert commentary

If users were able to select specific topics (arthritis, depression, etc.), could a section of the front page display a user's **personal profile** and list the latest reviews in these areas? For users who have an iGoogle page or use an iPhone, could the Library have its own iGoogle/iPhone application?

Other suggestions/comments for improving the front page:

- instead of listing the titles of selected new reviews on the front page, display fewer reviews but in the format of a headline and teaser (similar to the Highlights pdf)
- make clear that the Library is a database of *interventions*
- make searching/browsing the main focus of the front page
- add a 'click here to Bookmark this site' link
- add a 'Breaking News' or 'Current Controversies' section (link to an Editor's blog, RSS feeds)
- more white space

3. SEARCHING/BROWSING

There was general recognition that the Library's current search function is not intuitive to non-research savvy people, and is becoming more out-of-step with the simpler search functionality common to other health information sites targeted at patients and consumers.

- Emphasis on **browsing** rather than searching. Through the use of standard disease/condition groupings, it should be possible to navigate to the topic and browse relevant reviews without having to enter any search terms.
- There should be a choice of search approaches to suit different audiences or purposes, from simple **Google-style searching** to sophisticated MeSH searching.
- Simpler searching should support functionality that Google users are familiar with, e.g. 'Did you mean' function when terms or phrases are misspelled, and mapping of synonyms. Greater use of guided searching techniques.
- Consider giving access to **specialist collections** of reviews, for example, in response to current hot topics in health.
- **Indexing** must deal with 'Interventions for...' problem of alphabetical listing.

4. ORGANISING REVIEWS BY TOPIC

There was agreement that the current system of browsing by topic (based on CRGs) is idiosyncratic and makes little sense to non-Cochrane people. Recommendation that it should be replaced with a more intuitive system that is familiar to the average user, based, for example, on the **standard topics** of other consumer health information sites, such as MEDLINE Plus or Informed Health Online. The new system of topic browsing should be a central feature of how to access reviews.

A recurring theme of the summit was to make the **patient journey** central to decisions about reorganising the Library. One person warned that Cochrane risks becoming irrelevant and ignored if its reviews are not organised in this way. For example, someone who is concerned they might have diabetes is not interested in reviews of how to manage end-stage complications of diabetes but is interested in diagnosis, options for early treatment and prognostic information. Those who have diabetes might be most interested in different ways of monitoring glucose levels and maintaining normal functioning.

Related to the discussion around the patient journey, was the suggestion to enable searching by **stage of the disease**, for example by the use of drop down menus to specify the population or setting.

There were divergent views about the merits of including **patient experiences** (for example, by linking to websites like DIPEX or by generating our own) to complement the evidence from Cochrane reviews. Reading and listening to patient experiences as a form of story-telling would help contextualise and

enrich information from Cochrane reviews but what if the results of the review and the patient experiences reach contradictory conclusions?

5. DISPLAYING AND PRESENTING REVIEWS

Overall, the message was that a lot more could be done to enhance the presentation of reviews and to capitalise on the related content that reviews could already link to.

- **Related reviews** should be listed separately in a box (similar to PubMed) beside the review. For example, if you are reading one of the induction of labour reviews, the titles of all the other induction of labour reviews would be clear to see and easily accessible.
- There should be much better linking of **multi-platform content**, such as links to the related podcast.
- Front-load the **key messages** of reviews then allow readers to drill down – the 1, 5, 25 pages approach.
- **Forest plots** are what Cochrane is known for yet we don't do nearly enough to promote their use and understanding (through interactive tutorials) as a way of helping users make sense of reviews.
- There were many suggestions for improving the presentation of information in reviews and enhancing the reading experience:
 - Change the **font**
 - Use a variety of fonts and font **colours** to make the text more attractive to read
 - Use a variety of background colours to emphasise different sections (e.g. abstract, PLS, full review, key findings, areas for further research)
 - Incorporate greater use of **visuals** and diagrams
 - Improve the **writing style** to increase accessibility
 - Display **context-specific help** for technical terms, e.g. by hyperlinking to a glossary or making use of mouse roll-over functionality
- Suggestions for external links included linking to guidelines that have cited this review and linking to known ongoing clinical trials.
- There was discussion (but no decision) about the merits of including recommendations in Cochrane reviews.
- Suggestion that the output of reviews could be sorted by **type of user** (policy maker, clinician, consumer) and the output ordered by cost-effectiveness, clinical effectiveness (benefits/harms trade-off), etc. depending on the user group.

