



Learning by doing: Introducing Cochrane Classmate

Tuesday 09 April 2024

Trusted evidence.
Informed decisions.
Better health.

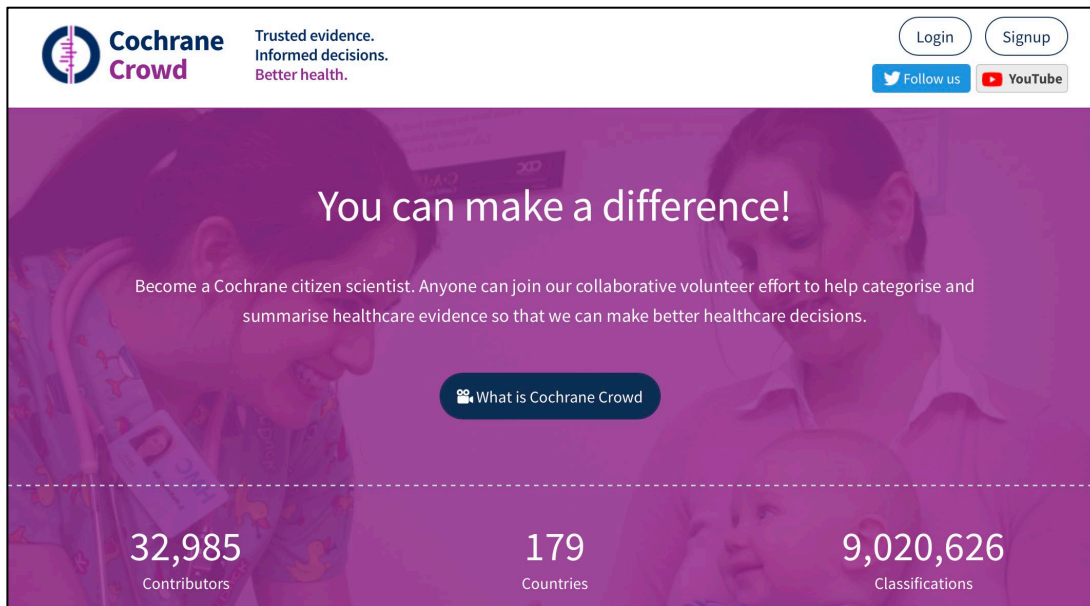


Webinar structure

- *What is Cochrane Crowd and Classmate?*
- *Why develop Classmate?*
- *How does it work?*
- *Live demo*
- *New features*



Cochrane Crowd: what is it?



The screenshot shows the Cochrane Crowd website homepage. At the top left is the Cochrane Crowd logo. To its right is the tagline: "Trusted evidence. Informed decisions. Better health." On the top right, there are buttons for "Login" and "Signup", and social media links for "Follow us" (Twitter) and "YouTube". The main content area features a purple-tinted background image of a woman and a child. The headline reads "You can make a difference!". Below this is a paragraph: "Become a Cochrane citizen scientist. Anyone can join our collaborative volunteer effort to help categorise and summarise healthcare evidence so that we can make better healthcare decisions." A dark blue button with a magnifying glass icon says "What is Cochrane Crowd". At the bottom, three statistics are displayed: "32,985 Contributors", "179 Countries", and "9,020,626 Classifications".

Cochrane Crowd Trusted evidence. Informed decisions. Better health.

Login Signup

Follow us YouTube

You can make a difference!

Become a Cochrane citizen scientist. Anyone can join our collaborative volunteer effort to help categorise and summarise healthcare evidence so that we can make better healthcare decisions.

What is Cochrane Crowd

32,985 Contributors

179 Countries

9,020,626 Classifications

<https://crowd.cochrane.org>

Cochrane Crowd



We are struggling to keep pace with the amount of 'evidence' produced

Global scientific output doubles every nine years.



