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2 Crowd  
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7 **Author names:**

8 1. Shivansh Pande  
9

10 **Degrees and Affiliations:**

11 First-year medical student, Maulana Azad Medical College, New Delhi-110002, India  
12

13 **ORCID (Open Researcher and Contributor Identifier):**

14 <https://orcid.org/0009-0009-2289-6913>  
15

16 **About the author:**

17 The author is a first-year MBBS student (Session 2025-26) at Maulana Azad Medical College, New Delhi,  
18 India, with a keen interest in biomedical research and evidence synthesis.  
19

20 **Corresponding author email:** [pande.shivansh07@gmail.com](mailto:pande.shivansh07@gmail.com)

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1 **ABSTRACT.**

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4 The following article describes my experience as a volunteer with Cochrane Crowd, which uses public support  
5 to identify Randomized Controlled Trials (RCTs) from records of published medical studies/protocols, which  
6 are then added to CENTRAL, the Cochrane Central Register of Controlled Trials. I completed Cochrane  
7 Crowd's student training pathway and participated in various tasks such as identifying randomized controlled  
8 trials (RCTs), which improved my understanding of evidence synthesis, and I believe this may be useful for  
9 other medical students.

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11 Identification and correct categorization of RCTs are essential steps for synthesizing evidence in the form of  
12 high-quality systematic reviews and meta-analyses of medical interventions. Thus, public volunteers play an  
13 important role here by directly aiding in the processes of evidence-based medicine. Medical students, in my  
14 opinion, are ideal volunteers for this task due to their greater background knowledge of medicine and research  
15 methodology. There are also various potential benefits, and greater awareness of this interesting opportunity  
16 may encourage more medical students to come forward and volunteer as 'citizen scientists'.  
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**Key Words:** Systematic Review, Cochrane Review, Cochrane Crowd, Crowdsourcing, Randomized  
Controlled Trial, Volunteer, Evidence-based medicine, Evidence synthesis, Citizen scientist

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# 1 THE EXPERIENCE.

## 2 Background

3 The following article describes my experience contributing to evidence synthesis in my first year of medical  
4 school, through the opportunities available via Cochrane Crowd and Engage. Evidence synthesis forms the  
5 backbone of evidence-based medicine, which is known to improve patient outcomes.<sup>1</sup> Systematic reviews and  
6 meta-analyses of randomized controlled clinical trials (RCTs) constitute the highest quality of medical evidence.<sup>1</sup>  
7 The Cochrane collaboration (established 1993), named after Archie Cochrane, a pioneer in evidence-based  
8 medicine, is the premier global organization credited with facilitating the publication of high-quality systematic  
9 reviews of medical interventions and tests, providing clinicians and patients the evidence they need to make  
10 vital healthcare decisions.<sup>2</sup> Cochrane Crowd is a web-based portal launched in 2016; it hosts small micro-tasks  
11 such as screening for RCTs and extracting Population-Intervention-Comparison-Outcome (PICO). Cochrane  
12 Engage, on the other hand, is a volunteer platform wherein people involved in biomedical research can offer  
13 their expertise to complete tasks posted by other members of the community. This includes acting as a patient  
14 or public reviewer for Cochrane protocols and reviews, translating plain text summaries of Cochrane reviews  
15 into vernacular languages and collaborating with other members for evidence synthesis.<sup>3,4,5</sup>

16 People from various fields and backgrounds can contribute towards furthering science by acting as 'citizen  
17 scientists'- helping in the extraction, analysis and interpretation of data.<sup>5</sup> Cochrane Crowd offers an opportunity  
18 to act as a citizen scientist, regardless of prior health research experience. This was a particularly appealing  
19 prospect for me, as I got a novel opportunity to gain exposure to the basics of evidence-based medicine, while  
20 contributing positively to the goal of evidence synthesis.<sup>5</sup>

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## 22 Personal Experiences

23 My experience with the Cochrane ecosystem began by signing up for a Cochrane account and navigating to  
24 the Crowd website. There, I had the opportunity to learn from small and easy-to-understand visual modules on  
25 key concepts in health research, study designs, introduction to CONSORT statement, etc. I followed the student  
26 module pathway and I found it clear and quite comprehensible as it was based on daily life examples. After  
27 completing basic training, I proceeded to the volunteer tasks. Before commencing each specific role, a small  
28 learning module was provided as an introduction to the task. Upon completing the necessary training, I  
29 performed various tasks such as screening for possible RCTs/quasi-RCTs from abstracts of published medical  
30 studies, extracting PICO from published RCTs, classifying records from Clinicaltrials.gov and International  
31 Clinical Trial Registry Platform (ICTRP), among many other interesting activities. The main task-classifying a  
32 study as an RCT required me to select whether the record described an RCT/qRCT based on its methodology  
33 or else reject it. There was also an option to skip the record if I was unsure of the study type. A ready reckoner  
34 mentioning all types of studies to be accepted- RCT, quasi-randomized study, follow-up data from a randomized  
35 controlled trial, cost-benefit analysis of an intervention studied previously in an RCT, etc., has been provided as  
36 a guide for volunteers, and I found myself referring to it quite often to avoid excluding any relevant study types.

