Standards for Reporting Qualitative Research (SRQR)*

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

	Page/line no(s).
Title and abstract	
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 and 2
Abstract - Summary of key elements of the study using the abstract format of the intended publication; typically includes background, purpose, methods, results, and conclusions	32-57
Introduction	
Problem formulation - Description and significance of the problem/phenomenon studied; review of relevant theory and empirical work; problem statement	76-126
Purpose or research question - Purpose of the study and specific objectives or questions	36
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**	140-141
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	142-143
Context - Setting/site and salient contextual factors; rationale**	156-165
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**	156-176
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	148-150
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**	177-187

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	181-190
Units of study - Number and relevant characteristics of participants, documents, or events included in the study; level of participation (could be reported in results)	245-254
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	218-232
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**	218-232
Techniques to enhance trustworthiness - Techniques to enhance trustworthiness and credibility of data analysis (e.g., member checking, audit trail, triangulation); rationale**	227-232

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	485-489
Links to empirical data - Evidence (e.g., quotes, field notes, text excerpts, photographs) to substantiate analytic findings	286-483

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	484-554
Limitations - Trustworthiness and limitations of findings	61-71

Other

Conflicts of interest - Potential sources of influence or perceived influence on study conduct and conclusions; how these were managed	584-585
Funding - Sources of funding and other support; role of funders in data collection, interpretation, and reporting	586-591

*The authors created the SRQR by searching the literature to identify guidelines, reporting standards, and critical appraisal criteria for qualitative research; reviewing the reference lists of retrieved sources; and contacting experts to gain feedback. The SRQR aims to improve the transparency of all aspects of qualitative research by providing clear standards for reporting qualitative research.

**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*, Vol. 89, No. 9 / Sept 2014
DOI: 10.1097/ACM.0000000000000388

Interview Questions for Semi-Structured Interview with Consumers (7 Day Follow-Up)

1. Introduction of self and purpose of the call.
   Please feel free to speak freely. There is no right or wrong answer to the questions, it is your views and opinions that we are interested in. I would like to assure you that all of the transcribed material resulting from this discussion will be anonymised in the final report.

   Before we start, can I check that you have read the information sheet and you have signed the consent form? Whenever you are ready, please can you confirm that you are happy for me to start the recording? If you have any questions throughout the interview, please let me know.

2. Demographics

1) What is your age in complete years? _____	2) What is your gender? ❑ Male ❑ Female ❑Other, please specify _____	3) What is your home postcode? _____	4) Ethnicity ❑ Caucasian ❑ ATSI ❑Other, please specify _____

3. Please could you tell me about your initial feelings towards seeing a pharmacist for your ear complaint?
4. Please can you describe to me your experience at the pharmacy? (who explained what, how was examination conducted, need for referral/treatment etc)
5. How confident did you feel at the end of the consultation about the result?
6. After having your ears examined at the pharmacy, were you referred to a GP?
7. If yes, did you attend? What treatment or referrals did you receive?
8. If no, can you please explain why?
9. How are you feeling today? Has your ear complaint been resolved? (?Need to re-refer)
10. Overall, tell me about your satisfaction with the LISTEN UP service – [Question: 1 am satisfied with the LISTEN UP service – 0 – worst – 10 best.
11. Is there anything you would like changed about the service.
12. Would you pay for this service and what value in the future? $10, $20, $30, $40, $50
13. Is there any other comments about the LISTEN UP service you would like to make before we finish?

SERVICE SUMMARY DOCUMENT

☐Patient has received and reviewed information about the trial and research evaluation.

☐ Patient has signed an informed consent form to participate in the trial and research evaluation.

☐ Patient meets eligibility criteria to participate in the trial.

Date: __/___/____ Time: _____

Patient Contact Details				
First Name:		Last Name:		
Address:				
DOB:		Gender:	Male/Female/Other	
Allergies:		Medical Conditions:		
Pregnant?		Breastfeeding		
Medications:				
Episode of Care				
Presenting Complaint:				
Duration of Complaint:		Treatments tried:		
Pharmacist Examinations:	Otoscopy	☐ Normal ☐ Abnormal	Tympanometry	☐Normal ☐ Abnormal
	Temperature:			
Brief Notes:				

Attach images and results

Pharmacists clinical impression: Eg. Otitis externa, wax impaction	
Recommendations Made	
Pharmacist Recommendations	☐ No treatment ☐ Pharmacy-based treatment (please specify:_____) ☐ Referral with appointment made to GP ☐ Other (please specify:_____)
Expanded Practice Recommendations [RESEARCH PURPOSES ONLY]	
☐ Prescription-only medicine (please specify exact drug/strength/dose: _____) ☐ Immediate emergency department referral ☐ Specialist ENT Referral ☐ Speech Therapy Referral ☐ Audiometry Hearing Test Referral ☐ Other (please specify:_____)	

Time completed: _____

Revised Standards for Quality Improvement Reporting Excellence (SQUIRE 2.0)
September 15, 2015

