Cochrane Governing Board Application | Amy Price

Brief Biography

Dr. Amy Price worked as a Neurocognitive Rehabilitation consultant and in International Missions before sustaining serious injury and years of rehabilitation. She emerged with a goal to build a bridge between research methods, research involvement and public engagement where the public is trained and empowered to be equal partners in health research. Amy's experience has shown her that shared knowledge, interdisciplinary collaboration, and evidence based research will shape and develop the future. She serves on multiple boards and charities including as a BMJ Research Fellow and as a member of the BMJ Patient Panel. For publications see Research Gate Profile

Questions from the Nominating Committee

Do you have experience or expertise in one or more of the published list of essential areas of expertise for members of the Cochrane Board?

Evidence-informed health care or policy

I have an MSc in Evidence Based Health Care and I am in the third year of my doctorate in this field at The University of Oxford. I blog for the Center for Evidence Based Medicine and I am a repeat guest lecturer in Oxford and other universities in multiple countries on critical appraisal, putting evidence into practice, research involvement clinical trials and user engagement in systematic reviews. The lectures range from doctoral level to members of the public and have covered a diverse span from bio-engineers to evidence-based health groups, philosophers, medical students, high school students and members of the public such as patients and carers.

Editorial policy and publishing

I am serving on the editorial committee as part of the patient partnership for the BMJ. This involves critical appraisal of papers that are peer reviewed and discussing their suitability for the journal. I have worked with multiple journals as a reviewer or associate editor and trained and mentored students from multiple cultures on how to get published.

Consumer engagement

I have worked with and consulted for multiple groups on how to get consumers involved in research and in self-management of health care. I have worked in consulting for user testing of consumer facing software for health literacy, clinical trials, apps, websites and for teaching purposes and online medical assisted care.

Systematic review conduct

I have taken courses on this and am now in the editorial process of a Cochrane review and I am working on three additional reviews plus people at Oxford and McMaster have invited me to be part of their teams.

Systematic review methodology

I have a keen interest in this area. Mike Clarke and Amanda Burls and Su May Liew are my doctoral supervisors and all have them have written and taught on Systematic Review Methodology and producing Health technology assessments and Cochrane reviews. I can keep up with the discussions and at the same time could be a good sounding board for what explanations might make the most sense to a student or early career researcher or clinician interested in research.

Knowledge translation and communication

This is an area where I am consistently invited to contribute as it is crucial to communicate across cultures and levels of knowledge. Information that is not translated into practice is just noise without notes. Knowledge translation also requires building relationships, moving

beyond barriers and building bridges. I worked with the Open University on their Disability platform, their choices for multimedia tools for neuroscience and the transition to Open Learn. I worked with Oxford University to make the library and training more accessible to distance and part time students and to increase the practical use of online training and communication tools.

• Financial management in the not-for-profit sector

No relevant experience in health sectors, mostly charities and disaster relief.

Organizational governance

I have successfully worked long-term on boards as an executive, committee member, trustee or worker in the trenches and in this I, have observed that simple things like respecting those making decisions and being a problem solver when things do not work as expected is more relevant than being right.

How have you contributed to Cochrane's work during your time as a member?

I have worked with Task Exchange, revised the Cochrane Wikipedia page as a Wikipedian, used Cochrane reviews to update Wikipedia medical pages that are printed in multiple languages and made available to those in low resource nations. I worked as a volunteer on Embase and predecessor app for classifying RCTs by consumers and I found other user testers. I work as a volunteer with Evidence Aid, occasionally blog for Students for Best Evidence, give feedback on education modules, websites like Evidently Cochrane, worked on Systematic Reviews, helped other edit their reviews, given feedback for Systematic review apps Rayyan, Eppi Reviewer and Covidence. I have sought to include new authors particularly those who are from developing countries where there has been limited exposure to Cochrane work. It is my belief that the active learning and sense of personal contribution while working as a team on a Cochrane review, can be one way to get others interested in evidence informed research over a life time.

What experience to you have in leadership and governance roles within Cochrane and in other relevant contexts?

None, I have not had or applied for a leadership role within Cochrane.

Can you provide examples of successful leadership?

I have successfully run other organisations, brokered change to help people at international levels and mentored others to be leaders. I have won citizen of the year awards, honorary doctorates and have had the joy of making change work for others. I serve on the boards of ContEd and Evidence Based Healthcare at Oxford University, I am a student consultant for the university library, I serve as the student rep to the Doctoral students for multiple years. I am a research fellow at BMJ. They ascribe positive changes in patient partnership to my work with them in that area and in internal BMJ research. BMJ have awarded me Best BMJ Patient Reviewer 2016 and they have invited me to serve a judge on the panel for best paper of the year for two consecutive years. I have served with Mental health and community service organisations across three countries and have seen substantial changes in quality of life for this population.

