L'uso dei risultati delle narrazioni in Sanità e nella pratica clinica quotidiana

Come pubblicare Medicina Narrativa

in un Evidence-Based world

Manuella Walker

PENCIL AND PAPERS

ISTUD Blend Tower
Milano, 30 Marzo 2017

IL VALORE AGGIUNTO DI UNO STUDIO QUALITATIVO

- Il valore della ricerca qualitativa è di poter aprire una finestra sulla complessità di un fenomeno tramite l'osservazione e l'interpretazione di interazioni sociali ed esperienze individuali nel loro contesto naturale.

[O'Brien 2014, Aca Med; Giacomini 2000, JAMA]

In che forma divulgare un'esperienze di medicina narrativa

- Relazioni aziendali interne
- Rassegna di narrazioni
- Racconto in ambito umanistico
- Prosa
- Poesia
- Studi qualitativi
- Piattaforma registrazione studi clinici
- Articoli scientifici
- Biografie
- Blog
- Necrologi

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QUALE FORMA SCEGLIERE?

In ambito medico-scientifico, il mezzo divulgativo per eccellenza è l'articolo pubblicato su rivista "peer-reviewed", ossia approvato per pubblicazione solo dopo un iter di valutazione critica per

(1) accuratezza impostazione metodologico

(2) correttezza informazioni

(3) rigore etico

Esempi di articoli di Med Narr

- Hartling (2013). A Randomized Controlled Trial of Story telling as a Communication Tool. (Original research article)
- Greenhalgh (2015). Narrative methods in quality improvement research. (Methodological insight)
- Shapiro (1998). The use of narrative in the doctor patient encounter
- Antunes (2014). Implementing patient-reported outcome measures in palliative care clinical practice: a systematic review of facilitators and barriers. (Systematic review)
- Shapiro (2002). Applications of Narrative Theory and Therapy to the Practice of Family Medicine (special article)

Dove iniziare

❑ Step 1: Scegliere la platea

Ossia, stabilire:

- A chi voglio comunicare gli esiti dello studio?
- Chi potrebbe beneficiare di queste informazioni?

Pubblico/lettori

- Medici
- Infermieri
- Care-giver
- Famigliari
- Pazienti
- Specializzandi

- Direzione sanitaria
- SSN e policy-makers
- Aziende farma./ device
- Antropologi, psicologi, sociologi

Journal che pubblicano ricerca qualitativa

- ✓ Social science & Medicine
- ✓ Health Education Journal
- ✓ Int J of Technology Assessment in Health Care
- ✓ Medical Humanities
- ✓ Qualitative Health Research
- ✓ Academic Medicine

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Journal clinici che accolgono studi qualitativi

- ✓ J of Adv Nursing
- ✓ AM J HOSP PALLIAT CARE
- ✓ PLOS ONE
- ✓ Pediatrics
- ✓ Am J Kidney Dis
- ✓ BMJ
- ✓ Journal of Rehab Med
- ✓ Annals of Internal Medicine
- ✓ Circulation

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☐Step 2: Scegliere il Journal

- ✓ Scegliere 2 o 3 riviste tra quelle che accettano lavori di Medicina Narrativa

Quali requisiti deve avere l'articolo?

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☐ Step 3: Leggere bene le istruzioni per gli autori

- Scorrere le istruzioni del journal scelto
- Cercare riferimenti a linee guida specifiche per la organizzazione del testo
- Cercare articoli su argomenti simili nello stesso journal
- Paragona la struttura ed il livello di dettaglio degli articoli

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Instructions to Authors

ELSEVIER

SOCIAL SCIENCE & MEDICINE

AUTHOR

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DESCRIPTION

Social Science & Medicine provides an international and interdisciplinary fo
of **social science** research on **health**. We publish original research ar
theoretical), reviews, position papers and commentaries on health issues, t
policy and practice in all areas of common interest to social scientists,
policy makers. The journal publishes material relevant to any aspect of he
social science disciplines (anthropology, economics, epidemiology, geograp
sociology), and material relevant to the social sciences from any of the p
physical and mental health, health care, **clinical practice**, and **health po**
encourage material which is of general interest to an international readers

The journal publishes the following types of contribution:

1) Peer-reviewed original research articles and critical or analytical revi
science research relevant to health. These papers may be up to 8,000 words
and references as well as the main text. Papers below this limit are prefer

2) Peer-reviewed short reports of research findings on topical issues or put
2000 and 4000 words.

