**Protocol 1st phase development**

**January-September 2018**

**User-friendly reporting and formatting of Cochrane Reviews of interventions:   
protocol**

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# Background

Cochrane reviews are long and complex. This makes them difficult to read and use. Key information required by decision makers and other users, such as guideline developers, may be difficult to find. The length and complexity of reviews also means that they are very time-consuming to write and to edit. Much information is repeated and there are frequently inconsistencies in how results are reported and interpreted within a review.

We will create and pilot a new format for Cochrane Reviews of interventions with the aims of being:

* More responsive to the needs of users
* Less time consuming to write
* Easier to edit and to peer review
* Compatible with key [MECIR standards](http://methods.cochrane.org/mecir)

The new format builds on our experience with users interacting with [Summary of Findings](https://isof.epistemonikos.org/#/)(1, 2), Plain Language Summaries(3, 4), guidance for [how to report the effects of interventions](http://epoc.cochrane.org/sites/epoc.cochrane.org/files/public/uploads/Resources-for-authors2017/how_to_report_the_effects_of_an_intervention.pdf), [SUPPORT Summaries](http://supportsummaries.org/)(5), rapid response briefs(6), and [policy briefs](http://epoc.cochrane.org/sites/epoc.cochrane.org/files/public/uploads/SURE-Guides-v2.1/Collectedfiles/sure_guides.html). In addition, we will also examine the format used for systematic reviews in journals, such as PLOS Medicine, and for other systematic reviews. It is also informed by interviews with policy makers and clinicians on the barriers to using evidence from Cochrane Reviews(7), a Cochrane EPOC review of interventions to improve the use of systematic reviews for clinical and commissioning decision-making(8), and the experience of the review groups collaborating on this project (all of the review groups in the Public Health Network and the Pregnancy and Child Birth group) of editing Cochrane Reviews. Central to this work is the concept of layering information, with key messages presented in plain language in the top layer and much of the detailed information moved to a set of appendices.

The format sketches are in an early stage. This protocol describes the parameters we have set for the work, who and how we intend to collect feedback from, and how we will use that feedback to inform prototype development, as well as how the project will be run. The format ideas we present here have not yet been considered formally or approved by Cochrane.

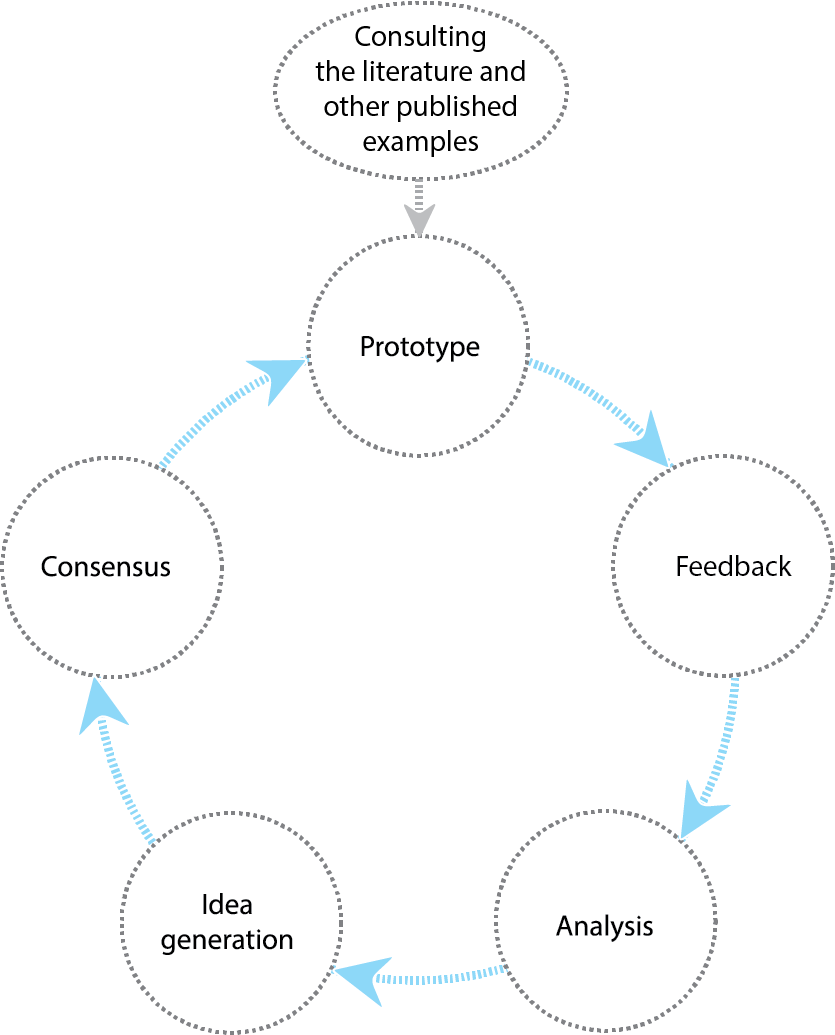
The scope of this work is to create sketches of a new review format (prototypes), explore how different groups of users and producers experience these, and use this input to improve the prototypes. Our overarching objective is to ensure that review end-users are likely to find the proposed review format useful and easy to use, while review producers are likely to find it practical to produce.

