

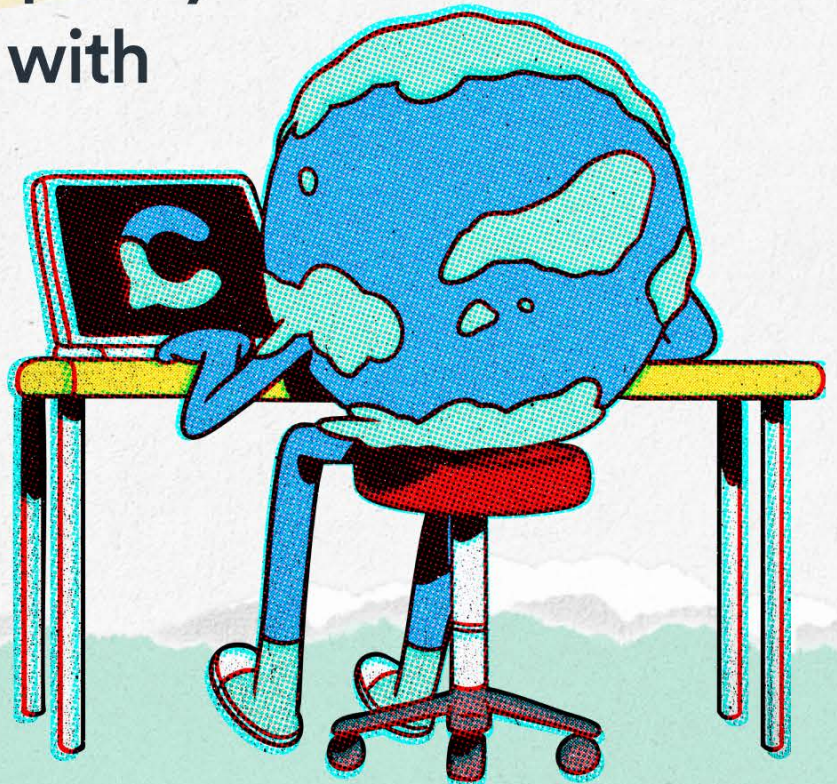
RESEARCH STARTS HERE



RESOURCE GUIDE

From Framework to Prompt

A researcher's guide to
formulating high-quality
clinical questions with
Consensus

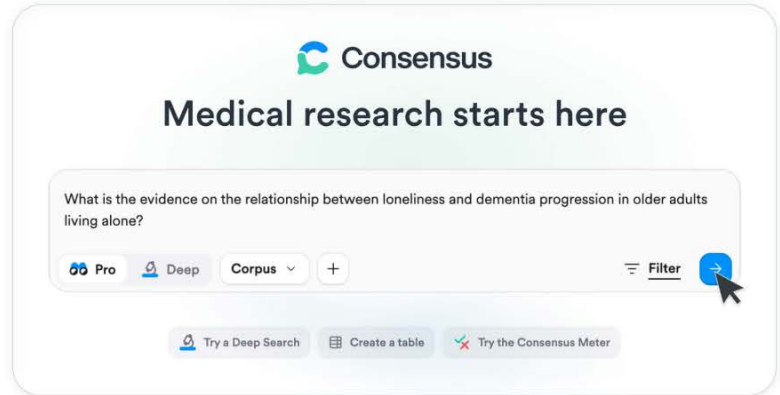




Why your question is important

When you type a question into Consensus, you are instructing an AI system to search, filter, and synthesise evidence from over 200 million peer-reviewed papers on your behalf. What you put in shapes what you get out.

Consensus is not a chatbot. It searches real scientific literature and uses AI to summarise findings — with citations. It will not fabricate sources. But it can retrieve irrelevant results if your question is vague, and it can misinterpret a paper if your question misleads it. The quality of the evidence you find begins with you.