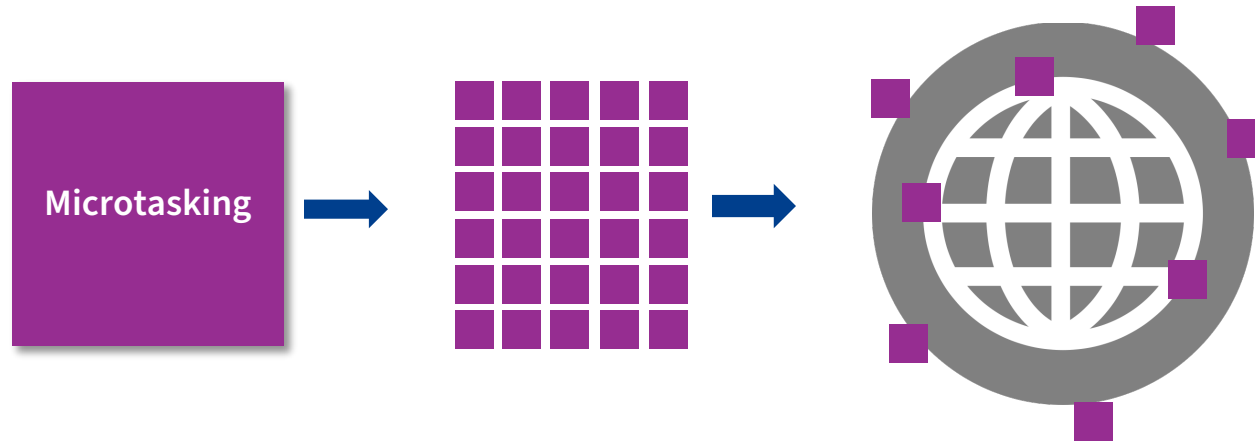
Crowdsourcing

Howe 2006: coined the term crowdsourcing

“the act of an institution taking a function and outsourcing it to an undefined (and generally large) network of people in the form of an open call”



Cochrane Crowd



Breaking down a large corpus of data into smaller units and distributing those units to a large online crowd

“The distribution of small parts of a problem”

Robotic complete mesocolic excision with central vascular ligation for right colonic tumours - A propensity score-matching study comparing with standard laparoscopy

[10.1093/bjsopen/zrab016](#)

Background: Laparoscopic complete mesocolic excision (CME) of the right colon with central vascular ligation (CVL) is a technically demanding procedure. This study **retrospectively** evaluated the feasibility, safety and oncological outcomes of the procedure when performed using the da VinciVR robotic system. **Methods:** A prospective case series was collected over 3 years for patients with right colonic cancers treated by standardized robotic CME with CVL using the superior mesenteric vessels first approach. The CME group was compared to a 2 : 1 propensity score-matched non-CME group who had conventional laparoscopic right colectomy with D2 nodal dissection. Primary outcomes were total lymph node harvest and length of specimen. Secondary outcomes were operative time, postoperative complications, and disease-free and overall survival. **Results:** The study included 120 patients (40 in the CME group and 80 in the non-CME group). Lymph node yield was higher (29 versus 18, $P=0.006$), the specimen length longer (322 versus 260 mm, $P=0.001$) and median operative time was significantly longer (180 versus 130 min, $P<0.001$) with robotic CME versus laparoscopy, respectively. Duration of hospital stay was longer with robotic CME, although not significantly (median 6 versus 5 days, $P=0.088$). There were no significant differences in R0 resection rate, complications, readmission rates and local recurrence. A trend in survival benefit with robotic CME for disease-free ($P=0.0581$) and overall survival ($P=0.0454$) at 3 years was documented. **Conclusion:** Robotic CME with CVL is feasible and, although currently associated with a longer operation time, it provides good specimen quality, higher lymph node yield and acceptable morbidity, with a disease-free survival advantage.

Back

Next

RCT/qRCT

Reject

Unsure

Move on with a single click

[Help me decide](#)

[Add a note](#)

[Quick reference guide](#)

RCT Identification

A “mainstream”
microtask on Cochrane
Crowd.

Our first task. Crowd
have identified
thousands reports of
RCTs. Records not
indexed as RCT.