# Methods

We use the word “prototypes” to mean ideas and sketches regarding any aspect of review content, structure, visual design, and interactive functionality.

## Overarching approach

This work will be grounded in a human-centred design approach(9), where the needs of multiple stakeholders will drive design decisions and development, through cycles of prototyping and feedback.



*Figure 1. Iterative cycles of prototyping and feedback*

### Considerations

*Users/stakeholders:* We will take into consideration the needs of people who produce reviews (authors and editors), people who use reviews (consumers, clinicians, policy makers, and researchers) and people who support these groups, such as guideline developers, journalist, librarians). We will also include considerations related to Cochrane IT development, communications/knowledge translation and language translation.

*Future vision of an improved interactive format:* We will prioritize exploring solutions for online reviews published on the Cochrane Library platform and accessed via desktop and mobile devices. Al­though we will base prototypes on the new (beta) Cochrane Library platform, we will not limit exploration to only solutions that are currently available in this system.

*PDF format:* This project will not be driven by considerations for PDF formatting. Design of the PDF format should be carried out as separate project, when there is general consensus about structuring the content for online presentation.

*Content/authoring:* All of the information currently available within a Cochrane Review will be included. In order to ensure that any new content in the proposed prototypes is possible for other people to write, we will limit ourselves to content that can be clearly described in author guidance. We will produce a draft of this guidance as a part of the project output.

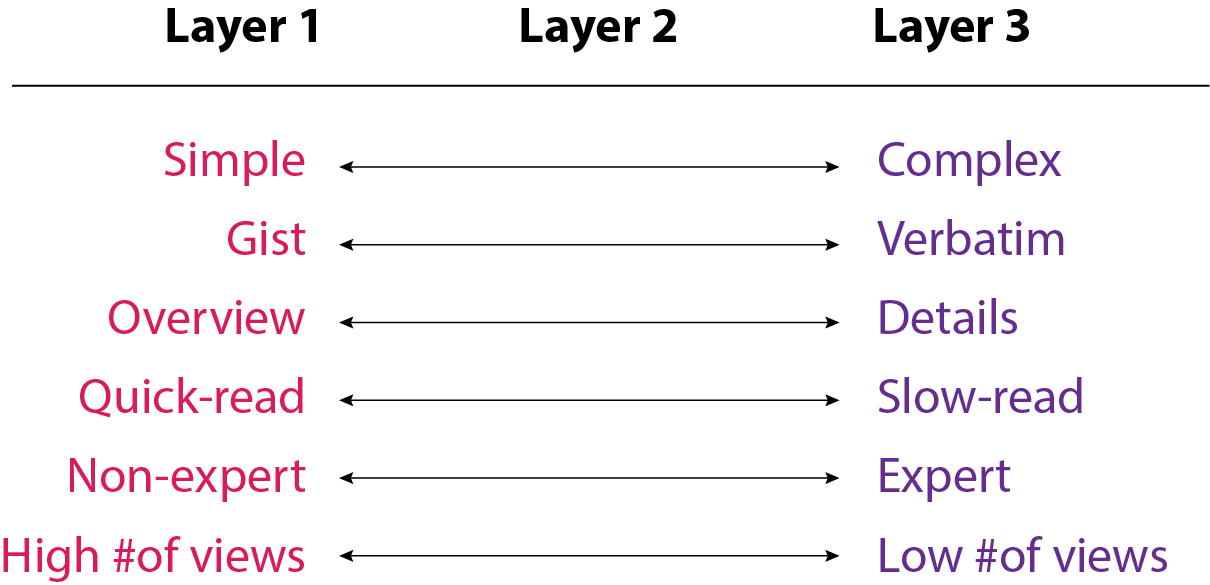
### Layering strategy

A systematic review can be thought of as a bundle of many discreet pieces of information, such as author’s name, DOI number, search strategy, sets of references, analyses, etc. Many of these pieces of information can be represented in different ways (such as texts, images/graphics, tables, or audio/video), and these representations can be grouped together in different ways to form the document structure. Digital documents can also be enhanced through interactive functionality, such as links to more detailed content, or expanding/collapsing content. Additionally, there may be relevant information outside of a systematic review that may be useful to readers, such as content prepared for dissemination in social media or related reviews in the Cochrane Library. In this project we will explore how the information from a systematic review (and related information) can be best represented and structured in an online format within the Cochrane Library for multiple target audiences.

