

A Guide to Blogging for Evidently Cochrane

<https://www.evidentlycochrane.net/>

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Thank you for considering writing for us.

When preparing your blog we would like you to follow this guidance which is based on the '[Checklist and guidance for disseminating findings from Cochrane intervention reviews](#)'. This is the official Cochrane guidance for anyone preparing a dissemination product based on a Cochrane intervention review.

Most of our blogs discuss Cochrane evidence; give a short summary of the evidence, placing this evidence in context, often with a patient or practitioner perspective. If you are writing a blog like this, please closely follow the guidance here.

If you are writing a different type of blog, for example highlighting a project, and not discussing the results of a systematic /Cochrane Review, you will find that much of the advice in this guidance document is still relevant.

Please send your blog draft as a Word document to Sarah Chapman, sarah.chapman@cochrane.nhs.uk. Sarah is always happy to comment on a draft and/or outline.

Length

Typically around 1000 words but up to 1500 is fine and a shorter blog is ok too.

Deciding your blog focus and target audience

We introduce the blogs with a sentence which helps your target audience know if it is relevant to them, along the following lines:

“In this blog for [audience], [your name], [your role], looks at the latest Cochrane evidence on [topic] and asks/explores/reflects/something similar... [angle or question].”

If you work out how you want your blog to be introduced by completing the above sentence, it helps you establish your target audience (even if it is “everybody”) and your angle for the blog. It will also guide your choices about language and content.

At this point, you are welcome to send this to Sarah in an email so we have a good sense of what to expect from your blog.

We have a wide range of readers, but our main target audiences are patients/others interested in health and health professionals (including students) and particularly midwives, nurses and allied health professionals. You may have been asked to

write/contribute to a blog for one of our 'Evidence for Everyday' series for nurses, midwives, allied health professionals or patients. We also have blogs that should be of interest to researchers.

If you'd like to read more guidance on making your blog relevant to a target audience, see Item 4 on page 27 of the ['Checklist and guidance for disseminating findings from Cochrane intervention reviews'](#).

Starting your blog

An engaging start is important – it will draw in your readers. Some ways you could start:

- Ask a question e.g. “What are the things that you do to reduce the risk of catheter-related infection in patients with central venous catheters?” (From a blog for nurses)
- Make a bold statement or two, introducing your topic e.g. “People with pain have some very simple demands. They want the pain gone, and they want it gone now.”
- Share a story/experience e.g. “I first noticed that I had some kind of skin condition in my first year of university...” “The Oxford Lunatic Asylum opened in 1826, set in ten acres of fields and woods on Headington Hill among which the inmates could wander and look at the dreaming spires below...”
- Introduce your topic and its context in a chatty way (great throughout the blog) e.g. “It seems to me that vitamin D – also known as the ‘sunshine vitamin’ – is very much in the limelight (or should that be sunlight?) right now.”

Also:

- Give some context – why are you writing about it now (e.g. new evidence; link with an awareness event or something in the media)?

Your experiences and expertise

If you are contributing an expert (patient or professional) opinion or experience with a bearing on the evidence, this may occupy the majority of the blog.

Stories are very engaging. If you are writing about a Cochrane Review, beginning the blog with a story from practice or your experience can draw readers in.

Cochrane Reviews should not make treatment recommendations. Please make sure that you make a distinction between what the review findings are and your reflections on what this might mean for practice. If you are writing about recommendations from guidelines, please make this clear.

Example:

Don't say: The Cochrane Review says that treatment X should be routinely offered to patients with symptom Y.

Do say: The Cochrane Review provides high-certainty evidence that treatment X improves symptom Y. This has informed my decision to try treatment X / recommend treatment X to my patients.

Think about how you can help people reach their own decisions. For example, you may want to point out that decision makers often consider factors in addition to the effect of the treatment, such as their values and preferences and the cost and availability of the treatment. You may also wish to suggest questions that people may want to ask themselves or others, such as their healthcare provider, when making a decision.

