

Cochrane Clinical Answers

Website review feedback and recommendations

**Conducted via teleconference and Webex
From the Wiley UK Ealing office
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Overview

Overall, feedback from the CCA site was positive. The Cochrane branding evoked trust and confidence in the material to be found.

Participants liked the look of the site, the colours, the amount of whitespace and liked the 'smiley, happy people' image on the home page. They found the site easy to find their way around. All participants were pleasantly surprised or satisfied at how the Clinical Question and Answer itself was presented on the full text page.

Participants were shown two layouts for the Q&A page – a two column and a one column. The majority preferred the one column layout – believing it allowed easy readability of the content.

Areas raised for consideration were:

- The source material was not always seen as coming from the CDSR in The Cochrane Library. This could be amended through a simple label change.
- Comments were made about making the Answer stand out more. When landing on the page, the eye is immediately drawn to the Question due to the bold type and the shaded box. Many participants said their eye then naturally travelled to the Outcomes as they were coloured boxes with bold font. This can be easily fixed by a simple redesign of the Question and Answer text.
- Nearly half of participants commented on the ordering of the PIC and Outcomes information. Should the PIC information appear higher on the page?

Displaying a date with the status – on both the SERP and Q&A pages – was suggested several times. Although the status message and flag icon were deemed useful, it gave no immediate indication of the currency of the information. One participant commented that by being able to see a date in search results would be a deciding factor in them subscribing or not. They would not want to find that after paying to subscribe that the information of interest was perhaps a few years old.

There were varied comments around the Browse and Search features. As the Browse list can be quite long (once every subject is populated) it was suggested that once a topic had been chosen, the list should not appear again in its entirety. This could mirror the behaviour of The Cochrane Library – display the first 10 topics with a 'Show all / more' link.

When searching, the majority of participants know what they are looking for. They are specific with their search criteria, which inevitably displays a shorter list of results. When doing a general browse however, (eg. in the test, 'diabetes' produced 21 results) participants expected to see a list of subtopics as a way to refine the search. Participants were asked what would they do if they saw 31 or 51 results: those participants with research roles would scroll through all of them; those participants who were GPs would not.

This may indicate a revision of the Search Results pages to include filters to help users refine their search, eg. attach a 'subject' lozenge to the CCA in Search results, or allow them to refine search results by subject.

Review Background

No. of participants: 12

Location:

UK: 4

USA: 5

NZ/AUS: 3

Field of medicine:

- Internal medicine
- Family medicine, 99% adults, variety of conditions, clinician, diabetes, endocrine
- Psychiatry, Occasional clinician 1-2 days a week, Academic
- GP and researcher 2 days a week. Academic Fellow at Kings College.
- GP and researcher and a previous Clinical editor
- Public health; Medical educator - create curriculum training including resources and how they access them
- Pediatrician, Bergen County NJ.
- GP practice
- Emergency dept
- GP
- ER - Over 250 beds
- Anesthesiologist

No. of respondents who knew about CCAs: 5

General descriptions given for CCAs:

- “Summary-based portal available to physicians.”
- “Database of answers to commonly asked questions. Knowledge base.”
- “Built from Cochrane Reviews to be more user-friendly. For GPs, need the answer/summary – this helps during a consultation, unlike CDSR.”
- “CCAs are brief summaries on various topics – easy to use; Used in larger clinical situations. They take a 120pg document and reduce to 1 page.”

No. of respondents who know of The Cochrane Library: 7

No. of respondents who subscribe to The Cochrane Library: 4

General comments about The Cochrane Library:

- “Yes I know, its good. Tend to forget it as it doesn’t come up in email – no reminders. I get weekly alerts from the other sites alerting me to updates, etc, so they’re highly visible.”
- “University is a subscriber. Refer to it about every week – for clinical papers, not just reviews but observational studies, systematic reviews.”

- “Didn’t hear of it until I was involved in the research (2010). Don’t know many people in Texas who are aware of it either or who use it. People don’t talk about it too much.”
- “Prefer to go to Cochrane Library – better evidence base. Use it about once a week / month – would use a lot more if more accessible (not cost prohibitive).”