6. FUTURE DEVELOPMENTS...

- Build in **multi-media interactivity**, for example, virtual journal clubs, toolkits, courses, diploma, virtual campuses [these initiatives would be part of the broader discussions 'Cochrane Education' and 'Cochrane Learning' arising from the Strategic Review]
- Move to a model of **continuous publishing** (which would help with marketing).
- **Database of descriptions of complex interventions** (a kind of non-drug pharmacopeia) based around work that Paul Glasziou is involved in.
- 'The Cochrane Library lite' version – plain language throughout.

3. Knowledge support / decision support

KTE is the integration of evidence from research into practice and policy.

- Should we be thinking of the Cochrane Library as a decision-support tool instead of the knowledge support tool we currently produce?
- What are the strategies needed to achieve this?
- What are the consequences of keeping to what we're currently doing and not expanding more actively in KTE activities?
- Are there other derivative products or collections that we could produce that would facilitate decision support?
- How do we build capacity in our key user groups to be effective users of the Cochrane Library?
- Who should we partner with locally and/or internationally in decision support?

One criticism of Cochrane is that it doesn't get you close enough to **decision support**. If the end point is better decision making, shouldn't Cochrane accept that it needs to shift emphasis to include a decision-support venture and not just product development? There was mixed support for this, with some arguing that we have enough to do to improve what we have already but others accepting that Cochrane should proactively investigate being a point-of-care information provider.

The reluctance to wholeheartedly embrace the concept of the Library (or its output) as a decision-support tool may have reflected a limited knowledge of the commercial and technical issues involved among those at the summit. Even so, there was support for Cochrane to be a provider of '**evidence feeds**' to electronic health record (EHR) providers to help with the Collaboration's financial sustainability. Should we sit back and lose out to commercial organisations who themselves make use of Cochrane evidence in their own services? The argument was also advanced that providing evidence feeds to support decision making is simply an extension of the Collaboration's aims to improve care.

The summit recognised an ongoing tension between review production and knowledge translation – where should we spend our limited time? If we decide to embrace decision support, what strategies should we pursue to make progress in this area? Suggestions included:

- doing what we can in-house and forming partnerships with organisations to do the rest
- identifying our areas of strength (topic coverage) and partnering with providers who can fill the gaps
- choosing non-commercial partners or partners that share a similar ethos
- providing 'integration-ready' content that meets the requirements of providers to avoid endlessly re-working information

Discussion of the risks centred on the threats to Cochrane's independence and branding if we were to partner with an external organisation.

Other suggestions and comments in relation to **KTE activities**:

- consider other **derivative products**, for example, a database of best-practice summaries, **translations** of the Library into other languages, one-line evidence feeds for e-health records, links to clinical practice guidelines that cite particular reviews
- Library could contain links to summaries of our reviews that have been written by other groups/organisations, such as Clinical Evidence
- better **coding and tagging** of reviews
- need to better capture how people are using information from the Library
- better interaction between Cochrane Review Groups and guideline developers.
- explore the capacity to develop a new website called '**Cochrane Learning**' which might include: accreditation; toolboxes and visuals to help users understand the science of research synthesis; CME issues; virtual campus; awards and incentives for learning about Cochrane reviews; Cochrane Diplomas.

4. Dissemination

- How can we best package knowledge for dissemination?
- What are some of the potential vehicles for dissemination?
- Who should we partner with to maximise promotion of the Library?
- What local strategies should we have in place to disseminate each issue of the Library?

Everyone acknowledged that to derive full benefit from any dissemination strategy would require improvements to the website and a better understanding of the needs of users. There was agreement that marketing strategies should address both the whole Library – the notion of Cochrane as a **social good** - and individual reviews. Dissemination of reviews should use the principles of good marketing (story-telling, case studies, humour, etc.) but it was recognised that this may sometimes cause tension with the Cochrane approach: systematic reviews are rational but marketing is emotional.

