I came to Oxford following rehabilitation from a serious trauma and after a lifetime in International missions. I could no longer do what I did before and it was time to recreate my destiny. My background was in world missions and psychology. I had no training in how to assess research evidence or Bad Science. I knew nothing about evidence but that was about to change.

Where Do I Go From Here?

“Life may not be the party we hoped for, but while we are here we might as well dance.”
(Author Unknown, from Dear Bertha)

I was struggling to understand and reconcile research and medicine that claimed to supply breakthroughs for those without options, many groups shared inflated safety results and came to extravagant conclusions with methods that could not deliver what the papers promised. I saw how non-FDA approved interventions can bring harm to vulnerable people. I wanted to help and not harm.
Anchored By Evidence

“The job of the human being [in the digital age] is to become skilled at locating relevant valid data for their needs. In the sphere of medicine, the required skill is to be able to relate the knowledge generated by the study of groups of patients or populations to that lonely and anxious individual who has come to seek help” (Sir Muir Gray, 2001)

I searched. On the CEBM website I found a series of articles on the How to Read a Paper series by Professor Trish Greenhalgh and this helped clarify my direction. What really sold me were the wonderful mind changing podcasts Interpreting Results-Stats in Small Doses by Professor Amanda Burls and The Information Revolution by Sir Muir Grey. I wanted more so that I could never again be used as a gateway for junk science. I applied to Oxford for the Evidence Based Healthcare Programme and I was accepted.

Learning Through Teaching

From the first week of the first module in Evidence Based Health Care I found ways to share my new knowledge. I helped clinicians and the public find research and interpret the results. As I learned, I taught others about critical appraisal, numbers needed to treat, the differences between incidence and prevalence and how to read the headlines. Helping others like my neighbors and colleagues with informed shared decision making became a daily event. I enjoyed my time as a Masters student at Oxford and made friends I will treasure for a lifetime.

I am privileged to attend Oxford as a DPHIL student at Kellogg College reading Evidence Based Healthcare after successfully completing the MSc. It was not easy but it was important. Some things are worth fighting past the barriers of our limitations.
Beyond the Barriers

“What lies behind us and what lies before us are small matters compared to what lies within us. And when we bring what is within us out into the world, miracles happen.” (Henry Stanley Haskins)

My Evidence Based Healthcare DPHIL project is PLOT-IT Public Led Online Trials-Infrastructure and Tools. The plan is to involve the public in multiple aspects of clinical trials from prioritizing research questions to giving feedback about trial design. This serves a double purpose where the public can learn about research in an interactive way while we can research the interface between interaction and methodology to guide the development of best practice for online trials. The Question: Online trials. What Works? We welcome collaboration.