Do you use similar resources on the internet?

US respondents:

- Uptodate.com - peer reviewed data, search on any topic and receive most recent thinking (x 3)
- PDR (<http://www.pdr.net/>)
- MPR (<http://www.empr.com/>)
- WebMD
- eMedicine
- Medscape
- Google

NZ respondents:

- Dynamed
- EBM (evidence based medicine) Guidelines
- Clinical Evidence (BMJ)
- Uptodate.com (x 2)
- Medscape
- Specialty people use ‘Society of Anesthesiology’
- WebMD (but not for a while)

UK respondents:

- CKS - <http://www.cks.nhs.uk/home>
- GP notebook (x2)
- Patient.co.uk
- For research, use PubMed via institution.
- Cochrane Library
- NHS CKS (Clinical Knowledge Summaries) – like CCAs but different structure, lots of pages. Primarily used by UK primary care.
- Clinical Evidence (<http://clinicalevidence.bmj.com/x/index.html>) (x 2)
- University has access to a lot of things – Medline (which encompasses a lot of different material)
- Google
- BNF (<http://www.bnf.org/bnf/index.htm>)
- Tripp database / NHS Evidence – search engines but lengthy information

How do you use these types of resources in your day to day job?

With patient	Prior to / or after a session with patient	Research / teaching
5	2	5

General comments:

- “Print out resources for patients to read. Or recent scenario: someone with infection that’s not improving through using a particular antibiotic (can take up to a year to treat) and patient may have liver infection. Need to watch patients on long duration of medications so will go to CKS to see latest news or information.”
- “In the hospital; ‘up to date’ free access.”

First impressions of the Cochrane Clinical Answers home page

- “About insulin and type 2 diabetes (literal as the content on the site is mostly diabetes-related).”
- “Clear branding, seeing questions and answers, aligned with The Cochrane Library.”
- “Clinical – title is good; says what it is; Recognize the logo, engenders trust.”
- “Cochrane is prominent. The term ‘clinical answers’ is quite well understood. There is a Welsh version used by the NHS also called ‘clinical answers’.”
- “Has Cochrane’s reputation behind it. Very happy people – good – means helpful. Content which clinical people could use and rely on.”
- “‘live’ questions; constantly updated; real time; can I ask questions? Focused on questions already asked by colleagues / editorial board. For healthcare providers.”
- “Question and answer format; easy to complex questions.”
- “Neat; not daunting. Like colours – white / blue easy on the eye. Like Recently Added – helpful. Someone else’s questions – not like Google.”
- “Practical evidence. Guidance / help using evidence for clinicians and those who make decisions about management of treatments.”
- “Medical information website. A lot of insulin/diabetes content [Facilitator reminded participant that the site is in development.]”
- “Specific medical issues. Certain considered common questions. Picture’s good.”

What options are available to you on this page?

All participants identified the features available on the page.

- Browse / search CCAs
- Recently Added / Updated
- login

Notable exceptions:

- Only 1 participant mentioned the RSS feed by name.
- Only 3 participants clearly identified the Free view CCA.
- 2 participants responded by saying the ‘Recently Added / Updated’ were not noticed as they ‘don’t contain anything of interest to me or pediatrics’ (their field of medicine).

We will now select a Clinical Answer ... what would you expect to see next?

All respondents described expecting to see a full answer or summary.

Notable comments:

- “Come to an evidence summary and relevant links to systematic review. Not just answer but the sources on which it was based. Quick display of the strength of the evidence.”

- “Expect to see something like a Cochrane Review –association with Cochrane Library because of a similar way in which the questions / articles titles are worded.”

Login page: Why do you think we’ve arrived at this page?

Nearly all respondents clearly identified that it was a subscription-only service. The NZ respondent commented they would not usually see these pages because their access is via regional provision.

Notable exceptions:

- “Not what I expected to see but understand why – not logged in.”
- “Not much of an answer unless I pay.”
[Facilitator: Would you sign up?]
“No, would go to Google. In ER, don’t have the time to go through this.”