One possible strategy might have been to create a new review representation and structure for each different kind of target audience (separate reviews for patients, clinicians, policy makers and researchers). However, this would be a lot of extra work for authors and editors. Additionally, in previous work we have found that tailoring a document according to these categories is not always easy to do, as there are both expert and novice readers (of results from systematic reviews) in all target audience groups. This strategy can also leave readers uncertain about which version to read and what they miss out on by reading one version instead of another.

Instead, we will employ a document design strategy called ‘layering’ (“parallel explanations are provided, at different levels of detail or difficulty”) and ‘drill-down’ (“top-level summaries link to progressively revealed detail”) (10).This entails structuring the review so that the simplest (and shortest) representations of the most relevant information for the majority of readers in the ‘top’ layer, followed by layers of information that are successively more detailed and tailored for more expert readers.

This approach has the potential to reduce cognitive load, especially for the non-expert users (people who are less familiar with reading/interpreting systematic reviews), by reducing the amount of time and effort needed to find and extract main messages. Information spread across layers, but linked and easily navigable, can also more easily support a broad continuum of desirable formatting characteristics (e.g. simple/complex, suitable for non-experts/experts), without having to prioritize one target audience’s set of needs to the exclusion of another. See figure 2.



*Figure 2. Describing three layers distributed across multiple continuums*

## Creating the first prototype

We will create the first prototype using content from one review that should be relatively easy for many people to understand and relate to: *Electronic cigarettes for smoking cessation (2016)*. We will begin with three layers:

***Layer 1: Summary***

Designed to address the needs of readers from professional and consumer target audiences who want a quick summary

* Highlights key messages based on the Summary of Findings tables and uses, as far as possible, plain language standardized statements for reporting effects (of interventions)
* Builds on existing plain-language summary work; we will explore if one well-prepared summary can replace both the plain-language summary and the abstract

***Layer 2: Review text***

* Layer 2 provides more information in a short article format for readers who want more information. The writing in this layer should also follow plain-language writing principles.

***Layer 3: Appendices***

Much of the review details will be moved to appendices, e.g. in-depth description of methods, the search strategy, as well as figures, tables and analyses.

Feedback and example testing will indicate if we need to explore adding more layers in later prototype iterations.

## Advisory board feedback

To collect feedback from a wide set of stakeholders, we will invite people from the following categories to participate in an international advisory board: clinicians, policy makers, patients/journalists, guideline developers, methodologists, Cochrane editors, review group coordinators, review authors. (See appendix 1). We will solicit feedback each time we have a new prototype, via email, and ask people to code their feedback according to the set of seriousness codes we apply to user-test findings. We will otherwise analyse it in the same way as user-test findings below.

## User-test feedback

Five review groups will recruit participants and conduct user-tests: Consumer and Communication, Effective Practice and Organisation of Care, Infectious Diseases, Pregnancy and Child Birth, and Public Health. We will provide them with instructions for carrying out a user test (Appendix 2), a semi-structured interview guide (Appendix 3), and a template for listing findings (Appendix 4). The interview will be based on a framework for user experience that we have used in other projects(11) (Appendix 3).

*Recruitment and participants:* Using convenience sampling, review groups will recruit participants through their formal and informal networks. We will ask the five review groups to recruit 3-5 participants each in the first round so that we have feedback from 3-5 people representing each of the groups described below.

Based on what we learn in this initial round, teams will recruit participants for new rounds of user-testing, so that we can explore specific problems in more depth or to include more extensive feedback from specific target audiences.

We will include people who fall within the four target audiences listed in Cochrane’s knowledge translation strategy (1. consumers/public, 2. health practitioners, 3. policy makers/managers, 4. researchers/research funders), as well as 5. people who support these groups’ access to or use of evidence (such as guideline developers, librarians, journalists, people involved in knowledge translation work).

Participants will be included who are fluent in English, and who would normally actively seek out Cochrane reviews or, more broadly, evidence about the effect of an intervention.

We will recruit people with varying degrees of familiarity with research. People on the more familiar end of the spectrum include people who have done a systematic review or a trial, guideline developers, EBHC teachers, or people with research/EBHC training that includes a systematic review course. People on the other end of the spectrum would be less familiar with research and seldom (e.g. less than a few times a year) read more than the abstract or plain language summary of a systematic review.

Where permissible, we will also include people who are likely to have a particular interest in evidence about the effect of interventions for smoking cessation (such as health personnel who advise on smoke cessation, producers of smoke cessation guidelines, etc.).

