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A practical guide to reporting appraisal and transparency in qualitative research in health professions education

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Abstract

Qualitative research plays an increasingly important role in health professions education by exploring the meaning, process, and context that cannot be captured through quantitative approaches alone. It allows researchers to understand how patients, students, and practitioners experience, interpret, and act within clinical and educational environments, offering insights that are essential for improving curricula, practice, and policy. Despite its value, qualitative research has often been criticised for lacking transparency and rigour, particularly in areas such as sampling, analytic procedures, and researcher reflexivity. To address these concerns, structured reporting standards, such as the Consolidated Criteria for Reporting Qualitative Research (COREQ) and Standards for Reporting Qualitative Research (SRQR), were developed to enhance clarity, reproducibility, and appraisal. A range of appraisal tools is also available, with the Critical Appraisal Skills Programme (CASP) and the Joanna Briggs Institute (JBI) checklist widely used in health professions research, alongside other newer approaches such as the Differentiated Qualitative Appraisal (DiQuAl) tool. This review provides an overview and practical guide to reporting, appraisal, and transparency in qualitative research within health professions education. It discusses the evolution of reporting standards, compares key frameworks, highlights the importance of reflexivity and trustworthiness, and outlines practical strategies for embedding reporting guidelines throughout the research process. By integrating these approaches, researchers can produce more credible, transferable, and impactful qualitative scholarship.

Keywords Checklist, Education, Evidence-based practice, Health profession, Qualitative research

1 Introduction

Over the years, research in the health professions has drawn on a wide range of methodologies to generate evidence for practice, policy, and education [1]. Health disciplines such as medicine, nursing, dentistry, and allied health often rely on quantitative approaches such as randomised controlled trials, cross-sectional surveys, and laboratory experiments to establish evidence for clinical efficacy, epidemiological trends,

and biomedical mechanisms [2–5]. While these designs remain crucial, they are not designed to capture the lived experiences, cultural contexts, and complex social processes that shape healthcare delivery, patient engagement, and professional education.

Qualitative research addresses this important gap by focusing on the questions of meaning, process, and context, which extend beyond what numbers alone can reveal. For instance, qualitative research enables researchers to examine how patients interpret and cope with illness in their daily lives [6], how nursing students and recent graduates navigate identity formation [7], why dental technicians adopt or resist new artificial intelligence and advanced technologies [8], and how interprofessional teams perceive the complexities of communication, hierarchy, and collaboration in clinical environments [9]. It has also been applied to develop frameworks for feedback literacy in medical education [10]. Qualitative research draws on methods such as interviews and focus groups, and employs approaches like ethnography, case studies, phenomenology, and narrative inquiry. These allow researchers to capture rich, contextual insights that complement quantitative findings [11]. In health professions, where outcomes are shaped not only by technical interventions but also by lived experience, culture, and social context, such approaches are uniquely valuable and increasingly indispensable to collaborative and shared decision-making with clients and families.

Despite their growing value, critics have long highlighted shortcomings in qualitative studies, particularly regarding rigour, transparency, and reproducibility [11]. Common shortcomings include vague descriptions of sampling strategies, limited explanation of analytical procedures, and insufficient acknowledgement of researchers' influence [12]. Such omissions weaken and restrict the ability of readers, reviewers, and policymakers to judge the trustworthiness of the findings, and have been shown to reduce credibility and transferability in qualitative studies [12]. In recent years, this gap has been progressively addressed through the development of tailored reporting guidelines. The two most influential are the Consolidated Criteria for Reporting Qualitative Research (COREQ) [13] and Standards for Reporting Qualitative Research (SRQR) [14]. These tools are not intended to prescribe how qualitative studies should be conducted; rather, they ensure that reporting is comprehensive, transparent, and sufficiently detailed to enable critical appraisal, synthesis, and cumulative knowledge building. Hence, this review critically examines current standards for reporting qualitative research in health professions and proposes future directions to enhance methodological transparency, trustworthiness, and practical utility.

