Plain language for Cochrane reviews

How to ensure your readers find what they need and understand what they find

Trusted evidence.
Informed decisions.
Better health.

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Acknowledgements

# Cochrane

What will this webinar cover?

- **Plain language in the review as a whole**

  - Structure

  - Style

  - Language

- **Plain language summaries**

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Quiz: why do you write Cochrane reviews?

a. To reinforce your readers' feeling of belonging to a research community - you like to use lots of acronyms and technical jargon

b. To impress readers with all the long words you know – otherwise they might not take you seriously

c. To communicate your research and ideas
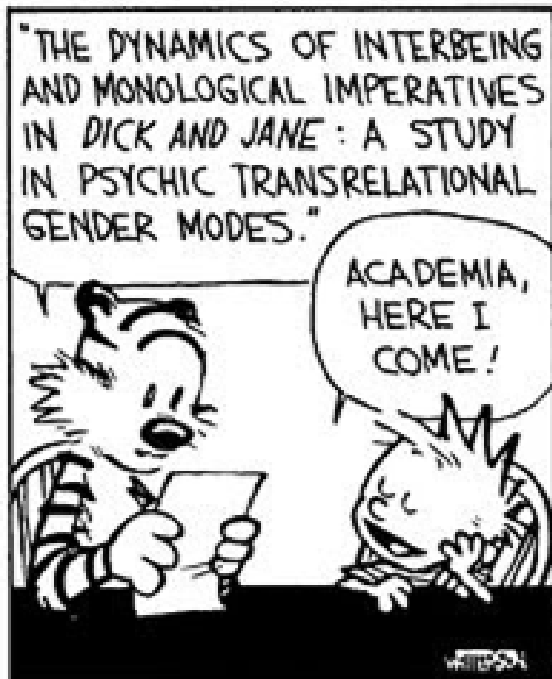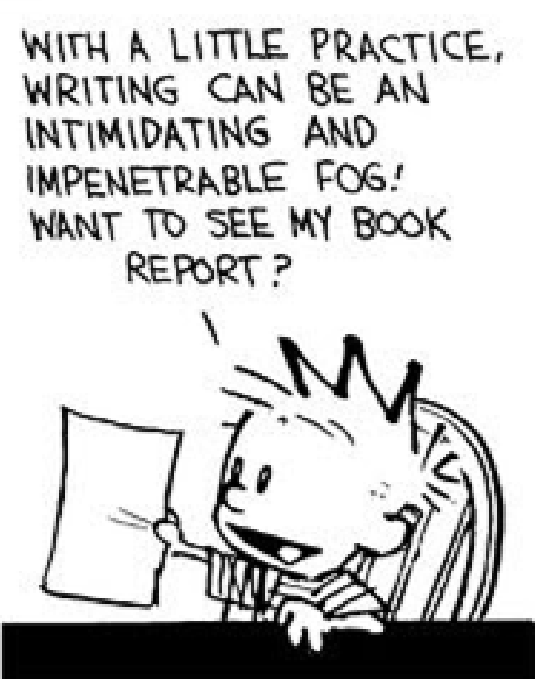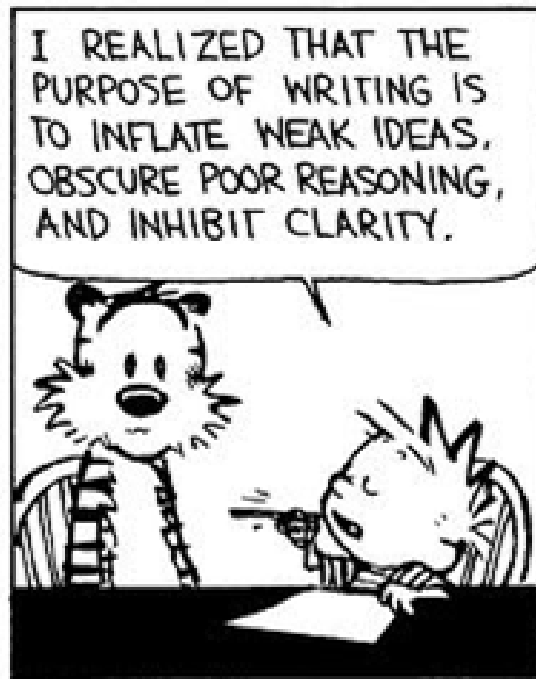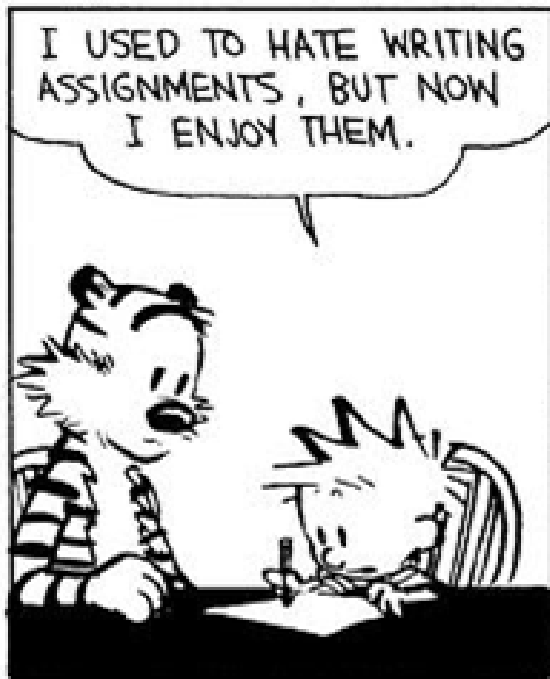
The Dynamics of Interbeing and Monological Imperatives in Dick and Jane: A Study in Psychic Transrelational Gender Modes.