Text Section and Item Name	Section or Item Description
Notes to authors	• The SQUIRE guidelines provide a framework for reporting new knowledge about how to improve healthcare • The SQUIRE guidelines are intended for reports that describe system level work to improve the quality, safety, and value of healthcare, and used methods to establish that observed outcomes were due to the intervention(s). • A range of approaches exists for improving healthcare. SQUIRE may be adapted for reporting any of these. • Authors should consider every SQUIRE item, but it may be inappropriate or unnecessary to include every SQUIRE element in a particular manuscript. • The SQUIRE Glossary contains definitions of many of the key words in SQUIRE. • The Explanation and Elaboration document provides specific examples of well-written SQUIRE items, and an in-depth explanation of each item. • Please cite SQUIRE when it is used to write a manuscript.
Title and Abstract	
1. Title	Indicate that the manuscript concerns an initiative to improve healthcare (broadly defined to include the quality, safety, effectiveness, patient-centeredness, timeliness, cost, efficiency, and equity of healthcare)
2. Abstract	a. Provide adequate information to aid in searching and indexing b. Summarize all key information from various sections of the text using the abstract format of the intended publication or a structured summary such as: background, local problem, methods, interventions, results, conclusions
Introduction	*Why did you start?*
3. Problem Description	Nature and significance of the local problem
4. Available knowledge	Summary of what is currently known about the problem, including relevant previous studies

5. Rationale	Informal or formal frameworks, models, concepts, and/or theories used to explain the problem, any reasons or assumptions that were used to develop the intervention(s), and reasons why the intervention(s) was expected to work
6. Specific aims	Purpose of the project and of this report
Methods	*What did you do?*
7. Context	Contextual elements considered important at the outset of introducing the intervention(s)
8. Intervention(s)	a. Description of the intervention(s) in sufficient detail that others could reproduce it b. Specifics of the team involved in the work
9. Study of the Intervention(s)	a. Approach chosen for assessing the impact of the intervention(s) b. Approach used to establish whether the observed outcomes were due to the intervention(s)
10. Measures	a. Measures chosen for studying processes and outcomes of the intervention(s), including rationale for choosing them, their operational definitions, and their validity and reliability b. Description of the approach to the ongoing assessment of contextual elements that contributed to the success, failure, efficiency, and cost c. Methods employed for assessing completeness and accuracy of data
11. Analysis	a. Qualitative and quantitative methods used to draw inferences from the data b. Methods for understanding variation within the data, including the effects of time as a variable
12. Ethical Considerations	Ethical aspects of implementing and studying the intervention(s) and how they were addressed, including, but not limited to, formal ethics review and potential conflict(s) of interest
Results	*What did you find?*
13. Results	a. Initial steps of the intervention(s) and their evolution over time (*e.g.*, time-line diagram, flow chart, or table), including modifications made to the intervention during the project b. Details of the process measures and outcome c. Contextual elements that interacted with the intervention(s) d. Observed associations between outcomes, interventions, and relevant contextual elements e. Unintended consequences such as unexpected benefits, problems, failures, or costs associated with the intervention(s). f. Details about missing data
Discussion	*What does it mean?*
14. Summary	a. Key findings, including relevance to the rationale and specific aims b. Particular strengths of the project

15. Interpretation	a. Nature of the association between the intervention(s) and the outcomes b. Comparison of results with findings from other publications c. Impact of the project on people and systems d. Reasons for any differences between observed and anticipated outcomes, including the influence of context e. Costs and strategic trade-offs, including opportunity costs
16. Limitations	a. Limits to the generalizability of the work b. Factors that might have limited internal validity such as confounding, bias, or imprecision in the design, methods, measurement, or analysis c. Efforts made to minimize and adjust for limitations
17. Conclusions	a. Usefulness of the work b. Sustainability c. Potential for spread to other contexts d. Implications for practice and for further study in the field e. Suggested next steps
Other information	
18. Funding	Sources of funding that supported this work. Role, if any, of the funding organization in the design, implementation, interpretation, and reporting

Table 2. Glossary of key terms used in SQUIRE 2.0. This Glossary provides the intended meaning of selected words and phrases as they are used in the SQUIRE 2.0 Guidelines. They may, and often do, have different meanings in other disciplines, situations, and settings.

Assumptions
Reasons for choosing the activities and tools used to bring about changes in healthcare services at the system level.

Context
Physical and sociocultural makeup of the local environment (for example, external environmental factors, organizational dynamics, collaboration, resources, leadership, and the like), and the interpretation of these factors ("sense-making") by the healthcare delivery professionals, patients, and caregivers that can affect the effectiveness and generalizability of intervention(s).

Ethical aspects
The value of system-level initiatives relative to their potential for harm, burden, and cost to the stakeholders. Potential harms particularly associated with efforts to improve the quality, safety, and value of healthcare services include opportunity costs, invasion of privacy, and staff distress resulting from disclosure of poor performance.