3) Submitted or invited commentaries and responses debating, and pub
articles.

4) Special Issues bringing together collections of papers on a particular
edited.

Please see our Guide for Authors for information on article submissio
information, the journal's editorial staff will be happy to help.

AUDIENCE

Social scientists (e.g. medical anthropologists, health economists, social
geographers, health policy analysts, health psychologists, medical sociolog
illness, and health care; and health-related policy makers and health care p
epidemiologists, health educators, lawyers, managers, nurses, midwives,

Information for Authors

The Journal of Urology® contains 4 sections: Adult Urology, Pediatric Urology, Investigative Urology and Urological Survey. Rapid Communications are welcomed. **The Adult and Pediatric Urology Sections (original articles)** usually do not publish laboratory animal studies. **The Investigative Urology Section (research articles)** does not publish clinically oriented articles, and does not require prior approval for Review Articles. Unsolicited material is not accepted for **Urological Survey.**

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For potentially acceptable manuscripts, the period between receipt of all reviews and when an editorial decision is made is usually longer.

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Manuscripts submitted without all signatures on all statements will be returned to the authors immediately. Electronic signatures are acceptable.

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All accepted NIH funded articles must be directly deposited to PubMed Central by the authors of the article for public access 12 months after the publication date.

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Original and Research Articles should be arranged as follows: Title Page, Abstract, Introduction, Materials and Methods, Results, Discussion, Conclusions, References, Tables, Legends. The title page should contain a concise, descriptive title, the names and affiliations of all authors, and a brief descriptive runninghead not to exceed 50 characters. One to five key words should be typed at the bottom of the title page. These words should be identical to the medical subject headings (MeSH) that appear in the Index Medicus of the National Library of Medicine. The abstract should not exceed 250 words and must conform to the following style: Purpose, Materials and Methods, Results and Conclusions.

References should not exceed 30 readily available citations for all articles (except Review Articles). Self-citations should be kept to a minimum. References should be cited by superscript numbers as they appear in the text, and they should not be alphabetized. References should include the names and initials of the first 3 authors, the complete title, the abbreviated journal name according to the Index Medicus of the National Library of Medicine, the volume, the beginning page number and the year. References to book chapters should include names and initials of the first 3 chapter authors, chapter title, book title and edition, names and initials of the first 3 book editors, city of publisher, publisher, volume number, chapter number, page range and year. In addition to the above, references to electronic publications should include type of medium, availability statement and date of accession. The statistical methods should be indicated and referenced. Enough information should be presented to allow an independent critical assessment of the data.

Digital illustrations and tables should be kept to a necessary minimum and their information should not be duplicated in the text. No more than 10 illustrations should accompany the manuscript for clinical articles. Magnifications for photomicrographs should be supplied and graphs should be labeled clearly. Reference to illustrations, numbered with Arabic numerals, must be provided in the text. Blurry or unrecognizable illustrations are not acceptable. Visit http://rapidinspector.cadmus.com/zww for detailed instructions for digital art. The use of color is encouraged at no charge to the authors.

Tables should be numbered and referred to in the text. In general, they should present summarized rather than individual raw data. Due to page constraints caused by the large number of high quality manuscripts being submitted to *The Journal of Urology*, the editors find it necessary to offer publishing alternatives. Therefore, authors may be requested to post tables as supplementary material no charge or on The Journal website at no change or to print tables in the article at a per page rate of $236.

Letters to the Editor should be useful to urological practitioners. The length should not exceed 500 words. Only Letters concerning articles published in the Journal within the last year are considered.

Review Articles (comprehensive only) should not be submitted without prior approval. Queries for these articles should be accompanied by a detailed outline of the proposed article, an abstract not to exceed 750 words and an estimate of the length of the manuscript to be submitted. The format is the same as that of an Original Article.

Systematic reviews do not require prior approval for submission, and are limited to 2500 words and 30 references.

Special Articles are scientific reports of original clinical research and state-of-the-art topics, and are designated as such by the Editors. The format is the same as that of an Original Article.