These are some of the ideas and suggestions raised in relation to improving dissemination:

- Establish an effective **alerting service** that allows users to sign up for reviews on particular topics.
- Local dissemination activities would be helped by having the ability to **'Australianise'** the content of reviews (similar to customising the front page), such as providing Australian-specific data and adding an Australian commentary/podcast.
- For every review there should be a **structured summary** for practitioners and another for policy makers.
- Need to do more to get Cochrane into existing local resources/dissemination channels, such as professional colleges and societies, patient charities, consumer health organisations etc., for example, by encouraging the relevant personnel to sign up to alerts.
- Pocket versions of *The Cochrane Library* on PDAs at point of care.
- Searching for evidence on Google should retrieve Cochrane reviews at the top.
- Establish closer links with **NGOs** – a group that has been neglected; convene a forum for NGO representatives to discuss ways of including Cochrane reviews in their communications.
- Nominate Cochrane **ambassadors** and champions (celebrities?) within colleges, NGOs, consumer organisations and the media.
- For ACC: appoint a knowledge broker / **communications officer** to map existing KTE/promotional activities internationally, gauge their (cost) effectiveness and develop some local strategies.
- Run courses in health literacy for **journalists**.

POST-SUMMIT

Summary of post-summit follow-up activities

1. Visit of David Tovey to Australia

David Tovey took up his position as Editor in Chief of *The Cochrane Library* in January and spent the first few months consulting widely across the Collaboration to identify key development issues. We were fortunate to spend a few days with David in February 2009 and to have the opportunity to shape the program of initiatives and projects that have evolved since. One of the key development areas is web presentation and many of the usability and 'look and feel' issues highlighted at the summit and documented in this report are part of the workplan for the next 12-24 months. (See also point 3.)

2. Strategic Review of The Cochrane Collaboration



After a year of extensive consultations, the Strategic Review of The Cochrane Collaboration was published in February 2009. The review, led by Prof Jeremy Grimshaw from Canada, was an inclusive assessment of the Collaboration as a whole, looking at purpose, structures, processes, partnerships and governance. The Review's 26 recommendations were discussed in Copenhagen in April by the Collaboration's Steering Group and entity leaders. Following a prioritisation exercise, the top four recommendations included two of relevance to the summit:

- improving the usability of *The Cochrane Library* and other products for diverse stakeholders
- developing a marketing and communications strategy to promote external and internal awareness of the value, arguments for and achievements of the Collaboration.

3. Web Strategy Summit

Presentation of content to users is critical and, as the Strategic Review highlighted, needs to be improved to match the standards for contemporary websites. Cochrane's public web presence includes *The Cochrane Library* website published by Wiley-Blackwell and *cochrane.org* managed by the Cochrane Web Team based in Germany. In London in June 2009, the Cochrane Editorial Unit planned and organised a web strategy summit that included representatives of Wiley-Blackwell, Cochrane Web Team, Cochrane IMS and the Publishing Policy Group. A draft report of the Melbourne summit was circulated as a background document.

As David Tovey notes in his report to the Steering Group in September: The outcomes of the web strategy summit included a commitment to ensure that the three teams responsible for digital production would work more effectively together, to reduce duplication of effort and optimise the user experience across all content.

Four projects aimed at improving elements of the Cochrane web presence are underway:

1. increasing publication frequency;
2. improving search and browse;
3. improving the look and feel, navigation and organisation of content; and
4. improving interactivity and Web 2.0 features on the sites.

Work has begun on identifying the essential requirements for these projects and it is expected that changes to improve the user experience of the Cochrane websites will be implemented during 2010.

4. 17th Cochrane Colloquium, Singapore

The Cochrane Colloquium in October 2009 provided an ideal opportunity for the wider Collaboration membership to see and hear of the exciting developments to the Library and *cochrane.org*. The closing plenary was titled '*The Cochrane Library - brave new world?*' and featured Norman Swan, Chris Mavergames (Cochrane Web Operations Manager) and David Tovey. David's presentation included a prototype of the new look Cochrane Library website. http://www.cochrane.org/multimedia/colloquium_2009/

APPENDICES

Attendees and Program

Name	Affiliation
Alex Barratt	University of Sydney
Rachelle Buchbinder	Cochrane Musculoskeletal Group
Jill Buckley-Smith	HealthInsite
Caroline Crowther	Cochrane Pregnancy and Childbirth Group
Kay Currie	NHMRC (NICS)
Tere Dawson	Health Issues Centre
Gerraint Duggan	NHMRC (NICS)
Cindy Farquhar	Cochrane New Zealand Branch and NZ Guidelines Group
Paul Glasziou (remote)	Centre for Evidence Based Medicine, Oxford
Sally Green	Australasian Cochrane Centre
Cath Harmer	Department of Human Services (VIC)
Terry Harrison	Clinical Information Service, Royal Melbourne Hospital
Sophie Hill	Cochrane Consumers & Communication Review Group
Carol Holden	Andrology Australia
Jenny Johnstone	Therapeutic Guidelines
Steve McDonald	Australasian Cochrane Centre
Matthew Murphy	Department of Health and Ageing
Alan Pearson	Joanna Briggs Institute
Deborah Pentesco-Gilbert	John Wiley & Sons
Norman Swan	Facilitator
David Tovey (remote)	Incoming Editor-in-Chief, <i>The Cochrane Library</i>
Tari Turner	Centre for Clinical Effectiveness
Janet Wale	Cochrane Consumer Network
Katrina Williams	Cochrane Child Health Field
Justin Zobel	University of Melbourne

