Knowledge translation to patients: the project of patient-oriented Cochrane Rehabilitation Cochrane Corners

Aydan Oral¹, Stefano G. Lazzarini², Frane Grubisic³, Carlotte Kiekens^{4,5}, Stefano Negrini^{6,7}, Chiara

Arienti²

¹Department of Physical Medicine and Rehabilitation, Istanbul Faculty of Medicine, Istanbul University, Istanbul, Turkey; ²IRCCS Fondazione Don Carlo Gnocchi, Milan, Italy; ³Department of Rheumatology, Physical Medicine and Rehabilitation, University Hospital Center "Sestre Milosrdnice", Zagreb, Croatia; ⁴Spinal Unit, Montecatone Rehabilitation Institute, Imola, Italy; ⁵Department of Physical and Rehabilitation Medicine, University Hospitals Leuven, KU Leuven, Leuven, Belgium; ⁶Department of Biomedical, Surgical and Dental Sciences, University of Milan "La Statale", Milan, Italy; ⁷IRCCS Istituto Ortopedico Galeazzi, Milan, Italy.

Abstract

Background. Shared decision-making, respecting patients' preferences and values are important concepts in the field of evidence-based medicine. "Knowledge translation" should not only address health professionals but also all other stakeholders including the end-users, funders, and policy makers. While the evidence is particularly used by health professionals to deliver the best care to the patients, the end-users/beneficiaries are the patients. Cochrane Corners could serve as a good knowledge translation tool to convey Cochrane evidence in a simpler way to stakeholders. However, there are gaps in the application of knowledge from the perspective of the beneficiaries.

Objectives. The aim of this work is to involve patients, their family members, and carers in the dissemination of Cochrane evidence and to provide them with health information to be used in shared-decision making together with their health care providers.

Methods. The dissemination of Cochrane evidence to different stakeholders may differ. The structure of patient-oriented Cochrane Corners needs to involve patient-identified priorities, their needs and as well as their perspectives on patient-centred outcomes. They also need to better describe benefits and harms of certain treatments.

Results. Cochrane Rehabilitation produced 34 Cochrane Corners (as of the end of the year 2019) summarizing published Cochrane Systematic Reviews from a rehabilitation perspective to inform rehabilitation professionals of the Cochrane evidence to be used in rehabilitation practice for the best rehabilitative care of the patients. While continuing with efforts to disseminate Cochrane evidence to health professionals to ensure the use of the best available evidence in rehabilitation practice, Cochrane Rehabilitation has planned the initiative of "knowledge translation to patients" by producing

patient-oriented Cochrane Corners to improve patients' knowledge on treatment options, to make them aware of the benefits and harms of certain treatments in order to enable their proper participation in decision making as well as in goal-setting.

Conclusion. Knowledge translation to patients using Cochrane Corners will be helpful for use in shared decision-making to ensure better health decisions with the involvement of patients, their family members, and/or carers.

Patient or healthcare consumer involvement. Patients and healthcare consumers are involved during the writing of Cochrane Corners and overall, in the interpretation of results from patients perspective.