AI and bias: what you need to know

Every AI tool reflects the world it was trained on — and that world is imperfect. There are three types of bias you need to be aware of:

- Bias in the published literature. Research has historically under-represented women, older people, ethnic minorities, and populations in low-income countries. AI searches what exists — it cannot correct for what was never published.
- Bias in your question. A leading question (“Does exercise help anxiety?”) will surface confirmatory evidence. A neutral one (“What is the evidence on the relationship between exercise and anxiety?”) will surface the full picture.
- Publication bias. Positive results are more likely to be published than neutral or negative ones. Strong-looking evidence may reflect a skewed literature rather than clinical truth. This is relevant whether you use AI or traditional databases to find research.



The principle to remember:

AI reflects the biases of the world it learned from. Your job is to ask questions that are neutral in language, specific in scope, and aware of whose evidence may be missing.



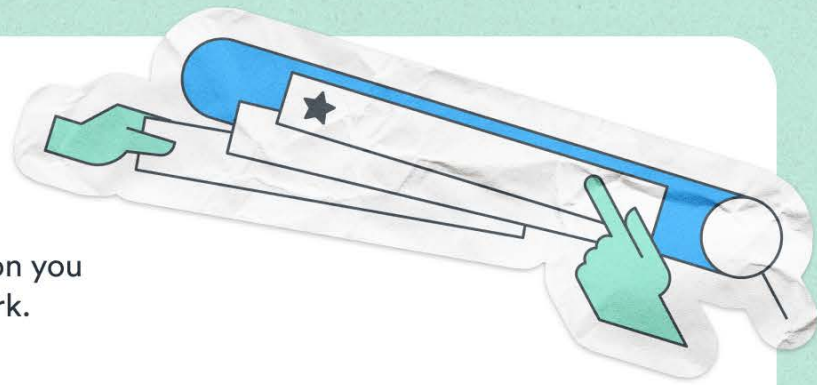
Choose the right framework for your question

Before you prompt, identify what type of question you are asking, then select the appropriate framework.

- Effectiveness of a treatment or intervention — use **PICO** or **PICOS**
- Patient or service user experiences, perceptions, or attitudes — use **SPIDER**
- A naturally occurring exposure, risk factor, or association — use **PEO**
- Health service evaluation, policy, or management — use **ECLIPSE**
- Incidence or prevalence of a condition within a population — use **CoCoPop**

The frameworks

Hosseini, M-S., Jahanshahlou, F., Akbarzadeh, M.A., Zarei, M., & Vaez-Gharamaleki, Y. (2024). Formulating research questions for evidence-based studies. *Journal of Medicine, Surgery, and Public Health*, 2, 100046.
<https://doi.org/10.1016/j.glmedi.2023.100046>



01

PICO — for intervention and effectiveness questions

Use PICO when you want to evaluate the effectiveness of a treatment, intervention, or clinical approach.

P**Patient / Population:**

Who are you studying? Be specific — include age group, diagnosis, setting, and relevant characteristics, for example, "registered nurses in intensive care units", rather than just "healthcare workers".

I**Intervention:**

What is the main intervention or treatment being considered? Use generic clinical terms, rather than brand names.

C**Comparison:**

What is it being compared to? This might be standard care, a placebo, or an alternative intervention. If there is no comparator, state this explicitly.

O**Outcome:**

What are you trying to measure or achieve? State this neutrally — "effect on wound healing rates" rather than "improvement in wound healing".

PICOS adds S — Study design:

Specify the type of study you are looking for (e.g., randomised controlled trial, systematic review) when evidence level matters.





Example

In adult patients with type 2 diabetes (P), does a structured walking programme performed five days per week (I), compared with no structured exercise (C), affect HbA1c levels over 12 weeks (O)?



