

Guidance for Reporting Involvement of Patients and the Public (GRIPP2)

<https://www.equator-network.org/reporting-guidelines/gripp2-reporting-checklists-tools-to-improve-reporting-of-patient-and-public-involvement-in-research/>

Section and topic	Page number(s)
Aim Report the aim of PPI in the study	6
Methods Provide a clear description of the methods used for PPI in the study	9
Study results Outcomes - Report the results of PPI in the study, including both positive and negative outcomes	17–18
Discussion and conclusions Outcomes - Comment on the extent to which PPI influenced the study conclusions overall. Describe positive and negative effects	17–18
Reflections/critical perspectives Comment critically on the study, reflecting on the things that went well and those that did not, so others can learn from this experience	17–18

Abbreviations: PPI: patient and public involvement.

Reference

Staniszewska S, Brett J, Simera I, et al. GRIPP2 reporting checklists: tools to improve reporting of patient and public involvement in research. *BMJ*. 2017;358:j3453. doi:10.1136/bmj.j3453

Standards for Reporting Qualitative Research (SRQR)

<http://www.equator-network.org/reporting-guidelines/srqr/>

Title and abstract

Page number(s)

Title - Concise description of the nature and topic of the study Identifying the study as qualitative or indicating the approach (e.g., ethnography, grounded theory) or data collection methods (e.g., interview, focus group) is recommended	1
Abstract - Summary of key elements of the study using the abstract format of the intended publication; typically includes background, purpose, methods, results, and conclusions	3

Introduction

Problem formulation - Description and significance of the problem/phenomenon studied; review of relevant theory and empirical work; problem statement	5
Purpose or research question - Purpose of the study and specific objectives or questions	5–6

Methods

Qualitative approach and research paradigm - Qualitative approach (e.g., ethnography, grounded theory, case study, phenomenology, narrative research) and guiding theory if appropriate; identifying the research paradigm (e.g., postpositivist, constructivist/ interpretivist) is also recommended; rationale*	6
Researcher characteristics and reflexivity - Researchers' characteristics that may influence the research, including personal attributes, qualifications/experience, relationship with participants, assumptions, and/or presuppositions; potential or actual interaction between researchers' characteristics and the research questions, approach, methods, results, and/or transferability	7, 9, 10
Context - Setting/site and salient contextual factors; rationale*	7
Sampling strategy - How and why research participants, documents, or events were selected; criteria for deciding when no further sampling was necessary (e.g., sampling saturation); rationale*	7
Ethical issues pertaining to human subjects - Documentation of approval by an appropriate ethics review board and participant consent, or explanation for lack thereof; other confidentiality and data security issues	6
Data collection methods - Types of data collected; details of data collection procedures including (as appropriate) start and stop dates of data collection and analysis, iterative process, triangulation of sources/methods, and modification of procedures in response to evolving study findings; rationale*	7–10
Data collection instruments and technologies - Description of instruments (e.g., interview guides, questionnaires) and devices (e.g., audio recorders) used for data collection; if/how the instrument(s) changed over the course of the study	7–10
Units of study - Number and relevant characteristics of participants, documents, or events included in the study; level of participation (could be reported in results)	10
Data processing - Methods for processing data prior to and during analysis, including transcription, data entry, data management and security, verification of data integrity, data coding, and anonymization/de-identification of excerpts	9–10

Data analysis - Process by which inferences, themes, etc., were identified and developed, including the researchers involved in data analysis; usually references a specific paradigm or approach; rationale*	9–10
Techniques to enhance trustworthiness - Techniques to enhance trustworthiness and credibility of data analysis (e.g., member checking, audit trail, triangulation); rationale*	9–10

Results/findings

Synthesis and interpretation - Main findings (e.g., interpretations, inferences, and themes); might include development of a theory or model, or integration with prior research or theory	10–14
Links to empirical data - Evidence (e.g., quotes, field notes, text excerpts, photographs) to substantiate analytic findings	10–14

Discussion

Integration with prior work, implications, transferability, and contribution(s) to the field - Short summary of main findings; explanation of how findings and conclusions connect to, support, elaborate on, or challenge conclusions of earlier scholarship; discussion of scope of application/generalizability; identification of unique contribution(s) to scholarship in a discipline or field	14–17
Limitations - Trustworthiness and limitations of findings	17

Other

Conflicts of interest - Potential sources of influence or perceived influence on study conduct and conclusions; how these were managed	2
Funding - Sources of funding and other support; role of funders in data collection, interpretation, and reporting	1–2

* The rationale should briefly discuss the justification for choosing that theory, approach, method, or technique rather than other options available, the assumptions and limitations implicit in those choices, and how those choices influence study conclusions and transferability. As appropriate, the rationale for several items might be discussed together.

Reference

O'Brien BC, Harris IB, Beckman TJ, Reed DA, Cook DA. Standards for reporting qualitative research: a synthesis of recommendations. *Academic Medicine*. 2014;89(9):1245-1251. doi:10.1097/ACM.0000000000000388