



Knowledge Translation Case study:

Cochrane Infectious Diseases, Centre for Evidence Based Health Care, Cochrane South Africa, delivering workshops and on-line training courses to increase capacity to use Cochrane evidence

This case study looks at a collaborative project including Cochrane Infectious Diseases (Liverpool School of Tropical Medicine), the Centre for Evidence Based Healthcare (Stellenbosch University) and Cochrane South Africa (South African Medical Research Council) in developing a 4-day training course for health decision makers and researchers - to increase their ability to find, appraise and use Cochrane evidence in their work. Subsequently, and based on demand from participants, and initial Cochrane funding from the Global Evidence Synthesis Initiative pilots, the workshop was developed into an on-line learning package which participants complete over a period of 6 to 7 weeks.

The beginning – a clear need – understanding existing evidence and the Cochrane library

We initially developed this course as part of the [Effective Health Care Research Consortium](#). There were two main drivers; firstly, there was a desire from people to want to author reviews, but they weren't always aware of what existing reviews were available; and secondly it was identified that in the African region people weren't accessing the Cochrane library or using the reviews that were already there. We were already running short courses from 2 hours to a day, introducing Cochrane and the Cochrane Library, but we wanted to develop something more intensive to be able to spend more time on helping people to be able to complete critical appraisal of Cochrane evidence, to interpret systematic reviews and then to consider how to apply the findings into policy and practice.

Working towards success

Working with Paul Garner and the team from the [Cochrane Infectious Diseases](#) group we developed the 'Primer in systematic reviews' course. This is a three to four-day course, run on consecutive days and targeted at policymakers, researchers and practitioners. The [aim of the workshop](#) is for participants to be able to build capacity in finding, interpreting, appraising and considering the use of Cochrane reviews in decision-making. The course content is delivered interactively using adult learning theory. There are ice-breakers, games and activities to ensure the participants are kept engaged.

Normally the requests for the workshop come in from an organisation and they will provide the venue and set-up, and we arrange the teaching and the facilitation for the course. We have run the course in several different ways, either as a mixed audience or with groups of specific audiences (e.g. policy makers). Prior to the workshops we send emails to them to find out about their background and role, the top three questions they might be facing now and their existing level of understanding or previous training. We also send pre-reading prior to the course to be able to make the most of the time we have with them. When we work with specific groups it allows us to tailor the content and examples to make them more context specific for the audience.

The workshops facilitators are very important. We spend a long time with them to build capacity to ensure they can draw on learning theories and practices to ensure the workshop is as interactive as possible and runs smoothly. Facilitators are not just people with topic expertise, they are brought in as part of the team and need to be coached to be able develop into this learning facilitator role.

We run these courses two or three times per year, according to the needs of our funders, and we always evaluate our courses at the end to determine what the participants thought of the workshop. An online learning management site has been created which contains the course materials and is available for most of the courses. It also provides a place where participants can reflect on their learning following the course.

Turning points in the development

Following the success of the face-to-face workshop and after running it in different countries (Malawi, Kenya, Tanzania, Namibia, South Africa), there was a demand for an on-line course delivering the same material. Through some funding from the [Global Evidence Synthesis Initiative](#), in partnership with the [Chronic Disease Initiative in Africa](#) and working closely with the [Centre for Evidence Based Health Care](#) at Stellenbosch University, the workshop was developed into an [online course](#). The online course has the same learning outcomes and takes 6 to 7 weeks to complete, the examples are tailored around chronic diseases examples. The course is accredited with the Liverpool School of Tropical Medicine and Stellenbosch University. The online primer course has recently been offered to 47 participants from Botswana, Kenya, Namibia, Nigeria, South Africa, Tanzania, Uganda, Zambia and Zimbabwe – bringing the total to more than 130 participants who successfully completed the online primer in systematic reviews.

Evaluating success and lessons learned

Developing an online learning course is a complex project and required more time than we had anticipated, particularly as we were aiming for interaction with the participants. Once we had developed the course we piloted with a group of users, which was essential to evaluate it and identify any issues that need to be resolved prior to 'going live'.

What next?

We are now looking to grow the pool of facilitators for the face-to-face course. We have developed a facilitator training programme and content and we hope to build enough people with skills to both understand the content but the skills to convey the information to deliver high-quality training. With new, trained facilitators who take ownership for the training we would be able to roll out the workshop to more people.

Tips

- **Plan ahead and find out about your audience:** particularly when you are running a face-to-face workshop it is helpful to find out about your audience before the event. This may include their baseline understanding and the questions that they are facing in their work. In this way you will be able to tailor the course content to their context.
- **Don't make assumptions about your audiences:** sometimes we find that even though are audiences may be policy makers or guideline developers, it is useful to re-cap the concepts and principles. Some audiences will sometimes still need help with the basic epidemiology and statistics.
- **Spend time building the facilitator team:** ensuring the workshop facilitators are trained and have the right skills to ensure interactive and smooth-running workshop is helpful for making sure the course is successful. The interaction between participants is nearly always highlighted as a valuable element of the workshop.
- **Try to make your training as interactive as possible and use relevant examples:** we have found that the participants enjoy trying to work through practical problems during the course as it helps to start to think about how to apply the training to their work. It also helps break up the training. Using relevant examples helps the participants to apply the principles to their work more easily.
- **Don't underestimate the time to develop online training:** even though we had developed and run materials for the face-to-face workshop, converting these into an online training module

took much longer than we had thought it would. Talking to someone who had already done this before starting might be useful in identifying all of the steps of the process and getting realistic estimates of the timing.

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For more help and guidance about growing capacity of the users of Cochrane evidence, or if you have examples of your Knowledge Translation work that you would like to share, please contact Karen Head (khead@cochrane.org).