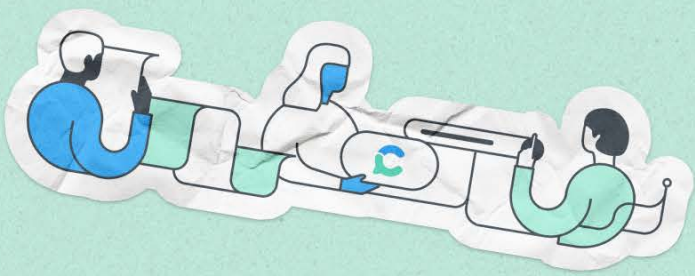
To note: Consensus may simplify the question above to: “Does a structured walking programme affect HbA1c levels in type 2 diabetes?” and show you the Consensus meter. The output will still be relevant to your search query, and the act of you specifying each component in the question means you know what to focus on when reviewing the output.

The screenshot displays the Consensus app interface. At the top, the search query is "Walking Programme and HbA1c Levels". Below the search bar, there are three search results listed with their respective citation counts: "Does a structured walking programme affect HbA1c levels in type 2 diabetes?" (168.7K), "Foundational studies on exercise and glycaemic control in type 2 diabetes" (1.1M), and "Theoretical models of physical activity and glucose regulation in type 2 diabetes" (358.3K). A "Consensus meter" is visible at the bottom of the search results, showing a bar with segments in green, yellow, and red, and a score of 25.

The main article preview is titled "Impact of Walking on Glycemic Control and Other Cardiovascular Factors in Type 2 Diabetes: A Meta-Analysis". The key takeaway states: "Walking significantly improves glycaemic control in type 2 diabetes with supervision or motivational strategies recommended for optimal results." The article is a meta-analysis, rigorous journal, and highly cited, published in 2014 with 124 citations in PLoS ONE.

The second article preview is titled "EFFECTIVENESS OF WALKING EXERCISE ON HBA1C AND BMI IN DIABETES MELLITUS TYPE 2: A SYSTEMATIC REVIEW". The key takeaway states: "Walking exercise can improve metabolic status in diabetes by reducing blood glucose levels, HbA1c, and BMI." It is a systematic review published in 2024 with 1 citation in Nurse and Health: Jurnal Keperawatan.

The third article preview is titled "Walking for subjects with type 2 diabetes: a systematic review of AMD/SID/SISMES evidence-based practical guideline". The key takeaway states: "Regular, supervised walking improves glucose control, cardiorespiratory fitness, body weight, and blood pressure in people with type 2 diabetes." It is a systematic review.



Use SPIDER when you are exploring experiences, perceptions, attitudes, or behaviours, and your evidence will come from qualitative or mixed-methods studies.

S**Sample:**

Who is being studied? In qualitative research, "sample" is preferred over "population", as participants are typically purposively selected rather than randomly sampled.

PI**Phenomenon of Interest:**

What experience, behaviour, or situation is being explored? Use neutral, descriptive language and avoid making assumptions about what the experience involves.

D**Design:**

What study design are you looking for? For example: phenomenology, grounded theory, ethnography, qualitative interview study.

E**Evaluation:**

What is being evaluated or measured? This might include experiences, perceptions, attitudes, behaviours, or processes.

R**Research type:**

Are you looking for qualitative, quantitative, or mixed-methods studies?





Example

Among family caregivers of people with dementia (S), what are the lived experiences of managing behavioural symptoms at home (PI), as explored through qualitative interview studies (D), with a focus on coping strategies and emotional burden (E), across qualitative and mixed-methods designs (R)?



Dementia Caregivers Behavioral Management 1

Pro - 2 searches >

- lived experiences of family caregivers of people with deme... 102.4K LITERATURE REVIEW +1
- qualitative and mixed-methods studies of family caregiving for ... 95K LITERATURE REVIEW +1

+1 more

Family caregivers managing dementia behaviours at home: emotional burden and coping

Family caregivers supporting relatives with dementia at home describe intense emotional strain, constant vigilance, and major life changes, but also develop varied coping strategies shaped by culture, religion, and family norms 1 2 3 4 +3 MORE. Qualitative and mixed-methods work across regions shows a mix of positive adaptation, distress, and occasional growth.