1.1 The evolution of reporting standards in qualitative research

Reporting standards for qualitative research have emerged as qualitative inquiry has gained recognition in the health and social sciences. For years, qualitative studies have been marginalised in evidence hierarchies. Clinicians and educators struggled to judge credibility or reproducibility, and empirical work confirmed this scepticism: many medical trainees and physicians viewed qualitative research as less scientific and more biased than quantitative approaches [15].

Calls for transparency intensified in the late twentieth century as qualitative work expanded to include medicine, nursing, dentistry, and allied health. An early response was the RATS guideline (Relevance, Appropriateness, Transparency, Soundness), which offered a simple structure for reporting [16], but proved too brief for increasingly

complex designs. The field then moved toward more comprehensive frameworks, paralleling quantitative standards such as the Consolidated Standards of Reporting Trials (CONSORT) [17]. Another major advancement was the COREQ checklist introduced in 2007 [13]. To cover broader traditions such as phenomenology, grounded theory, and ethnography, SRQR emerged in 2014, emphasising methodological coherence, ethical accountability, and clarity [14].

In health professions education, the development of reporting standards has been especially influential as qualitative research is increasingly used to explore learning, identity formation, and workplace dynamics [9, 10, 18]. Evolving reporting guidelines have strengthened the field by improving transparency, coherence, and the credibility of qualitative evidence [13, 14, 17]. By offering clear reporting expectations, they help articulate analytic processes and researcher positionality, and support more rigorous appraisal and knowledge synthesis.

1.2 COREQ: consolidated criteria for reporting qualitative research

The COREQ checklist, developed by Tong, Sainsbury, and Craig in 2007, marked a turning point in efforts to improve transparency in qualitative research [13]. Designed for interview and focus group studies, it was the first comprehensive checklist tailored to these methods. Its publication reflected growing recognition that qualitative research was often reported without sufficient detail for readers to judge rigour, and that a structured guide was needed to elevate standards.

COREQ comprises 32 items across three domains: research team and reflexivity, study design, and analysis and findings. The first domain highlights interviewer or facilitator characteristics, such as credentials, occupations, training, and relationships with participants, which are critical in health professions research, where power dynamics may shape responses. The second domain addresses study design, including theoretical framework, participant selection, sampling, recruitment, setting, and data collection methods, ensuring readers understand the methodological rationale and context. In clinical research, this might involve explaining purposive sampling to capture diverse patient experiences or structuring focus groups to encourage open discussions among participants. Meanwhile, the third domain focuses on analysis and findings, requiring clarity on analytic methods, theme development, software use, member checking, and inclusion of quotations to support interpretations. These items prevent analysis from appearing as a "black box" and allow evaluation of coherence and plausibility.

The strength of the COREQ lies in its detail and emphasis on reflexivity, acknowledging that researchers are not neutral instruments but active participants. In health professions research, where insider–outsider dynamics are common, such disclosure and transparency strengthen credibility. However, the COREQ is not without limitations. Designed for interviews and focus groups, it is less applicable to ethnography, case studies, or narrative research. Critics also warn that uncritical use may reduce it to a mechanical exercise, and some items are not relevant across all traditions, with evidence showing that authors sometimes prioritise checklist completion over meaningful engagement [19]. Nevertheless, the COREQ remains one of the most widely cited reporting checklists and is increasingly required in qualitative research in health professions [20].

1.3 SRQR: standards for reporting qualitative research

Recognising the need for a broader framework, O'Brien and colleagues introduced the SRQR in 2014 [14]. It was designed to include a full range of qualitative methodologies with 21 items that apply to phenomenology, grounded theory, ethnography, narrative inquiry, and case study research, making it a versatile tool across traditions. SRQR requires that titles and abstracts indicate the qualitative nature of the study, introductions present a clear research problem, and methodologies be justified in relation to detailed sampling, data collection, and analysis, while also addressing ethical considerations, such as informed consent and approval.

