Plain Language Summaries—pilot proposal

[OPEN ACCESS]

Document prepared by:
Julie Wood, CEAD
David Tovey, CEU

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Purpose of paper: For CSG to approve how we plan to use the budget already agreed to pilot with 4-5 Review Groups the centralisation the production of Plain Language Summaries (PLS) based on updated guidance. We aim to make PLS easier for our users to find via online search engines, translate them and understand them.

Access: Open

Resource implications for implementation:
To spend the £40,000 already approved this year on the linguistic input, search engine training and piloting centralising PLS production with 4-5 Review Groups.

Trusted evidence.
Informed decisions.
Better health.
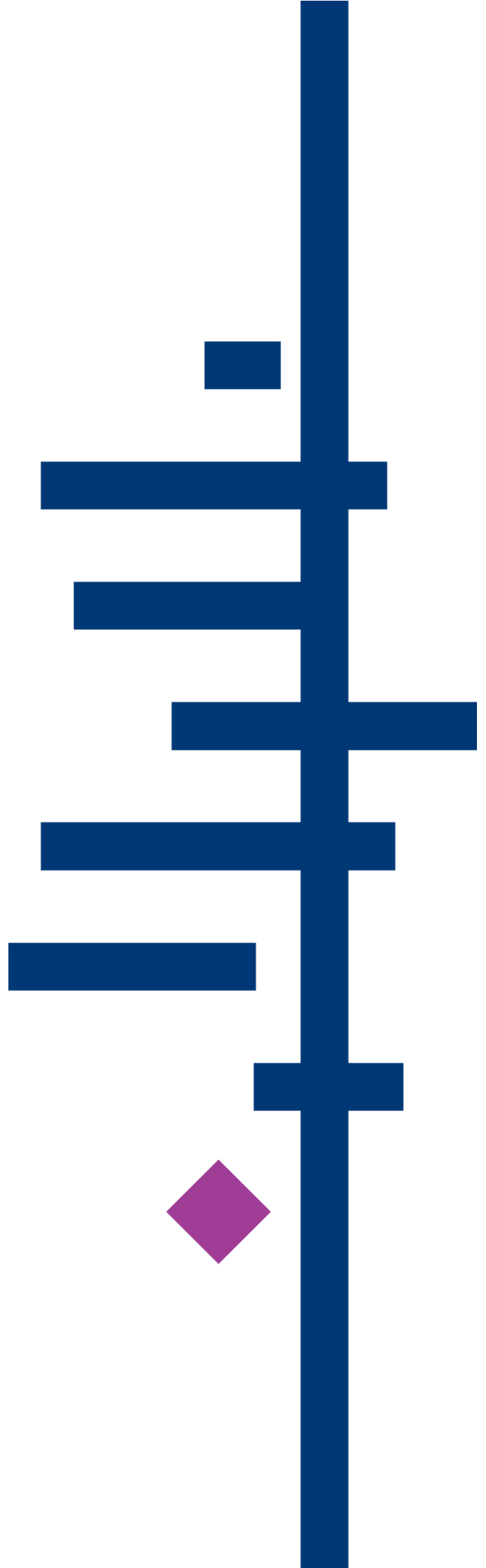
Project brief
Background/problem statement

Plain Language Summaries (PLSs) help people to understand and interpret research findings and are included in all Cochrane Reviews. However, Cochrane PLSs vary in quality and are written in various formats, which can make them more difficult to understand and to translate. Making the PLSs as accessible to as many people as possible is vital to achieving *Strategy to 2020's Goal 2—Making our Evidence Accessible*. In this context, it could be argued that this is the most important project we will undertake to meet our goal of increased access.

The Plain Language Expectations for Authors of Cochrane Summaries (PLEACS) was last updated in February 2013. Since then further needs have been identified:
- To make our PLSs as findable as possible by online search engines
- To have more structure in our PLSs to make them easier to translate
- To provide more guidance to our consumer referees to feedback on PLSs.

Further developments of Cochrane's PLSs in terms of design may be needed in 2017, but this will be considered as part of the standard budgeting process.

The project has been developed as a way to:
- Reduce the workload of Review Groups and editors. The PLS is designed to improve the quality and consistency of reporting. As such, it functions as a way of improving the efficiency of both the review production process and the editorial process.
- Improve the language and content quality of PLSs.
- Reduce the workload on translations.

As the PLS is the key section to disseminate a review, our aim is to identify ways in which other dissemination products can be linked more closely to PLSs and built on PLS content. The advantages of doing so include:
- Reducing the duplication of effort by improving awareness of existing content and improving ways in which people can access and understand this material.
- Ensuring the consistency and accuracy of reporting across different dissemination products.
- Increasing awareness of the value of the PLS as a tool that can:
  - improve public and funder awareness of research findings;
  - improve the accessibility of review content;
  - impact on access and potentially citation rates of reviews.