New Technology and Techniques feature high quality manuscripts that describe the innovative clinical application of new technology or techniques in all disciplines of urology, and are designated as such by the Editors. Addressing diagnosis or management of urological conditions, this feature covers the categories of 1) cutting-edge technology, 2) novel/modified techniques and 3) outcomes data derived from use of 1 and/or 2. The format is the same as that of an Original Article, although fewer words are preferred to allow more space for illustrations.

Opposing Views are submitted by invitation only.

Video Clips may be submitted for posting on The Journal web site. They are subject to peer review. Video files must be compressed to the smallest possible size that still allows for high resolution and quality presentation. The size of each clip should not exceed 10MB. File size limitation is intended to ensure that end-users are able to download and view files in a reasonable time frame. If files exceed the specified size limitation, they will not be posted to the web site and returned to the author for resubmission. For complete instructions e-mail: publications@auanet.org.

Manuscript Submission Guidelines: *Qualitative Health Research* (QHR)

Qualitative Health Research (*QHR*) is an international, interdisciplinary, refereed journal for the enhancement of health care and furthering the development and understanding of qualitative research methods in health care settings. We welcome manuscripts in the following areas: the description and analysis of the illness experience, health and health-seeking behaviors, the experiences of caregivers, the sociocultural organization of health care, health care policy, and related topics. We also consider critical reviews; articles addressing qualitative methods; and commentaries on conceptual, theoretical, methodological, and ethical issues pertaining to qualitative inquiry.

QHR is a member of the Committee on Publication Ethics.

This Journal recommends that authors follow the Uniform Requirements for Manuscripts Submitted to Biomedical Journals formulated by the International Committee of Medical Journal Editors (ICMJE)

Please read the guidelines below then visit the Journal's submission site http://mc.manuscriptcentral.com/qhr to upload your manuscript. Please note that manuscripts not conforming to these guidelines may be returned.

Only manuscripts of sufficient quality that meet the aims and scope of QHR will be reviewed.

As part of the submission process you will be required to warrant that you are submitting your original work, that you have the rights in the work, that you are submitting the work for first publication in the Journal and that it is not being considered for publication elsewhere and has not already been published elsewhere, and that you have obtained and can supply all necessary permissions for the reproduction of any copyright works not owned by you.

1. Article types

☐ Step 4: Registrare lo studio su uno dei registri internazionali riconosciuti

- La registrazione è obbligatoria per tutti gli studi che prevedono un intervento farmacologico/clinico/comportamentale
- Non è obbligatoria per studi osservazionali, ma la maggior parte dei journal medici ne incoraggia la registrazione comunque.
  - http://www.who.int/ictrp/en/
  - https://www.clinicaltrials.gov

Es. di registrazione su www.clinicaltrials.gov

ClinicalTrials.gov
A service of the U.S. National Institutes of Health

Impact of Narrative Medicine (Workshop Reflexive Writing) (INAMERE)

This study has been completed.

Sponsor:
Assistance Publique - Hôpitaux de Paris

Information provided by (Responsible Party):
Assistance Publique - Hôpitaux de Paris

ClinicalTrials.gov Identifier:
NCT01798069

First received: February 21, 2013
Last updated: April 17, 2014
Last verified: February 2013
History of Changes

Full Text View | Tabular View | No Study Results Posted | Disclaimer | How to Read a Study Record

Tracking Information	
First Received Date ICMJE	February 21, 2013
Last Updated Date	April 17, 2014
Start Date ICMJE	December 2012
Primary Completion Date	July 2013 (final data collection date for primary outcome measure)
Current Primary Outcome Measures ICMJE (submitted: February 22, 2013)	satisfaction of standardized patient will be assessed through the questionnaire recommended by the American Board of Internal Medicine (ABIM). [Time Frame: 5 months after randomization (i.e. 1 month after the end of the intervention)] [Designated as safety issue: No] It consists of ten questions, denoted by EVGFP scale (excellent = 5, very good = 4, good = 3, fair = 2, poor = 1).
Original Primary Outcome	*Same as current*

