Data collection form Appreciative Inquiry

GENERAL INFORMATION	
Date of Extraction	
Who Extracting	
Title	
Author	
Journal	
Publication Year	
Citation	

INCLUSION/EXCULSION	
Who participating in AI? (if no HCW's EXCLUDE)	
Is an action cycle implemented or evaluated? (If No –EXCLUDE)	
Is there a clear description of the intervention?(if no – is it referenced elsewhere? If NO – EXCLUDE)	

BACKGROUND	
Setting for AI:	
Who involved in AI:	
Number of people involved in AI:	
Indication of proportion of group involved in intervention (ie if there are 100 possible participants are all involved):	
Who initiated AI (e.g. management, staff, pure research)	
Are there any groups clearly supportive of AI (e.g. staff, management)	
The defined methodology of the study (e.g. before and after, observational, qualitative etc.)	
Any Trigger for AI	

THEORY OF CHANGE	
Is a theory of change for the AI Documented?	
Diagram/description of theory of change:	
Was the theory of change updated following the intervention?	
If updated how was it changed?	

Hypothesis	
Is a hypothesis Documented?	
What is the hypothesis?	

Aim	
Are aims/objectives Documented?	
What is the what is it?	

DESCRIPTION OF IMPLEMENTATION OF AI	
Was AI implemented in it's usual 4/5 steps? (Explain)	
How was AI adapted to the setting?	
If yes describe each step below:	
Defining the Inquiry	
Discover:	
Dream:	
Design:	
Destiny:	
Any other information about the implementation of the intervention e.g. did people continue activities beyond just in any set meetings:	
How was the process documented?	

CONTEXT	
Description of any documented contextual factors:	

How were these factors collected/documented?	

MECHANISM OF CHANGE	
Did the authors propose any mechanisms through which any changes may have been brought about?	

OUTCOME MEASURES: List each outcome measure and describe how it was measured and it's result	
Outcome Measure	Result

WHOM DID THE INTERVENTION IMPACT UPON: List any group whom the intervention impacted upon and the documented effects.	
Group	Documented effects

SHORT TEXTUAL DESCRIPTION OF THE STUDY:

Quality (please delete as appropriate):

CONSORT (RCT):

Section/Topic	No	Checklist item	included
Title and abstract			
	1a	Identification as a randomised trial in the title	
	1b	Structured summary of trial design, methods, results, and conclusions (for specific guidance see CONSORT for abstracts)	
Introduction			
Background and objectives	2a	Scientific background and explanation of rationale	
	2b	Specific objectives or hypotheses	
Methods			
Trial design	3a	Description of trial design (such as parallel, factorial) including allocation ratio	
	3b	Important changes to methods after trial commencement (such as eligibility criteria), with reasons	
Participants	4a	Eligibility criteria for participants	
	4b	Settings and locations where the data were collected	
Interventions	5	The interventions for each group with sufficient details to allow replication, including how and when they were actually administered	
Outcomes	6a	Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed	
	6b	Any changes to trial outcomes after the trial commenced, with reasons	
Sample size	7a	How sample size was determined	
	7b	When applicable, explanation of any interim analyses and stopping guidelines	
Randomisation:			
Sequence generation	8a	Method used to generate the random allocation sequence	
	8b	Type of randomisation; details of any restriction (such as blocking and block size)	
Allocation concealment mechanism	9	Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned	
Implementation	10	Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions	
Blinding	11a	If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how	
	11b	If relevant, description of the similarity of interventions	
Statistical methods	12a	Statistical methods used to compare groups for primary and secondary outcomes	
	12b	Methods for additional analyses, such as subgroup analyses and adjusted analyses	
Results			
	13a	For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome	

Participant flow (a diagram is strongly recommended)	13b	For each group, losses and exclusions after randomisation, together with reasons	
Recruitment	14a	Dates defining the periods of recruitment and follow-up	
	14b	Why the trial ended or was stopped	
Baseline data	15	A table showing baseline demographic and clinical characteristics for each group	
Numbers analysed	16	For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups	
Outcomes and estimation	17a	For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)	
	17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended	
Ancillary analyses	18	Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory	
Harms	19	All important harms or unintended effects in each group (for specific guidance see CONSORT for harms)	
Discussion			
Limitations	20	Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses	
Generalisability	21	Generalisability (external validity, applicability) of the trial findings	
Interpretation	22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence	
Other information			
Registration	23	Registration number and name of trial registry	
Protocol	24	Where the full trial protocol can be accessed, if available	
Funding	25	Sources of funding and other support (such as supply of drugs), role of funders	