Cochrane Library Summit

Program

Day One: Tuesday 2 December

2 – 3 December 2008
The Westin, Melbourne

Time	Session themes	Presenter
09:00	Welcome and introductions	Norman Swan
09:15	Vision for the Cochrane Library and goals of summit	Steve McDonald
09:40	Current state of health knowledge: challenges & hopes	David Tovey
09:50	The Cochrane Library in Australia	Deborah Pentesco-Gilbert
10:20	Pre-summit interviews and survey	Sally Green
10:40	Tea/Coffee	
11:00	<p>BRAINSTORM: Vision for the Cochrane Library in 2013 Think forward to 2013... Australia retains the Ashes (again), St Kilda still hasn't won a premiership, it's hot but the Cochrane Library is pivotal in informing healthcare decisions, it's on the desk of all clinicians and is Australia's no. 1 health website.</p> <ol style="list-style-type: none"> To what uses is the Library being put in 2013 (with what measurable effects) that weren't happening in 2008? What changed/was put in place to make this happen? How did we achieve this? What are consumers / clinicians / policy makers saying about the Cochrane Library? 	All
12:00	Report back and define vision	Norman Swan
12:30	Lunch	
1:10	Harnessing the power of consumers	Sophie Hill
1:30	Communication	Norman Swan
1:50	What we know about the usability of the Cochrane Library	Sally Green
2:00	<p>BRAINSTORM – Usability and 'look and feel' Some issues and ideas to consider:</p> <p><i>Findability</i></p> <ul style="list-style-type: none"> How easy is it for users to find what they are looking for? Is the information organised in a way that best serves the needs of users? How could browsing the content be improved? Is there too much or too little information? <p><i>Usability</i></p> <ul style="list-style-type: none"> How does the layout, legibility and language used enhance or detract from the users' experience? Are different types of information (reviews, trials, HTA reports etc.) easily differentiated? Signal and noise: how not to lose the reviews' key messages <p><i>Desirability</i></p> <ul style="list-style-type: none"> What overall impression is created by the Cochrane Library in its current form? How could this be improved? What can be done to give the Library the 'wow' factor <p><i>Value</i></p> <ul style="list-style-type: none"> Does the Cochrane Library advance the mission of the Cochrane Collaboration to promote the accessibility of systematic reviews? 	All
3:00	Report back	Norman Swan
3:15	Tea/Coffee	
3:30	Getting your message across	Carol Holden
3:50	<p>BRAINSTORM – Dissemination and promotion Some issues and ideas to consider:</p> <ul style="list-style-type: none"> How can we best package knowledge for dissemination? What are some of the potential vehicles for dissemination? Who should we partner with to maximise promotion of the Library? What local strategies should we have in place to disseminate new issues of the Library? 	All
4:50	Report back	Norman Swan

Program

Day Two: Wednesday 2 December

Time	Session themes	Presenter
9:00	Welcome	Norman Swan
9:05	Knowledge Transfer and Exchange Presentation <ul style="list-style-type: none"> • future opportunities (content and delivery) Presentation <ul style="list-style-type: none"> • Priority questions and coverage: tension between comprehensiveness and usability • Decision support for clinicians: overviews, summaries of findings and description of interventions Presentation <ul style="list-style-type: none"> • case-study of decision-support: Joanna Briggs Institute 	David Tovey Paul Glasziou Alan Pearson
10:15	Tea/ Coffee	
10:45	<p style="text-align: center;">BRAINSTORM – Knowledge Transfer and Exchange</p> <p>KTE is the integration of evidence from research into practice and policy.</p> <p>Some issues and ideas to consider:</p> <ul style="list-style-type: none"> • Should we be thinking of the Cochrane Library as a decision-support tool instead of the knowledge support tool we currently produce? • What are the strategies needed to achieve this • What are the consequences of keeping to what we're currently doing and not expanding more actively in KTE activities? • Are there other derivative products or collections that we could produce that would facilitate decision support? • How do we build capacity in our key user groups to be effective users of the Cochrane Library? • Who should we partner with locally and/or internationally in decision support? 	All
11:45	Report back	Norman Swan
12:30	Close and Lunch	


Pre-summit interviews

Responses/ideas in bold were mentioned by at least three of the seven interviewees.