When comparing both COREQ and SRQR, it is evident that COREQ provides more detailed coverage of interview and focus group studies, particularly in relation to researcher reflexivity, interviewer characteristics, and specific data collection procedures. In contrast, SRQR offers a broader framework applicable across diverse qualitative methodologies, emphasising coherence between aims, design, and analysis, as well as ethical transparency, trustworthiness strategies, and transferability of findings. While COREQ excels in granularity, particularly reflexivity and data handling, SRQR extends reporting expectations to areas not covered by COREQ, including explicit articulation of research questions, ethical approvals, and conflicts of interest [21]. Taken together, COREQ might seem to be best suited for in-depth reporting of interview and focus group research, whereas SRQR provides a flexible framework for qualitative studies, reducing the risk of "methodological slurring".

1.4 Other checklists or frameworks for reporting qualitative research

The Cochrane Qualitative and Implementation Methods Group (CQIMG) has also contributed to evolving guidance, particularly for integrating qualitative evidence into systematic reviews of interventions [22]. While not a checklist in the same sense as COREQ or SRQR, CQIMG has developed methodological and reporting recommendations that influence how qualitative evidence is appraised and synthesised in Cochrane Reviews. For health professions research, where mixed-methods reviews are increasingly common, CQIMG's work highlights the importance of consistent reporting as a prerequisite for meaningful integration. In recent years, extensions and adaptations of the existing reporting frameworks have emerged. One notable development is the observational and qualitative study protocol reporting checklists for novice researchers (ObsQual) [23]. Nevertheless, evidence of its wide adoption is still scarce.

The Reflexive Thematic Analysis Reporting Guidelines (RTARG) were recently developed by Braun and Clarke to support methodologically coherent and reflexive open reporting of reflexive thematic analysis [24]. Its development was to address the shortcomings of generic checklists, such as COREQ and SRQR. Intended primarily as a reporting guideline, RTARG helps researchers and reviewers avoid methodological incoherence and promotes transparent values-based qualitative reporting in line with "Big Q" qualitative paradigms. In the same year, Braun and Clarke proposed the Big Q Qualitative Reporting Guidelines (BQQRG), a values-based framework, to help authors (and reviewers/editors) report Big Q (non-positivist) qualitative research with methodological congruence/integrity and reflexive openness [25]. It is offered as an alternative to one-size-fits-all tools such as COREQ or SRQR.

1.5 Critical appraisal tools

While reporting checklists provide structured guidance, their value is realised only when studies include sufficient detail for critical appraisal. Appraisal tools serve a complementary role, enabling reviewers, educators, and policymakers to judge methodological quality and trustworthiness [26]. In practice, appraisal is only as strong as reporting; a rigorous study may appear weak if poorly reported, whereas a flawed study may seem convincing if superficial details are presented. Thus, appraisal and transparent reporting are deeply interdependent [27, 28].

One of the most widely used appraisal tools is the Critical Appraisal Skills Programme (CASP) Qualitative Checklist, which was developed in the United Kingdom in 2018 [29]. The CASP tool uses 10 structured questions, including two quick screening items and eight detailed prompts, to guide systematic appraisal of qualitative studies with "yes", "no", or "can't tell" responses. It avoids scoring and encourages reflective judgment [30]. The Joanna Briggs Institute (JBI) Critical Appraisal Checklist for Qualitative Research provides another structured approach [31]. Unlike CASP, JBI applies explicit criteria to assess congruity between objectives, methodology, data collection, analysis, and interpretation. It also emphasises reflexivity, representation of participants' voices, and ethical conduct. Moreover, the *Evaluation Tool for Qualitative Studies* (ETQS) was designed in 2004 to provide a structured framework for critically appraising qualitative research [32]. It is organised into six domains, comprising 44 guiding questions. By systematically addressing these areas, the tool helps assess both the methodological quality and practical applicability of qualitative research findings. Nonetheless, it is considered too lengthy for practical use and is largely superseded by newer and more efficient tools such as CASP and JBI for assessing the quality of qualitative research.