Emotional Burden and Lived Experience

- Caregivers report stress, exhaustion, isolation, anger, frustration, guilt and ambivalence, especially when facing unpredictable behavioural and psychological symptoms (BPSD) and shrinking social networks 2 8 9 4 +2 MORE.
- Burden is multidimensional: physical, psychological, social, and financial, often linked directly to BPSD such as agitation, sleep disturbance, hallucinations, and wandering 10 11 9 4 +1 MORE.
- Inner conflict arises between "true" feelings (anger, resentment) and culturally expected "acceptable" feelings of patience and devotion, increasing burden 2 8.

Emotional Work and Meaning-Making

- Caregivers perform intensive "emotion work": sliding between emotional detachment and engagement, and using the caregiving role to cope with loneliness and find meaning 2.
- Narratives reveal domains of devotion, anger, sense of loss, uncertainty, organized around guilt and

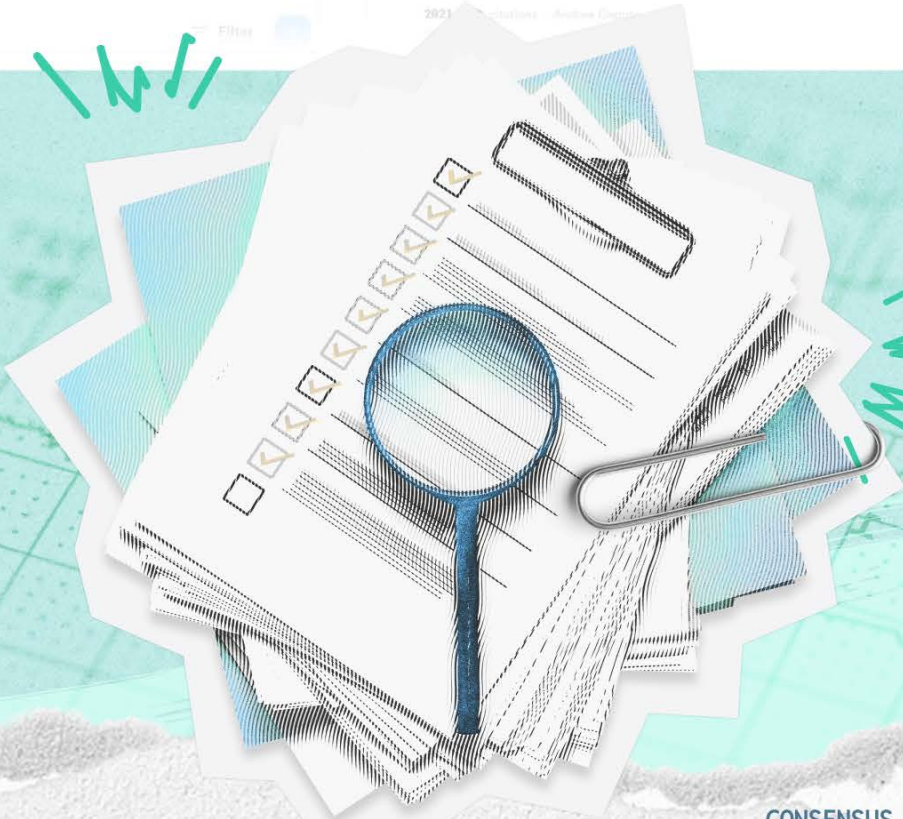
Ask a follow up...

Pro Pro Cerebra

References / Among family caregivers of people with d...