STROBE (Observational Studies)

	Item No	Recommendation	Included
Title and abstract	1	(*a*) Indicate the study's design with a commonly used term in the title or the abstract	
		(*b*) Provide in the abstract an informative and balanced summary of what was done and what was found	
Introduction			
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	
Objectives	3	State specific objectives, including any prespecified hypotheses	
Methods			
Study design	4	Present key elements of study design early in the paper	
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	
Participants	6	(*a*) *Cohort study*—Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up *Case-control study*—Give the eligibility criteria, and the sources and methods of case ascertainment and control selection. Give the rationale for the choice of cases and controls *Cross-sectional study*—Give the eligibility criteria, and the sources and methods of selection of participants	
		(*b*) *Cohort study*—For matched studies, give matching criteria and number of exposed and unexposed *Case-control study*—For matched studies, give matching criteria and the number of controls per case	
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group	
Bias	9	Describe any efforts to address potential sources of bias	
Study size	10	Explain how the study size was arrived at	
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	
Statistical methods	12	(*a*) Describe all statistical methods, including those used to control for confounding	

		(*b*) Describe any methods used to examine subgroups and interactions	
		(*c*) Explain how missing data were addressed	
		(*d*) *Cohort study*—If applicable, explain how loss to follow-up was addressed *Case-control study*—If applicable, explain how matching of cases and controls was addressed *Cross-sectional study*—If applicable, describe analytical methods taking account of sampling strategy	
		(*e*) Describe any sensitivity analyses	

COREQ (Qualitative):

	Question	**Evidence**
Domain 1: Research team and reflexivity:		
Personal characteristic:	1. Interviewer/Facilitator: which author/s conducted the interview or focus group?	
	2. Credentials: What were the researcher's credentials e.g. PhD/MD?	
	3. Occupation: What was their occupation at the time of the study?	
	4. Gender: Was the researcher Male or Female?	
	5. Experience and training: What experience or training did the researcher have?	
Relationship with participants:	6. Relationship established: was a relationship established prior to study commencement?	
	7. Participant knowledge of the interviewer: What did the participants know about the researcher? E.g. personal goals, reasons for doing the research	
	8. Interviewer characteristics: What characteristics were reported about the interviewer/facilitator? E.g. bias, assumptions, reasons and interests in the research topic	
Domain 2: Study Design:		
Theoretical framework:	9. Methodological orientation and Theory: What methodological orientation was stated to underpin the study? E.g. grounded theory etc…	
Participant selection	10. Sampling: how were participants selected?	
	11. Method of approach: Howe were participants approached?	
	12. Sample size: How many participants were in the study?	
	13. Non-participation: how many people refused to participate or dropped out? Reasons?	
Setting	14. Setting of data collection: where was the data collected?	
	15. Presence of non- participants: Was anyone else present besides the participants and researchers?	
	16. Description of sample: what are the important characteristics of the sample? E.g. demographic data? Date?	
Data collection:	17. Interview guide: were questions, prompts, guides provided by the authors? Was it pilot tested?	
	18. Repeat interviews: were repeat interviews carried out? If yes, how many?	
	19. Audio/visual recording: Did the research use audio or visual recording to collect the data?	
	20. Field notes: Were field notes made during and/or after the interview or focus group?	
	21. Duration: What was the duration of the interviews or focus group?	
	22. Data saturation: Was data saturation discussed?	
	23. Transcripts returned: Were transcripts returned to participants for comment and/or correction?	
Domain 3: analysis and findings:		
Data analysis	24. Number of data coders: How many data coders coded the data?	
	25. Description of the coding tree: Did authors provide a description of the coding tree?	

