

A Guide to Blogging for Evidently Cochrane

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

**Sarah Chapman and Selena Ryan-Vig, Editors of *Evidently Cochrane*, Cochrane UK
Version 3.0, February 2021**

Who is this guidance for?

This is for everyone blogging for Evidently Cochrane. It is based on the '[Checklist and guidance for disseminating findings from Cochrane intervention reviews](#)', the official Cochrane guidance for anyone preparing a dissemination product based on a Cochrane intervention review.

Most of our blogs discuss Cochrane evidence. They give a short summary of the evidence and place 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.

There is a one-page checklist, followed by the full guidance. Sarah Chapman and Selena Ryan-Vig are always happy to comment on an outline and/or draft of your blog.

When you have written your draft

Please send your blog draft as a Word document to Sarah sarah.chapman@cochrane.nhs.uk or Selena selena.ryan-vig@cochrane.nhs.uk

Before publication, please send us:

- a completed Conflict of Interest form (we will send this to you)

If blogging for us for the first time, please also send:

- an author photo (headshot)
- an author biography

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

Publication

We will let you know when the blog will be published and will send you a notification email with a link when it is published. We will have asked you, by email, to express your preferences for being tagged on Twitter and for future contact (e.g. to deal with any comments on your blog).

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

Thank you.

Guide to blogging for Evidently Cochrane: one-page overview

You can click on each item to go to the relevant section for full details.

- [Aim for 1500 words or fewer](#)
- [Suggest a short title, starting with a key phrase \(e.g. “tubal flushing – might it help you get pregnant?”\)](#)
- [Decide your blog focus and target audience. Completing this sentence can help: “In this blog for \[audience\], \[your name\], \[your role\], looks at the latest Cochrane evidence on \[topic\] and asks/explores/reflects/something similar... \[angle or question\].”](#)
- [Make an engaging start to your blog \(asking a question, making a bold statement, sharing an experience or introducing your topic in a chatty way can all work well\) and give some context – why are you writing about this now? \(e.g. new evidence to share\)](#)
- [Distinguish between research findings and your opinions and reflections and avoid making recommendations](#)
- [Use plain language and define any medical terms](#)
- [Make the content quick and easy to read \(e.g. use subheadings and break up text\)](#)
- [Show that the evidence involves real people \(e.g. refer to ‘people’ rather than ‘participants’\)](#)
- [Specify the population\(s\), intervention\(s\) and comparison\(s\)](#)
- [State how up-to-date the evidence is](#)
- [Avoid misleading presentations and interpretations of the evidence](#)
- [If using numbers to present findings, use absolute numbers](#)
- [Talk about evidence certainty and/or use the suggested narrative statements relating to evidence certainty](#)
- [Where the topic or findings may be upsetting, controversial, or disappointing, handle this sensitively](#)
- [Comment on the limitations of the evidence](#)
- [Consider suggesting questions to help people think about and discuss treatment choices](#)
- [Finish off your narrative \(with something like ‘what next?’ or ‘where does this leave us?’ or return to a point you made at the start\)](#)
- [Consider signposting sources of further information and/or support for readers](#)
- [Suggest three take-home points](#)
- [Give links and references \(we can put them in house style\)](#)
- [Send Sarah/Selena your completed conflict of interest form, indicate your preferences for after publication and, if blogging for us for the first time, a short author biography and a headshot](#)

[References for this guide](#)

[Acknowledgements](#)

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, it can be helpful to send this to Sarah and/or Selena in an email so we can agree on the focus of your blog and reduce the need for making major changes later on.

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 series for nurses, midwives, allied health professionals or patients. We also have blogs that should be of interest to researchers. If you want to read more guidance on making your blog relevant to a target audience, see Item 4 of the [‘Checklist and guidance for disseminating findings from Cochrane intervention reviews’](#).

Blog title

We can suggest a title for your blog, but if you’d like to give it a working title, these are some things to consider:

- The title should be short and start with the key word or phrase (this is important for the blog’s visibility)
- Use words that your audience is likely to search for, recognise and find relevant

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 likely to be 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. If 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.
- 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....”