Results

- Emotion work and feeling rules: Coping strategies of family care people with end stage dementia in Israel—A qualitative study**
 KEY TAKEAWAY · Family caregivers of people with end stage dementia in Israel experience intense emotional work, which can both contribute to the burden and provide strength and meaning, influenced by cultural norms.
 OBSERVATIONAL STUDY
 2022 · 24 citations · I. Halevi Hochwald et al.
 Dementia (London, England)
- Exploring Coping Strategies and Barriers in Dementia Care: A Mixed-Methods Study of African American Family Caregivers in Kentucky**
 KEY TAKEAWAY · African American dementia caregivers in Kentucky rely on religious coping, religion-based coping, and family support, but face time constraints and high costs of formal care.
 OBSERVATIONAL STUDY
 2022 · 9 citations · Sunshine M. Rote et al.
 Journal of Applied Gerontology
- The emotional experience of caregiving in dementia: Feelings of stress and ambivalence underlying narratives of family caregivers**
 KEY TAKEAWAY · Family caregivers experiencing dementia often experience intense emotional work and ambivalence, which should be addressed in support interventions for coping and anger management.
 OBSERVATIONAL STUDY
 2021 · 11 citations · Andrea Elmer et al.



Use PEO when you are investigating the relationship between an exposure or environmental factor and a health outcome. The exposure is something participants experience naturally — not a deliberate intervention.

P

Population:

What groups of population or patients with common characteristics are targeted?

E

Exposure / Environment:

What is the primary exposure or environmental factor of interest? Examples include shift work, air pollution, socioeconomic deprivation, or occupational hazard.

O

Outcome:

What outcomes are anticipated to be assessed, measured, or improved?

**Example**

What is the incidence of burnout (O) among healthcare workers in hospital settings (P) working prolonged night shift work (E)?



Healthcare Worker Burnout Night Shifts 1 ▾

Pro · 2 searches ▾

- incidence of burnout among healthcare workers in hospital settings working prolonged nig... 283.2K ↗
- prevalence and incidence of burnout in hospital healthcare workers exposed to prolonged ... 142.1K ↗
- +1 more

Burnout and Night Shift Work in Hospital Healthcare Workers

Burnout is common among hospital staff and is consistently linked with night and rotating shift work. Most data come from cross-sectional studies using standard burnout scales such as the Maslach Burnout Inventory.

Incidence / Prevalence Levels

- General prevalence of burnout among hospital/acute care staff ranges roughly 20–62%, depending on country, setting, and definition [1](#) [2](#) [3](#) [4](#) [+6 MORE](#).
- Examples:
 - Malaysian public hospital nurses: 27.1% burnout among shift nurses (vs 22.4% non-shift) [1](#).
 - Acute care workers in Tanzania: 62% burnout [3](#).
 - Public hospital staff in Addis Ababa: 31.6% burnout [6](#).
 - ICU staff in southern Ethiopia: 38.1% burnout [5](#).
 - COVID-era workers in Ghana: 20.6% burnout [2](#); another COVID-era sample: 45.6% [18](#).

Prevalence figures in relation to night/shift work

Population & setting	Night/shift aspect	Burnout prevalence / risk	Citations
Malaysian nurses	vs night shifts/week	26.5% higher burnout	1

Ask a follow-up...

Pro · Download · Citings ▾ · Filter

References / What is the incidence of burnout among healthcare workers in hospital settings working prolonged night shift work?

Results 425.3K

- #### Examining the Impact of Burnout on Hospital Nurses: Insights From a Nationwide Cross-Sectional Study

KEY TAKEAWAY · Shift nurses in Malaysian public hospitals are more likely to experience burnout than day nurses, with more than six night shifts per month increasing their risk.

OBSERVATIONAL STUDY

2024 · 3 citations · Kun Yun Lee et al.
[SAGE Open Nursing](#)
- #### Burnout syndrome among healthcare workers during COVID-19 in Accra, Ghana

KEY TAKEAWAY · Burnout is highly prevalent among health workers in Accra, Ghana, with higher prevalence among night shifts, working at primary healthcare levels, and multiple jobs. Health workers are experiencing burnout.

OBSERVATIONAL STUDY [RIGOROUS JOURNAL](#)

2022 · 30 citations · K. Konlan et al.
[PLoS ONE](#)
- #### Burnout and associated factors among healthcare workers in tertiary teaching hospital in Tanzania: An analysis of a cross-sectional study

KEY TAKEAWAY · High prevalence of burnout (62%) among healthcare workers in a tertiary teaching hospital in Tanzania, with factors such as longer shift duration, tobacco use, and lack of regular exercise contributing to the issue.