Use plain language

What constitutes “plain language” depends on your target audience, but at a minimum:

- Use the active voice (e.g. “We included 12 studies”, not “12 studies were included”)
- Keep sentences and paragraphs short
- Avoid abbreviations apart from ones that are in common use (e.g. ADHD) or explain them
- Use words and concepts that are familiar to your target audience
- There is an automated glossary on Evidently Cochrane which provides plain language definitions of a number of research and medical terms (e.g. meta-analysis). These definitions appear when readers hover over the term. Nonetheless, where you need to use medical or research terms or concepts, use them consistently and consider whether you need to explain them, and aim to avoid research jargon

If you'd like to read more guidance on using plain language, see Item 2 on page 20 of the [‘Checklist and guidance for disseminating findings from Cochrane intervention reviews’](#).

Use words in your title that your target audience is likely to search for, recognise and find relevant. (Feel free to suggest a title or leave it to Sarah)

- Use words in your title that your audience is likely to search for, recognise and find relevant

- You don't have to use the same terms for the condition or treatment as those used in the review. For instance, you can call "hypertension" "high blood pressure" if you think this will help your target audience.
- Starting a title with the key word or phrase helps its visibility
- Avoid long titles
- Cochrane does not encourage the use of brand names in Cochrane Reviews. You should also avoid them where possible in your blog. However, some brand names are more familiar to people than their generic names, and may be what people look for and recognize. In these cases, use the generic name and the brand name. For instance, "Sildenafil (also known as "Viagra") for treating erectile dysfunction..."

Structure the content so people can find key messages, then access more detail if they want

- Please provide references, and links where possible to the full Cochrane Review(s) and other information sources you have used, so people can find more detailed information.

Make the content easy for people to quickly read and scan

- Please break up your text into short chunks, separated by subheadings. I can do this if you're unsure
- You can also use bullets, tables etc. to break up blocks of text
- Use short meaningful headings and subheadings that stand out; start these with key words where possible
- Consider highlighting key words in bold
- Please give three short (bulleted) 'take-home points' (we will share these at the end and in a separate image for sharing on social media)

Show that the evidence involves real people

- Refer to "people", "women", "children" rather than "participants"
- Refer directly to these people e.g. "Women who had home births had more..." rather than "Home births led to more..."
- Consider giving a more detailed description of the people who use the intervention
- If you are writing about a Cochrane Review, refer to "the review authors" or "we" not just to "the review"
- Consider giving space to the review authors' perspective
- Readers may see personal stories as more familiar, more realistic, and more useful or meaningful than statistical findings. However, be careful when you use stories to illustrate the effects of a treatment as this may overemphasize benefits or harms. Think carefully about the extent to which these stories reflect the evidence and clearly distinguish between what the evidence says and personal views, experiences, and choices.

If you'd like to read more guidance on showing that the evidence involves real people, see Item 7 on page 38 of the ['Checklist and guidance for disseminating findings from Cochrane intervention reviews'](#).

Specify the populations, interventions, comparisons and outcomes

At a minimum:

- Indicate the study or review's population, intervention and outcomes of interest (the scope of the study or review). Use the actual names rather than “intervention”, “outcome” etc.
- Indicate the comparison (what the intervention was compared to)

Ideally, also:

- Consider whether you need to provide a more detailed description of the population, intervention, comparison and outcomes that the study or review authors searched for as well as what they found
- Provide information about the setting and context that the authors searched for as well as what they found
- Describe people or treatments that were excluded if this is important for your target audience to know

State that the information is from a systematic/Cochrane Review if that is what you are writing about

- State that the findings are from a systematic review (“systematic review”, “Cochrane Review”)
- Indicate that this is a systematic review and not a single study by referring to the number of included studies

State how up-to-date the evidence is

- Include the publication year. You may be writing about it because it has been newly published or updated, in which case say so
- For systematic/Cochrane Reviews, consider including information about when the latest search was done
- If the review authors found ongoing studies that might contribute to a future update of the review, consider mentioning this if it seems relevant and of interest