*Interviews/interview guide:* Review groups conducting user-tests will collect feedback through individual user-test interviews that last approximately 1 hour, using the provided interview guide and the prototype. The guide will contain questions about: first impressions, scenarios/tasks, general impressions, the existing review format compared to the prototype, and suggestions for improvements.

*Data collection:* There should be two researchers in each interview – one to facilitate the user-test and one to take notes.

*Personal data:* Personal information (e.g. name, e-mail address, phone number) will be collected by teams only for the purposes of administrating interview sessions. This information will not be recorded as part of the data collection. Employment details, where relevant, will be described in general terms so they cannot be traced back to individuals.

*Analysis:* Directly after the interview, the facilitator and the note-taker should discuss their main impressions from the interview, and add this to the notes.

Analysis of the notes should take place as soon after the interview as possible. Using the notes, one or both researchers will make a list of findings: problems (either directly expressed by the participant or observed), positive feedback, and suggestions for improvements of the prototype. They will describe these, illustrate them with quotes (where possible) and add their own assumptions about the cause of problems that the participant experienced as well as ideas that emerged for resolving these (where relevant). They should add tags to identify which target audience the participant represents, their familiarity with systematic reviews, which decision making scenario they chose in the beginning of the interview, which part of the prototype the finding relates to, and code the finding according to their perception of the seriousness of the finding for this user’s experience. Findings will be entered in a findings template (Appendix 4) in order of their (perceived) seriousness.

If one researcher carried out these steps alone, all findings and seriousness codes should be checked by the other researcher, as well as assumptions about the causes of problems and ideas to resolve them. Differences of opinion should be discussed and resolved.

*Collating sets of findings:* Review groups will send their findings to the core team in Norway, where we will collate them. We will contact each team individually to clarify any uncertainties. Based on the collated findings, the core team will prioritize problems, brainstorm ideas for making improvements, and agree on a list of proposed changes. We will organize a Skype meeting with all groups who carried out interviews to discuss findings and suggested changes, either reaching a consensus or outlining clearly what disagreements consist of.

*Permissions related to data collection:* We are not collecting any health-sensitive data, and we are not collecting personal data (name, email, telephone) for any purpose other than administrating interviews. This information will not be recorded as a part of the data collection and not be connected to the data by key or other means..

## New prototypes

We will create a new prototype (or set of alternatives) based on this cycle of feedback, analysis and discussion. We will send this new prototype to the Advisory board for a new round of comments, and repeat the whole cycle as necessary, including new rounds of user tests with new participants.

## Example testing

In a later phase we will test how well the prototype works for different types of intervention reviews by conducting “example testing”. This involves choosing reviews that represent typical “types” of content (e.g. reviews with no included studies, reviews with/without meta analysis, reviews with a large number of comparisons or a large number of outcomes), and re-writing them according to our template. This will help us see if/how the template needs to be adapted to accommodate the different kinds of content.

## Consulting the literature and other publishers’ solutions

In addition to building on our own experiences formatting summaries of reviews, we will examine examples of how other publishers are formatting of systematic reviews. We are also conducting a literature search for other relevant studies, although we will not be carrying out a full systematic review.

## Additional feedback

We may take advantage of on-going workshops (e.g. evidence-based health care workshops, or meetings (e.g. guideline group meetings) to collect feedback from larger groups of people. Methods of data collection will vary, but we will document and analyse feedback using the same methods as described for the advisory group.

Table 1 below provides an overview of the methods.

|  |  |  |  |
| --- | --- | --- | --- |
| **Aim** | **Method** | **Who** | **Format/ Location** |
| Consulting existing literature, explore good examples of how others format systematic reviews | **Literature search, reviewing other publisher’s solutions** | *(Core team with librarian)* |  |
| Explore ideas, sketch solutions to use as a basis for feedback and discussion | **Paper prototype sketching** | *(Core team)* |  |
| Explore how well a prototype can work for different types of  review content | **Example-testing** | *(Core team)* |  |
| Collect feedback about prototypes, stakeholder and end-user needs, concerns, experiences, barriers and facilitators, suggestions for improvement | **Advisory board  feedback** | Consumer representatives/journalists, health care practitioners, policy makers, guideline developers, methodologists, Cochrane editors, review group coordinators, review authors. | Email |
| **User-test  interviews** | People who would normally actively seek out effectiveness evidence from the following categories: 1) Consumers/public, 2) health care/public health practitioners, 3) policy makers/managers, 4) researchers/research funders, and 5) people who support these groups’ use access to or use of evidence (e.g. guideline developers, librarians, journalists, knowledge ‘brokers’) | Face-to-face or online interviews |
| **Other feedback** | Users attending meetings or workshops | Notes from group discussions or individual questionnaires |
| Anchor project with Cochrane editorial leadership; align with editorial / communication / technology / translation strategies | **Cochrane project-group meetings** | Karla Soares-Weiser  Harriet MacLehose  Sylvia De Haaen  Charlotte Pestridge  Jo Anthony  Roger Tritton  David Tovey | Monthly Skype meetings |

*Table 1. Overview of aims and methods*

# References

1. Rosenbaum SE, Glenton C, Oxman A. Summary-of-findings tables in Cochrane reviews improved understanding and rapid retrieval of key information. Journal of Clinical Epidemiology. 2010(63):620-6.