What do you think would make you an effective member of the Board?

I have worked with others from multiple cultures and backgrounds. I would make this commitment a priority. I have the benefit of the latest university learning tempered with the experience of a lifetime where I have always endeavored to support and mentor others. Relationships are important to me and I have friends I have retained since childhood. I can find a way to work with almost anyone whether I agree with them or not and I find ways to support the best that is in them. I am flexible, adventurous and not afraid of change but I am sensitive to other people's feelings and try to see things through their vision. I work hard, I am dependable and don't promise what I can't produce. I always have time for people and I like to see them and organisations they care about reaching their full potential. I have successfully worked to advocate for those with disabilities for education, support and access.

How do you see Cochrane developing or changing in the future (i.e. what is your 'vision'), and why?

My greatest vision is to build bridges between methods and research involvement in all sectors. This is more than a dream or concept, to last it will need to be sustainable and self-supporting. I see Cochrane as reaching into technology for inclusion, training people so that in all nations we are one voice with many expressions reaching our worlds with evidence informed choices.

What do you see as the most important issues to be addressed by the Board during your term of office?

I would first listen to those at the coal face and those with experience to know what has gone before in terms of best practice. I personally would welcome more outreach into other nations, use technology and the power of the crowd to free up resources and to build engagement. I would want to see Cochrane get into schools and be a part of family healthcare as people will more and more self-manage health. Great methodology to become widespread and used as a weapon to reduce bad science and research waste. Dissemination could be increased using multiple formats such as infographics, summaries, Social media talks, and interactive living systematic reviews. I hope for reviews to be shared in more languages and ways so they are accessible. It would be excellent to grow in knowledge of data mining and how this could be used to dynamically update guidelines, reviews, WHO and CDC guidance.

For individuals seeking re-election, how have you contributed to the Board during your previous term of office?

Not applicable

Is there anything else you would like to say in support of your nomination?

This would be an ideal time in my life to contribute and I believe the benefits would be mutual. I am deeply thankful for the encouragement of those including my nominators who urged me to apply. Thank you for considering my application, I would be honored to serve in this capacity.

Conflict of Interest Statement

Financial interests

a) Received research funding: any grant, contract or gift, commissioned research, or fellowship from The Cochrane Collaboration or a related organisation (i.e. any organisation related to health care or medical research) to conduct research? No
b) Had paid consultancies: any paid work, consulting fees (in cash or kind) from a related organisation? No
c) Received honoraria: one-time payments (in cash or kind) from a related organisation?
d) Served as a director, officer, partner, trustee, employee or held a position of management with a related organisation? No
e) Possessed share-holdings, stock, stock options, equity with a related organisation (excludes mutual funds or similar arrangements where the individual has no control over the selection of the shares)? No
f) Received personal gifts from a related organisation? No
g) Had an outstanding loan with a related organisation? No
h) Received royalty payments from a related organisation? No

2. Do you have any other competing interests that could pose a conflict of interest that would reasonably appear to be related to the primary interest?

No, I have no competing interests to declare.

Nominations

Nomination #1: Professor Mike Clarke

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Dear Amy,
Thanks for your email (below). I am happy to nominate you for the Cochrane Board. I hope
that this will suffice as my letter of nomination.
Best wishes,
Mike
Mike Clarke
Co-coordinating Editor, Cochrane Methodology Review Group
m.clarke@qub.ac.uk
From: Dr Amy Price [dr.amyprice@gmail.com]
Sent: 01 December 2016 05:18
To: Mike Clarke
Subject: Cochrane & Amy
Dear Mike,
Would you feel comfortable recommending me for this position with Cochrane
http://community.cochrane.org/news/call-nominations-cochrane-governing-board-
members http://community.cochrane.org/organizational-info/people/board/elections
I would need a letter from you for Cochrane.
"Letters from two members eligible to vote in this election nominating the candidate for
the position of Board member".
Thank you for your consideration,
Best,
Amy
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Nomination #2: Professor Zbys Fedorowicz



Dr. Zbys Fedorowicz PhD, MSC DPH, BDS LDS RCS (Eng.)
Box 25438
Awali

BAHRAIN

2nd December 2016

Dear Colleague

I wish to nominate Dr. Amy Price to the post of Member of the Cochrane Board. I would be happy to provide a professional recommendation if required.

Yours faithfully

Zbys Fedorowicz

Director Cochrane BAHRAIN

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