Supplemental Digital Appendix 2
Data Extraction Form

Patient feedback review group/MR

Adapted from: BEME CODING SHEET COLLABORATION
http://www.bemecollaboration.org

1. Administrative (first author only)

♦ Reference number…….
♦ Reviewer……..…
♦ Date ……

♦ Citation Type: □ Journal article

□ Non-peer review article
□ Conf. paper / proceedings
□ Official publication
□ Book
□ Thesis
□ Other……..

♦ Citation information:

Author(s)……
Title…….….
Publication……Year ……Volume ……Issue ……Pages……...

♦ Search Method: □ Electronic search…….
□ Personal recommendation……
□ Hand search…….
□ Other: ……

2. Aim / Goal of the Study

♦ Objective / purpose of the study □ Stated □ Not available

Specify the objective/purpose:
……..…..
…….……..……..……
……..……..

2. Aim / Goal of the Study (cont.)

♦ Tied to theoretical/conceptual framework □ Stated □ Not available

Specify the theoretical/conceptual framework used:
…….……...
……..

3. Study Design

♦ Type of Study: □ Research study*
……
.....
□ Program description, no data
□ Systematic review of the literature
□ Literature review
□ Opinion or commentary
□ Other……

* specify (definitions are provided in Appendix A):

□ Experimental design
- □ Randomized controlled trial
- □ Pre-test – post-test
- □ Quasi-experimental design
- □ Single group, no comparison
- □ Historical controls
- □ Other……..……

□ Observational Studies
- □ Case study / case series
- □ Cross-sectional study
- □ Cohort study

□ Qualitative studies

□ Mixed methods: (uses both qualitative and quantitative approaches)

4. Context (study population)

♦ Number of subjects / size of group ……..

- □ Physicians…….
- □ Patients……..

4. Context (study population, cont.)

♦ Country/location of study ……..……

♦ Level/Stage (Please specify if the activity targets a particular group, e.g. community preceptors)

□ Postgraduate / residency training……
- □ General practitioner trainees or residents
- □ Residents in clinical medicine / specialty:……

□ Professional education …….
- □ General practitioners or family physicians
- □ Clinical specialists / specialty:……
- □ Physicians / doctors unspecified

□ Undergraduate healthcare professional school……..
□ Other health care professions (nursing) / discipline……..

♦ Population selection, correction for bias:

□ eligibility (random selection)……..
□ drop-outs…….....
□ intention to treat analysis…….....

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
Appropriateness of physician selection and analysis	□	□	□	□	□

♦ Patient selection, correction for bias……..
□ eligibility(random selection)……..…….
□ drop-outs…….……
□ blinding procedure……..……

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
Appropriateness of patient selection and analysis	□	□	□	□	□

5. Intervention: Patient Feedback

Educational methods (This refers to the instructional methods used within a particular program type). Please check all that apply and describe carefully.

♦ Program type and duration of exposure to patient feedback (This refers to overall design/format of the program.)

5. Intervention: Patient Feedback (cont.)

□ Workshop or seminar (Specify duration)…….……..…
□ Short course (Specify duration) ……..……..……..…….
□ Longitudinal program (e.g. CME) (Specify duration)…….…….…….
□ Computer-based program (e.g. online; distance education) ……..…...
□ Other (Please specify)…….…….…….…….……

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
Appropriateness of duration of the programme	□	□	□	□	□

♦ Assessments of patient feedback

□ Patient feedback questionnaire individual…….……..
□ Patient feedback questionnaire aggregated……..
□ Oral……..……..
□ Intermediated by others (staff, senior doctors, peers). Please specify:…….
□ Postal survey…..……..……..
□ Patient interviews…….…..……..……..
□ Other (Please specify)…….

♦ Presentation of patient feedback

□ Experiential learning with directly presented patient feedback……..……..
□ Experiential learning with collated patient feedback……..……...
□ Coaching (Please specify):……
  □ Tailored reports of patient feedback results……..
  □ Other……..……
□ Small group discussions……..……..……..

♦ Preparation and additional educational methods:

□ Case-based or problem-based learning…….……
□ Didactic teaching (e.g. lecture)…….
□ Role plays and simulations…….
□ Films, videotapes and audiotapes …..……
□ Written materials and readings……...…….
□ Other (Please specify): …….……

Sources of bias:

□ Adherence to educational training……
□ Same intensity for all participants……
□ Description of teaching protocol……..
□ Other…….

5. Intervention: Patient Feedback (cont.)

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
Appropriateness of adherence	□	□	□	□	□

♦Instruments

Sources of bias:

□ Instruments in the study were validated
- □ Questionnaires (Please specify)……
- □ Other…….

□ Outcomes were assessed by blinded assessors…….

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
Appropriateness of questionnaires	□	□	□	□	□

6. Expected Learning Outcomes of the Intervention (Check all that apply.)

This section relates to the intended or expected learning outcome – not the impact of the study. Please describe the specific focus of the article.

♦ By whom were outcomes assessed……

□ Program participants (physicians)……
□ Patients…….
□ Teachers……..
□ Other:…….

♦ How were outcomes assessed and collected…….

□ Questionnaire ……..……..……
□ Interview ……
□ Focus group ……..……
□ Live observation …….
□ Videotape……
□ Expert opinion……
□ Other (Please specify): …….

6. Expected Learning Outcomes of the Intervention (Check all that apply. cont.)

♦ Definition outcome measures / study area :

□ Valuation of study program/intervention (Please specify)……
□ General consultation skills (Please specify)…….
□ Aspects of patient communication (Please specify)……..
□ ……..
□ ……..
□ …….....
□ Patient-related health outcomes
□ Quality of care(Please specify)…….
…….....
□ Patient satisfaction (Please specify)……..
…….……
□ Other (Please specify)……...
……...
……...

