Writing Plain Language Summaries 

**Using set headings**

CCNet finds using the following headings a very helpful guide AND also working toward ‘standard phrases’ and approaches, for example, stating the ‘result’ within the first sentence and the way the number of participants and the interventions compared are introduced.

***One liner***

This is a restatement of the review’s title using plain language terms. The title of the review may be sufficient IF it uses basic terms to describe what the review is about. Note: The title should not state the conclusions of the review, but should include any restrictions on participants involved or treatments reviewed. Where the review title is easily understood by all, simply restate the review’s title.

***Importance of the review or background on the condition***

This includes a statement about why the review is important. For example, include a) the background of this health care question, b) the definition of the condition, its signs and symptoms, and how prevalent it is, and c) a description of the treatment and why it is used.

***The main findings of the review***

This section restates the main findings of the review including the types of studies, how many studies were identified and the number of participants involved. This could include basic numerical summaries when the review has reported results in numerical form, but in general and easily understood forms. Limit the use of statistics.

***Adverse effects***

A comment on any harms and whether the risks were looked at in the original studies and the review

***Any limitations of the review***

A brief comment on any limitations of the review (for example few trials, in very specific populations, or poor methods of included trials)

Developing Plain Language Summaries 

1. Pull information out from the abstract and the review under the set headings. Compare the information for yourself; use tables of characteristics of included studies to fill in information you are unsure about (make sure you check consistency of the review)
2. The information you use in the summary may well differ from the content of the review author’s conclusions as the target audiences are different (ie. consumers compared with healthcare service providers)
3. It is alright to use simplified versions of the terminology in the review
4. Use only information that is included in the original review and abstract, including any explanations that are required
5. Check your language again – is there a way you can sensibly simplify it further?
6. Follow the Cochrane Style Guide (web address on Cochrane.org) – also relevant to the actual review

*Preparation of a draft summary can take at least some four hours.*

***Note***

***The ownership and final approval of the plain language summary that accompanies a review on The Cochrane Library remains with the Cochrane Review Group and the review authors.***

Using Plain Language 

***Writing Tips***

Aim for summaries to be ‘standardised’, which makes them easier to write, read, index, translate etc.

* Use short, punchy sentences
* Use the active voice as much as possible
* Remember to use the same terms consistently throughout the text
* Avoid acronyms. Write these out in full instead, especially if the term is only used once. Note: sometimes the public knows the acronym and not the full text, for example, HIV)
* Refer to the population as ‘people’, ‘women’, ‘men’, or ‘children’ rather than participants, consumers, subjects, patients, etc.

***Tips for writing clearly***

Summaries and overviews are for the public. The following are a few different ways of ensuring comprehension.

* Avoid any sort of medical jargon terms (for example, 'primary', outcome, intervention)
* Define at the beginning any unfamiliar terms (for example, sham acupuncture) or terms for subtypes of headaches (for example, tension type)
* When the medical term is difficult, consider using the lay term with the medical term in parentheses for the first time it is used. NOTE: Use text set off in brackets (parentheses) sparingly, as this seems to interrupt the flow

***Building on the tips***

* Decide who the summary is for: consumers, carers policy makers etc
* Use terms that the target audience is likely to understand (e.g. go to consumer organisation web sites to see terms used)

Make the Information Count 

***By reading the summary, do you know:***

* How many studies were found (number of trials and of participants), for each outcome
* Who the participants were (age, gender, condition)?
* What comparisons were made (i.e. comparing different doses or treatment types)
* How long and over what length of time were the participants studied
* In what setting and country (i.e. are all consumers represented?)
* The type(s) of studies and their quality (were risks reported?)

***Can the results (or outcomes) be grouped to aid people seeking the information from this summary?***

* Patient/carer (symptoms, wellbeing)
* Health provider (signs of disease; impairment, functional needs/adherence to treatment)
* Funder – resource implications
* Socioeconomic aspects/policy
* short term and longer-term outcome

***Inconclusive reviews***

Not all reviews have conclusions that can guide practice, especially where relevant research studies have not been done or not done well enough.

It is still important to give careful consideration to how the lack of a clear conclusion is expressed. This was brought home when a consumer in a recent workshop was disturbed by the use of the term ‘insufficient evidence’ for psychological therapies in cancer. She took this as implying do not do it, when what was really meant by the review authors was that the studies were not of good quality.

Other options for stating insufficient evidence could be:

* No convincing evidence to support or refute;
* No credible evidence
* Studies not of sufficient quality;

***Another point about small numbers of participants in trials***

Small numbers of participants (and trials) means that important effects could be missed and variations in findings could include both a benefit and no clear benefit.

There are too few trials including too few participants to know whether cholesterol-lowering diets for children and adults with familial hyperlipidaemia do….

These benefits were shown in two trials involving a total of 20 children only, which is too few to have any clarity around the usefulness of music therapy.

The one trial that looked at the effects of music therapy on repetitive behaviour in the classroom was too small, with four children, to show any clear evidence of benefit.

Clear evidence was not available for a beneficial effect of auditory integration therapy on autism.