Avoid misleading presentations and interpretations of the effects

At a minimum:

- Report the most important benefits and harms, including ones for which no evidence was found
- Report all benefits and harms in the same way, where possible, using the same types of words, numbers or symbols
- Decide whether it is important to specify the time point when the outcomes were measured
- Focus on important rather than “statistically significant” differences
- Do not confuse “a lack of evidence of effect” with “no effect”
- Use narrative, plain statements to present review findings

If you'd like to read more guidance on avoiding misleading presentations and interpretations of effects, see Item 11 on page 51 of the [‘Checklist and guidance for disseminating findings from Cochrane intervention reviews’](#).

If you use numbers to present the findings, use absolute numbers, and label numbers clearly

- Always label the numbers you are presenting to what indicate these numbers are referring (e.g. refer to “*12 out of 100 children...*”; “*3 days per year*”; “*4 hospital admissions per person*”)
- When presenting outcomes that are measured using scales, describe the range of the scale. Explain what the scale measured and whether a high or a low score is best, if this is not clear
- Use absolute effects whenever possible. Do not report relative effects (for instance, «*a 50% increase...*», “*a doubling*”, “*twice as many*”) unless you have also reported the absolute effects
- Consider using tables or figures to present numbers. People may prefer this to numbers inserted in the middle of text, which they may find off-putting or too complicated

If you'd like to read more guidance on using numbers to present the findings, see Item 12 on page 56 of the [‘Checklist and guidance for disseminating findings from Cochrane intervention reviews’](#).

Describe the certainty of the evidence

- It is important to tell your target audience if not all the findings are equally certain, and not doing so can be misleading. Giving people information about the certainty of the evidence is important. All authors of Cochrane intervention

reviews are now expected to use GRADE to assess the certainty of the evidence (also referred to as “quality of the evidence”) for each outcome. This means that it should be relatively straightforward to extract this information from a Cochrane Review

- Never state that an intervention works or doesn’t work if the certainty is less than high. Instead, modify your statement to reflect your uncertainty
- Always refer to the certainty of the evidence, either explicitly or implicitly
- Make sure that information about certainty is close to or integrated into the findings
- Consider referring to the certainty of the evidence explicitly, by specifying the level of certainty for each outcome, but not if this interrupts the flow of the blog

For each outcome you discuss, please follow this scheme to talk about evidence quality/certainty, as assessed by GRADE:

	Important benefit/harm	Less important benefit/harm	No important benefit/harm
High-certainty¹ evidence	<i>[Intervention]</i> improves/reduces <i>[outcome]</i> (high-certainty evidence)	<i>[Intervention]</i> slightly improves/reduces <i>[outcome]</i> (high-certainty evidence)	<i>[Intervention]</i> makes little or no difference to <i>[outcome]</i> (high certainty evidence)
Moderate-certainty¹ evidence	<i>[Intervention]</i> probably improves/reduces <i>[outcome]</i> (moderate-certainty evidence)	<i>[Intervention]</i> probably slightly improves/reduces /probably leads to slightly better/worse/less/more <i>[outcome]</i> (moderate certainty evidence)	<i>[Intervention]</i> probably makes little or no difference to <i>[outcome]</i> (moderate-certainty evidence)
Low-certainty¹ evidence	<i>[Intervention]</i> may improve/reduce <i>[outcome]</i> (low-certainty evidence)	<i>[Intervention]</i> may slightly improve/reduce <i>[outcome]</i> (low-certainty evidence)	<i>[Intervention]</i> may make little or no difference to <i>[outcome]</i> (low-certainty evidence)
The point estimate indicates an important benefit or harm, and the confidence interval also includes an important benefit / harm / no effect*	<p><i>[Intervention]</i> may lead to <i>[better outcome]</i>. However, the range where the actual effect may be (the “margin of error”) indicates that <i>[intervention]</i> may make little or no difference / might worsen / increase <i>[outcome]</i>.</p> <p>Or</p> <p><i>[Intervention]</i> may lead to <i>[better / worse outcome / little or no difference]</i>. However, the effects of <i>[intervention]</i> vary and it is possible that <i>[intervention]</i> makes little or no difference / worsens / increases <i>[outcome]</i>.</p>		
Very low-certainty¹ evidence	We don't know if / We are uncertain whether <i>[intervention]</i> improves/reduces <i>[outcome]</i> as the certainty of the evidence is very low		
No data or no studies	None of the studies looked at <i>[outcome]</i>		

