**Beginners Guide to the Plain English Summary**

The Plain English summary is a brief description of your research project, written in clear, non-technical language. The basic principles are:

1. It is important that all the language used in this summary is easy to understand. For example instead of ‘After completion of the trial, we will report on outcomes such as increase in mortality and co-morbidity in patients with a limited prognosis’, write ‘When we have finished this trial, we will look at the differences between patients (who doctors believe may not recover well from their illness) who have received the new drug and those who did not. We will particularly look at which group had more health problems afterwards, or whether more patients died from their illness.’
2. Medical terms must be explained, for example:
* Instead of ‘palliative’, write ‘end of life care, known as palliative care’.
* Instead of ‘iv fluids’, write ‘Patients are given extra fluids to help their blood pressure to become a normal level. These are called ‘intravenous fluids’ meaning that they are put in through a vein.’
* ‘Renal failure’, write ‘kidney failure’.
1. Only use acronyms once you have explained them, for example:

‘ARDS (Acute Respiratory Distress Syndrome) is when the lungs cannot provide enough oxygen to the rest of the body.’

These steps ensure that your project is accessible to all, regardless of their prior knowledge of the subject, level of education or if English is an additional language.

However, the summary should not be simplified to the degree that it doesn’t tell the reader anything useful! It still needs to set out a compelling argument about why this research is important and how it could eventually help patients and their families.

 Specific funders will have their own guidelines about how long they want this summary to be, and what is to be included, but as an idea, you need to briefly cover:

* What the problem is that this research is addressing
* What the background is to the problem
* What the research project is – what is the intervention testing?
* What are the design and methods of the trial?
* How many participants will be in the trial?
* What Patient and Public Involvement has there been in the planning of the trial?

The challenge is to manage this in the word count allowed by the funder!

It can be difficult when you know the subject well to explain your project in non-technical language. Therefore once you’ve written the first draft, it’s a good idea to trial it on non-medical family or friends to see if they understand your summary.

For more guidance on writing summaries, please go to the National Institute of HeaIth Research’s (NIHR) INVOLVE website <http://www.invo.org.uk/makeitclear/>

Once you have read the guidance, and trialled your summary, we are happy to read it to check that the language you have used is clear and accessible. For more information contact research@icusteps.org

Here are two examples of good Plain English project summaries:

1. This was written by Dr Christopher Bassford and Dr Anne-Marie Slowther for their NIHR funded research project *‘Intensive care unit decision-making: Understanding and improving the decision-making process surrounding admission to the intensive care unit.’*

‘NHS intensive care bed capacity is limited and under constant pressure. This is likely to increase with an ageing population. Admission to an intensive care unit (ICU) allows critically ill patients access to life-saving treatments but this care can involve distressing interventions. Approximately one in three people admitted to ICU do not survive to go home. For those that do survive, many continue to have serious health problems. Given the burdens of treatment and the sometimes limited benefit, admission to an ICU bed will not be appropriate for all patients. Clinicians must decide whether different treatment might achieve the same goals, or whether the burdens of ICU care outweigh any potential benefit and that end of life (palliative) care is in the best interests of a particular patient. However, determining which patients will benefit from ICU and who will be harmed is not straightforward. Most patients considered for ICU admission are too ill to make decisions for themselves and clinicians therefore must make difficult practical and ethical judgements. Despite this uncertainty there is no agreed process for deciding who should be admitted to ICU. Research suggests that there is large variation in how decisions regarding admission to ICU are made, and that doctors under-estimate the benefit that ICU can provide to certain groups of patients, including the elderly. Evidence also suggests that admission decisions are seldom explained to patients and families. Given the serious consequences of these decisions and the difficult circumstances under which they are made, it is important that they are based on good evidence, ensure fairness for all patients, and take into account the values relevant to patients and their families.

This research will investigate how these decisions are made and how we can improve this process. We will review current research evidence, identify current practice and explore the experiences and perspectives of those involved in these decisions (ICU doctors, doctors referring patients to ICU and patients’ families), and their views on how these decisions should be made. We will do this by observing the process of decision-making and interviewing health professionals and families in six NHS hospitals across the East and West Midlands. Information from the interviews and observations will be used to develop a questionnaire survey that will be sent to ICU doctors and nurses to further investigate the factors that they consider most important in making these decisions. We will then develop a decision support framework to guide doctors through the decision making process and provide information for patients and their families. This framework will be refined at a conference including health professionals, policy makers and patient groups. We will pilot it in three NHS trusts chosen to represent a range of hospital and ICU sizes. We will study how the framework has been used and whether it is fulfilling its aims.’

1. This summary was written by Sarah Vollam, a Critical Care Nurse Researcher and PhD student at the University of Oxford and the University of Hertfordshire for her research project *REFLECT (Recovery Following Intensive Care Treatment)* funded by NIHR Research for Patient Benefit.

‘Most patients discharged from an intensive care unit (ICU) are expected to go home. However, about 1 in 10 die unexpectedly on general wards before leaving hospital, and without going back to ICU. Although a number of ‘early warning’ scoring systems based on measurements taken by nurses (such as blood pressure and pulse), and ICU follow-up nurses are used in hospitals to recognise signs of worsening illness, these have had little effect on the number of deaths in this group.

We plan to look at patient notes and talk to patients, relatives, and staff to find out what the biggest problems are and where changes could make the care better. We will use patient representatives to help guide us in this work. We will also look at published research to find additional ways to improve care in this patient group. We will use these findings to design a plan to help staff care better for patients after discharge from ICU.

In future we will test this plan to see how it works on the wards. This is known as a feasibility study. We will collect information as well as speaking to staff and patients to see how the plan is working. The study team is well placed to carry out the work because it specialises in Critical Care research and includes experts who have been involved in research for a long time. Recent projects managed by the team include research on new treatments for patients in an ICU, interview studies with ICU patients and research on introducing change into the NHS.’