2. Glenton C, Underland V, Kho M, Pennick V, Oxman AD. Summaries of findings, descriptions of interventions, and information about adverse effects would make reviews more informative. J Clin Epidemiol. 2006;59(8):770-8.

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# Appendices

Appendix 1 – Advisory board suggestions

Appendix 2 – User-test guidance

Appendix 3 – User-test interview guide

Appendix 4 – User-test findings template

# Appendix 1 – Advisory board suggestions

These names are in addition to the project working group in EPOC and the people involved from the CEU:

|  |
| --- |
| **Working group** |
| Andy Oxman |
| Simon Lewin |
| Sasha Shepperd |
| Newton Opiyo |
| Claire Glenton |
| (ass.user-test) Jenny Moberg |

|  |
| --- |
| Karla Soares-Weiser |
| Harriet MacLehose |
| Sylvia De Haan |
| Charlotte Pestridge |
| Jo Anthony |
| Roger Tritton |
| David Tovey |

These people have agreed to join (minus those who are crossed out):

|  |  |  |  |
| --- | --- | --- | --- |
| **New Cochrane Review format - advisory group suggestions** | | | (repeated name) |
| clinician | Cameroon | Pierre Ongolo |  |
|  | Mexico | Giordano Pérez Gaxiola |  |
|  | Norway | Atle Klovning |  |
|  | UK | Kamal Mahtani |  |
| policymaker | Canada | Robert S Nakagawa |  |
|  | ~~Norad~~ | ~~Marianne Monclair~~ |  |
|  | Norad | Olsen, Ingvar Theodor Evjen |  |
|  | ~~US~~ | ~~Mark Gibson~~ |  |
| patient / journalist | Australia | Ray Moynihan |  |
|  | Uganda | Esther Nakkazi |  |
|  | UK | Gill Gyte |  |
|  | ~~US~~ | ~~Gary Schwitzer~~ |  |
| guideline developer | ~~NICE~~ | ~~Gillian Leng~~ |  |
|  | WHO | Metin Gülmezoğlu |  |
| methodologist | GRADE | Elie Akl |  |
|  | GRADE | Gord Guyatt |  |
|  | GRADE | Holger Schünemann |  |
|  | HB | Rachel Churchill |  |
|  | HB | Julian Higgins |  |
|  | IT | Chris Mavergames |  |
|  | SMG & RoB | Doug Altman |  |
|  | SMG & RoB |  | Julian Higgins |
| editor | CC | Sophie Hill |  |
|  | CEU | Karla Soares-Weiser |  |
|  | CEU | David Tovey |  |
|  | CMD |  | Rachel Churchill |
|  | EPOC | Simon Lewin |  |
|  | EPOC | Sasha Shepherd |  |
|  | EPOC |  | Gillian Leng |
|  | ID | Paul Garner |  |
|  | PCB | James Neilson |  |
|  | PCB | Zarko Alfirevic |  |
|  | PCB |  | Metin Gülmezoğlu |
|  | PH | Rebecca Armstrong |  |
|  | PH | Hilary Thomson |  |
| review group  coordinator | EPOC | Elizabeth Paulsen |  |
| review author |  |  | Giordano Pérez Gaxiola |
|  |  |  | Elie Akl |
|  |  |  | Holger Schünemann |
|  |  |  | Rachel Churchill |
|  |  |  | Sophie Hill |
|  |  |  | Simon Lewin |
|  |  |  | Sasha Shepherd |
|  |  |  | Gillian Leng |
|  |  |  | Paul Garner |
|  |  |  | Zarko Alfirevic |
|  |  |  | Metin Gülmezoğlu |
|  |  |  | Rebecca Armstrong |
|  |  |  | Hilary Thomson |
|  |  |  |  |
| Guideline developer | UK - NICE | Sarah Cumbers |  |
|  | UK - NICE | Nicole Taske |  |
| editor | Dpt of Primary Health Care, University of Oxford | Kate Cahill |  |
|  |  |  |  |
| KT | Norway | Marita Fønhus |  |
|  |  |  |  |
| Journalist (from Gary) |  | Sharon Begley |  |
| Patient advocate |  | Casey Quinlan |  |
| IT |  | Gabriel Rada |  |
| From karla |  | Lisa Bero |  |