	26. Derivation of themes: Where themes identified in advance or derived from the data?	
	27. Software: What software, if applicable, was used to manage the data?	
	28. Participant checking: Did participants provide feedback on the findings?	
Reporting:	29. Quotations presented: were participant quotations presented to illustrate the themes/findings? Was each quotation identified? E.g. participant number	
	30. Data and findings consistent: Was there consistency between the data presented and the findings?	
	31. Clarity of major themes: Were major themes clearly presented in the findings?	
	32. Clarity of minor themes: Is there a description of diverse cases or discussion of minor themes?	
	Any other comments	

SQUIRE (Quality improvement):

Title and Abstract: Did you provide clear and accurate information for finding, indexing and scanning your paper?		
Title:	Indicates the article concerns the improvement of quality (broadly defined to include the safety, effectiveness, patient-centeredness, timeliness, efficiency and equity of care)	
	States the specific aim of the intervention	
	Specifies the study method used	
Abstract:	Summarises precisely all key information from various sections of the text using the abstract format of the intended publication	
Introduction: why did you start		
Background Knowledge	Provides a brief, non-selective summary of current knowledge of the care problem being addressed and characteristics of organizations in which it occurs.	
Local problem	Describes the nature and severity of the specific local problem or system dysfunction that was addressed.	
Intended improvement	Describes the specific aim (changes/improvements in care processes and patient outcomes) of the proposed intervention	
	Specifies who (champions, supporters) and what (events, observations) triggered the decision to make changes, and why now (timing).	
Study Question	States precisely the primary improvement – related question and any secondary questions that the study of the intervention was designed to answer.	
Methods: What did you do?		
Ethical issues	Describes ethical aspects of implementing and study the improvement, such as privacy concerns, protection of participants physical well-being and potential author conflicts of interest and how ethical concerns were addressed.	
Setting	Specifies how elements of the local care environment considered most likely to influence change/improvement in the involved site or sites were identified and characterized.	
Planning the intervention	Describes the intervention and its component parts in sufficient detail that others could reproduce it.	
	Indicates main factors that contributed to choice of the specific intervention (for example analysis of causes of dysfunction; matching relevant improvement experience of other with the local situation)	
	Outlines initial plans for how the intervention was to be implemented: e.g. what was to be done	

	(initial steps; functions to be accomplished by those steps; how tests of change would be used to modify intervention), and by whom (intended roles, qualifications, and training of staff).	
Planning the study of the intervention	Outlines plans for assessing how well the intervention was implemented (does or intensity of exposure)	
	Describes mechanisms by which intervention components were expected to cause changes, and plans for testing whether those mechanisms were effective	
	Identified the study design (for example, observational, quasi-experimental, experimental) chosen for measuring impact of the intervention on primary and secondary outcomes if applicable.	
	Explains plans for implementing essential aspects of the chosen study design, as described in publication guidelines for specific designs if applicable.	
	Describes aspects of the study design that specifically concerned internal validity (integrity of the data) and external validity (generalizability).	
Methods of evaluation	Describes instruments and procedures (qualitative, quantitative or mixed) used to assess a) the effectiveness of implementation, b) the contributions of intervention components and context factors to effectiveness of the intervention and c) primary and secondary outcomes.	
	Reports efforts to validate and test reliability of assessment instruments.	
	Explains methods used to assure data quality and adequacy (for example, blinding; repeating measurements and data extraction; training in data collection; collection of sufficient baseline measurements).	
Analysis	Provides details of qualitative and quantitative (statistical) methods used to draw inferences from the data	
	Aligns unit of analysis with level ant which the intervention was implemented if applicable	
	Specifies degree of variability expected in implementation, change expected in primary outcome (effect size and ability of study design (including size) to detect such effects	
	Describes analytic methods used to demonstrate effects of time as a variable (for example, statistical process control).	
Results: What did you find?		
Outcomes Nature of setting and improvement intervention	Characterizes relevant elements of setting or settings (for example, geography, physical resources, organizational culture, history of change efforts), and structures and patterns of care(for example staffing, leadership) that provided context for the intervention.	
	Explains the actual course of the intervention (for example, sequence of steps, events or phases; type and number of participants at key points), preferably using a time-line diagram or flow chart.	
	Documents degree of success in implementing intervention components	
	Describes how and why the initial plan evolved and the most important lessons learned from that evolution , particularly the effects of internal feedback from test of change (reflexiveness).	
Outcomes: Changes in processes of	Presents data on changes observed in the care delivery process	