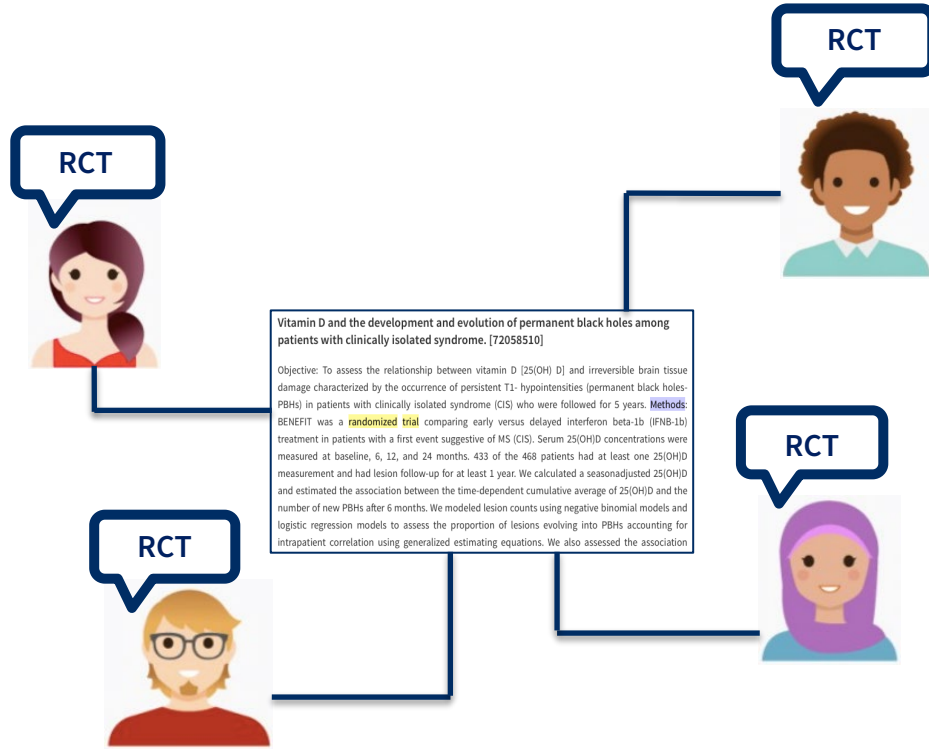
Cochrane Crowd



Each task is supported by brief,
interactive training

The training is made up of
practice records and commentary

This helps to ensure individual accuracy



No record is just looked at once. Most records need 4 agreements for it to either be deemed an RCT or not.

This helps to ensure collective accuracy

Cochrane Crowd: ‘microlearning’



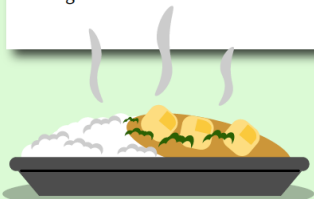
Bite-sized learning modules on topics relevant to evidence-based medicine

Microlearning: study designs

We often come across dramatic headlines in the news about new scientific breakthroughs.

Behind each headline is a study. But does the study and its findings justify the headline?

We can only begin to answer that question when armed with some knowledge about different study designs.



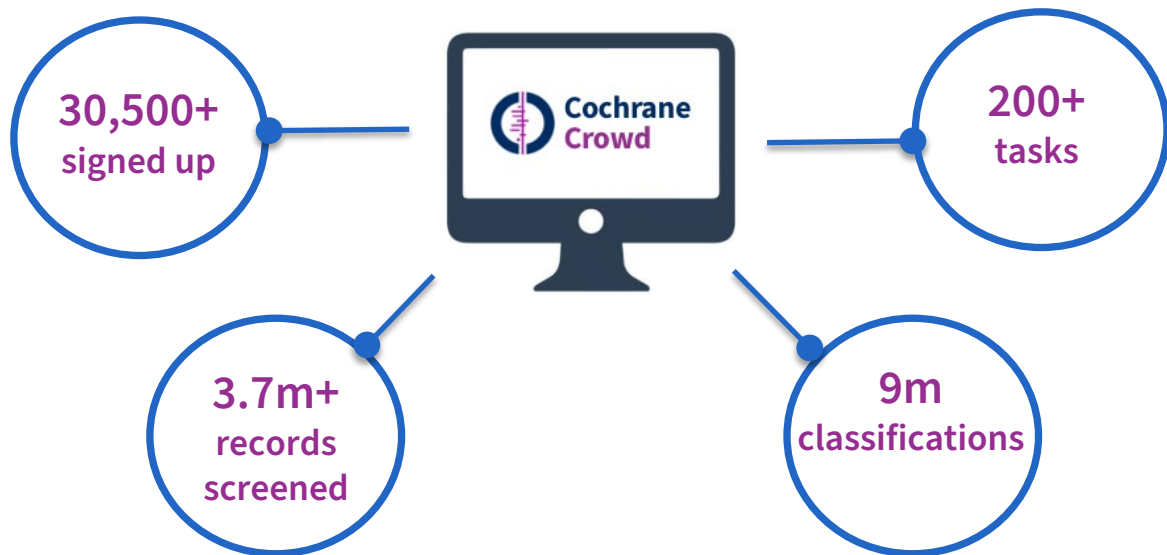
4

A confounding variable is...