Notable comments:

- “If I were a librarian, would want a trial period (eg. 30 days) first before subscribing. Wouldn’t expect that people will sign up immediately but would want to think about it – in which they’d go elsewhere to find the answer. Just pay for 1 article or issue?”

What else does this page tell you?

Half of the participants saw the ‘Referenced Reviews’ and ‘Related Clinical Answers’.

Around half of the participants acknowledged the provided answer as an Excerpt or abstract:

- “Obvious that it’s a summary and not the full answer.”

One participant did not see the Excerpt box – only saw the red error text saying they are not subscribed. On second look they understood it to be an abstract and not the full answer.

Another said the wording of the Excerpt box was not clear:

- “Excerpt not clear – not clear to ‘don’t rely on this’ as it’s not the full answer. Not sure it’s the best way to get people to subscribe. Could turn people off and go to Medline or other.”

Would you continue on and subscribe?

- “Yes, perhaps, if I had a subscription via the institution – otherwise it’s an annoying delay.”

What do you think 'Referenced Reviews' and 'Related Questions' refer to?

Nearly all respondents (9) identified the 'Referenced Review' as being the Cochrane Review, CDSR or source article.

Notable comments:

- "Not clear that it's (the review) is in The Cochrane Library. First impression was that it could be from a journal."
- "Referenced review is the article containing where the answer has come from, but not necessarily from the Cochrane Library."
Label suggestion: 'Question answered by the review'

All participants identified the 'Related Questions' as being similar questions to that which they are currently viewing.

Notable comments:

- "They (Related Questions) are a good prompt or might be something in the back of my mind or another question is more specific."

Once you've logged in, what would you expect to see next?

All respondents expected to see an answer. Comments included:

- "To see the full answer."
- "More content."
- "Not sure, the full question and answer."
- "One paragraph answer."
- "To see more information."

CCA Question and Answer page

Is this what you expected to see? Why / why not?

All but one participant responded positively about the conciseness and easy to read look of the page. The one negative participant commented:

- “No, expected answer to be bullet format and bold. If with patient need to have eye directed to the answer asap.” (cca.10)

Comments relating to layout:

- “Yes - layout is concise / done nicely. Don’t have to wade through pages of information.”
- “I want to see the reference – would expect to see traditional journal reference with authors names – a work is recognized by the author’s name and produces a value judgment about the evidence.”
[Facilitator pointed participant to the ‘additional info’]
“Too far down the page.”
- “The outline format is very much ‘university’ style. Easy and simple.”
- “Layout is good enough for speed reading. Outcomes nicely laid out – like the behaviour of the expanding / collapsing accordions. This is more advanced than GPnotebook (which is just text).”

Comments relating to content:

- “Reference is good, but disappointed. Not answered. No RCTs – no help. Might look at the reference – if preparing for teaching, yes. If I’m in clinic – no. Data is old – my first question is, is there another review planned? Not interested.” (cca.10)
- “Yes, pretty good answer – succinct. I was expecting it to be more wordy but this is good. Expected the answer to look like how the Outcomes panels are displayed – it’s good that it’s not.” (cca.10)
- “Not seeking general, wants specifics.”
[participant viewing cca.10] “Ok, but frustrated – Cochrane is out of date (Year 2000 CDSR used) – may be misleading.”
[participant then showed cca.9 as comparison]
“This is a comprehensive answer; it’s appropriate and ethical; written by scholar / academic, not a drug company marketer.”
- “Naming of the PIC panel is confusing. Basically we already know the population, intervention etc from the question. There should be a link near the question for ‘more info’ which then directs the user to the PIC panel.”

Can you comment on how the information is structured / laid out?

Just under half (4) of the participants commented on the ordering of the Comparison / Outcomes information in the tabbed menu.

Specific comments to the ordering of content:

- “Population information would be good higher up on the page – to see who this CCA is relevant for.”
- “This seems out of sequence to me. I would read the PIC panel first before going to the Outcomes. It’s more logical to be at the start.”

Suggested modifications regarding publication dates / citation:

- “Publication dates, citation. Date should be displayed further up on the page.”
- “Why is the date at the bottom and needs to be clicked on to see? Should be at the top – when it’s updated, etc. Very important (to see the date in order) to take it seriously.”