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Sezioni del manoscritto

IMRAD

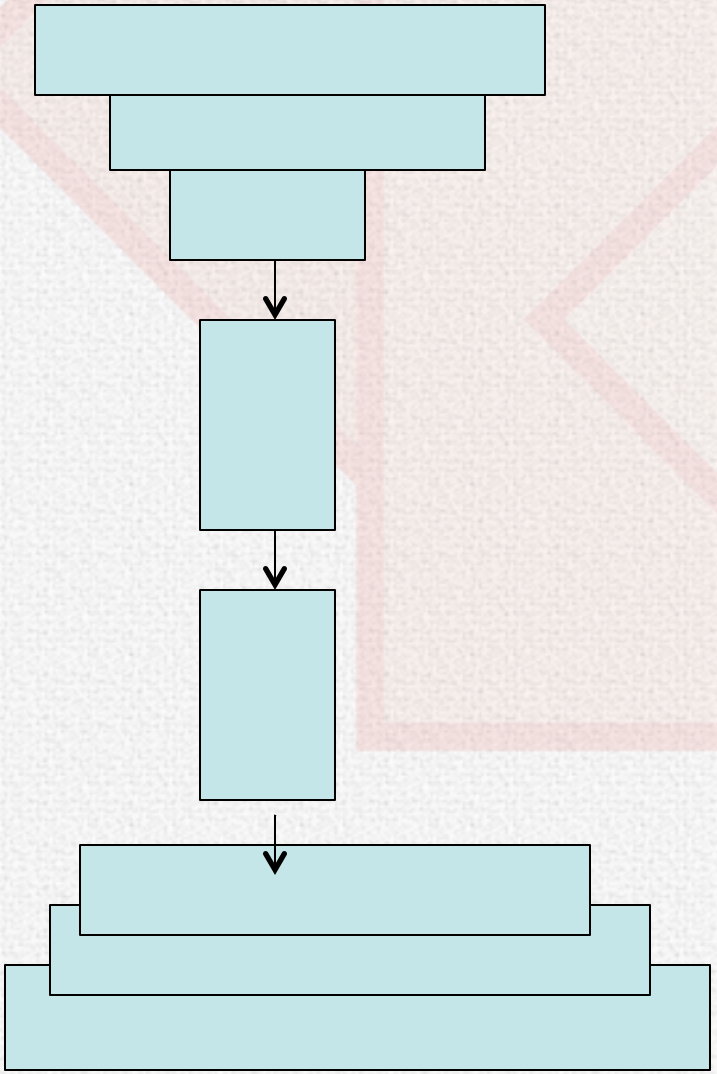
- Introduction
- Methods
- Results
  and
- Discussion

Introduction

Material and Methods

Results

Discussion



General

↓

Specific

Specific

↓

General

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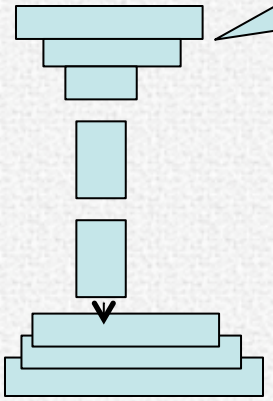
Introduction section

- Breve introduzione dell'argomento (general-specific)
- Rassegna di altri studi in letteratura
- Chiude descrivendo lo scopo dello studio



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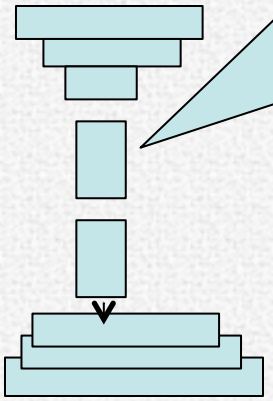
Methods

- Descrive il metodo, pazienti, materiali/ procedure/interventi in maniera che lo studio possa essere riproducilbile.
- **Misure, parametri, esiti**
- **Calcolo de campione**, analisi stat
- Dichiarazione su conduzione etica dello studio



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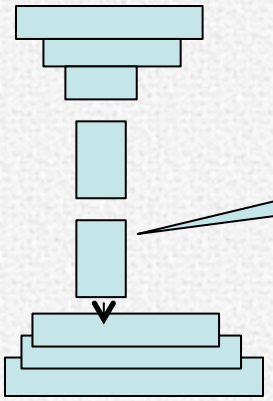
Results section

- Descrizione risultati in testo
- 3-5 tabelle/figure esplicative
- Un risultato per ciascun obiettivo posto
- No commento ai risultati
- No esclusione di risultati “negativi”