The examples below show how to describe a **less important benefit**:

High certainty evidence: “Drug A **slightly reduces** swelling...”

Moderate certainty evidence: “Drug A **probably slightly reduces** swelling...”

Low certainty evidence: “Drug A **may slightly reduce** swelling...”

Very low certainty evidence: “**It is uncertain whether** drug A reduces swelling...” Or “the effect of Drug A **is uncertain**” or “the harms and benefits of Drug A **are uncertain**”

If you’d like to read more guidance on describing the certainty of the evidence, see Item 13 on page 60 of the [‘Checklist and guidance for disseminating findings from Cochrane intervention reviews’](#).

Consider presenting the findings in more than one way

- Consider using both words and numbers and using different media to present the findings
- If you cannot present findings in more than one way, provide links to additional products that use other formats where possible

Where the topic or findings may be upsetting, controversial, or disappointing, handle this sensitively

- Think about whether the topic or the findings are likely to be upsetting, controversial or disappointing to people. Where this is the case, think critically about the language and images you use and make sure you are sensitive to these issues
- Where the topic or findings could be upsetting, controversial or disappointing, acknowledge this
- Where findings are likely to be disappointing, make sure that “Further research is needed” is not your only conclusion. Consider whether you can offer more constructive messages

If you’d like to read more guidance on sensitively handling topics or findings, see Item 15 on page 69 of the [‘Checklist and guidance for disseminating findings from Cochrane intervention reviews’](#).

Commenting on limitations of the evidence

- Consider highlighting shortcomings in the evidence and give your perspective on it
- If you’d like to see a different question asked, or have some other challenge for future research, then feel free to say so. Sometimes this is very well handled by the review authors and worth highlighting.
- Consider bringing in other research (Cochrane or not), including research that is in progress.

- You may wish to link to interesting projects and relevant charities or support groups.

Finishing off

Consider including something along the lines of ‘what next?’ or ‘where does this leave us?’ You might want to come back to a question or point you made at the start – which makes for a satisfying narrative!

Take-home points

Please suggest three take-home points, which will appear as bullet points at the start of the blog and be included in an image at the end

References

Please provide references, and links where possible.

Images

We will provide these, although if you have photos relating to the blog content e.g. taken at a workshop you’re writing about, then do send them.

Author photo and biography

If you haven’t blogged for us before, please supply a photo of yourself and a short biography for display below your blog. If you’re on Twitter please include your Twitter handle.

We can display multiple authors but only one full biography will show under the blog. If you are submitting a blog with several authors, please would those who are not the lead author send Sarah a one line bio, with a photo if you wish. These will be displayed in the main body of the blog.

Conflict of interest declaration

Please complete the form, which we will send you.

Publication

We’ll let you know when the blog will be published and will send you a notification email with a link when it is published. All our blogs are offered to the British Medical Journal for them to publish, if they wish, on their blog also.

All blogs (but not the images from stock photos) can be reposted elsewhere as long as the text is reproduced in full, under the Creative Commons License.

Thank you.

Reference

1. Glenton C, Rosenbaum S, Fønhus MS. Checklist and Guidance for disseminating findings from Cochrane intervention reviews. Version 1.0. Cochrane Norway and Cochrane Knowledge Translation, October 2019. Available from: <https://training-new.cochrane.org/dissemination-essentials-checklist>

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