1 Reading abstracts belonging to a plethora of subjects like immunology, genetics, oncology, hospital medicine,  
2 etc., was a fascinating experience. I distinctly remember reviewing two records about soleus exercises in  
3 diabetes and remote ischemic limb conditioning in stroke; they encouraged me to read further about these  
4 interventions.

5 A special task type worth mentioning here is the 'Screen4Me' tasks- volunteers get to screen records of possible  
6 RCTs/qRCTs for a specific systematic review/protocol, and upon completing more than 250 records, there is  
7 an incentive of getting a named acknowledgement in the review. Many other periodic tasks are also posted on  
8 the Crowd portal, and each one of them provides a dedicated training exercise to first explain the involved  
9 methodology in a meticulous and comprehensible manner. Regular global record screening challenges are  
10 organized on the website wherein collaborators from all over the world simultaneously screen a large number  
11 of studies. I tried some of these special activities too.

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15 Overall, I screened 693 records of research studies during the month of August 2025 on the Cochrane Crowd  
16 portal. Additionally, I contributed as a public reviewer for a Cochrane protocol to improve its readability from a  
17 patient perspective; I was selected for this task based on an application made on Cochrane Engage. I finally  
18 accumulated sufficient membership points to be admitted to Cochrane membership for an initial period of one  
19 year after volunteering for the above tasks. This conferred formal recognition of my efforts.

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## 22 **Strengths & Role of Crowdsourcing in Evidence Synthesis**

23 The studies/records classified as RCT by at least 4 different public reviewers become a part of the Cochrane  
24 Central Register for Controlled Trials (CENTRAL).<sup>3</sup> CENTRAL is vital to the evidence synthesis ecosystem as  
25 it acts as an extensive database of studies appropriate for inclusion in high-quality systematic and Cochrane  
26 reviews. In a study published by Noel-Storr et al<sup>3</sup> evaluating crowdsourcing for RCT screening using Cochrane  
27 Crowd, the sensitivity of using public volunteers for RCT screening (based on abstracts of published studies)  
28 was found to be 99.1 %. This statistic clearly indicates that this model is successful for RCT identification. In  
29 case of any inter-reviewer disagreement, the record is referred to the Cochrane Crowd team for professional  
30 review to ensure no RCT is excluded from CENTRAL.<sup>3</sup>

31 According to the same study<sup>3</sup>, the annual number of bibliographic records screened by Crowd volunteers was  
32 about 100,000 in 2020; Cochrane's machine learning based RCT classifier further screened 200,000 studies<sup>3</sup>,  
33 resulting in a huge number of around 300,000 records assessed in that calendar year. These statistics clearly

1 point to the vital role played by Crowd volunteers in ensuring that the large number of studies published each  
2 year are correctly classified as RCTs for their inclusion in CENTRAL. For perspective, it is imperative to note  
3 that around 1.5 million articles in biomedicine are published annually<sup>6</sup>; it is a humongous number. The  
4 crowdsourcing model has also been found to be effective for rapid screening of studies for identifying titles  
5 relevant to COVID-19 Cochrane rapid reviews, indicating its potential role in hastening evidence synthesis  
6 during public health emergencies.<sup>7</sup>

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## 1 **Benefits for Medical Students & Conclusions**

2 Many Cochrane Crowd volunteers are students in a health-related field, according to data published by the  
3 Cochrane Team.<sup>3</sup> This is probably because of their previous exposure and higher interest in reading a variety  
4 of medical studies. I myself believe from personal experience, that medical students in training are the ideal  
5 volunteers for Cochrane Crowd because of their better understanding of the medical literature and curiosity  
6 towards exploring new avenues in medicine. One can obtain nice certificates for completed tasks and collect  
7 membership points which culminate in eventual admission to a Cochrane membership. This is a big incentive  
8 for medical students as we get the dual benefit of learning something new and a pathway to prestigious  
9 Cochrane membership (upon screening >1000 records), which comes with advantages such as access to  
10 Cochrane learning materials and RevMan at a lower cost.<sup>8</sup> Ultimately, contributing to evidence-based  
11 medicine, along with gaining new experience, is quite satisfying. A contribution of even as little as 10 minutes  
12 daily for screening studies would help further the cause of evidence-based medicine. However, the personal  
13 experience on an individual level may vary based on time commitment and prior exposure to research. To  
14 conclude, I would urge more of my peers globally to explore this interesting opportunity and add to a  
15 cosmopolitan community of volunteers, all bound by the common goal of improving patient care through  
16 evidence synthesis.