Project principles:
1. Through this project we are also aiming to improve the standard of Cochrane PLSs by recognizing that PLSs are valuable both as a *quality improvement tool for systematic reviews* and as a *dissemination tool*.
2. Need to use standard language to how we write PLSs to aid comprehension of users, translation needs, and ease of producing PLS.
3. The project will be based on the best available evidence.

Project Plan

To meet these new needs, the project will work with a linguist and SEO experts to make our PLS as easy as possible to translate as well as findable on the internet. We will base this work on updated guidance produced by Cochrane Norway that is based upon the best available evidence. This structure will be reviewed by SEO experts and a linguist to ensure that it will meet our needs. It will then be piloted by the Review Groups. (See Appendix III). Before any phases of this project can begin, further awareness raising and discussion with CRGs will need to occur so we can understand better how this approach differs from existing practices across CRGs.

Project objectives, sub-project and outputs

Objective	Sub-project	Outputs	Duration
To ease production, comprehension, and translation to non-English languages through standardization of content, structure, and language of the PLS, and develop writing guidance.	Working with a linguist ensure PLS structured content works across Cochrane's multilingual content needs.	Input included in the revised PLS template	May/June
To ensure that PLS are written in a way that makes them as findable as possible by search engines and to develop guidance on how to write a PLS that makes this possible.	Working with SEO experts to train PLS writers on the best ways of improving PLSs findability on the internet.	Input included in the revised PLS template, design and guidance and tracked via Google Analytics	May/June
To explore how Review Groups can best implement the PLS template and the iSoF	Pilot implementation of the new PLS as part of the review production process.	Use the pilot to develop a plan for how to operationalize new PLS approach across Cochrane Review Groups.	Late June-train the central team and pilot to run July to Oct. Wrap up meeting held at the Colloquium. 2017 plans and 2016 report of pilot ready for 2017 budget.

Potential projects in 2017

Objective	Outputs
To develop guidance for development of clear and consistent **key messages** in the PLS and the iSoF.	Input included in the revised PLS template, design and guidance.
Improving the design of PLS and test the use of graphics to aid comprehension of the information contained in a PLS.	Input included in the revised PLS template, design and guidance.
To develop a consumer checklist for PLS feedback.	Develop resources and mechanisms to gather consumer feedback about the PLS.

Appendix 1 PLS Pilot

Background:
While the PLS template provides guidance for the writing of PLSs, it is not sufficient in itself. Three core skills are needed for the production of good PLS material and to maximize the potential for user understanding and uptake:

(a) *Review skills,* i.e. methodological expertise which allows the writer to interpret a review and to report its findings consistently;
(b) *Writing skills,* i.e. plain language skills which allow a writer to apply and adapt plain language principles both according to the Cochrane template guidelines *and* the specific needs of particular target groups and campaigns;
(c) *Knowledge translation skills,* i.e. the ability to identify use the most appropriate ways to present evidence to a broad audience.

It is unlikely that review authors, language editors, or people experienced in knowledge translation will have a combination of all three skills. In this sub-project we will therefore explore:

1.   The feasibility of centralizing PLS production by training dedicated PLS. The resource burden of this approach is likely to be substantial (potentially 4-5 full-time staff by some estimates). It is therefore important to pilot the feasibility, effectiveness, and sustainability of building PLS capacity in this way.

2.   The feasibility of providing additional training to the PLS writers noted above to support them with writing iSoF content. As noted earlier, Cochrane also wishes to include interactive Summary of Findings (iSoFs) in Reviews. The production of iSoF content requires a similar combination of skill sets and will therefore present similar resources challenges to those noted above.

Note: Cochrane's CEU has recently approved a pilot project whereby dedicated staff members in selected Review Groups will receive training and support from the iSoF developers to produce iSoFs for their Group's reviews. It should be noted that the iSoF will include features that are currently not included in a standard SoF table, but which *are* included in the PLS template. One example is the use of standardized qualitative statements and "bottom line" statements. For this reason, skills training for plain language elements related both to the PLS template and to the iSoF are included in this Sub-project.

Aim:
The aim of Sub-project 3 is to pilot an approach whereby Review Groups identify a dedicated PLS/iSoF producer, and to develop and assess training materials and editorial processes which include the use of the PLS template and iSoF guidance.

Activities:
1.   We will identify 4-5 Review Groups who are willing to participate in the PLS/iSoF pilot. We will aim to recruit Review Groups that are of different sizes (i.e. Groups that produce large numbers of reviews as well as Groups that produce small numbers of reviews), that are based in English-language and non-English language countries, that cover a range of topics, and that typically deal with complex reviews

with multiple comparisons and narrative syntheses. We are currently in discussion with the following Review Groups: Consumers and Communication Group; EPOC; Pregnancy and Childbirth Group;

2. We will ask the pilot Review Groups to identify 1-2 people to serve as PLS/iSoF producers to form part of the centralised team. These people can be consumers, managing editors, editors, or others working for or connected to the Group, and should be willing to receive training and to develop PLS and iSoFs, as paid staff or volunteers, for the duration of the pilot project (3 months). We will also consider solutions where PLS/iSoF producers are shared across two or more Review Groups.

