



## Governing Board Elected Member Candidate Statement

The Candidate Statement, your photograph and names of your nominators will be published on the Cochrane websites during the elections process.

Please submit this Elected Member Candidate Statement in Word format by **Friday 24 November 2023**. It should be shared beforehand with your two nominators.

Family name (surname):	Einav
First name(s):	Sharon
Today's date:	Nov 17 <sup>th</sup> 2023
Are you a current member of the Governing Board standing for re-election?	No

### Questions 1-4: General experience and motivation

1. What experience do you have of serving as a trustee, member of a governing board, board of directors, management group or similar? (maximum 200 words).

In my hospital I directed the surgical intensive care unit (2012-2023), chaired the blood bank committee (2008-2022) and the resuscitation committee (2011-2022). Countrywide - I lead the writing of national resuscitation guidelines and assisted in planning the first national simulation center programs, and procurement for medical disasters.

In the European Society of Anesthesia I was a member of the scientific committee; 20 people who plan the annual program content, structure and speakers to best develop the society and educate the next generation. As chair of the intensive care subcommittee I also established a cross-specialty working relation with ESICM.

In the European Society of Intensive Care I chaired the Systematic Review Group. With the society board and chair of the scientific committee I initiated, guided and participated in several society research and innovation projects (a mentorship program, the equity statement, several guidelines, a research pathway and more).

In both of these societies, and with the American Society of Anesthesiology, I led and participated in the creation of numerous society guidelines.

In my role as chief medical officer in a high-tech company I regularly plan for and participate in meetings with the board of directors.

## 2. How have you contributed to Cochrane's work?

(maximum 200 words)

I have been a member of Cochrane EC and CARG since March 2020.

During this period:

1. I have reviewed and discussed multiple proposals put forward to the group.
2. I actively supported collaboration between ESICM and Cochrane EC when I served as the chair of the European Society of Intensive Care systematic review scientific group.
3. I have participated in face-to-face meetings intended to broaden the contribution of our group to Cochrane and plan towards developing the workgroup into a broader thematic group.
4. I have mediated an agreement with the American Society of Anesthesiologists for Cochrane work on their perioperative cardiac arrest guidelines. In this process I contributed towards finalizing the details of the contract and planning the work and at this time I am still participating in the oversight and review of the work.
5. I have put forward several suggestions for the sustainable development goals for the EC and CARG.
6. I have suggested several ideas related to methods of work on predictive modelling and large language models.
7. I am involved in the Future Cochrane developments as a member of the CARG and EC editorial board

3. Trustees are required to act only in the best interest of the charity and make decision collectively. Members of the Governing Board take a collaborative approach to decision-making and must set aside personal opinions and group affiliations. Please describe how you would fulfil this obligation, using examples.

1. Select a facilitator who is well informed on the topic and has good communication and organizing skills.
2. Clearly define the aim and need being discussed( what decision exactly needs to be taken).
3. Collect relevant information – data (e.g. financial, timeframes etc), relevant policies and standard operating procedures, possible challenges and conflicts of interest. Ideally this should be done before the first meeting on the topic but sometimes happens after.
4. Clarify and align what the board members would consider a “good outcome” of the decision.
5. Create together a list of possible ways to achieve the best outcome/s agreed upon. This requires brainstorming.
6. Discuss each possible way forward in terms of practicality, advantages and disadvantages (e.g. ease of implementation, timeframe, cost). At this stage the facilitator may list the pros and cons for each option.
7. Conduct a vote trying to achieve as much agreement as possible (open or closed depending on the situation) Also select a plan B.
8. After the decision discuss the practicalities (i.e. list the tasks and priorities, who will be allocated to what, what are the available resources and deadlines).

We use this method for the guidelines and to make decisions in ESA, ESICM and the ASA.

**4. What skills, experience and qualities do you have to enable you to serve as an effective member of the Cochrane Governing Board?  
(maximum 200 words)**

I believe I have a unique 360° view of the current market and its potential based on my prior training and experience which include: degrees in both medicine and clinical epidemiology, > 30 years of clinical experience and expertise, research experience (including with meta-analyses and other forms) which has culminated in >300 academic publications, construction of a variety of team collaborations, leadership roles within several European and American medical organizations, editorial roles in several leading medical journals, and a role as the chief medical officer of a high-tech company with its accompanying marketing and financial aspects. Having lived in several countries and being an active international researcher, serves the interest of collaboration and the global perspective on public health. I also am well aware of some of the current

challenges Cochrane is facing. However, no less importantly, I have seen firsthand and therefore truly believe, that the Cochrane concept and products are of the highest importance for many communities specifically because of the need for trusted health evidence. This experience and understanding will enable me to assist in moving the organization forward with the times while continuing to uphold the highest of standards.