# Appendix 2 ­– User-test guidance

I will make guidance available in this Dropbox folder, including:

- General instructions on how to carry out a user test

- Link to the prototype

- Most recent draft of the interview guide

- Tips for conducting interviews

- Instructions for extracting results

- A results table (for downloading)

- Consent form example

<https://www.dropbox.com/sh/cu5oj1ukh31zved/AAD8vBlLpN4F5jHMhLJTwcC1a?dl=0>

# Appendix 3 – User-test interview guide

Interview guide draft 3 2018 02 16

|  |  |
| --- | --- |
| Cochrane review format - user testing interview guide | |
| **Review group** |  |
| **Test person no.:** |  |
| Place: |  |
| Date: |  |
| 1) Facilitator/interviewer: |  |
| 2) Observer/note-taker: |  |

## Checklist

> For facilitator, bring:

* Informed consent form
* A laptop with these 2 browser windows open:

*Browser window 1:* logged in to Cochrane beta site, on the page of one systematic review

*Browser window2:* the prototype we are testing

* Another laptop with this interview guide (or interview guide printed on paper, whichever you prefer to read from during the interview)

> For observer/note taker, bring:

* Interview guide for note taking

## Introduction – 10 minutes

### > Go through informed consent sheet

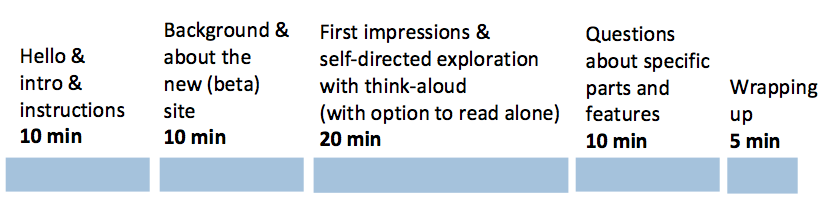
(This should be a repeat of written information they already have received)

**What we are doing**

* We have designed a proposal for a new on-line format for Cochrane reviews, and we want to know what you think of it. (If the participant is not familiar with Cochrane and Cochrane reviews, they will need an explanation here).
* What we are testing today is a suggestion for a new way of presenting Cochrane reviews in terms of format and structure.
* To give you an idea of what we have done, we have taken an existing Cochrane review and rewritten it with a new online lay-out.
* This work has been done by people with long experience writing and editing Cochrane reviews, and is still in an exploratory phase. It is not as yet a Cochrane product. However, members of the Cochrane Editorial Unit have been consulted during development.
* To confuse matters, Cochrane has been redesigning their website. We have designed the suggested new review format to be in the new version of the website. We are not testing the new website here; that will be done by Cochrane.

**How we will do the test**

* We will be using a laptop to show you the review.
* The document you see is a **prototype;** it looks like a fully interactive page, but it is not. Many links do not work, but it is helpful for us to see that you are trying to click on them. You may need to scroll down to find things because we can’t insert links to a point lower on the page in this prototype.
* The test is made up three main sections:
  + first, we will collect background information about you;
  + then talk through with you your initial approach and scanning of the document;
  + and lastly, we will offer you the option of some quiet time alone to read through the review,
  + then ask you some more specific questions about it.
  + Here is a timeline that illustrates an approximate structure of this interview:



**Why have you been asked to participate in this testing?**

* We are testing the new review format with people who have some familiarity with systematic reviews.

**Record taking**

* We will take notes. These will be shared and analyzed by the team working on the development of the proposal for a new Cochrane review format.
* **You have the right to quit at any time, or retract anything you say, or that we have recorded.**
* **Questions?**

> Get signature.

## Background questions – 5 minutes

|  |  |  |  |
| --- | --- | --- | --- |
| **A** | What type of education do you have? | | |
|  | | | Completed high school  Completed further education/degree  Medical training  Research training  Other: Describe |
| Current position?  (write up in general terms so participant is not identifiable) | | | |
| **B** | Tell the participant that you are assuming they are familiar with the concept of systematic reviews before asking about Cochrane Reviews  In what capacity do you look at Cochrane Reviews? You can choose more than one option below. | | |
|  | | | MAKE REVIEWS (producers)  1. Author  2. Editor  3. Administration/ coordination  4. Governing leader (member of board, council, chief editor, etc)  USE REVIEWS (decision makers)  5. Policy/manager/admin  6. Health professional  7. Consumer  HELP OTHERS USE REVIEWS (facilitator)  8. Researcher/other staff supporting decision makers  9. Journalist/other communicating to the public  10. Teacher  11. Other: Please describe |
| Which of the above roles most influences how you read reviews? | | | | |
| **C** | | How would you describe your level of familiarity with the structure and lay-out of Cochrane Reviews? | | |
|  | | | Expert (e.g. frequent user, author)  Moderate  Rough idea  Unfamilar  Other: Please describe |
|  | | | |

## About the beta version of the new Cochrane website – 2 minutes

For people who answer “unfamiliar” in the previous question, the first paragraph below is not relevant. But the second paragraph should be explaiined to all participants.