Q1	When someone mentions <i>The Cochrane Library</i> , what's the first thing that comes to mind?
	<ul style="list-style-type: none"> • systematic review/meta-analysis/comprehensive literature review • authoritative source of high-quality information about health interventions • an incredibly valuable resource which is under-used
Q2	When did you last go to or use <i>The Cochrane Library</i> ? Follow-up question: And did you find what you were looking for?
	<ul style="list-style-type: none"> • used the Library 1 hour ago, and found what was searched • use the Library a number of times throughout the year and am usually successful at searching • used the Library 3 or 4 weeks ago, and found what was searched • had not used the Library for a while but when last used, found what was searched • used the Library regularly 1 year ago and during that time was generally able to find what he was being searched • use several times a day and is always successful at searching
Q3	Who do you think the Library is aimed at?
	<ul style="list-style-type: none"> • aimed at a number of target users (e.g. clinicians, consumers, guideline developers, methodologists, researchers) which has resulted in a lack of clarity over who the main target audience of the Library is and should be • aimed predominantly at medical practitioners/GPs rather than at community, social or allied health workers who would also benefit from using it • aimed at clinicians but suspects that it is used more by academics • aimed primarily at health professionals and consumers • aimed at clinicians, information specialists and researchers in the medical area
Q4	How relevant do you feel the Library is to you or your organisation?
	<ul style="list-style-type: none"> • very relevant and essential to information specialists and evidence synthesis organisations • limited relevance to journalists because Cochrane reviews rarely make definitive conclusions and recommendations • relevant to community care and disability organisations, but unlikely to be widely used by these organisations
Q5	What are some of the barriers to using the Library? Follow-up question: How easy do you find it to find information in the Library?
	<ul style="list-style-type: none"> • for clinicians, consumers, journalists and policy makers, reviews may be perceived as too methodologically complex and full of too much detailed, inaccessible information • the ability to quickly identify things within particular topic areas is problematic for certain user groups • most users without an academic background just want to know "what's the bottom line" (i.e. does the intervention work or not) instead of considering the methodology of the review and the caveats of the evidence, which they're unlikely to receive by going to <i>The Cochrane Library</i> • some users (e.g. clinicians and consumers) don't know what to do with the information from the Library once they've got it. Some clinicians will know quite easily how to interpret the information in reviews, especially if they have recently graduated and underwent EBP courses or are senior clinicians who have been accessing this info for a long time, whereas others may struggle to know how the info can be applied in their practice which may put them off trying to access this info in the first place • there is a lot of information on the Library which outlines what systematic reviews are, and some new users may be put off by this wealth of introductory information because they may get the impression that they have to be an expert in how systematic reviews are put together and that <i>The Cochrane Library</i> is more complicated than it actually is
Q6	How would the Library need to change for it to be used more by members of your organisation (and for it to be more useful)?
	<ul style="list-style-type: none"> • a more user-friendly interface (more colourful, attractive, simple design, rather than the current serious and academic look of the website)