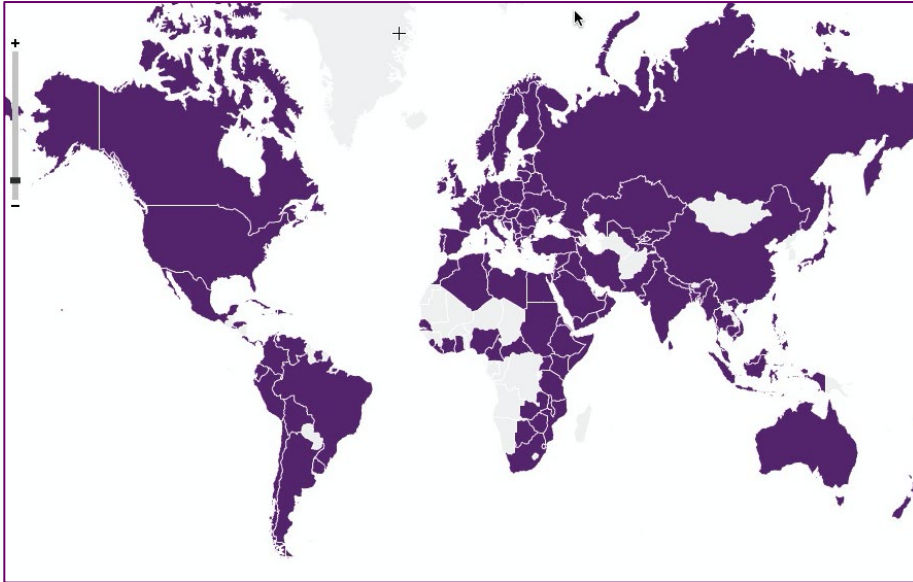
- A** a variable that the researchers deliberately tried to ignore that might affect the results of their study.
- B** a variable that the researchers didn't account for that might affect the results of their study.
- C** a variable that makes an observational study pointless.
- D** is when you expect sunshine and all you get is rain.



Cochrane Crowd



Crowd characteristics



- 179 countries
- 46% educated to post-graduate level
- 19% don't have a degree
- 24% completely new to health research
- 33% had no or little idea of SRs
- 20% involved in review production
- 41% student in health-related area
- 32% aged 17-24 years

Cochrane Crowd: motivations



Directly contributing to
evidence-based health care



Gaining new skills and
learning by doing



Rewarded: membership; named
acknowledgement in reviews; certificates
and badges

Cochrane Crowd: motivations



To help



To learn

Two main motivations stood out from our survey: to **learn** and to **help**

“Can I use Cochrane Crowd for my students?”



“Can I use Cochrane Crowd for my students?”

Yes, but...



Early experience

- Difficult to manage at a ‘group’ level
- Quality was tricky to monitor – didn’t make enough use of known records
- Limited content/tasks
- Not as fun as it could be





Cochrane

Classmate

<https://crowd.cochrane.org/classmate>



Introducing Classmate

An extension of Cochrane Crowd, that enables trainers, and others, to use the microtasks and microlearning, in thier own teaching environments*

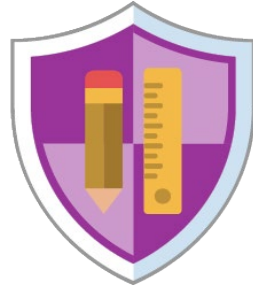
* It could be anyone who wants to manage a group doing Cochrane Crowd activities

How does it work?

microtasks



microlearning



pathways



Within Classmate, you can choose to set your students a **microtask**, or some **microlearning** or a **pathway**

How does it work?

Microtasks



RCT identification

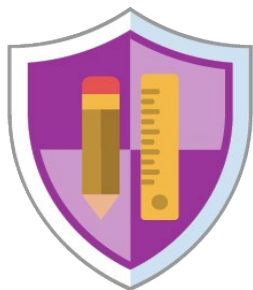
DTA identification

ICTRP ID

PICO Extract



How does it work:



Microlearning

Health Concepts

Study Designs

CONSORT

Health Equity



Pathways



Newcomer pathway

1**Key concepts**

Complete 7 mini-modules introducing you to what makes a fair experiment.