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

Make the content easy for people to quickly read

- Please break up your text into short chunks, separated by subheadings. We can help with this
- 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

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 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 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
- 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 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 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:

Size of the effect estimate	Suggested statements (replace X with intervention, replace 'reduce/increase' with direction of effect, replace 'outcome' with name of outcome, include 'when compared with Y' when needed)
HIGH Certainty of the evidence	
Large effect	X results in a large reduction/increase in outcome
Moderate effect	X reduces/increases outcome X results in a reduction/increase in outcome
Small important effect	X reduces/increases outcome slightly X results in a slight reduction/increase in outcome
Trivial, small unimportant effect or no effect	X results in little to no difference in outcome X does not reduce/increase outcome
MODERATE Certainty of the evidence	
Large effect	X likely results in a large reduction/increase in outcome X probably results in a large reduction/increase in outcome
Moderate effect	X likely reduces/increases outcome X probably reduces/increases outcome X likely results in a reduction/increase in outcome X probably results in a reduction/increase in outcome
Small important effect	X probably reduces/increases outcome slightly X likely reduces/increases outcome slightly X probably results in a slight reduction/increase in outcome X likely results in a slight reduction/increase in outcome
Trivial, small unimportant effect or no effect	X likely results in little to no difference in outcome X probably results in little to no difference in outcome X likely does not reduce/increase outcome X probably does not reduce/increase outcome
LOW Certainty of the evidence	
Large effect	X may result in a large reduction/increase in outcome The evidence suggests X results in a large reduction/increase in outcome
Moderate effect	X may reduce/increase outcome The evidence suggests X reduces/increases outcome X may result in a reduction/increase in outcome The evidence suggests X results in a reduction/increase in outcome
Small important effect	X may reduce/increase outcome slightly The evidence suggests X reduces/increases outcome slightly X may result in a slight reduction/increase in outcome The evidence suggests X results in a slight reduction/increase in outcome
Trivial, small unimportant effect or no effect	X may result in little to no difference in outcome The evidence suggests that X results in little to no difference in outcome X may not reduce/increase outcome The evidence suggests that X does not reduce/increase outcome
VERY LOW Certainty of the evidence	
Any effect	The evidence is very uncertain about the effect of X on outcome X may reduce/increase/have little to no effect on outcome but the evidence is very uncertain

For more information, please see Santesso et al. (2020):
<https://www.sciencedirect.com/science/article/pii/S0895435619304160> (page 131).

The examples below show how to describe a **trivial, small unimportant effect or no effect**:

- High-certainty evidence: “Drug A **does not reduce** swelling...”
- Moderate-certainty evidence: “Drug A **probably results in little or no difference to** swelling...”
- Low-certainty evidence: “Drug A **may result in little to no difference to** swelling...”
- Very low-certainty evidence: “**The evidence is very uncertain about the effect of** drug A on swelling...” Or “Drug A **may have little to no effect on swelling, but the evidence is very uncertain**”

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

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 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 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

Helping people to think about and discuss health choices/treatment options

Please consider suggesting some questions your readers might find helpful to think about and perhaps discuss with their healthcare provider, or other prompts for starting a conversation about healthcare choices (where relevant to your blog).

Examples:

Preparing to discuss treatment options with your healthcare provider

“Here are some questions you could ask your GP:

1. What is my risk of [xxx e.g. heart attack] on treatment?
2. What is my risk of [xxx e.g. heart attack) without treatment?
3. Based on what evidence?”

Thinking about preferences and priorities/acting in a relative’s best interests

“You could try the exercise of writing down:

1. What your relative’s priorities are
2. What their hopes, fears and preferences are
3. What you see as ‘their best interest’
4. What for them would be best and worst outcomes”

Finishing off your narrative

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!

Further information, resources and support

Please consider suggesting some sources of information, resources and/or support that your target audience might find helpful.

Take-home points

Please suggest three short take-home points. These will appear as bullet points on a slide, which will be included in the blog and shared separately on social media. If your blog refers to Cochrane evidence, please be sure to mention this in at least one of the take-home points.

Referencing and links

Please provide references, and links where possible.

References

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>
2. Santesso N, Glenton C, Dahm P, Garner P, Akle AE, Alper B,... Schünemann HJ, et al. GRADE guidelines 26: informative statements to communicate the findings of systematic reviews of interventions. *Journal of Clinical Epidemiology*, 2020, 119 (126-135). <https://www.sciencedirect.com/science/article/pii/S0895435619304160>

Acknowledgements

Thanks to Claire Glenton and Sarah Rosenbaum at Cochrane Norway and to the Knowledge Translation Department in Cochrane's Central Executive Team for their comments and support in producing this guidance.