Suggested modifications regarding the Comparison / Outcome tabbed menu:

- “It’s ok. Perhaps it could be a bit more separated. Like a change in colour. Maybe the tabs could be different colours.”

How would you use this information? Are you interested in what is below the Clinical Answer?

Around half of the participants responded that with time permitting, they would interrogate the supporting Outcome data. One participant commented that offering various depths of information was helpful – short answer, the Outcome data and link to the full CDSR.

Two participants commented that even though they will read the Answer, the Outcome data is of more importance:

- “Need to refer to the further information – methods important on how they got to the answer. They are just words; lots of people can do reviews and different answers can be arrived at for the same question. But method is important – how they did it and to see the quality of the answer/data.”
- “The answer would/should be enough but I would look further. But depends on the clarity of the answer.”

One participant didn’t see the Outcome data:

- “Depends on the wording of the answer. Now that I’ve seen it (further outcome data), yes I would want to see this. I would make use of this.”

One participant responded they would not use the Outcome data:

- “Outcomes not of interest. This appears to be more for researchers – wouldn’t help me as a clinician. Probably wouldn’t look at it, answer is enough.”

One participant didn’t connect the Outcome data as being derived from the CDSR:

- “Didn’t realize that the Outcomes were related to the Comparisons. Once I started clicking around I can see the relationship. Didn’t realize the Outcomes were derived from the trials undertaken in the CDSR.”

Another participant who read the answer, then went directly to the CDSR:

- “Only read the answer, didn’t look at the Outcomes until prompted – this is something I’m not familiar with or something Cochrane has done a consensus on. I want to see the References or do a literature search myself, from a medical point of view or for doing research – want to see the articles and compare the methods.”

Comments made about when CCAs would be used:

- “Depends on the clinical scenario. Can’t see that I would read this in a consultation (time constraint of 10 mins) but perhaps in a follow up. If a patient is coming back for another visit,

I would read up first and then have it to refer to during the consultation. With CKS (NHS Clinical Knowledge Summaries) - because of familiarity with the design – I can peruse it as well as listening to the patient. Need to when only have limited time.”

- “Wouldn’t refer to this in a session. Patients expect GPs to be knowledgeable so wouldn’t look good to be looking up information in a session. Would use it to look up drug interactions, dosages.”
- “Not in ER but in GP practice perhaps.”
- “While sitting with a patient.”

Potential design consideration:

- “Tendency for my eye to go straight to the further information – because it’s a graphical element; the answer text is not bold / doesn’t stand enough.”

Can I direct your attention to the Clinical Answer status messages – are these important to you?

Yes	No	Didn’t see them but important
3	3	6

Specific comments:

- “Not immediately important. Why new? Is it new research? New to the site?”
- “A date on the question is important (publication dates are not available until user logs in). date would be important for a user browsing who doesn’t have a licence. If a CCA is marked as ‘updated’, ‘new’ or ‘under review’ without a date, no way of knowing how recent. So user subscribes hoping for up-to-date information, only to find that the date is older than another service/product. Without a date, I’m a lot less trusting of the content – less likely to subscribe.”
- “Wouldn’t make a difference if the question is NEW or OLD. More important if the question is UPDATED and when. An old question can still be topical if it has new evidence or research.”

Design suggestions:

- “If the status was moved to beside the heading ‘Clinical Answer’ might be more visible and meaningful.”

Participants shown an alternative design for the tabbed menu:

The screenshot shows a tabbed menu interface. The top tab is selected and contains the following content:

