Visualising Cochrane Evidence in practice: experience from the Cochrane Common Mental Disorders group

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April 2019
1. Introduction – why bother?

2. Why visual storytelling?

3. How to? - 3 case studies
   • ‘A review in an insta’
   • The 1-pager
   • Galaxy of Cochrane and CCMD

4. Challenges and learning

5. Where next?
Tell us about yourselves – What role do you have?

2. Why visual storytelling?

3. How to? - 3 case studies
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5. Where next?
Cochrane defines Knowledge Translation as the process of supporting the use of health evidence from our high quality, trusted Cochrane systematic reviews by those who need it to make health decisions.

‘The KT Strategy Working Group recognises that a step change is needed to put KT at the heart of everything we do.’
Why bother?

Everyone is busy...

Visual summaries to help act as a hook and bridge
Part of wider work of Group to increase our KT activities and develop what we do
What is the reality?

How hard is it to produce clear short summaries of complex information?

CCMD’s learning from our first try at visualizing our reviews

This thread below, to me, shows just how hard it is to produce clear short summaries of complex information, and the value and challenge of asking for people’s views. Respect to @Cochrane_CCMD for trying this.

Tom Jewell @TomJewell17
Eating disorders and family therapy Twitter! @Cochrane_CCMD are looking for feedback on a summary of their review on family therapy for AN. I shared some thoughts.
@notdonnalou @evamusby @druhlheim @JasonMaldoPage ...
How did we do it?  In partnership with a graphic designer
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WHY VISUAL STORYTELLING?

CONTENT OVERLOAD

DECREASED ATTENTION SPAN

OUR BRAIN LOVES IT!
Have you done anything like this before?
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1. Instagram Post

2. One Pager

3. Galaxy of CCMD

Family therapy approaches for anorexia nervosa

Why is this important?

People with AN often experience repeated medical and psychological problems and may need to be treated for an extended period. The family therapy approach has been shown to be effective in treating AN, and it is recommended by the Cochrane Collaboration as a first-line treatment. There is robust evidence to support the use of family therapy in the management of AN. Evidence from randomized controlled trials and meta-analyses has consistently shown that family therapy is more effective than other treatments, such as medication alone, in improving the outcomes for people with AN.

How does the research help?

Family therapy approaches are widely used in clinical practice and are recommended by the Cochrane Collaboration as a first-line treatment for AN. The Cochrane database of systematic reviews provides up-to-date summaries of the evidence for family therapy approaches in the management of AN. These summaries help healthcare providers and patients make informed decisions about the most effective treatment options. Family therapy approaches are also cost-effective and can be delivered in a variety of settings, including inpatient and outpatient settings.

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What does the evidence tell us?

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Can we trust the evidence?

The evidence from randomized controlled trials and meta-analyses used in this review is of high quality and is based on rigorous methods. The evidence supports the effectiveness of family therapy in the management of AN. The findings are consistent across different studies and settings, and the results are robust to different methods of analysis. The evidence provides strong support for the use of family therapy as a first-line treatment for AN.

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Family therapy approaches for anorexia nervosa

**Why is this important?**
People with AN often experience related medical & psychological problems and are at risk of dying from the disease.

Family therapy approaches are one form of treatment for AN. It is important to know whether family involvement in therapy is beneficial to those with AN, and what other effects this involvement might have.

This Cochrane Review investigates whether family therapy approaches reduce rates of AN, or associated symptoms, compared to other treatments.

**What does the evidence tell us?**
There is some evidence to suggest that family therapy approaches may be better than standard or routine treatments in the short term. To help decision making we also want to understand how different family therapy approaches compare with one another or with other an treatments.

However, there is not enough evidence to tell us whether family therapy approaches offer any advantage over educational interventions or other types of psychological therapy, or whether one type of family therapy approach is better than another.

**How does the research help?**
Health care providers and those with lived experience of AN need to know the evidence for the effectiveness of family therapy approaches is low quality.

There is insufficient evidence to be able to determine whether family therapy might work better for AN than other educational and psychological interventions.

This also shows funders that good research making these comparisons is much needed.

**Can we trust the evidence?**
Randomized controlled trials (RCTs) are the best way to robustly test whether an intervention works. The evidence from RCTs addressing this question was judged to be low quality.

25 trials contributed to this review, but the people conducting the trials did not always clearly explain how they did the trial. This means it is unclear whether we can have confidence in their findings.

There was a high risk that the people conducting the trials could have been biased towards only reporting positive outcomes.

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Family therapy approaches for anorexia nervosa

People with AN often experience related medical & psychological problems and are at risk of dying from the disease.

**FAMILY THERAPY APPROACHES ARE ONE** associated with the presence of AN. The family environment can also be an important factor in recovery.

**FAMILY THERAPY APPROACHES**

‘Family therapy approaches’ are one form of treatment used in AN, and include a range of approaches that involve the family in treatment. Family therapy approaches take various forms, some of which are more formal and aim to address those processes that may sustain AN.

**COCHRANE**

Cochrane publishes systematic reviews and provides a robust summary of the evidence for health-related questions. Cochrane reviews also help readers to decide whether the body of research is trustworthy by discussing the quality of the evidence.
We also got input from...

- Authors
- Editors with experience of subject area
- Perspective of those with lived experience, including carers

- Drafted and redrafted working through a number of iterations
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Tell us what you think?
A **Twitterstorm** is a sudden spike in activity surrounding a certain topic on the **Twitter** social media site.

www.techopedia.com

Not sure we technically had a twitter storm but whatever it was it wasn’t particularly easy...
Tell us what you think?

Sarah K Reece @sarahkreece · 2 Dec 2018
Who is this intended for? The idea is great... If the general public, the term 'bias' will confuse and mislead. It's also misleading in comparing something with poor evidence against something else (TAU) with poor evidence without making that clear.