Although other appraisal tools are available, such as those developed by the Centre for Evidence-Based Medicine (University of Oxford), National Institute for Health and Care Excellence, and Supporting the Use of Research Evidence (SURE) framework, they are primarily oriented toward evidence appraisal for guideline development and policy decision-making. CASP and JBI were chosen here because they are specifically designed for qualitative research and widely adopted in health professions, education, and systematic reviews, making them particularly suitable for the purposes of this discussion.

In 2020, Williams and colleagues argued that existing appraisal approaches are overly reductive, often treating qualitative research as a single methodology rather than diverse traditions with distinct epistemologies [33]. They noted that many tools blur reporting with methodological quality and overlook "partialities" such as recruitment, reflexivity, and transparency, calling instead for appraisal grounded in credibility, transferability, reflexivity, and dependability. Building on this critique, they proposed the Differentiated Qualitative Appraisal (DiQuAl) tool, designed to account for methodological differences (e.g., interpretative phenomenology, grounded theory, ethnography) and to help reviewers judge whether sampling, analysis, and theoretical integration align with the chosen method [34]. By addressing risks of "method slurring", DiQuAl enables clearer distinction between minor errors and major flaws, making appraisal more sensitive and contextually appropriate.

Therefore, the link between appraisal tools and reporting guidelines is direct. Without details of sampling, analysis, or reflexivity, appraisers cannot form valid judgments. Conversely, adherence to reporting standards ensures sufficient detail for meaningful

appraisal [35]. This synergy explains why journals increasingly mandate both reporting checklists at submission and appraisal tools during reviews. In health professions, appraisal is especially critical for evidence syntheses. Systematic qualitative reviews rely on transparent reporting to select, evaluate, and integrate qualitative studies.

1.6 Selecting and applying reporting checklists and guidelines in qualitative research

This section provides a simplified, step-by-step approach to help researchers apply standards, such as COREQ and SRQR, throughout the qualitative research process. The decision on which checklist to use depends on the study's design and purpose. Researchers should avoid treating checklists as mere box-ticking exercises, because their items are intended to serve as prompts for meaningful reflection rather than bureaucratic hurdles [26]. For example, when checklists ask about interviewer credentials, the aim is not to satisfy curiosity but to contextualise potential power dynamics and researcher influence. Thus, reporting checklists becomes an instrument of reflexive practice. Although the available checklists and guidelines provide structured frameworks, researchers often struggle to apply them meaningfully rather than mechanically. A frequent pitfall is the use of these checklists only after a manuscript has been drafted, which reduces them to perfunctory forms. In practice, reporting guidelines are most effective when embedded throughout the entire research process, from study design to data collection, analysis, and final write-up, ensuring that transparency and reflexivity are integral from the outset rather than retrofitted at the end.

1.6.1 At the study design stage

Applying reporting checklists or guidelines early enables researchers to anticipate information that must be collected and documented. For instance, if interviewer characteristics or relationships with participants are overlooked during the study design, critical details may be lost or forgotten at the write-up stage. A practical solution is to maintain a "reporting log" alongside the study protocol, noting key items as the project unfolds.

1.6.2 During data collection

Checklists can also guide documentation during fieldwork by emphasising the importance of reporting ethical approvals, recruitment strategies, and data collection procedures. Therefore, researchers should maintain detailed field notes, reflexive journals, and audit trails that capture not only what was done but also why. For example, if a study shifts from focus groups to individual interviews because of participant discomfort, documenting both the change and its rationale helps to ensure coherence and credibility in reporting.

1.6.3 Writing the manuscript

At the manuscript drafting stage, the reporting guidelines serve as a roadmap for structuring the paper. A practical approach is to align the manuscript sections with guideline items, but these should not be treated as mechanical box-ticking (re-emphasis). Each item is an opportunity to enhance transparency, such as by explaining how a researcher's background or professional status may have influenced participant responses.