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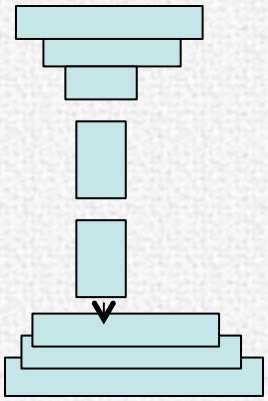
Discussion section

- Mettere i risultati nel contesto citando e commentando in luce di altri studi sull'argomento
- Spiegare la originalità o meno dei risultati
- Limiti dello studio
- Generalizibilità dei risultati

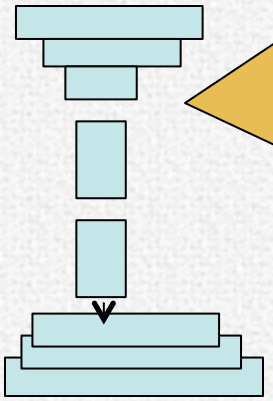


Abstract

- Concise
- Complete, stand-alone information
- Reflects contents of paper
- Not misleading compared to information in full text
- Attracts reader to read entire article
- Adheres to reporting guidelines

Introduction section (qual res)

- Breve introduzione (poca letteratura)
- Spiegazione chiara degli obiettivi e necessità di eseguire lo studio (“explore”, “ to understand”)
- **Domande di ricerca “aperte” e generazione di ipotesi**
- Giustifica approccio qualitativo



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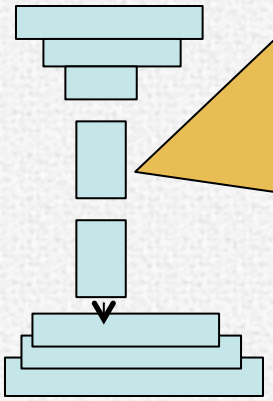
Methods

- Descrzione raccolta dati ed analisi secondo approccio metodologico;
- Descrizione del macro processo
- **Modifiche introdotte in corso**;
- **Setting**, participant, **researcher characteristics** (reflexivity), **sampling**, **coding**
- Tabelle, flowchart e diagrammi esplicativi del processo



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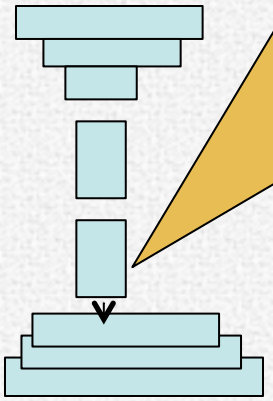
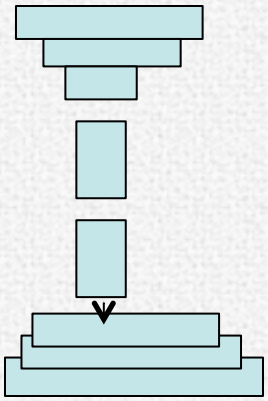
Findings

- Setting, context, and influences
- distinguere chiarmante risultati dalle interpretazioni
- Processo iterativo dai data alla interpretazione (theory generation)
- link tra analisi sistematica e interpretazione (support interpretation)
- Tabelle con citazioni scelte e commenti ai dati
- Risultati sufficienti a supportare conlcusioni



Discussion section

- Mettere i risultati in contesto di altri studi (qui, rassegna più ampia rispetto a Introduzione)
- Interpretazione
- Come questa si confronta con la letteratura
- Esplorare casi contraddittori
- La originalità dei findings e loro utilità
- Limiti dello studio



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Abstract (qual res)

- Concise
- Complete, stand-alone information
- Reflects contents of paper
- Not misleading compared to information in full text
- Adheres to reporting guidelines
- Descriptive not numeric findings

TITLE

- Concise
- Contains keywords
- Reflects contents of paper
- Not misleading compared to findings
- No overstatement of results
- Defines type of study method

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❑ Step 5: Iniziare ad organizzare i contenuti

- ✓ Iniziare a collocare le informazioni in sezioni secondo lo schema IMRAD
- ✓ Definire per prima la sezione dei metodi, dei risultati.
- ✓ L'abstract può essere fatto una volta che sono state completate le sezioni principali del manoscritto

Quanto dettaglio nella descrizione?

Quali sono le informazioni essenziali?

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Informal GLs/reminders

FINER: feasible, interesting, novel, ethical relevant

the 3 Ws: What, so what, now what?