	<ul style="list-style-type: none"> • the ability to sign up to an email-alert for certain topics, so when a relevant new review is published this could be emailed to the individual or organisation • to satisfy the needs of clinicians, the Library needs to provide succinct, to the point, conclusion statements saying "On balance, this is what you should do" and then provide a link to the review for those who care to read it • people working in disability or community care (e.g. allied health professionals, case managers, social workers) may not believe <i>The Cochrane Library</i> is relevant to them because the introductory line on the website claims that "Cochrane reviews bring you the combined results of the world's best medical research studies, and are recognised as the gold standard in evidence-based health care." To help attract these individuals, this introductory sentence should be extended by saying "...and also has considerable relevance to physiotherapists, nurses, community care workers, social workers, nurses, etc."
Q7	How would you change the way the information is organised or presented?
	<ul style="list-style-type: none"> • Reduce the cluttered look and large amount of much information on the front page • develop a separate website for consumers which presents the information from Cochrane reviews in a more simplistic and journalistic presentation • there should be a database of full systematic reviews and a separate database which only has evidence-based decisions/recommendations (e.g. one page summary of what the implications of the review are for practice and policy) which can link up to the full systematic reviews if the reader is interested • rather than developing the Library as something for every user, it could instead be a thing that underpins a number of the different end-point, more accessible products for different users (e.g. separate consumer site, guideline developers site, clinicians site, policy makers site, etc) • searching can be confusing because the Library is organised in different databases (CDSR, CENTRAL) and people don't realise that when they put in a search term that they will receive a list of results from all these different databases • the ability to search for Cochrane reviews by 'A-Z' on the front page is not very helpful anymore because in contrast to when the Library first started, there are now hundreds of reviews with titles starting with 'Interventions for...' so the list of reviews per letter has become too long and difficult to sort through • possibly remove the option on the front page to search reviews by Review Group, because those who are not directly involved in the Collaboration would be unlikely to know what a Review Group even is • as there are so many different headings on the front page, a 'hover the mouse over the text' function could be added which allows user to know what information they will find if they click on a certain categorical word • the different Help functions and User Guides should be highlighted more clearly on the front page instead of being buried among all the other information on the website (for example, there could be a link called 'Tools and Resources to Understand <i>The Cochrane Library</i>' which would take users to a page with visual diagrams and interactive learning rather than a large amount of dense written information) • more filters and tagging of reviews across certain clinical specialities could be done, e.g. introduce the ability to filter a search down very specifically to receive titles focusing on renal conditions that are only relevant to nurses, i.e. tag reviews to indicate which clinical specialist will be most primarily interested in reading the review • when a new issue is published, reviews and protocols should be listed separately as not all users are interested in knowing that a protocol has been published; additionally, new titles should be categorised into specific clinical topic areas rather than just being listed together on the front page • information should be clearly organised in <i>The Cochrane Library</i> in regards to where we require further research to improve the research agenda, rather than just presenting information on whether interventions work or don't work • users should be able to identify Australian authors of review easily on <i>The Cochrane Library</i>, e.g. an Australian expert list that is readily available for policy makers and journalists to be able to contact • similar to other products, <i>The Cochrane Library</i> is eventually going to need to have its systematic review findings translated into clinical pathways and integrated with electronic patient records

Q8	Should <i>The Cochrane Library</i> be promoted? Follow-up question: are there particular groups or methods you'd recommend?
	<ul style="list-style-type: none"> • there was general consensus that the Library should definitely be promoted, but there was a range of ideas about who it should be promoted to • the more common suggested targets were all medical practitioners, GPs, and health journalists, while less commonly suggested targets were nurses, allied health professionals, consumers and consumer representatives, policy makers, university staff and students, social workers, and the general public via news programs • suggested that promotion should be done to consumers via governmental bodies as consumers tend to trust government sites more • promotion should not necessarily be done at an individual level but more at the level of the professional bodies (e.g. college of physicians) for them to highlight and promote Cochrane reviews on their mailing lists • new reviews should be sent to relevant policy makers or their departments rather than relying on policy makers searching the Library on the own initiative • promotion via personal communication with a dedicated PR staff member may be more effective than email alerts because users can receive email alerts from thousands of organisations which fill up their Inbox and make them less likely to be read • promotion in organisations should be done at the Board or senior management level because they are able to make the use of <i>The Cochrane Library</i> a priority for their workers and they are able to request for the resources and funding needed to train their workers to use the Library • to promote the Library we would need a broad approach and need to reach people on multiple occasions (for example attend all the major keynote conferences in different health fields and at these do clear, concrete 'practice-focused' rather than 'academic-focused' presentations on the benefits of the Library) • to promote the Library, strategies to build people's capacity to read, understand, and use the evidence in Cochrane reviews require greater investment • the Library should promote itself in terms of functionality, i.e. specify how it can be used by the different clients who have their own particular needs (e.g. clinicians who want to know what they can recommend to a specific patient, clinicians who want to know whether a systematic review has already been done on a particular topic so that they have an authoritative summary of the literature, and clinicians who are planning on conducting a clinical trial and want to see whether such a trial is needed given the current state of the research literature) • it's important that <i>The Cochrane Library</i> is promoted as the gold standard in evidence-based healthcare to medical students right from the start of their medical degrees



Australasian Cochrane Centre
Monash Medical Centre
Locked Bag 29
Clayton VIC 3168
Australia

p: +61 3 9594 7530
f: +61 3 9594 7554
w: www.cochrane.org.au