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1 **REFERENCES.**

- 2
- 3 1. Tenny S, Varacallo MA. Evidence-Based medicine [Internet]. StatPearls - NCBI Bookshelf. 2024.
- 4 Available from: <https://www.ncbi.nlm.nih.gov/books/NBK470182/>
- 5 2. Cochrane. Our Story. Available from: <https://www.cochrane.org/about-us/our-story>. Last updated Jul
- 6 18, 2025. Cited Oct 03, 2025.
- 7
- 8 3. Noel-Storr A, Dooley G, Elliott J, Steele E, Shemilt I, Mavergames C, et al. An evaluation of Cochrane
- 9 Crowd found that crowdsourcing produced accurate results in identifying randomized trials. *Journal of*
- 10 *Clinical Epidemiology*. 2021;133:130–9.
- 11 4. Cochrane. What is Cochrane Engage?. Available from: [https://help.cochrane.org/kb/article/10-what-is-](https://help.cochrane.org/kb/article/10-what-is-cochrane-engage/)
- 12 [cochrane-engage/](https://help.cochrane.org/kb/article/10-what-is-cochrane-engage/). Last Updated Apr 30, 2024. Cited Oct 03, 2025.
- 13 5. Cochrane. Become a Cochrane Citizen Scientist. Available from: [https://www.cochrane.org/about-](https://www.cochrane.org/about-us/news/become-cochrane-citizen-scientist)
- 14 [us/news/become-cochrane-citizen-scientist](https://www.cochrane.org/about-us/news/become-cochrane-citizen-scientist). Last updated Oct 30, 2017, Cited Oct 03, 2025.
- 15 6. González-Márquez R, Schmidt L, Schmidt BM, Berens P, Kobak D. The landscape of biomedical
- 16 research. *Patterns*. 2024;5(6):100968.
- 17 7. Noel-Storr A, Gartlehner G, Dooley G, Persad E, Nussbaumer-Streit B. Crowdsourcing the identification
- 18 of studies for COVID-19-related Cochrane Rapid Reviews. *Res Synth Methods*. 2022;13(5):585-594.
- 19 8. Cochrane. Cochrane membership. Available from: [https://www.cochrane.org/get-involved/cochrane-](https://www.cochrane.org/get-involved/cochrane-membership)
- 20 [membership](https://www.cochrane.org/get-involved/cochrane-membership). Last updated Jun 17, 2025. Cited Oct 03, 2025.
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1 **FIGURES AND TABLES.**

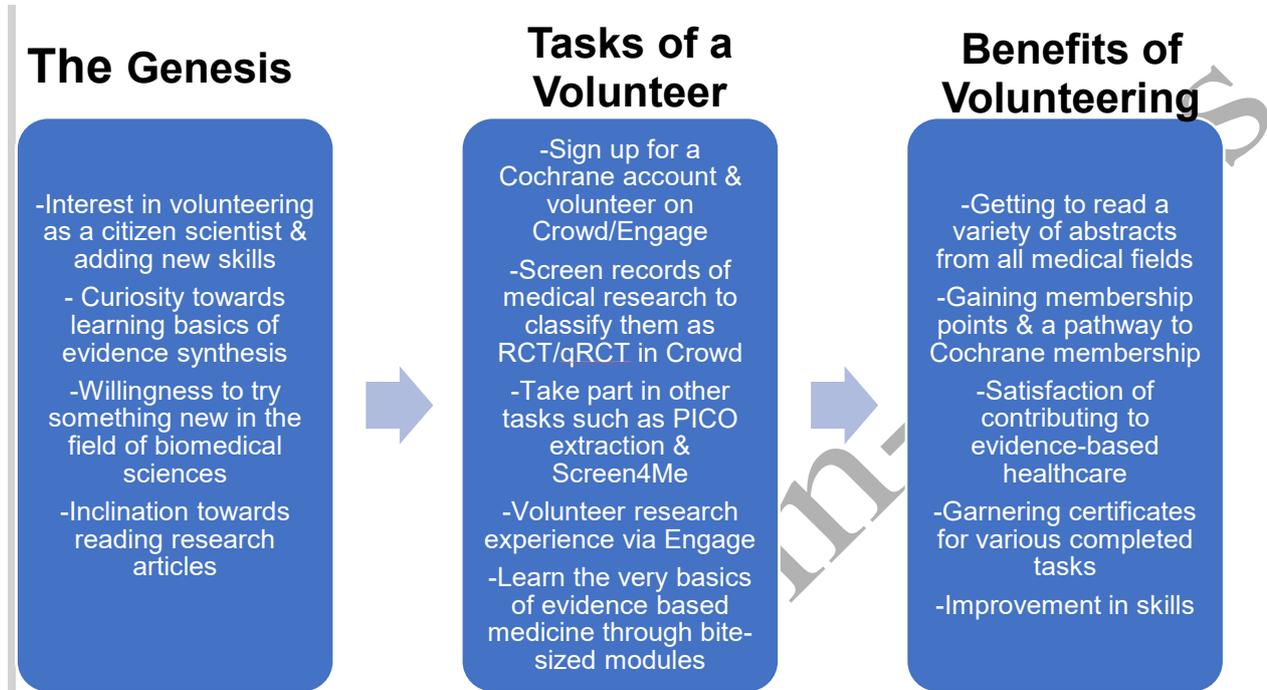
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5 **Figure 1.** Volunteering for various tasks on Cochrane Crowd and Engage: My Experience

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