PICO: Partcipants, Interventions, Comparisons, and Outcomes

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Linee guida intenazionali per la composizione del manoscritto

- Uniform Requirements for Manuscripts Submitted to Biomedical Journals (URM) del International Committee on Harmonization (ICH) vedi ICMJE

Altri riferimenti utili

- EQUATOR (author resource center)
- CONSORT, STARD, PRISMA, STROBE, MOOSE
- American Medical Association Style Guide

Section/Topic	No	Checklist item	on page No
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	

CONSORT (quantitative res)

Table 1 Consolidated criteria for reporting qualitative studies (COREQ): 32-item checklist

No	Item	Guide questions/description
Domain 1: Research team and reflexivity		
Personal Characteristics		
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, discourse analysis, ethnography, phenomenology, content analysis*
Participant selection		
10.	Sampling	How were participants selected? *e.g. purposive, convenience, consecutive, snowball*
11.	Method of approach	How were participants approached? e.g. *face-to-face, telephone, mail, email*
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? e.g. *home, clinic, workplace*
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 findingsz		
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	Were 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?

(ii) Participant selection: Researchers should report how participants were selected. Usually purposive sampling is used which involves selecting participants who share particular characteristics and have the potential to provide rich, relevant and diverse data pertinent to the research question [13, 17]. Convenience sampling is less optimal because it may fail to capture important perspectives from difficult-to-reach people [16]. Rigorous attempts to recruit participants and reasons for non-participation should be stated to reduce the likelihood of making unsupported statements [18].

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CORE-Q
(Qualitative research)

	Introduction	
S3	Problem formulation	Description and significance of the problem/phenomenon studied; review of relevant theory and empirical work; problem statement
S4	Purpose or research question	Purpose of the study and specific objectives or questions
	Methods	
S5	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[b]
S6	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
S7	Context	Setting/site and salient contextual factors; rationale[b]
S8	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[b]
S9	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
S10	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[b]
S11	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
S12	Units of study	Number and relevant characteristics of participants, documents, or events included in the study; level of participation (could be reported in results)
S13	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/deidentification of excerpts
S14	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 [b]
S15	Techniques to enhance trustworthiness	Techniques to enhance trustworthiness and credibility of data analysis (e.g., member checking, audit trail, triangulation); rationale[b]
	Results/findings	
S16	Synthesis and interpretation	Main findings (e.g., interpretations, inferences, and themes); might include development of a theory or model, or integration with prior

SRQR (qualative res)

PENCIL AND PAPERS

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,

SQUIRE (Quality improvement)

❑ Step 6: scegliere le linee guida più vicine al tipo di studio

- ✓ Seguire le istruzini degli autori come riferimento generale
- ✓ Scegliere le linee guida specifiche per lo tipo di studio condotto
- ✓ Citare le linee guida nel testo per giustificare l'impostazione del manoscritto/ dello studio

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PENCIL AND PAPERS

How do I discuss my findings?

❑ Step 7: Seguire le Linee guida!!

- ✓ Seguire l'ordine indicato nella linea guida e sua checklist
- ✓ Inserire nella bozza gli elementi che avete
- ✓ Giustificate la mancanza di quelli che non avete
- ✓ Prendere esempio da altri articoli pubblicati nella stessa rivista

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CHECKLISTS

Table 1

Standards for Reporting Qualitative Research (SRQR)[a]

No.	Topic	Item
	Title and abstract	
S1	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
S2	Abstract	Summary of key elements of the study using the abstract format of the intended publication; typically includes background, purpose, methods, results, and conclusions
	Introduction	
S3	Problem formulation	Description and significance of the problem/phenomenon studied; review of relevant theory and empirical work; problem statement
S4	Purpose or research question	Purpose of the study and specific objectives or questions
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S7	Context	Setting/site and salient contextual factors; rationale[b]
S8	Sampling strategy	How and why research participants, documents, or events were selected; criteria for deciding when no further sampling was necessary

PENCIL AND PAPERS

[O'Brien 2014]

Common writing patterns

- Subject-verb-object
- General- specific
- Before-after
- Problem-solution
- Good news-bad news
- Paragraph-chapter
- Levels of interpretation

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Tenses used in MS

- Past: reference to single studies
- Present perfect: reference to areas of enquiry
- Present: state of current knowledge
- Future: potential developments and generalization

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Other tenses used in MS

- Past perfect: reference to work done previously to others in the past
- Conditional: hypotheses and general considerations
- Imperative: leading reader to figures or reference list.