- 1** Continuous subcutaneous insulin infusion versus multiple insulin injections
- Outcome 1.1:** Glycated haemoglobin
- Outcome 1.2:** Fasting blood glucose
- Outcome 1.3:** Body weight
- Population, Intervention, Comparison**
- Safety alerts:**
 - Insulin pens:** Sharing results in cross-contamination. [Show more ...](#)
- Population:** Adults and children; male and female; aged 9.25 to 65 years; with type 1 diabetes, outpatient setting.
- Intervention:** Continuous subcutaneous insulin infusion (CSII):
 - Insulin lispro
 - Regular insulin
 - Highly purified porcine insulin
 - Insulin aspart
 - Neutral protamine Hagedorn (NPH) insulin
- Doses were adjusted according to glycaemic targets and amount of carbohydrates per meal according to 1U of insulin per 10 to 20 g of carbohydrates.
- Comparator:** Multiple insulin injections:
 - Insulin lispro
 - Regular insulin
 - Highly purified porcine neutral soluble insulin
 - Highly purified bovine ultralente
 - NPH insulin
 - Insulin glargine
- Three to four MI injections per day. The timing and amount of doses were adjusted according to glycaemic targets.

What do you think of this layout? What do you think about how the Safety Alerts have been highlighted? Is that information important to you?

Nearly all participants preferred this wider column layout (see next section):

One participant commented that this design did not allow for seeing all of the Comparisons at once. NB: This will be taken care of, where if more than one Comparison per CCA, all panels are collapsed on page load.

Nearly all participants responded positively to the highlighted Safety Alerts.

- “Safety alerts – looks good. Good to have it highlighted like this.”

One participant commented:

- “Safety alerts – useful but I missed them.”

Which design do you prefer? Why?

First (2 columns)	Second (1 column)	Indifferent
3	8	1

Specific comments to 2 columns:

- “Prefer the first one – clearer, the information is laid out in an appropriate fashion.”

Specific comments to 1 column:

- “Like the one column layout. Currently, there is wasted space on the page and makes it long and narrow.”
- “Like the look of the QA02 version but with a wider panel.”

The ‘indifferent’ comment:

- “Prefer the second one but not swayed either way. If the answer is sufficient, then would not interrogate this information and wouldn’t be looking at this part of the page.”

Other comments deriving from the format of the answer:

- “Quite like this (prototype page, screenshot previous page) – because the answer text is bold. Directs my eyes there; the page is not overtaken by the outcomes. Can easily see the summary.”
- “The PIC is good with the SA in yellow but they are too far down. In the Outcomes tab/s, would’ve expected to see the Result first, then Quality of studies.”

What do you think of the section heading, ‘For full outcome data click on the comparison(s) below:’? Can you suggest an alternative?

Of the participants asked, the results were:

Click on the appropriate Comparison below.	For full outcome data click on the comparison(s) below.
2	6

Design suggestion:

- “It’s okay but I think the one (already) here is fine. just needs to be bolder and the same size as ‘Clinical answer’.”

Browsing / Searching:

How do you search?

Of the participants asked, the tendency to keyword search vs. browse was:

Keyword search	Browse
4	1

Specific comments were:

- “ER, so tend to do full text search. I’m usually rushed but have an idea of what I’m looking for and wanting clarification on what we already know.”
- “Depends, would look at browse list first and if the answer is there fine –but would then search. Don’t always search if the navigation is easy.”

Participants were then asked, based on how they find material, how they would expect the results presented.

Participant who browsed:

- “I would expect to see a list of subtopics which I can select from, and then chose an answer.”

Participants who keyword search:

- “Google format with headings to click on for further info ... ‘dosages in a nutshell’ ... a snapshot of all info related to question or ailment referred to in the question.”

Participants thoughts on the search result listing

Scrolling:

- “(if there were say 30 or 50 questions) I would not take the time to scroll through the pages. We (physicians) don’t want to be inundated with information – it’s intimidating. Needs to be concise and able to find what we want in a short amount of time.”
- “I would scroll through the list to what is most relevant. If there were 50 or 100 would scroll through. However if 500, that’s worrying. Means that my keyword criteria was not specific enough. Or how the content is indexed.”
- “For longer lists would expect to see some sort of grouping – based on what’s relevant to me. Seeing only 1 question for a topic (ie. child health) does not interest me in subscribing to the product.”
- “Would scroll if a lot of answers. Include a ‘view all’ to see all on one page, rather than clicking through page after page.”
- “With 21 results (as in search for ‘diabetes’) would maybe scroll through a couple of pages but not all.”
- “Need to consider the discoverability when all Browse topics are available. Viewing 7 pages of results with no way of ordering or sorting is not very helpful. Cochrane Library has

subtopics (which are not being used for CCA) but there are too many of them to be effective.”