Calvin and Hobbes by Bill Watterson

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Not just academic writing…

- Plain English Campaign: independent UK organisation, campaigning since 1979 "against gobbledygook, jargon and misleading public information"

- Mark Twain, Einstein, Yeats, Orwell, Eliot, Cicero…..

- Businesses, law firms, universities, charities

- Governments
  - UK Government websites: "Our writing principles have been developed to ensure our content is clear, meaningful and trustworthy to all our users."
  - European Commission guide, "How to write clearly" in all EU languages
  - US Government: The Plain Writing Act of 2010 requires federal agencies to write "clear government communication that the public can understand and use."

Who are you writing for?

- Patients and their carers

- Clinicians

- Researchers

- Guideline developers

- Decision makers

- Funders

- Journalists

- People whose first language is not English

- **Busy people**

- **People who have a lot to read**

- **People who need to take in a lot of information quickly**

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What is plain language writing?

- It's

  - Organised – clear structure

  - Style – as simple as possible so it's clear and concise

  - Uses everyday language with words appropriate for the reader

- It's not

  - Dumbing down

  - Bad grammar

  - Simplistic

  - Talking down or patronising

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Be organised

- Plan what you want to say before you start

- Put your most important points first

- Be logical and consistent

  - Background – sets the scene, explains why you're answering the question, defines terms

  - Types of participants/interventions/outcomes – shouldn't be a surprise. Same terminology as Background

  - Results – same order and same terminology

- Builds readers' confidence in you

Structure: headings and subheadings

- Headings and subheadings help the reader

  - navigate the text

  - find what they are looking for

  - skip what they are not interested in

- RevMan includes framework of fixed headings and subheadings

- Add your own (meaningful) subheadings – e.g. for types of interventions

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White space

- Allow plenty of white space on the page - visual breathing room

    - Helps make content easier to read

    - Helps readers distinguish between different pieces of information

- Write short paragraphs

- Subheadings

- Use lists – bullet points or numbered lists break up long sentences and help readers skim and scan the text.

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Style – be concise

- Focused review format recommended word limit is 10,000 words

- Use short sentences – around 15 to 20 words – easier to read. Split long sentences or use a list.

- Use active voice (the subject acts)

  - Clarifies **who** did what

  - Less wordy than passive – shorter sentences

  - Dynamic, clear, readable

  - Accessible for non-English speakers

  - Participants were determined to be eligible by independent clinicians

    Independent clinicians determined participants' eligibility

Style – be concise

- Avoid wordy phrases - in order to, on a daily basis, with regards to

  - With regards to mortality, there were 10 studies where deaths due to any cause were reported.

    Ten studies reported deaths due to any cause.

- Avoid nominalisations

  - A verb or adjective that functions as a noun

  - Often start: undertook, carried out, conducted

  - For example, extraction, investigation, decision, comparison

  - An investigation into x was carried out by six studies

    Six studies investigated x

Style – be direct

- Address your reader directly, as if you were having a conversation – it's interesting and engaging

- It's OK to use contractions – they make your writing more direct and accessible.