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Writing style

1. Informative
2. Simple concise phrasing
3. Predictable writing patterns
4. Not left to interpretation of reader
5. Rigorous reporting of information

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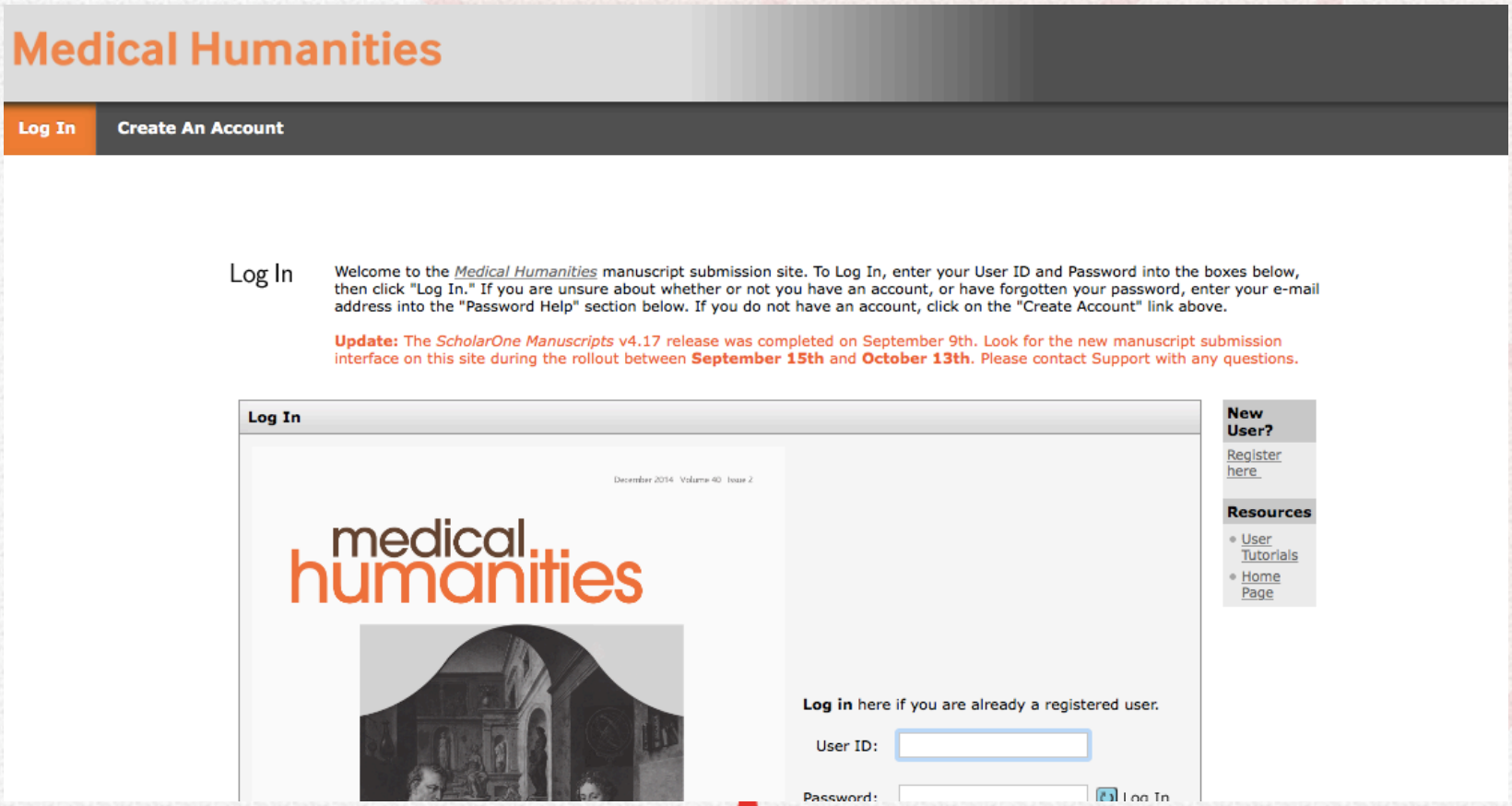
Electronic submission platform



THE END.

by *Manuella Walker*

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