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Different users, different searches. Providing information for a patient website – The BestTreatments experience.

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Introduction

The BMJ Publishing Group is a medical publishing company based in London. The most well-known publication is the *British Medical Journal* itself. There are also a number of more specialist journals and a department called Knowledge. Within Knowledge there are a number of teams including the Information Specialist team.

In Knowledge we mainly work on two products. These are *Clinical Evidence* and *Best Treatments*. This paper will explain to you what the information specialist role involves for each product and how in order to supply information for both the Information Specialist team have had to develop diverse skills.

***Clinical Evidence* (CE)**

The first issue of *Clinical Evidence* came out in June 1999. It was envisaged as a pocket book containing concise and regularly updated summaries of the best available evidence on healthcare interventions.

It is now produced in book and web formats. Its aim is to gather good quality research evidence (systematic reviews and RCTs) on specific clinical questions, and to summarise this evidence in a short digest style. The text is aimed at the general healthcare professional.

***BestTreatments* (BT)**

BestTreatments evolved from *Clinical Evidence*. Soon after CE was first published in the UK the United Health Foundation arranged distribution for 500 000 clinicians in the United States. At the same time they suggested a partnership with the BMJ Publishing Group to translate *Clinical Evidence* for

patients. In the resulting partnership, the BMJPG kept complete editorial independence thus ensuring accurate and objective gathering and reporting of evidence.

BestTreatments is therefore a direct translation of *Clinical Evidence* – with a number of additions:

It provides extensive background information.

We believe that consumers and doctors need to have access to the same information to communicate effectively which is why the site offers a consumer and a doctor version.

We also include a section on patient experiences so that users of the site can both look at the experiences of other people with the condition and contribute their own if they want to.

The Information Specialist team provide searches for both *Clinical Evidence* and *BestTreatments*.

***Clinical Evidence* search and appraisal**

The aim of a CE search is simply to find the studies that will provide evidence of whether or not particular treatments work for a particular condition.

Clinical Evidence is aimed at clinicians. Therefore the eventual recipients of this information will be general practitioners or hospital Doctors.

To do this, the *Clinical Evidence* search and appraisal are very rigid, systematic and criteria-based. We follow the same process for every search. We use validated search filters to search Medline, Embase and PsycInfo if applicable. We also search the Cochrane Library and look at selected high quality Internet sites.

Our processes are systematic. This means that we do exactly the same thing for each and every question and topic. The information we are looking for is the latest cutting edge trial that will answer the clinical question we are searching.

Our searches often produce thousands of hits. We appraise all of these using set criteria. For Randomized Controlled Trials for example, we look at, among other things, whether the study is blinded, if allocation to groups was random and unbiased and the size of the study.

Everything is appraised twice. This is done by the person who is undertaking the search and also by another member of the team. This is one of our quality control

methods and ensures that human error does not result in us missing an important study.

We do however only look at the abstracts. Once the appraisal process is finished we filter the abstracts we feel the author should see and send them to him to be fully appraised.

***BestTreatments* search and appraisal**

Searching for *Best Treatments* is very different. For a start, the evidence for treatments is taken directly from *Clinical Evidence* so we concentrate on the other areas of the site. These are the areas that the site looks at:

- What do I have?
- What causes it? / Why me?
- How common is it? / Am I the only one?
- What will happen to me?
- What are my treatment options?
- Why should I take this treatment?
- What side effects do these treatment have?
- What can I do to help myself?
- What alternatives are there

The aims of a *BestTreatments* search:

As with *Clinical Evidence* it has to be from a high quality source and supply the needs of the particular part of the site it is aimed at.

Another aim is to find information that a consumer writer can understand themselves and then translate into a patient-friendly text which is what has happened here.

The end user for this information is patients.

As with CE searching we search the main databases like Medline and Embase. The difference is that we are looking for different types of article. A systematic

review or RCT will tell you whether or not ACE Inhibitors work for heart failure but are unlikely to provide information on the pathophysiology of heart failure. If they do it will be two or three lines of highly technical information that our writers will not be able to write from.

We therefore look more for overviews of the condition or an aspect of the condition. Textbooks are another useful source. We looked at the Brandon-Hill list (1) in the US and the Core Collection (2) in the UK to decide on appropriate textbooks to use. We also use information from high quality sites like the National Institutes of Health in the US.

The difference with CE is that we are not trying to find everything there is. In fact, we don't want to overload our writers, so we try to be as selective as possible in topics where there is a lot of information.

We then scan our lists of results, looking at abstracts of articles that look like they have potential and get the full text of the ones that do. We look through these and make a judgment about whether the article will adequately answer the query we have (whether it looks at causes of the disease for example), whether it is from a good quality source and whether a consumer author will be able to write patient information from it. The writer has to be able to fully understand the information so that they can "translate" it for patients. Unlike CE authors, our *BestTreatments* writers are medical journalists. Some are doctors but many are not.

Differences in CE and BT search and appraisal

I thought it would be useful to illustrate the differences in the demands of the two publications:

Aim – they are similar in that both aim to find high quality information that answers a particular need. The difference is that CE searches have to find everything so that we can be systematic and exhaustive in order to be truly evidence based. For BT we are not looking for every single article that describes, for instance, the mechanism of action of a drug, but we want a few articles that will accurately describe the mechanism of action in a way that can be understood.

Study type – For CE we will only look for a specific study type (usually at SRs or RCTs, or Cohort studies if applicable). For BT, a general overview, an observational or qualitative study is often more appropriate

Appraisal – At CE we are appraising from the abstract and then filter studies to the CE author to fully appraise. For *BestTreatments* searches we need to see the full text so that we can decide if an article is going to be useful for a writer. It is difficult to tell from the abstract if the article will both address the information need we have and be acceptable for the writer to write from.

Judgement – For CE searches we compare and contrast two sets of appraisal and, using our standard criteria, then make a decision about what to send the

author. For BT we are less criteria based and have to make an instinctive and informed judgement about what is appropriate for the writer to use.

Flexibility required

Clinical Evidence currently has around 215 topics. We search 25 new ones per year and update the rest. *BestTreatments* currently has over 60 topics and we plan to search at least 10 new ones a year and update the rest.

As I have illustrated, we have a key role in the content of both BT and CE. The role requires a flexible mindset. CE work requires the ability to be able to understand the prescriptive requirements of each topic and then understand and apply the specific criteria to judge a good study. BT work on the other hand requires the ability to make judgments about the quality of material retrieved and balance that with the ability to select material that a writer can use to explain complex medical research to patients. It is less criteria based so it is important to understand very clearly the needs of the topic and writer.

Providing these searches to the department has presented a learning curve for the whole team. We were originally two departments but when we merged a few years ago some members of the team had worked for *BestTreatments* previously and therefore had to learn *Clinical Evidence* methods while some had done the reverse. The result is that we have all learnt new skills and to adapt our mindsets according to the publication we are working for. This can be a challenge because they are polar opposites in many ways but provide an interesting and fulfilling variety to our jobs.

References

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