## Specific Skills

These are the essential skills, knowledge and experience that the Board needs from its members collectively. We do not expect any single Governing Board member to have all the skills and experience listed below.

The Governing Board is committed to improving the organizations' approach to equity, diversity and inclusion. It recognises that having members with a broad mix of skills and knowledge as well as a range of perspectives and lived experiences will help the Board to be innovative, flexible, better able to adapt to a changing environment and address future challenges.

Desired skills and experience for this election:	Which means to you can:	Do you have skills and experience in this area? [YES/NO]	If YES, please provide an example:
<b>Leadership of global and/or complex organizations</b>	Develop and evaluate organizational strategy, lead multicultural teams and engage diverse groups of stakeholders	Yes	I chaired the systematic review group of the European Society of Intensive Care for 3 years. The group is comprised of a multinational group of clinicians who determine research focus topics and prioritize funding. I am a member of the data review board of the American Society of Anesthesiologists for more than 8 years. This group reviews proposed projects and determine whether they are doable, appropriate and relevant to the society
<b>Making organizations more diverse and equitable</b>	Guide equity, diversity and inclusion assessments and target-setting or provide lived experience of addressing issues of inequality	Yes	I was a member of the group that established the European Society of Intensive Care agenda for gender equality. We wrote and published the society statement, planned the targets and suggested measuring tools.
<b>Organizational change management</b>	Articulate and guide organizational change, and motivate people to support change	Yes	Within EC and CARG I have supported and encouraged others to support transition to a thematic group. Within the European Society of Anesthesiologists when I chaired the Intensive Care Subcommittee I suggested and pushed for changes to the structure of the annual meeting and these changes were accepted.
<b>Fundraising and business development</b>	Develop and implement opportunities for income generation, build organizational relationships and connections, access donor and partner networks	Yes	I currently work part time for a high-tech company and regularly participate in meetings with venture -capital. Within Cochrane I identified the opportunity and brought in an agreement for collaboration (with payment) with the American Society of Anesthesiologists.

<b>Advocacy</b>	<p>Act as an ambassador for an organization, influence and strengthen the commitment of public leaders or decision-makers to a cause, secure community support</p>	<p>Yes</p>	<ol style="list-style-type: none"> <li>1. As chair of the Intensive Care subcommittee in the European Society of Anesthesiology, I, together with two other members in the society who are of my nationality, managed to bring the annual meeting to my country for the first time in 25 years.</li> <li>2. For 2 years I was the national representative of my country in the European Society of Intensive Care. In this capacity I was the advocate of the European society to the members of my national society and vice versa. During this time I managed to significantly increase the academic and educational collaboration between the two groups.</li> </ol>
<b>Public relations and communications</b>	<p>Build organizational brand and profile online and in person, lead crisis management, design effective external and internal communications processes</p>	<p>Yes</p>	<ol style="list-style-type: none"> <li>1. In terms of branding and profile - I established our national society of resuscitation and organized the first two meetings of the society. In my high-tech role I have also been involved in planning the website, some of the PR and branding and planning the workflow</li> <li>2. In terms of crisis management – I have been a member of the disaster management group in the American Society of Chest Physicians since 2012. During COVID I not only worked in the frontline in the first three waves but was also very much involved in decision making.</li> </ol>
<b>Financial management and accounting</b>	<p>Oversee an organization’s fiduciary, risk and audit duties, lead financial and investment planning</p>	<p>Partial</p>	<p>Finance management – for the Israeli Society of Resuscitation.  Financial and investment planning – within grants and in my current role in a high tech company.  Risk and audit duties – less.</p>
<b>Digital product development</b>	<p>Guide user-centred design, development and delivery of new digital products, understand informatics and structured data</p>	<p>Partial</p>	<p>Design – not so much.</p>

			Development of digital products - In my high tech role we are currently researching large language models and working on development of an AI. I have a MSc in clinical epidemiology which would not be important unto itself but this opened the door to my work with data. Work with informatics and data – constitutes about 50% of my daily work nowadays.
<b>Publishing and Open Access</b>	Guide others through the complexities and opportunities for organizations in achieving Open Access to content and data	Yes	I am currently on the editorial board of 6 medical journals and have lectured on the topic of open access and open data.
<b>Evidence synthesis and evidence-based decision-making</b>	Understand Cochrane’s core business holistically	Yes	I have authored several systematic reviews and metaanalyses. I have registered studies, performed the slection and extraction process and worked with the softwares (Covidence, RevMan, RobVis etc.)