7. Impact Level of Intervention Studied; Quantification of the Effect

A. Code the level of impact studied in the item and summarize / quantify the results of the intervention at the appropriate level. Note: Include both predetermined and unintended outcomes.

♦ Kirkpatrick hierarchy

Level 1 □ Reaction – covers participants' views on the learning experience, its organization, presentation, content, teaching methods, and aspects of the instructional organization, materials, quality of instruction (i.e. "happiness data").
…….……..
……
…….

Level 2a □ Change in attitudes – outcomes here relate to changes in the attitudes or perceptions among participant groups towards teaching and learning.
…….……..
……
…….

7. Impact Level of Intervention Studied; Quantification of the Effect (cont.)

Level 2b □ Modification of knowledge or skills – for knowledge, this relates to the acquisition of concepts, procedures and principles; for skills this relates to the acquisition of thinking/problem-solving, psychomotor and social skills.
……
……
……

Level 3 □ Behavioural change – documents the transfer of learning to the workplace or willingness of learners to apply new knowledge & skills.
……
……
……

Level 4a □ Change in the system/organizational practice – refers to wider changes in the organization, attributable to the educational program.
……
……
……

Level 4b □ Change among the participants' students, residents and colleagues – refers to improvement in student or resident learning/performance as a direct result of the educational intervention.
……
……
……..

8. Study Quality

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
Well described and equivocal presentation of results and conclusions (rigour)	□	□	□	□	□
Rigour of conduct (qualitative studies)	□	□	□	□	□
Rigour of analysis (qualitative studies)	□	□	□	□	□

8. Study Quality (cont.)
Optional:

A. Please rate overall study quality

Low ----------				High
1	2	3	4	5
□	□	□	□	□

Comment on overall quality, if applicable……
……
……
…….

B. Please describe strengths and weaknesses of the study design, evaluation methods, study implementation and data analysis. Do quality items cover the strength and weaknesses of the study?

Strengths……
…….
……..
…….
……..

Weaknesses……
…….
…….
……..
…….

C. Comments (Please include comments regarding generalizability, educational significance, etc.). Please state the following:

□ No clear conclusions can be drawn..
□ Results weak/ambiguous, but there appears to be a trend.
□ Conclusions can probably be based on the results.
□ Results are clear and very likely to be true.
□ Results are unequivocal.
……
……
……

9. Conclusions and Practice Implications for Patient Feedback (highlighted by the article):

……...…..……..……
……
……..…
……
……

10. Avenues for Suggested Improvements and Further Research (highlighted by the article):

……
……..…
……
……
……

Appendix A: Classification of Study Designs

♦ Experimental Designs.

Randomized Controlled Trials: Subjects are randomly assigned to the treatment or control group. Treatment of the two groups is identical, except for the intervention.
Cross-over Series: Trials with self controls. Subjects are given one treatment or the control treatment. After a period of time (a "washout" period in a clinical trial), the groups are given the other treatment. This is a crossover study.

Quasi-Experimental Designs.
Time series: This is a study of one group, over time. Multiple pre-test and post-test measures are taken. In the interrupted time series, one group is studied, multiple pre-test measures are administered over a period of time, followed by an intervention, and then multiple measures or post-tests are taken over a period of time. In the equivalent time series, a single group is studied, but the investigator alternates a treatment with a post-test measure, several times.
Repeated measures: All participants in a single group participate in all experiments with each group becoming its own control. All treatments are administered in sequence to the entire group, one at a time, with a measure or post-test, following each treatment.
Non-equivalent control group: Matched on key variables. Matching occurs when the investigator believes that such characteristics as age, sex, years of schooling, etc., are so important that an imbalance between the groups would affect conclusions. Both groups are matched to be similar with respect to important characteristics that may otherwise cloud or confound the conclusions.

Trials with external controls. Sometimes controls outside the study are used. These might be the results of another investigator's work, or subjects whom the investigator has treated in a different way previously. The latter are historical controls.

♦ Observational Studies.

Case study/case series: A set of case reports that describe some observations in a small number of patients (persons). These frequently lead to the generation of hypotheses investigated in the other three designs.

Cross-sectional: These are also called surveys. These look at data collected on a group of subjects at one time. They ask "what is happening now?" Surveys are generally cross sectional studies, although they can also be part of a cohort study.

Cohort or longitudinal studies: Cohorts are groups of people who have something in common and who stay together over a period of time (e.g. a medical school class). Cohort studies ask "what will happen?" and look forward in time. Surveys may be used at follow-up points in these studies.

Historical cohort studies may study events that occurred before the study occurred, but the direction of study is still forward.

Correlational studies: These studies are procedures in quantitative research in which techniques are used to describe the relationship or degree of association between or among sets of data. In these studies, there is no intervention applied.

♦ Qualitative Studies.

Grounded theory:
The common experiences of individuals are explored to build a theory.
Ethnography:
Explores the shared culture of groups of people, to understand the processes, and interactions.
Narrative:
Explores individual stories to describe phenomena.

♦ Mixed methods.
These studies use both qualitative and quantitative approaches.
Sources:
The coding sheet and the accompanying definitions have been adapted from:
Dawson, B. and Trapp, R.G. Basic and Clinical Biostatistics (3rd.ed.) New York: Lange Medical Books, 2001
Creswell, J. Educational Research. Planning, Conducting, and Evaluating Quantitative and Qualitative Research Upper Saddle River NJ: Merrill Prentice Hall, 2002.