OBSERVATIONAL STUDY

2023 · 21 citations · Alex F. Lwiza et al.
[Healthcare Reports](#)

Use ECLIPSE when you are evaluating a service, informing a policy decision, or exploring how a health service is organised or delivered.

E

Expectation:

What does the person or organisation want from the information? Are they seeking improvement, justification, or information?

C

Client group:

Who is the service or intervention aimed at?

L

Location:

Where is the service provided? Include setting, geographic context, or system level.

I

Impact:

How is change or effectiveness being measured? What outcomes or impact indicators are of interest?

P

Professionals:

Who delivers or is involved in the service?

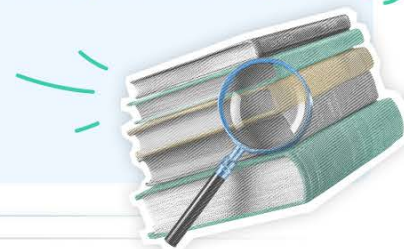
S

Service

What type of service or programme is being examined?

**Example**

To identify evidence to inform the development of inpatient care pathways (E) for elderly patients with hip fractures (C) in a district general hospital in the United Kingdom (L), what does the evidence show about length of stay (I) when a dedicated orthogeriatric ward model(S) is delivered by a multidisciplinary orthogeriatric team (P)?



Orthogeriatric Ward Length of Stay 1 ▾

Share

References / ▾ To identify evidence to inform the devel... ▾

Orthogeriatric ward models and length of stay in hip fracture care

Evidence from multiple cohort studies and meta-analyses shows that dedicated orthogeriatric or orthogeriatric-led pathways generally **reduce hospital length of stay (LOS)** for older hip fracture patients, though effect size varies and context matters.

Does a dedicated multidisciplinary orthogeriatric ward model reduce length of stay for elderly hip fracture inpatients?

Requires at least 5 papers that directly answer your question. Try adjusting your query to find more papers.

FIGURE 1 Consensus on orthogeriatric models reducing length of stay

Effect on Length of Stay (LOS)**Overall impact**

- Systematic reviews/meta-analyses show orthogeriatric care reduces LOS by about **1–1.5 days on average** compared with usual orthopaedic care, though with substantial heterogeneity 1 2 3 .
- Large meta-analyses note the **biggest LOS reduction in shared/integrated care models** (orthopaedic and geriatric co-management) 2 1 .

Examples of dedicated units / co-managed pathways

Results 54.4K

▾

1 Effects of Orthogeriatric Care Models on Outcomes of Hip Fracture Patients: A Systematic Review and Meta-Analysis

KEY TAKEAWAY · Orthogeriatric care reduces length of stay, in-hospital mortality, and delirium in hip fracture patients, but its effect on functional outcomes is inconsistent and cost-effectiveness remains unclear.

META-ANALYSIS RIGOROUS JOURNAL HIGHLY CITED

2021 · 145 citations · Annelore Van Heghe et al.
 Calcified Tissue International

2 Orthogeriatric Care Models and Outcomes in Hip Fracture Patients: A Systematic Review and Meta-Analysis

KEY TAKEAWAY · Orthogeriatric collaboration significantly reduces in-hospital mortality after hip repair.

META-ANALYSIS HIGHLY CITED

2014 · 514 citations · Konstantin V. Grigoryan et al.
 Journal of Orthopaedic Trauma

Use CoCoPop when you want to understand how common a condition or event is within a specific population and context. This framework is particularly suited to epidemiological and public health questions.

Co

Condition:

What condition, disease, or event is the focus of the study?

Co

Context:

In what setting, geographic region, or background circumstances should the condition be studied?

Pop

Population:

What group of participants or patients is being studied?

**Example**

What is the prevalence of post-traumatic stress disorder (Co - condition) in low- and middle-income countries during and after the COVID-19 pandemic (Co - context) among frontline healthcare workers (Pop)?

