

Realist Review Data Extraction Tool

* Required

1. **Email address ***

2. **Article Record # ***

3. **Article Title ***

4. **Article Year ***

5. **Journal ***

6. **Type of Article ***

Mark only one oval.

- Original Research
- Editorial or Commentary
- Education/Innovation Report
- Systematic Review or Other Literature Synthesis
- Abstract
- Dissertation/Thesis
- Book/e-Book
- Other: _____

7. Country *

Where did this study take place? For review articles, provide the countries included in the review. For editorials or commentaries, select "not applicable"

Check all that apply.

- United States
- Canada
- United Kingdom
- Not applicable
- Other: _____

8. Study Design *

Mark only one oval.

- Experimental (randomized controlled trial/quasi-experimental)
- Longitudinal Design (i.e., cohort study; Pre/Post without control group)
- Qualitative Study
- Mixed Methods Study
- Program Evaluation
- Systematic Review (or other kind of review such as Scoping/Realist Review)
- Descriptive Case Study or Educational Innovation Report
- Not applicable - commentary, editorial, or other article that does not involve empirical evidence
- Other: _____

9. Comments on Study Design

10. Study Sample/Focus *

Check all that apply.

- Postgraduate Residents or Fellows (specify program below)
- Medical Students (Clerks or Pre-Clerks)
- Not Applicable
- Other: _____

11. Comments on Study Sample

e.g., residency program/type of residents

12. Context: Description of Academic Institution and Program

i.e., location, type of degree(s) offered, insight into what the existing climate is like for QI/PS, other contextual information

13. Context: Description of Curriculum (SELECT ALL THAT APPLY) *

Check all that apply.

- Didactic (i.e., lecture)
- Small-group discussions
- Case-based learning
- Experiential (i.e., project based)
- Web-based learning (e.g., IHI Modules)
- Not Applicable
- Other: _____

14. Context: Description of Curriculum Objectives/Aims (if available)

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15. Context: Description of QI Methodologies Emphasized in Curriculum *

i.e., Model for Improvement, Lean Six Sigma

Mark only one oval.

- Model for Improvement (including PDSA)
- Lean
- Six Sigma
- Not specified
- Not applicable
- Other: _____

16. Additional comments on educational content emphasized in curriculum (comment below if QI was a small part of a larger program and describe the curriculum/where QI fit in)

17. Context: Other Comments about Context

18. Mechanisms: Description of Teaching Methods (how did they LEARN about QI?)

i.e., IHI Modules, faculty-led projects, M&M rounds, other

19. Mechanisms: Duration of Curriculum

I.e., how long is it?

20. Mechanisms: Timing of Curriculum

I.e., when is the program offered?

21. Mechanisms: Support & Mentorship

I.e., did they have a faculty mentor? did they work in teams? any other "mechanisms" to support them?

22. Mechanisms: End Goal of Curriculum

I.e., present or publish, submit a proposal, complete project, etc.

23. Mechanisms: General Comments on Mechanisms

Provide any comments here if needed:

24. Number of Participants in Study or Evaluation (if applicable)

25. Outcomes: K1 Outcomes (Reaction and Satisfaction)

How much did they like it? How did participants react to it?

26. Outcomes: K2a Outcomes (Attitudes)

Did their attitudes change?

27. Outcomes: K2b Outcomes (Knowledge and Skills)

Did they learn anything? Did the authors use any established instruments to measure changes in knowledge (i.e., QIKAT)?

28. Outcomes: K3 Outcomes (Behaviour)

Did the program or curriculum change their behaviors at all? Or future behaviors?

29. Outcomes: K4a - Changes to Clinical Processes

Did the program or curriculum lead to any improvements to clinical processes?

30. Outcomes: K4a - Benefits to Patients

Did the program or curriculum lead to any improvements to patients? (clinical outcomes?)

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31. CHALLENGES (What didn't work? What else happened?)

Most papers will discuss challenges and barriers to teaching and learning QI, please include these below.

32. What worked?

Most papers will discuss key things that helped facilitate QI learning and QI projects, please include these below.

33. Assessment of Rigor (1-5) *

Please assess the rigor of the article. For editorials/commentaries on a scale of 1-5, where: 1 = no rigour whatsoever, 2 = poor, 3 = fair, 4 = good, 5 = exceptional. Editorials and commentaries should be considered a "1" since there is no experimental or empirical aspect. Studies that involve well-designed empirical research on participants would be considered a 5.

Mark only one oval.

	1	2	3	4	5	
No rigor whatsoever (e.g., commentary, editorial)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Exceptional rigor (e.g., well-designed empirical research study)

34. Comments & Concerns about Rigor

35. Relevance to Realist Review Goals and Program Theory (1-5) *

How relevant is this article to the goals of this realist review in refining the program theory? The goal of the review is to produce an inductive, refined program theory that visualizes how contextual factors and underlying mechanisms influence the learning of QI in undergraduate and postgraduate medical education.

Mark only one oval.

	1	2	3	4	5	
Not relevant whatsoever	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Extremely relevant

36. Comments & Concerns about Relevance

37. General Notes & Comments about the Article

(for random articles that seem irrelevant but have something about QI)