Relevancy:

- “Expect to see it targeted to me, ie. family medicine, so wouldn’t see ‘lung cancer’.”
- “Seeing the question is more important than the answer as it directs the thinking.”
- “The relevancy of the search term in the question rather than in the answer text is more useful. In the answer text, may mean that the search term is only a contributing factor or a secondary issue rather than being the primary issue.”
- “How is relevancy handled?”
- “What is the relevancy based on? If a general search on ‘diabetes’ than all the questions are relevant. Would expect a mechanism to show how these questions map to the overall browse categories (ie. directory tree). Longer list of results – tend to do specific searches so will enter a number of keywords to narrow down to find what I’m after. If the results are broad, would also expect some form to refine further (eg. subtopics).”
- “This is not what I’m used to seeing. Looking at the questions – this is what other people have asked. The listing is of specific questions – expected to see a paper or dissertation on diabetes.”

[Facilitator: Google style?]

“Yes.”

Four participants specifically mentioned the usefulness of the status messages and flag icons in the search. One particularly commented:

- “Gives me an idea there’s things being worked on so am interested.”

Other:

- “Dates on the list would be helpful.”

Would you use this product?

Of the participants asked:

Yes	No	Maybe
5*	-	3

* Two of the participants would subscribe if their employer / host institution held a licence.

Specific comments:

- “Would pay but attached to an institution is better. It doesn’t seem to have the (extent of) answers but its Cochrane so I would have more trust in the evidence.”
- “Yes, certainly. There is a gap for this type of product which offers snapshot or the ability to drill down into further detail which I can use when I’m with a patient.”
- “... perhaps consumers (are interested in this) too. Recently I heard a midwife educator quote a Cochrane review – may have non-medical people looking at this as well.”
- “Well uptodate.com is expensive, so if your pricing is competitive, yes I would.”

How would you imagine using it in your day to day routine?

Specific comments:

- “For research. As I’m Public Health, I don’t have individual patients, but deal on an institutional level.”
- “Reference it if needing a quick answer to a treatment question.”
- “Wouldn’t use this with patients in a clinic. Would use it as a consensus opinion for discussion at our weekly meetings to handle referrals. Do we have an answer or not?”
- “Mostly for new treatment paradigms, drug regimens / protocols.”

Do you have any further comments?

- “Get me to the answers quickly, that’s what’s attractive to doctors.”
- “Good provocative questions. Really pleased with how it looks. I like it and intend to use it.”
- “Don’t really care for ‘recently added’ or ‘recently updated’...would hope that all CCAs are up to date. Seeing a list of ‘most popular’ or ‘most accessed’ would entice me to click a link. Or seeing a featured question – editorially chosen because its topical or more interesting.”
- “Overall, the site looks nice. Need to work on the ordering of information – moving the lower priority information down the page and the most important further up the page.”
- “Need to make sure people are aware of it, either through word of mouth or offering librarians trials.”
- “Good idea. It’s a competitive marketplace so positioning of relevance, quality and accessibility is important.”
- “I like the white and blue – very easy on the eye.”
- “Like the typesetting – clear and easy to use – white space is good – like the colours.”
- “There are lots of sites like this but people will be drawn by Cochrane reputation.”
- LEAD GENERATION: “Involved with the ISDB (<http://www.isdbweb.org/pages/what-is-isdb>) – knows the convenor of the group in Germany – they would be interested in this platform. Keen to be kept in the loop and to help with discussions with ISDB.”

Suggestions

- “Allow users to sign up to see when a particular question is updated (to watch it).”
- “If question is not answered, can we pose another one and involve users in developing the site – very powerful feature.”
- “More interested in FAQ type – frequently asked – most popular medical questions accessed.”
- “Should send reminders. For eg. ‘Medicus’ send constant reminders about new material. CCAs should do this as well.”
- “Would be nice to ask a question – to compare what I know, ie. for managing diabetes and see if there’s a different answer than mine.”