The Cochrane website is undergoing redesign and a beta version of that new site has been produced, but it is not publicly available yet. That is a separate project than what we are working – we are not testing the new site, just a sketch of how a review might look online.

We have used some screen shots from the new site design, so the look and feel of the sketches you see will be different than what you may be used to, if you are familiar with the Cochrane web site. But none of the elements outside of the article, for instance in the top banner of the site, are clickable/accessible in this sketch, nor the search function.

## First impressions – 5 minutes

|  |  |
| --- | --- |
| **1** | First impressions I am now going to show you a draft proposal for a new Cochrane review format. I want your first immediate impression, your spontaneous reaction to it when I show you. Don’t think, just tell me the first thing that comes into your head when you see it.  > Open the suggested new format of the e-cigarettes for smoking cessation review on their laptop.  What is your first spontaneous reaction? |
|  | |

## Self directed exploration – up to 20 minutes

|  |  |
| --- | --- |
| **2** | **Participant-generated scenario**  > Ask the participant to think of a situation in which they might be looking at this review  This is a review about e-cigarrettes. Can you think of a real-life situation in which you might be looking at this review (e.g., to make a decision about using e-cigarettes yourself, for a family member or with a patient, writing a smoking cessation guideline or policy, or communicating information about smoking cessation)? Describe: |
|  | |
| **3** | **How would you normally read a document like this?**  It is important for this interview that your reading of the review is as close as possible to how it would be in real life. Don’t focus too much on the topic of the review; it is the lay-out and structure  of the review, and the type of text (too much, not enough, too dense, not clear) that we want you consider.  In a few minutes, you can have time to read through the document in more detail, on your own if you wish, or together with me, but first, based on your imagined situation, how would you start to look at this review? Show me how you would normally go about reading a document like this. Where would you start, what would you look for first etc? Where would you expect to find it? Is there something that you want to know more about; where would you try to find it? Is what you find satisfactory?  > Recap instructions briefly Remember as you explore that there is no right or wrong answer, and please think out loud. For instance, tell me:   * What you are looking at, describe your experience of it. * If you want to click on a link, say ‘I am clicking here to look for…..’ (remember, the links may not be working) * If you are unsure about anything * If you are surprised by anything * If you can’t find something, just say “I am looking for……” * If there are things you don’t understand, even just a little bit, just say ”I don’t know what this means...”  My role My role is to ask questions. But, since it is your opinion we are interested in, I will be otherwise saying as little as possible. You can ask me questions, but I may not answer them. If you like, I can answer them as well as I can when we are finished.  **> Give the participant time to explore** – allow a user-steered reading pattern, observe closely which features they focus on. Say as little as possible during the first 10 minutes. Let them focus on the parts they would like to focus on, and that are important to them. Prompt them to explore around those parts if appropriate.  **> The user can steer how much time you spend on this section, up to about 20 minutes in total.** (After about 10 minutes, ask if the participant would like 5 minutes to read the full text alone before answering some more questions.)  > If the participant is happy to continue thinking out loud as they explore the full text, continue without individual reading time, and move towards the “Questions about specific parts and features” when the participant comes to the end of self-led exploration.  > If the participant chooses to read on their own, go into another room while they read. |
|  | |

## Questions about specific parts and features – 10 minutes

> Being familiar with this part of the interview guide will help you to probe for more information during the exploration above. If the participant has already covered some the specific topics while exploring, you can skip them here.