Generalizability
The likelihood that the intervention(s) in a particular report would produce similar results in other settings, situations, or environments (also referred to as external validity).

Healthcare improvement
Any systematic effort intended to raise the quality, safety, and value of healthcare services, usually done at the system level. We encourage the use of this phrase rather than "quality improvement," which often refers to more narrowly defined approaches.

Inferences
The meaning of findings or data, as interpreted by the stakeholders in healthcare services – improvers, healthcare delivery professionals, and/or patients and families

Initiative
A broad term that can refer to organization-wide programs, narrowly focused projects, or the details of specific interventions (for example, planning, execution, and assessment)

Internal validity
Demonstrable, credible evidence for efficacy (meaningful impact or change) resulting from introduction of a specific intervention into a particular healthcare system.

Intervention(s)
The specific activities and tools introduced into a healthcare system with the aim of changing its performance for the better. Complete description of an intervention includes its inputs, internal activities, and outputs (in the form of a logic model, for example), and the mechanism(s) by which these components are expected to produce changes in a system's performance.

Opportunity costs

Loss of the ability to perform other tasks or meet other responsibilities resulting from the diversion of resources needed to introduce, test, or sustain a particular improvement initiative

Problem
Meaningful disruption, failure, inadequacy, distress, confusion or other dysfunction in a healthcare service delivery system that adversely affects patients, staff, or the system as a whole, or that prevents care from reaching its full potential

Process
The routines and other activities through which healthcare services are delivered

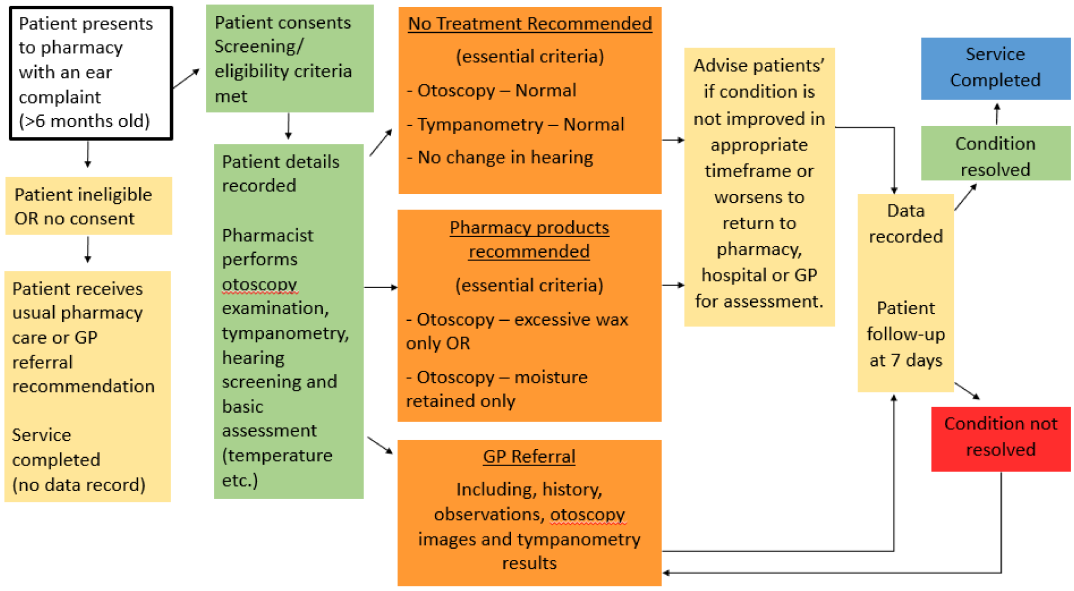
Rationale
Explanation of why particular intervention(s) were chosen and why it was expected to work, be sustainable, and be replicable elsewhere.

Systems
The interrelated structures, people, processes, and activities that together create healthcare services for and with individual patients and populations. For example, systems exist from the personal self-care system of a patient, to the individual provider-patient dyad system, to the microsystem, to the macrosystem, and all the way to the market/social/insurance system. These levels are nested within each other.

Theory or theories
Any "reason-giving" account that asserts causal relationships between variables (causal theory) or that makes sense of an otherwise obscure process or situation (explanatory theory). Theories come in many forms, and serve different purposes in the phases of improvement work. It is important to be explicit and well-founded about any informal and formal theory (or theories) that are used.

Clinical characteristics Table (N=55)

Age (years)	0-6 7-18 19-34 35-54 55+	3 (5%) 0 (0%) 14 (25%) 19 (35%) 19 (35%)
Gender	Female Male	29 (53%) 26 (47%)
Ethnicity	Aboriginal Caucasian Other	10 (18%) 39 (71%) 6 (11%)
Complaint (more than 1 per N)	Blocked Pain Hearing Dizziness Itch	28 25 7 3 5



Supplementary data figure : Study protocol flow chart (adapted from LISTEN UP (Locally Integrated Screening and Testing Ear aNd aUral Programme): a feasibility study protocol for a community pharmacy-based ear health intervention (13))