PTSD in Healthcare Workers COVID 1 ▾

What is the prevalence of post-traumatic stress disorder in low- and middle-income countries during and after the COVID-19 pandemic among frontline healthcare workers?

Pro · 2 searches >

- prevalence of post-traumatic stress disorder among frontline healthcare workers in low- and... 77.8K ↗
 - post-traumatic stress symptoms and disorder prevalence in healthcare workers in low-inco... 76.4K ↗
- +1 more

PTSD in frontline healthcare workers during COVID-19: evidence from low- and middle-income settings points to high and often very high prevalence, especially early in the pandemic.

Overall Prevalence During COVID-19

Across global meta-analyses including many low- and middle-income countries (LMICs), PTSD or PTSD symptoms in healthcare workers (HCWs) during COVID-19 typically range from about 13–34%, with some LMIC point studies much higher. Pooled estimates for HCWs during COVID-19 include 13.5% ¹, 20.2% ², 21.5% ³, 26.9% across pandemics (HCWs by questionnaire) ⁴, 29.2% in Chinese HCWs ⁵, 34% PTSD symptoms and 14% severe PTSD ⁶, and 49% in a mixed global HCW sample ⁷.

Examples from LMICs

Country / region (LMIC)	Population	PTSD prevalence	Citations
Ethiopia (South Gondar)	HCWs	55.1%	⁸

Ask a follow up...

Pro Copy Filter

References / What is the prevalence of post-traumatic... ▾

Results 154.2K

- 1 **The Prevalence of Post-traumatic Stress Disorder Among Healthcare Workers During the COVID-19 Pandemic: An Umbrella Review**
2021 · 56 citations · A. Sahebi et al.
 Frontiers in Psychiatry ·
- 2 **Anxiety, depression, trauma-related, and sleep disorders among healthcare workers during the COVID-19 pandemic: A systematic review**
2021 · 412 citations · Maxime Marvaldi et al.
 Neuroscience and Biobehavioral Reviews ·
- 3 **Prevalence of depression, anxiety and post-traumatic stress disorder among health care workers during the COVID-19 pandemic: A systematic review**
2021 · 421 citations · Yufei Li et al.
 PLoS ONE ·
- 4 **Prevalence of posttraumatic stress disorder after infectious disease pandemics in the twenty-first century, including COVID-19: a systematic review**
2021 · 239 citations · K. Yuan et al.
 Molecular Psychiatry ·
- 5 **Prevalence and influencing factors of post-traumatic stress disorder among Chinese healthcare workers during the COVID-19 epidemic: a cross-sectional study**
2024 · 1 citation · Min Zhang et al.
 Frontiers in Psychiatry ·
- 6 **Post-traumatic stress in healthcare workers during the COVID-19 pandemic: A systematic review and meta-analysis**

A note on choosing your framework

These five frameworks cover the most common question types you are likely to encounter. If your question does not fit neatly into one, the Hosseini et al. (2024) paper provides a comprehensive overview of additional frameworks for diagnostic accuracy, prognostic, economic, and other specialist question types.



YOUR PROMPTING CHECKLIST

Before you search:

- I know what type of question I am asking and have chosen the right framework.
- My population is defined specifically — setting, condition, demographic context.
- My language is neutral and does not assume a direction of effect.
- I have included relevant context (country, setting, professional group).