> Question 10 is important to cover (with participants who are familiar with Cochrane Reviews).

|  |  |
| --- | --- |
| **5** | CREDIBILITY/Assessability |
|  | **Assessing the review/findings**  What information would you look for to assess this review and its findings? Can you/could you find that information easily?  (Probe if necessary:  - Author information  - Conflicts of interest and funding support  - Difference between the the protocol and the review  - Previous versions  - Risk of bias table |
|  | |

|  |  |
| --- | --- |
| **6** | Findability/USABILITY/UNDERSTANDABILITY - findings and methods |
| **6a** | **Key findings**  Can you tell me what are the main findings in this review? Is this enough detail for you? What more information would you want and where would you look for it?  (If necessary,you can prompt them to look at other sections/pages to find the info)  - Did you easily find everything you were looking for? If not, what couldn’t you find/explain? |
|  | |
| **6b** | **Methods**  Can you tell me something about how this review was done? Is there enough detail for you in the summary level? What more info might you want and where would you look for it? Is the information where you would expect to find it or like it to be?  (If necessary, you can prompt them to look at other sections/pages to find the info) |
|  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| USABILITY / UNDERSTANDABILITY - other specific parts/features | | | | | |
| **7a** | | **Dividing the structure into three sections (Summary, Full text, Appendices)**  - How do you find the structure with the content divided into Summary, Full text, Appendices? - -  (Probes, if necessary:  - Does it make sense to you?  - Are the tabs a good way to access the different sections? Are the headings of the tabs meaningful to you?  - Do you think it would make sense to divide the content in a different way than we have done?) | | | |
|  | | | | | |
| **7b** | | **SUMMARY section – general**  How do you find the Summary?  The Abstract and Plain language summary sections from the existing format have been combined in the new format – do you have any thoughts about this?  (Probes if necessary – increasing detail in reponse to user:  - Is there anything you would expect to find here that you cannot find?  - Can you find how up-to-date this review is?  - Where would you look for more information about the topic of the review?  - Can you find if there are previous versions of this review?  - Were there any deviations from the protocol?) | | | |
|  | | | | | |
| **7c** | | **FULL TEXT section - general**  Any information missing? Too much information? Type of information? Is the text too dense? | | | |
|  | | | | | |
| **7d** | | **APPENDICES section - general**  We have lifted a lot of information, particularly tables, out of the full text. What do you think of this information being presented in the Appendices? What do you think of the way they are arranged? | | | |
|  | | | | | |
| **8** | Below is a list of individual features that would be good to ask about if you have time | | | |
|  | **Feature** | | **Prompt** | **Notes** |
|  | **Characteristics of included studies table** | | What do you think of how this table has been arranged? Is this arrangement useful to you? |  |
|  | **What the authors searched for/found table** | | What do you think of this table? |  |
|  | **Navigation menu** | | Did you see the menu in a box in the right column. Its not active in this prototype, but we are wondering if you saw it and what you think it is for? |  |
|  | **Summary of Findings table/iSoF** | | What do you think of its positioning and the choice of columns shown? Do you find how to see the alternative view, and/or click to try and see the full iSoF? |  |
|  | **References** | | Can you find the References? Do you have any comments about the References? |  |
|  | **Article information** | | What do you think you will find here? Any comments on this page? |  |
|  | **Related content**  What do you think you will find here? | | > If they haven’t looked at the links in this section, ask them to click and take a look.  What do you think about the links to information for health professionals, policymakers, citizens? |  |
|  | **Messages for media** | | > If they haven’t looked at the links in this section, ask them to click and take a look.  What do you think of this section? |  |

|  |  |
| --- | --- |
| **9** | Understandability (self-experienced) |
|  | Do you think this review content was generally easy or generally difficult for you to to understand? Explain... |
|  | |

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| --- | --- |
| **10** | Usefulness |
|  | Would this formatting of a review be useful for you and your needs from a review? Explain… |
|  | |

|  |  |
| --- | --- |
| **11** | Only for people familiar with Cochrane reviews:  **Strengths and limitations of this format compared to the current format of Cochrane Reviews?** |
|  | What would you say are the most important strengths and limitations of the this format compared to the current format of Cochrane Reviews? |
|  | |

|  |  |
| --- | --- |
| **12** | IMPROVEMENTS - Suggestions for increasing value |
|  | How might it be made more valuable for you? If you had a magic wand and could change anything, big or small, what would you change?  (Probes: For instance labels you would change, content you would change or move, things you would add or delete, functionality you would introduce?) |
|  | |

> Indicate that the interview is finished. Ask participant if they have any suggestions of how to improve the test:

|  |  |
| --- | --- |
| **13** | Improving our test |
|  | Do you have any suggestions as to how we might have done this test better, for instance the information you received, etc.? |
|  | |

> Thank participant and finish the interview.

# Appendix 4 – Codes for categorising feedback

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| --- | --- | --- | --- |
| **TYPE OF COMMENT** | | | |
| **Problem ratings** |  |  |  |
| **X** | minor problem for user | |  |
| **XX** | serious problem for user | |  |
| **XXX** | Show-stopper |  |  |
|  |  |  |  |
| **Positive comments ratings** | |  |  |
| **O** | Praise |  |  |
|  |  |  |  |
| **Suggestions** |  |  |  |
| **OO** | Suggestion |  |  |