Sarah K Reece @sarahkreece

Replying to @sarahkreece @Cochrane_CCMD @CochraneUK

The lack of defining of FBT is also an issue, as is the lack of clarity that your review doesn't indicate that FBT isn't effective, merely that the research is lacking - so people who would welcome your conclusion (more research!) are dismayed and upset instead.

1:02 AM · 2 Dec 2018

2 Likes
Tell us what you think?

Tom Jewell @TomJewell17 · 2 Dec 2018
The line about addressing processes that may sustain AN is problematic. Especially following on from the earlier line about the family environment, it all seems to imply a very 1970s conception of family therapy for AN: that it is a treatment of dysfunctional families.

Tom Jewell @TomJewell17 · 2 Dec 2018
Family therapy for AN has a particular history around parent-blaming narratives, and currently this summary pushes a few wrong buttons. There are lots of people who could help tweak this, including my colleagues at the Maudsley adolescent ED team. Would be happy to help! 😊

Em @DrEm_79 · 2 Dec 2018
These are great points made by @TomJewell17.

As someone with lived experience of AN I have a few suggestions too:
-Sentence 1 isn’t right for everyone with AN.
-The informal font mixed with capitals seems to trivialise AN. It’s also hard to speed read/and has poor accessibility.

Cochrane CMD @Cochrane_CCMD · 2 Dec 2018
Thanks for taking the time to look at this and providing detailed feedback for us. It is really valuable to us for this piece of work and more broadly.
But when people do tell you what they think... and you asked them to... own the conversation

Cochrane CMD @Cochrane_CCMD · 3 Dec 2018
Replying to @topherhuebel @CochraneUK and 2 others
Thanks for highlighting your concerns and for actively helping us get more input on this. we are taking all feedback on board.

Cochrane CMD @Cochrane_CCMD · 3 Dec 2018
Replying to @cityalan
Thanks for looking at this and the supportive tweet. We have had a huge amount of input which is great. Hoping the collective input we have had through twitter (although daunting) can help us produce a much better and more accessible summary.

Cochrane CMD @Cochrane_CCMD · 3 Dec 2018
Replying to @Dr_C_Stewart @CochraneUK
Many thanks for taking the time to give us this really helpful feedback on the 1-pager. very helpful for the next iteration.
How hard is it to produce clear short summaries of complex information?

- Pretty hard
- Harder than we thought it would be
- Harder that it seems to other people
- Takes a lot of time and energy
- Twitter is a scary at times

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@notdonnalou @evamusby @druhlheim @JasonMaldoPage ...

8:47 AM - 3 Dec 2018 from Camberwell, London

3 Likes
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4. Challenges and learning

5. Where next?
Cochrane Common Mental Disorders is a community of people working together to help put trusted evidence at the heart of healthcare decisions for people with common mental disorders. Through partnership and collaboration our vision is to: ask the right questions (driven by our stakeholders needs including those with lived experience); employ the right methods to answer those questions; and get the best evidence to those who need it.
Our vision is to ask better questions to create systematic reviews that are relevant and useful to our audience’s decision making.

We’ll do this by identifying evidence gaps, refining research questions and co-producing reviews through new and more productive connections with our audience and research stakeholders.

This diagram illustrates the future of the Cochrane CMD solar system and our focus on developing partnerships that place our consumers at the heart of our systematic reviews.

The Galaxy of Cochrane
Challenge of hidden meaning!
**OUR VISION**

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4. Challenges and learning – Laura, Lindsay, Noortje

5. Where next?
What is stopping you from trying this?
Challenges – From the perspective of a designer

- Brevity – what is important?
- Recognisable cultural tropes vs stereotypes
- Representing serious conditions positively
- Diversity without tokenism
- Defining a process
- Developing trust
Challenges – From the perspective of a review author

- PLS only simpler
- Fewer subheadings
- Limited text
- Pictures in place of text
- Don’t forget to present the findings!
Challenges – From the perspective of a review author

- Mental health: broad topic – pros and cons
- Sensitive and emotive
- Pictures could cause offence
- Work with those with lived experience
- Feedback from co-authors
- Social media feedback
**Challenges - Reaching a wider audience with limited time and resources**

It DOES take time and we DO need more resources but:

- You will get quicker with practice
- Repurpose images and stories
- Share the burden and responsibility
- Make use of free resources: Canva, Hootsuite, Unsplash, #scicomm on Twitter
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5. Where next? - Jess
Where next?

Keep learning
• Repackaging graphics to use on multiple platforms
Next 12 months?

- Document the process
- Write-up our experience
- **Cochrane**

- Evaluate – Not sure how yet?
- Build in more input from those with lived experience

- Trying more animation
- Video based materials
Free resources we find helpful

- **Unsplash.com** is a database of free high quality photographs
- **Canva.com** has many templates and layouts to create social media posts easily. We are happy to share some of ours to get you started.
- **Twitter ‘Analytics’ page** to see what works well and what doesn’t, who your followers are, and how often people look at your profile.
- **Followerwonk.com** has more tools to analyze your Twitter account. See where in the world your followers are, and whether the times of day you tweet match up with when your followers are on Twitter.
- Follow **#scicomm** on Twitter to see how scientists communicate evidence. Also helps to reach more followers yourself, find resources, and discuss ideas.
- **Hootsuite.com** to manage multiple social media platforms and schedule posts.
How to connect with us

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This webinar was supported by the National Institute for Health Research, via Cochrane Infrastructure funding to the Common Mental Disorders Cochrane Review Group.

The views and opinions expressed therein are those of the authors and do not necessarily reflect those of the Systematic Reviews Programme, NIHR, NHS or the Department of Health and Social Care.