2**CT Identification**

Help find some randomised trials from ClinicalTrials.gov. Complete the training and screen 25 live records to unlock the next task.

3**Study design**

Complete a learning module all about different study designs.

4**CONSORT**

Complete a learning module about how studies should be reported.

5**RCT Identification**

Help find some randomised trials from biomedical sources. Complete the training and screen 100 live records to complete the Newcomer Pathway and receive a certificate of completion.

Student pathway

1**Key concepts**

Complete 7 mini-modules introducing you to what makes a fair experiment.

2**CT ID**

Help find some randomised trials from ClinicalTrials.gov. Complete the training and screen 25 live records to unlock the next task.

3**RCT ID**

Help find some randomised trials from biomedical sources. Complete the training and screen 100 live records to unlock the next two tasks.

4**Screen4Me**

Help find some randomised trials for a Cochrane review! Screen 250 or more records and get named acknowledgement.

5**Study design**

Complete a learning module all about different study designs.

6**PICO extraction**

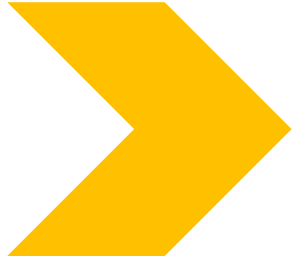
Learn about the PICO framework and help to extract the PICO from studies. PICO extract 10 records to unlock the next task.

7**CONSORT**

Complete a learning module about how studies should be reported.

You can choose one of our already set-up pathways, or create your own

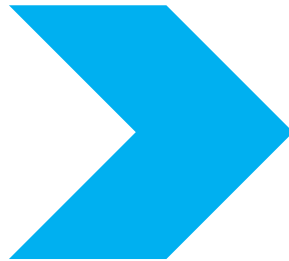
How does it work?



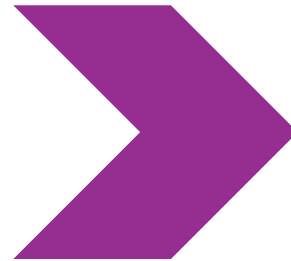
Go to
Classmate



Select
activity



Set
timings



Invite
people



Sit back and relax!



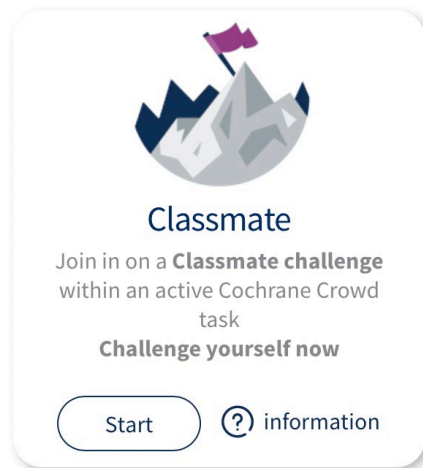
Demo time!



New features



Create your own
pathways



Easier navigation
for students

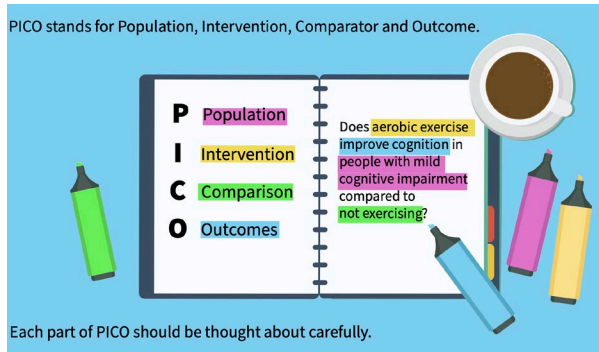


More reliable
progress tracking

New content



PICO stands for Population, Intervention, Comparator and Outcome.



P	Population	Does aerobic exercise
I	Intervention	improve cognition in
C	Comparator	people with mild
O	Outcomes	cognitive impairment
		compared to
		not exercising?

Each part of PICO should be thought about carefully.

Key steps in a
systematic review
June 2024



Where we are **born**, where we **live**, where we **learn**, where we **work**, where we **play**, where we **age** all have an impact on our health.

Introduction to
health equity
October 2023



Introduction to
misinformation
July 2024

Thank you

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