care and patients outcomes associated with the intervention		
	Presents data on changes observed in measures of patient outcome (for example, morbidity, mortality, function, patient/staff satisfaction, service utilization, cost, care disparities)	
	Considers benefits, harms, unexpected results, problems, failures	
	Presents evidence regarding the strength of association between observed changes/improvements and intervention components/context factors	
	Includes summary of missing data for intervention and outcomes	
Discussion: What do the findings mean		
Summary	Summarizes the most important successes and difficulties in implementing intervention components, and main changes observed in care delivery and clinical outcomes	
	Highlights the study's particular strengths	
Relation to other evidence:	Compares and contrasts study results with relevant findings of others, drawing on bread review of the literature; use of a summary table may be helpful in building on existing evidence	
Limitations:	Considers possible sources of confounding, bias, or imprecision in design, measurement and analysis that might have affected study outcomes (Internal validity)	
	Explores factors that could affect generalizability (external validity), for example: representativeness of participants; effectiveness of implementation; dose-response effects; features of local care setting.	
	Addresses likelihood that observed gains may weaken over time and describes plans, if any, for monitoring and maintaining improvement; explicitly states if such planning was not done.	
	Reviews efforts made to minimize and adjust for study limitations	
	Assesses the effect of study limitations on interpretation and application of results.	
Interpretation	Explores possible reasons for differences between observed and expected outcomes	
	Draws inferences consistent with the strength of the data about causal mechanisms and size of observed changes, paying particular attention to components of the intervention and context factors that helped determine the intervention's effectiveness (or lack thereof), and types of settings in which this intervention is most likely to be effective.	
	Suggests steps that might be modified to improve future performance	
	Reviews issues of opportunity cost and actual financial cost of the intervention.	
Conclusions	Considers overall practical usefulness of the intervention	
	Suggests implications of this report for further studies of improvement interventions	
Other information: Were other factors relevant to conduct and interpretation of the study?		
Funding:	Describes funding sources, if any, and role of funding organisation in design, implementation, interpretation and publication of study.	
Other		

Risk of Bias:

Newcastle-Ottowa Scale:

Domain	Question	Support for judgment	Number of stars
Selection	Representativeness of the exposed (max 1*) a) Truly representative of a health setting in that country* b) Somewhat representative of a health setting in that country* c) Selected group of users d) No description of the cohort		
	Selection of the non-exposed (max 1*) a) from same community as exposed * b) from different source c) no description		
	Ascertainment of exposure(max 1*) a) from secure record * b) structured interview c) written self report d) no description		
	Demonstration that outcome of interest was not present at start of the study a) yes* b) no		
Comparability	Comparability of cohorts on the basis of the design or analysis (max 2*) a) study controls for context* b) study controls for other factors *		
Outcome	Assessment of outcome (max 1*) a) independent blind assessment* b) record linkage* c) self report d) no description		
	Was follow up long enough for outcomes to occur a) yes at least 6 months* b) no		
	Adequacy of follow up of cohorts(max 1*) a) complete follow up* b) small number of subjects lost to follow up or one site* c) More than one site lost to follow up or large number of subjects. d) No statement		
Other comments:			
		Total Stars (max 9)	

Cochrane Risk of Bias tool:

Domain	Support for judgement	Review authors' judgement				
Selection bias				**Yes**	**No**	**Unclear**
Random sequence generation		Was the allocation sequence adequately generated?				
Allocation concealment		Was the allocation adequately concealed?				
Performance bias			Outcome	**Yes**	**No**	**Unclear**
Blinding of participants and personnel ***Assessments should be made for each main outcome (or class of outcomes)***		Performance bias due to knowledge of the allocated interventions by participants and personnel during the study.				
Detection bias			Outcome	**Yes**	**No**	**Unclear**
Blinding of outcome assessment ***Assessments should be made for each main outcome (or class of outcomes)***		Detection bias due to knowledge of the allocated interventions by outcome assessors.				
Attrition bias			Outcome	**Yes**	**No**	**Unclear**
Incomplete outcome data ***Assessments should be made for each main outcome (or class of outcomes)***		Attrition bias due to amount, nature or handling of incomplete outcome data.				
Reporting bias						
Selective reporting		Are reports of the study free of suggestion of selective outcome reporting?				
Other bias						
Other sources of bias		Bias due to problems not covered elsewhere in the table.	Early stopping			
			Baseline imbalances			
			Assessors not independent from researchers			
			Post-hoc changes to the protocol			

Weight of Evidence:

Domain	Question	Comments	Judgment low/med/high
A	What is the quality of the study		
	What is the risk of bias in the study		
B	Is the research design appropriate for the review question?		
C	Does the available evidence answer the review question		
D	Does the study contribute evidence towards answering the review question?		