1.6.4 Preparing for peer review

Aligning manuscripts with reporting standards before submission can minimise the risk of reviewer criticism due to a lack of detail or transparency. Journals increasingly expect adherence to the COREQ, SRQR, or similar frameworks when reviewing qualitative work.

1.6.5 Supervisory and educational use

Reporting checklists also serve as valuable teaching and supervisory tools. Graduate supervisors in health professions can ask students to draft manuscripts alongside a COREQ or SRQR checklist, identifying gaps in transparency before formal submission. Similarly, journal clubs and research workshops can use CASP or JBI in tandem with reporting checklists to teach critical appraisals. This dual approach, reporting and appraisal, helps students understand not only how to write qualitative research but also how to evaluate it.

1.6.6 Common pitfalls to avoid

Despite their value, reporting checklists or guidelines are often misused in ways that undermine their purpose. A common pitfall is treating them as afterthoughts, in which researchers wait until manuscript submission to complete the checklist, resulting in vague or incomplete responses. Others fall into superficial compliance, for instance, stating only that "thematic analysis was used" without clarifying coding steps or reflexivity strategies, which does not meet the expectations of comprehensive reporting. Misapplication is another issue, such as rigidly using one guideline for methodologies that it was not designed for. For example, a tool developed for interview-based studies can be applied to ethnographic or case study designs without thoughtful adaptation. Perhaps most concerning is the neglect of reflexivity; although many guidelines emphasise the researcher's positionality and influence, manuscripts frequently minimise or omit this entirely. To avoid these shortcomings, researchers should treat reporting guidelines as integral to the research process. They remind researchers to ask; Have I explained my methodological choices? Have I acknowledged my influence as a researcher? Have I given enough detail to others to appraise my work?

1.7 Reflexivity and trustworthiness in reporting

In response to critics of qualitative research for its rigour, transparency, and reproducibility, qualitative research is evaluated based on criteria such as credibility, transferability, dependability, and confirmability, while reflexivity assures the transparency of the research [36].

To ensure trustworthiness in reporting, providing detailed characteristics of participants helps illustrate the transferability of the qualitative findings. For instance, when investigating students, it is important to describe the participants' demographic details (e.g., gender, age), educational backgrounds (e.g., low, average, or high achievers; preclinical or clinical year), as well as details about their admission, curriculum (e.g., system-based, early clinical exposure) and assessments [37]. By identifying the specific context of the participants, readers can determine whether the qualitative findings are applicable to their own situation. When participants report in detail, it allows readers to judge how different contexts might have influenced their own participants. In addition,

a comprehensive description of the participants enables future researchers to duplicate the research in different settings after reviewing the potential limitations in the sample selection.

In qualitative research, the researcher serves as an instrument, resulting in human subjectivity. Therefore, acknowledging researchers' awareness of their own values and experiences, which may form biases on the research topic, is crucial for demonstrating reflectivity in reporting qualitative findings. A reflexivity report should describe the researchers' identities (e.g., in relation to their potential biases in the study), the nature of their biases, the ways their biases might influence the research process in terms of collecting, analysing, and interpreting the data, their emotional responses when reading the findings, and the measures to minimise potential biases [10, 38, 39]. As such, integrating a dedicated section on researchers' reflexivity is recommended in qualitative write-up.

Maintaining a decision-making diary is an effective approach for documenting audit trails, ensuring the dependability and confirmability of qualitative research. A diary logs decisions made throughout the research process, from initial conceptualisation to closure of the study. The diary captures details from meetings and discussions, researchers' personal reflections, methodological changes, and the rationale behind data analysis and interpretation [36]. By providing a well-documented diary, researchers establish accountability for the research process. The benefits of keeping and reporting a decision-making diary extend beyond immediate research. It serves as a transparent record that enables future researchers to assess the transparency of the research, duplicate this research, and trace the development of decision-making back to its origins. The diary may be extensive; it is recommended to report important decisions in the qualitative write-up, and the entire diary should be deposited in a public database.