- Active voice helps too – it's clear who did what

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Language

- Use short, everyday words (start, use, often not commence, utilise, frequently)
- Avoid abbreviations and acronyms unless well known (e.g. BMI)
    - Write in full first time (followed by abbreviation in brackets)
    - See Style Manual for abbreviations that don't need to be defined.
- Avoid or explain jargon and technical medical terms (pruritis, dysphagia)
- Use terminology consistently – don't confuse readers by using different words for the same thing: confusion = lack of confidence
- Use words in your title that people are likely to understand and search for.
- Write for an international audience – avoid colloquialisms, drug names/measurements may be different, and remember seasonal differences.

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Quiz: your Cochrane review should be…

a. Full of long paragraphs with sentences with multiple clauses and subclauses, separated by semicolons and other punctuation.

b. Divided with subheadings and lists, to guide your reader and help them navigate the review, with plenty of white space.

c. Awash with plenty of words and phrases that embellish your sentences and that your reader may have to look up.

Plain language summaries (PLS)

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What are Cochrane plain language summaries?

- A short (400-850 words), stand-alone summary of the key points of a Cochrane review

- Use words and sentence structures that are easy to understand (reading age 14 years)

- For people without specialist medical knowledge – also good for time-poor people who need to gather and assimilate information quickly.

- Easy to translate – most translated parts of Cochrane reviews – up to 20 languages

- Dissemination: basis of news items on Cochrane.org, social media posts, etc.

- May be the only way people access Cochrane evidence

Review vs plain language summary

Structure

- Template with standard headings
- User-defined headings and bullet points/numbered lists
- Available in Handbook and embedded in focused review format template

Style

- More important to use short sentences with uncomplicated structure

Template and guidance

Cochrane Handbook for Systematic Reviews of Interventions, Part 1: About Cochrane Reviews, Chapter III: Reporting the review, III.S2 Supplementary material: Guidance for writing a Cochrane Plain language summary

https://training.cochrane.org/handbook/current/chapter-iii-s2-supplementary-material

Review vs plain language summary

Language

- Short words (no more than three syllables)

- Everyday language (e.g. 'people' not 'participants')

- Explain all medical terms – chronic, acute, local, placebo

- Don't use review jargon - randomised controlled trial, intervention, outcome, GRADE, risk of bias, certainty of evidence, etc)

Review vs plain language summary

Language

- Present results (same as Abstract, summary of findings table) using narrative statements, and numbers where possible
  - 5 times more likely, 21 to 25 out of 100 people
  - NOT summary statistics and confidence intervals
- Be careful about words with nuanced meanings (drugs, significant)
- Don't use acronyms or abbreviations
- Title: use words readers will understand and search for

Avoid review jargon

Too specialised for plain language summaries

- Randomised controlled trial   → Study
- Participants   → People with [condition],
    → adults, women, children
- Intervention   → Name of the intervention
- Outcome   → Name of the outcome
- Adverse effects/harms   → Unwanted effects
- GRADE
- Risk of bias
- Certainty of evidence

Limitations of the evidence - GRADE

- **High-certainty evidence** → We are confident that

- **Moderate-certainty evidence** → We are moderately confident that

  → Our confidence in the evidence is only moderate because

- **Low-certainty evidence** → We have little confidence in the evidence because

  → Our confidence in the evidence is limited because

- **Very low-certainty evidence** → Our confidence in the evidence is very low because

  → We don't know…

Limitations of the evidence – reasons for downgrading

- **Risk of bias** → It is possible that people in the studies knew which treatment they were getting

- **Inconsistency** → The studies were done in different types of people

- **Indirectness** → The studies did not cover all the people we were interested in

- **Imprecision** → Studies were very small

  → There were not enough studies to be certain about the results.

How can you simplify your writing?

- Identify the words that might be difficult for your reader or not suitable for a plain language summary.

- Generate a list of alternative words for each one.

- Choose the most appropriate words for your reader.

- Rewrite your sentence using the alternative words selected above.

- Re-organise or split the sentence if necessary.

Most smokers want to stop, however many have difficulty doing so, even though they may use specialist drugs, designed to aid smoking cessation.

Most people who smoke want to stop, but many find it hard. People who smoke may use medicines to help them stop.

When you've finished writing

- Take a break! Reading again with fresh eyes will help you improve your writing.

- Ask someone unfamiliar with the review or topic to read it – does it read well and make sense?

- Proof-read – does it read well and make sense?

- Spell-check

- Edit, edit, edit.

In conclusion

- **Structure:** organised within framework of headings and subheadings and white space. Put most important points first

- **Style:** concise and direct

- **Language:** as simple as possible - appropriate for reader

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Any questions?

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Style Manual: https://community.cochrane.org/style-manual

Plain language summary guidance and template:
https://training.cochrane.org/handbook/current/chapter-iii-s2-supplementary-material