**5. Any other information you would like to add to support your nomination (maximum 200 words)?**

## Declarations:

To be eligible to stand for election, candidates must confirm the following by putting a 'tick' (✓) or their initials in the boxes below:

### I hereby confirm that I:

1. Have accepted the <a href="#">Terms and Conditions of Cochrane Membership</a> and have been a Cochrane Member for at least 30 days prior to the close of voting in this election	✓
2. Have read the following guidance from the Charity Commission <a href="#">The essential trustee: what you need to know, what you need to do</a>	✓
3. Accept the <a href="#">Governing Board Charter</a>	✓
4. Accept and will adhere to the <a href="#">Code of Conduct for Trustees</a>	✓
5. Have completed the Cochrane 'Declaration of Interest' Statement (Annex 1 of this document)	✓
6. Have completed the 'Trustee Eligibility Declaration' required by the <a href="#">UK Charity Commission for all Trustees</a> (Annex 2 of this document)	✓
<b>NAME: Sharon Einav</b>	
<b>DATE: 17 November 2023</b>	



# Annex 1: Cochrane Declaration of Interest Statement

Candidates must make a declaration of conflict of interest, including financial or non-financial relationships with other organizations, professional relationships to other members of the Board, and other Boards she/he may sit on. In writing this statement, candidates should refer to Cochrane’s [conflict of interest policy](#) (for Cochrane Groups) and the [declarations of existing members of the Board](#).

Please answer the following questions:

<b>1. Financial interests</b>  <b>In the last three years, have you:</b>	<b>YES/NO (If YES, please provide details)</b>
a) Received funding: any grant, contract or gift, commissioned research, or fellowship from Cochrane or a related organization (i.e., any organization 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 organization?	No
c) Received honoraria: one-time payments (in cash or kind) from a related organization?	No
d) Served as a director, officer, partner, trustee, employee or held a position of management with a related organization?	Yes - I am the chief medical officer for a high tech company called Medint. We are developing a large language model AI.
e) Possessed shareholdings, stock, stock options, equity with a related organization (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 organization?	No
g) Had an outstanding loan with a related organization?	No
h) Received royalty payments from a related organization?	No
<b>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?</b>	I am on the editorial board of several medical journals. I do not believe there is a COI but feel it must be reported.  I also have 3 patents on a capnography device. Also no real COI here.

## Annex 2: Trustee Eligibility Declaration

As required by the [UK Charity Commission](#)

Please tick or initial in the boxes below to confirm the following:

I declare that I:

Am willing to act as a trustee of The Cochrane Collaboration	√
Understand Cochrane's purposes (objects) and rules set out in its <a href="#">Articles of Association</a>	√
Am not prevented from acting as a trustee because I: <ul style="list-style-type: none"><li>• Have an unspent conviction for one or more of the offences <a href="#">listed here</a></li><li>• Have an Individual Voluntary Arrangement, debt relief order and/or a bankruptcy order</li><li>• Have been removed as a trustee in England, Scotland or Wales (by the Charity Commission or Office of the Scottish Charity Regulator)</li><li>• Have been removed from being in the management or control of any organization in Scotland (under relevant legislation)</li><li>• Have been disqualified by the Charity Commission</li><li>• Am a disqualified company director</li><li>• Am a designated person for the purposes of anti-terrorism legislation</li><li>• Am on the sex offenders register or equivalent in any country</li><li>• Have been found in contempt of court for making (or causing to be made) a false statement</li><li>• Have been found guilty of disobedience to an order or direction of the Charity Commission</li></ul>	√
Will provide true, complete and correct information to the Charity Commission if elected as a Board member	√
Understand that it's an offence under section 60(1)(b) of the Charities Act 2011 (United Kingdom) to knowingly or recklessly provide false or misleading information	√
Comply with my responsibilities as a trustee that are set out in the <a href="#">Charity Commission guidance 'The essential trustee (CC3)'</a>	√

