Appendix 10: Criteria used for assessing confidence in the evidence supporting the review findings using the CERQual approach

| | | | Do not Downgrade Confidence Level | | Downgrade Confidence Level | |
|--|--|---|--|--|---|--|
| | | | | | Moderate | Serious |
| | | | • | | | |
| limitations met wea with indi stuc imp con | re there any ethodological eaknesses of thin dividual endies that est apact our enfidence in the findings? | CERQual suggests assessing issues of recruitment, data collection and analysis; but leaves the criteria selection to review authors. As previously defined by Hall et al., 2019, we will follow identified 4 areas to assess: - recruitment methods - data collection methods - assessor influence - data analysis methods Based on these criteria each individual study's methodological rigour was determined to be: low, moderate or good. Threats were considered to be present if the study was | No or very little concerns None of the supporting data comes from studies with low methodological rigour | Minor Concerns <25% of the supporting data comes from studies with low methodological rigour | Moderate Concerns 25-50% of the supporting data comes from studies with low methodological rigour | Serious Concerns >50% of the supporting data comes from studies with low methodological rigour |

| | | methodological rigour. | | | | |
|-----------|---|---|---|---|---|---|
| Coherence | How clear and cogent the fit is between the data from the primary studies and a review finding that synthesizes that data? By 'cogent', we | Contradictory data Ambiguous or incomplete data Competing theories | No threats present in the supporting data | Threats present in <25% of the supporting data | Threats present in 25-50% of the supporting data | Threats present in >50% of the supporting data |
| | mean well supported or compelling | | | | | |
| Adequacy | The degree of richness as well as the quantity of data supporting the review finding. | - Data richness - descriptive findings: superficial data is ok, - Data richness - explanatory findings: superficial data may lack sufficient quality to fully explore the phenomenon - Data quantity: one or very few studies or small studies may cause concern. This, however, should be taken into context of the review aim and question. If the finding is about a broad phenomenon or large | The supporting data is of sufficient richness and quantity. | The data comes from multiple studies in different settings and varying sample sizes and <25% of the supporting data is too superficial. | The data comes from only a few studies or small studies and 25-50% of the supporting data is too superficial. | The data comes from only a few studies or small studies and >50% of the supporting data is too superficial. |

| | | variety of people have | | | | |
|-----------|---|--|--|---|--|--|
| | | less confidence if it is | | | | |
| | | based on small studies. | | | | |
| Relevance | The extent to which the body of data from the primary studies is applicable to the context specified in the | Relevance will be assessed in terms of the following elements of our review question: Population: Any URTI outlined in the Choosing Wisely Canada Guidelines: | The supporting data is of direct relevance to the review question. | Some of the supporting data (< 25%) is of indirect, partial or unclear relevance. | Some of the supporting data (25-50%) is of indirect, partial or unclear relevance. | The majority of the supporting data (>50%) is of indirect, partial or unclear relevance. |
| | review question. | - Otitis Media - Pharyngitis - Sinusitis - The common cold - Bronchitis Phenomenon of interest: Family physicians' perspectives and experiences regarding | | | | |
| | | evidence based antibiotic prescribing practices for URTIs. Context: Patients with URTIs in primary care settings. | | | | |

Note: Single study rule: for themes with data from a single study only, the following criteria was used to judge methodological limitation: If the study has moderate or low moderate methodological rigour, the confidence level was downgraded.

^{*} Reproduced from: Hall AM, Scurrey SR, Pike AE, Albury C, Richmond HL, Matthews J, et al. Physician-reported barriers to using evidence-based recommendations for low back pain in clinical practice: a systematic review and synthesis of qualitative studies using the Theoretical Domains Framework. *Implement Sci.* 2019;14:49.