All research has some limitations. Clear reporting of research methods enables readers to assess whether prolonged engagement, persistent observation, triangulation, member checks, or peer reviews have been conducted, thereby evaluating the credibility of the research [36]. In conclusion, reporting reflexivity and trustworthiness from the initial conceptualisation to the conclusion of qualitative research enhances researchers' accountability and transparency.

1.8 Future directions: challenges and opportunities for reporting in health professions

As qualitative research continues to inform clinical care, education, and policy, transparent reporting must evolve beyond box-ticking toward practices that enhance trustworthiness and cumulative knowledge. Building on the available reporting and critical appraisal tools for qualitative research, future work should address the following challenges and opportunities.

1.8.1 Method-specific reporting, not one-size-fits-all

Expand and refine method-tailored guidelines (e.g., reflexive thematic analysis–oriented reporting, phenomenology, case study) to complement general checklists. Prioritise clarity on epistemology, analytic approach, and researcher role, so reporting aligns with the actual methodology used.

1.8.2 Discipline-specific extensions

Develop pragmatic add-ons for health profession education (e.g., context items about curricula, scope of practice, supervision structures) to enhance transferability judgments across settings.

1.8.3 Education and supervision

Embed reporting training early, such as requiring an audit trail alongside protocols, using COREQ or SRQR during manuscript drafting (not after), and pair them with either CASP or JBI in teaching methods, journal clubs, and peer-review exercises.

1.8.4 Journal policy and peer-review support

Encourage journals to (i) state which checklists they expect for which designs, (ii) provide author templates with exemplars, and (iii) train reviewers to recognise methodological coherence rather than checklist maximalism.

1.8.5 Open, ethical transparency

Promote the sharing of de-identified materials where appropriate (coding frameworks, audit-trail summaries, analysis memos) via repositories alongside clear statements on data access limits, cultural safety, and participant protection.

1.8.6 Equity, context, and stakeholder involvement

Enhance the reporting of participants and contextual characteristics to facilitate transferability. Equally important is the transparent reporting of power dynamics and access barriers, which often shape the recruitment, participation, and interpretation of findings. These issues are best located within the *researcher's reflexivity* section, where authors should reflect on how their positionality, institutional affiliation, or social identity may have influenced participants' willingness to share, as well as how systemic or structural barriers constrain access to certain groups. Doing so situates the findings within broader sociocultural and equity contexts.

1.8.7 Responsible use of digital tools

Encourage transparent reporting when software assists transcription, coding, or summarisation (including AI-enabled tools): specify what was used, for which tasks, and how researchers verified outputs to preserve interpretive integrity.

2 Conclusion

Qualitative research plays a crucial role in advancing health professions education by capturing lived experiences, cultural contexts, and complex processes that shape practice, learning, and patient care. While reporting guidelines such as COREQ and SRQR have significantly strengthened transparency and accountability, challenges remain in ensuring meaningful and context-sensitive use. Future progress will depend on embracing method-specific frameworks, embedding reflexivity throughout the research process, and aligning reporting with critical appraisals and synthetic practices. Equally important are efforts to support discipline-specific extensions, enhance education and supervision, and foster journal policies that value coherence over checklist compliance. By promoting open, ethical transparency, and responsible integration of digital

tools, the field can move toward more trustworthy, transferable, and impactful qualitative research. Ultimately, strengthening reporting and appraisal practices is not merely a technical exercise but a collective responsibility to enhance the credibility, usability, and influence of qualitative inquiry in health professions education.

Author contributions
G.S.S.L. contributed to the conceptualisation, drafted the manuscript, and oversaw the overall project administration. C.C.F., M.N.M.N. and M.C.C. were involved in methodology development and editing of the manuscript. All authors read and approved the final version of the manuscript.

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