GRIPP2 Checklist - Short Form

Article: Building Researcher Capacity for Patient Engagement in Patient-Centered Outcomes Research: A Mixed-Methods Pilot Evaluation of PREPARE

Journal: Research Involvement and Engagement

Checklist selected: GRIPP2 Short Form. Selected because patient and public involvement and engagement was embedded across the study rather than the sole object of evaluation.

Section and topic	GRIPP2-SF item	Where reported and details
1: Aim	Report the aim of PPI in the study	Introduction (p4) and Methods (p5): Patient and Public Involvement and Engagement. The aim was to ensure that the needs assessment and PREPARE training were relevant, practical, and informed by lived experience.
2: Methods	Provide a clear description of the methods used for PPI in the study	Methods (p5): Patient and Public Involvement and Engagement. A 9-member advisory board including patient experts, clinicians, and academic researchers refined needs assessment tools, advised on recruitment, reviewed preliminary findings, and contributed to workshop content and format. Patient experts co-facilitated the training, and a patient author contributed to instrument refinement, curriculum development, interpretation, and manuscript review.
3: Study results	Report the results of PPI in the study, including both positive and negative outcomes	Methods (p5) and Results (p10) and Additional file 1. PPI informed the survey, training content, workshop format, co-facilitation, and interpretation. The manuscript also notes that patient experts did not participate in line-by-line transcript coding and that contributors' experiences of involvement were not formally evaluated.
4: Discussion and conclusions	Comment on the extent to which PPI influenced the study overall. Describe positive and negative effects	Discussion (p12), Strengths and limitations (p15), Future directions (p16), and Conclusions (p17). PPI is presented as central to the needs-informed, patient-partnered approach and as a strength supporting feasibility and relevance. Limitations include lack of formal evaluation of patient/public contributors' experiences and potential negative effects.
5: Reflections/critical perspective	Comment critically on what went well and what did not so others can learn	Methods (p5) and Discussion (p12). What went well: patient/public input informed tools, curriculum, delivery, interpretation, and manuscript development. What was limited: patient experts were not involved in transcript coding, contributors' experiences were not systematically evaluated, and involvement was embedded in one institutional engagement infrastructure.