Learning by doing: Introducing Cochrane Classmate

Tuesday 09 April 2024

Webinar structure

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

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.

https://crowd.cochrane.org
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/bjopen/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 Vinci VR 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.
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.
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.

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

- 30,500+ signed up
- 200+ tasks
- 3.7m+ records screened
- 9m classifications
- 30,500+ signed up
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
Two main motivations stood out from our survey: to learn and to help.
“Can I use Cochrane Crowd for my students?”
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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
Introducing Classmate

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

* It could be anyone who wants to manage a group doing Cochrane Crowd activities
How does it work?

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

3. RCT ID
   Help find some randomized trials from biomedical sources. Complete the training and screen 100 live records to unlock the next task.

4. Screen4Me
   Help find some randomized 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?

1. Go to Classmate
2. Select activity
3. Set timings
4. Invite people
Sit back and relax!
Demo time!
New features

Create your own pathways

Easier navigation for students

More reliable progress tracking
New content

Key steps in a systematic review
June 2024

Introduction to health equity
October 2023

Introduction to misinformation
July 2024

PICO stands for Population, Intervention, Comparator and Outcome.

Each part of PICO should be thought about carefully.

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.

Does aerobic exercise improve cognition in people with mild cognitive impairment compared to not exercising?
Thank you
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