



Strengthening primary healthcare research and reporting with the CRISP Checklist: Consensus Reporting Items for Studies in Primary Care

Birinci basamak sağlık araştırma ve raporlarının CRISP Kontrol Listesiyle güçlendirilmesi: Birinci Basamakta Yapılan Çalışmalar İçin Mutabakat Raporlama Maddeleri

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Dear editor,

Primary healthcare is the foundation of rational healthcare systems worldwide. It includes patient-centered clinical care, community-based healthcare systems and a clinical workforce led by family physicians or general practitioners.⁽¹⁾ This universal primary care commitment rests upon the foundation of knowledge produced through primary care research. Primary care practice has its own clinical perspectives and methods and requires evidence to answer its own research questions. Combined with the broader foundation of biomedical science, primary care research creates the foundation for comprehensive care of the whole person in the context of family, community and healthcare system.

Developing and disseminating this knowledge base requires partnerships among investigators, clinicians, patients, communities, journals and academic centers. The Journal of Turkish Family Physician is a leader in bridging the gap between academic primary care and clinical practice in the community.

In all health research, reporting study findings is an essential step in bringing new knowledge to improving clinical care, health systems and public policy. Developers of research reporting guidelines have long sought opportunities to guide authors to produce reports that include the information essential to assure study validity, increase generalizability, and reduce research waste.

The Enhancing the QUALity and Transparency Of health Research (EQUATOR) Network is an international group that seeks to improve the quality of he-

althcare research reporting by promoting transparent, guidelines-based reports. The EQUATOR Network has coordinated an array of health research reporting guidelines, including such commonly recognized guidelines as CONSORT for randomized controlled trials, STROBE for observational studies and PRISMA for systematic reviews.⁽²⁾

Our group's early studies found that family physicians, general practitioners and other primary care clinicians and teams frequently access original study reports but are frustrated that current reports often fail to meet their needs.³ After more than two decades of development and 500 research reporting guidelines, the EQUATOR Network did not offer a single guideline that directly addressed the needs of primary care.⁽²⁾

Primary care is often dismissed as “a little bit of this specialty and a little bit of that specialty”, and not as a scientific and clinical domain standing on its own. Similarly, primary care research methods are often thought to be “a little bit of these methods and a little bit of those methods” borrowed from other fields, not needing a reporting guideline of its own.

CRISP aimed to fill that gap with a research reporting guideline to meet the diverse and unique needs of primary care.

The CRISP (Consensus Reporting Items for Studies in Primary Care) Checklist is a new research reporting tool developed by and for primary care.⁴ It is the result of 5 years of rigorous, interprofessional, interdisciplinary, and international research that engaged the diverse worldwide community of primary

care, including investigators, practicing clinicians, patients, community representatives, educators, policymakers, editors and reviewers.

The CRISP team took a distinctly primary care approach to developing this guideline.⁽⁴⁾ Research reporting guidelines are traditionally based on the expert opinions of an elite group of methodologists. In contrast, CRISP based the Checklist on the shared needs of the experts - the producers and users of primary care research. Most guidelines are limited to a specific study design, research method, clinical problem or patient population. CRISP worked with a bigger palette and greater flexibility to apply to multiple study designs, methods, patients, problems and populations. This adaptability is needed for research to be relevant across the great diversity of practice settings in primary care.

CRISP engaged diverse voices of primary care through online surveys⁽⁵⁾ and an inclusive Delphi process.⁶ The CRISP included over 560 individuals from 30 nations across the spectrum of health professions, medical specialties, scientific disciplines and research roles. It also engaged patients and community representatives, emphasizing the voices of underrepresented groups and vulnerable communities.

The CRISP Checklist addresses central concepts and values of primary care and recommends that authors address these items in their study reports. A few examples illustrate how the CRISP Checklist stands out from other reporting guidelines in its focus on what makes primary care special.⁽⁴⁾

Engaging patients and communities in research - “Describe whether and how primary care, practicing clinicians, community members or other stakeholders were involved in the research process.” (item 3b)

Continuity of care - “Specify if the study focus is an isolated clinical encounter or a longitudinal course of care. If it is an isolated clinical encounter, specify if it is the first visit or a follow-up visit for the condition under study.” (item 6a)

Interdisciplinary team care - “For each clinician category, report profession, specialty and qualifications.” (item 7b)

Clinical application to shared decision-making - “Report findings to be clinically interpretable by primary care clinicians and patients.” (item 9c)

Implementation in various primary care settings - “Discuss the implications of study recommendations on demands and priorities in primary care practice.” (item 10b)

To include such PC-relevant information in final study reports, researchers must consider these items when planning studies and collecting data. Some items may not be available in databases or study protocols and the CRISP Checklist accepts such limitations. Still, including these elements in the CRISP Checklist may influence how we do research, collect data and report new knowledge to readers inside and outside of primary care.

The traditional EQUATOR guidelines that focus



on a single research method are still important for reporting primary care studies that use these specific methods. For example, a randomized controlled trial of an intervention in primary care should consider both the CONSORT and the CRISP Checklists. The flexibility of the CRISP Checklist makes it applicable to any study design or data source. As a result, not all items apply to all studies. CRISP emphasizes that the content and format of research reports are at the discretion of the authors and editors.

The CRISP Checklist can also be an aid for reviewers, journal clubs, and authors of systematic reviews. Researchers and educators are finding CRISP to be valuable in teaching primary care research to new researchers and colleagues from other fields.

Family medicine/general practice is a universal need and a common good in most healthcare systems. The primary care research that supports evidence-based care is likewise an international enterprise. CRISP is a global initiative to serve the worldwide community of primary care.

The CRISP checklist has earned endorsements from the world's leading primary care research organizations, WONCA - the World Organization of Family Doctors, and NAPCRG - the North American Primary Care Research Group.

A growing number of journals recommend the CRISP Checklist in their Information for Authors sections, including major research journals in North

America, Europe, Africa, and Australasia. Working with colleagues worldwide, the Working Group is translating the CRISP Checklist into multiple languages. As a leader in this international effort, *The Journal of Turkish Family Physician* has published a version of the CRISP Checklist in Turkish. (To learn more about these resources, see the CRISP website: <https://crisp-pc.org>)

The CRISP Checklist is available on the CRISP website, along with the full published CRISP Statement, including a supplement with guidance on using the Checklist with explanations and examples.⁽⁴⁾

The CRISP Checklist is a living document. The CRISP team invites experimentation, evaluation and suggestions to improve the quality, relevance, dissemination, and impact of primary care research. The CRISP Working Group joins *The Journal of Turkish Family Physician* in encouraging primary care teams to develop new ways to improve the planning, conduct reporting of the research we do to improve patient care and health outcomes in the communities we serve.

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