3. We will develop any additional training materials needed for PLS and iSoF production. The training materials should be developed in collaboration with Cochrane CET's Learning and Support Department

4. We will offer PLS/iSoF producers training and support in two stages.
   - In the first stage, the producers will be offered training, and will then develop PLS/iSoF for 3-5 published reviews according to the PLS template. This will allow them to familiarise themselves with the process without time pressure. We also use this opportunity to gather feedback about the training materials and template instructions. This training will include best practice and where in a review the information for writing a PLS can be found.
   - In the second stage, the producers will develop PLS/iSoF for 3-5 unpublished reviews as part of the normal publication process. This will allow each Group to explore where in the process it is most efficient to produce the PLSs/iSoFs.

5. We will assess the Review Groups' and the PLS/iSoF producers' experiences with the following issues:
   – Selecting PLS/iSoF producers – How easy was it to identify producers? Advice to others?
   – Training and support – Was this sufficient, and how could it be improved? To which extent did they need individual support in addition to the written materials? How helpful was the template and how could it be improved?
   – Editorial processes – Where in the editorial process were the PLS and iSoF produced, and how well did this work? Was the amount of work involved feasible? How were disputes or discrepancies between the Review author and the PLS author resolved?
   – How likely is it that they will continue this work after the pilot period is over, and to which extent. i.e. do they plan to discontinue these efforts, do they plan to continue for all reviews, or do they plan to continue for priority reviews only?
   – What level of resourcing (people, funding) would be required to scale this up to an ongoing programme?

6. We will take a sample of PLSs completed by the CRGs in the pilot and have a linguistic expert review them for ease of translation and update the guidance accordingly and discuss this with the CRGs involved.

Appendix 2 Proposal Input

This proposal has been created based on feedback from a workshop on PLS on 5 Oct. 2015 in Vienna organized by Claire Glenton, Nancy Santesso, Simon Goudie, Shaun Treweek, and Marita Sporstøl Fønhus. The workshop was a working session that outlined the current issues in the production of PLS and brainstormed how to practically address those issues in the context of review production. The following people signed up to this workshop.

NAME	PRIMARY ROLE IN ARCHIE
Elaine Beller	Author and other roles at Kidney and Transplant Group
Sarah Chapman	Knowledge Broker, Cochrane UK
Jane Cracknell	ME at Anaesthesia, Critical and Emergency Care Group
Lyn Charland	Author at Cochrane Skin Group
Patricia Logullo	Translator at Cochrane Brazil
Livia Puljak	Cochrane Croatia
Simone Cocchi	No Archie record
Daniela Goncalves Bradley	Author and works at Effective Practice and Organisation of Care Group
Caroline Struthers	On the exec for Cochrane Consumer Network
Marilyn Halverson Bamford	Consumer Referee at Musculoskeletal Group
Aline Flatz	Cochrane Switzerland
Fiona Stewart	Author and works at Incontinence Group
Carol Rhodes	Member of Cochrane Consumer Network
Jani Ruotsalainen	ME at Work Group
Nancy Fitton	On the exec for Cochrane Consumer Network
Sandy Walsh	Author and Editor at Breast Cancer Group
Rebecca Weida	Work at Cochrane Insurance Medicine
Annhild Mosdøl	Author at Public Health Group
Gill Gyte	Author and Editor (consumer) at Pregnancy and Childbirth Group
Marie-Martine Lefevre-Colau	Author at Musculoskeletal Group
Richard Davis	Videographer and Cochrane Canada
Karianne Hammerstrøm	Author at Developmental, Psychosocial and Learning Problems Group
Heather Ames	Author at Consumers and Communication Group
Elisabeth Couto	No Archie record
Elizabeth Royle	CEU, Copy Editor Support
Miranda Cumpston	Head of Learning and Support
Toby Lasserson	Senior Editor, CEU
Julie Wood	Head of Communications and External Affairs
Nancy Owens	Senior Comms Officer
Deirdre Walshe	Author and works at Infectious Diseases Group

Further consultation was done subsequently in creating this document. Claire Glenton, Simon Goudie, David Tovey, Toby Lasserson, Richard Morley, Chris Watts, Miranda Cumpston, Livia Puljak, Nancy Santesso, Joy Oliver, Gabriel Rada, Sarah Rosenbaum, Angela Morelli, Marita Sporstol Fonhus, Holger Schünemann, Cindy Farquhar and Karin Dearness.

Appendix 3 Pilot PLS Guidance

(See attachment)