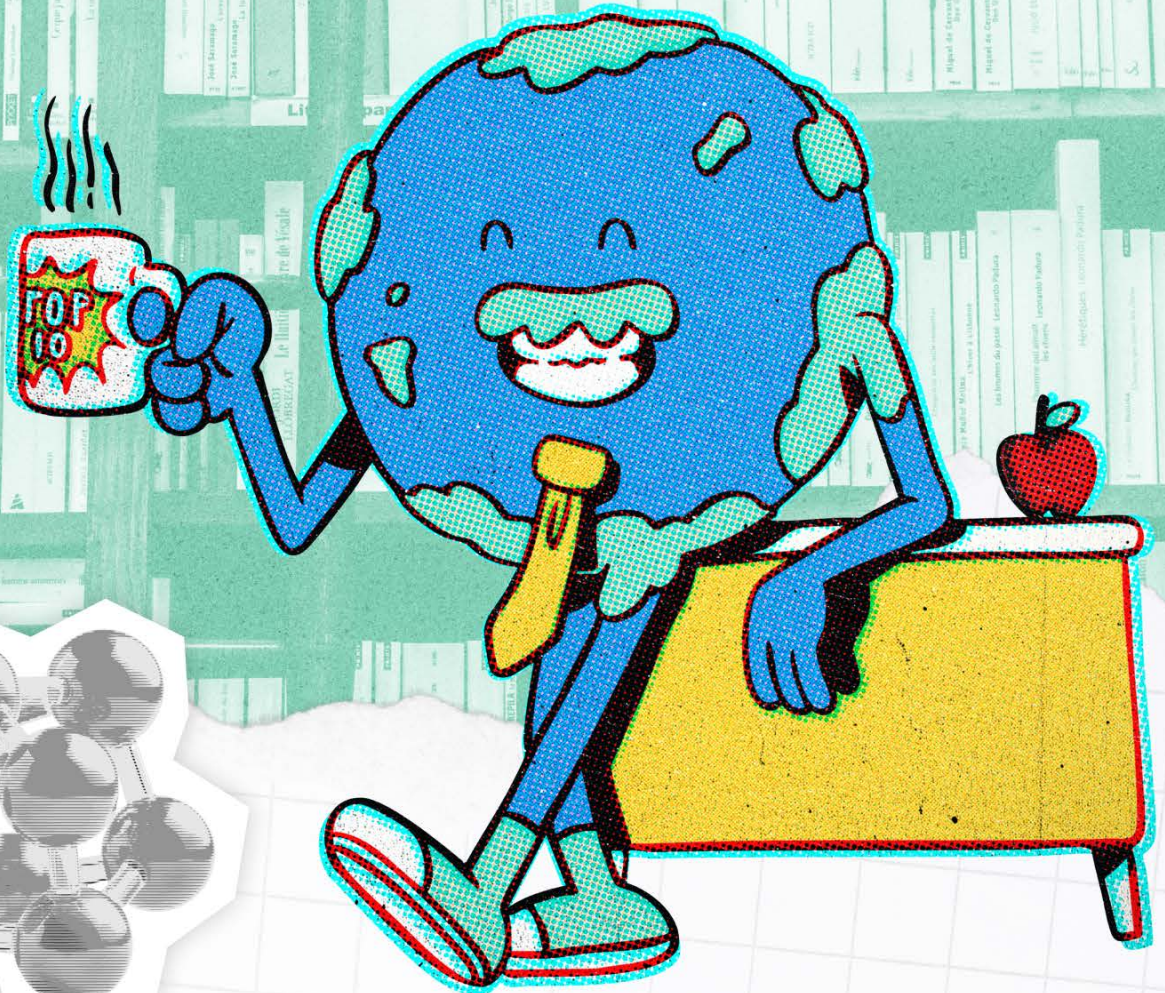
After you search:

- I have read the original papers, not just the AI summaries.
- I have appraised the quality and relevance of the evidence.
- I have considered whether the populations studied match my clinical context.
- I have noted evidence gaps — absence of evidence is itself a finding.
- I have disclosed my use of Consensus in accordance with institutional guidelines.

A final thought

The best researchers don't just use AI tools, they use them wisely.

Consensus is a powerful research companion, but it is your question, your critical thinking, and your integrity that determine whether the evidence you find is genuinely useful.



About Consensus

Consensus is an AI-powered search engine for scientific research papers. Our mission is to make the world's best knowledge more accessible for all.

For more information visit
consensus.app

WRITTEN BY



DR. BENITA OLIVIER
PROFESSOR OF REHABILITATION
OXFORD BROOKES UNIVERSITY