

## PRECIS-2-Provider Strategies (PS)

### PRECIS-2-PS: Domains and Key Questions

Domain Name	Key Question
1. Eligibility	To what extent are healthcare providers in the trial similar to those in usual care?
2. Recruitment	How much extra effort is made to recruit healthcare professionals into the trial compared to what is available to encourage their engagement in usual care settings?
3. Setting	How different is the health care or public health setting (e.g., hospital, clinic, health department) in which the trial is conducted compared to usual care settings?
4. Implementation Resources	How different are the resources needed to support the delivery of the provider-focused strategies from resources that are readily available in usual care?
5. Flexibility of Provider Strategies	How different is the flexibility in how provider-focused strategies are delivered in the trial and the flexibility in how provider-focused strategies are likely to be delivered in usual care?
6. Flexibility of Intervention	How different is the flexibility in how the intervention is delivered by healthcare providers to patients and the flexibility in how the intervention would be delivered in usual care?
7. Data Collection	How different is the frequency and intensity of measurement and data collection throughout the trial compared to what is considered routine in usual care?
8. Primary Outcome	To what extent is the trial's primary outcome important to healthcare professionals?
9. Primary Analysis	To what extent are all data included in the analysis of the primary outcome?

*Note.* 1 = Very explanatory, 5 = very pragmatic. Detailed description of usual care and implementation-as-usual is necessary for understanding and documenting the context in which the trial will occur. Stakeholders involved in trial planning are encouraged to provide as much detail as possible on the context of implementation with respect to the domains above and not be limited to a few brief descriptors. Additional trial information relevant to the score decision-making process can be added as well as changes to trial elements or the context of implementation-as-usual that may occur during the trial. Worksheet includes domain score, rationale, and description of usual care and implementation-as-usual.

### Select References

- [Norton](#), W.E., Loudon, K., Chambers, D.A., & Zwarenstein, M. (2021). Designing provider-focused implementation trials with purpose and intent: Introducing the PRECIS-2-PS tool. *Implementation Science*.
- [Loudon](#) et al. (2015). The PRECIS-2 tool: Designing trials that are fit for purpose. *BMJ*.
- [Johnson](#), K.E., Neta, G., et al. (2016). Use of PRECIS-2 ratings in the National Institutes of Health (NIH) Health Care Systems Research Collaboratory. *Trials*.
- [Zwarenstein](#), M. (2017). Pragmatic and explanatory attitudes to randomized trials. *Journal of the Royal Society of Medicine*.

### Select Resources

- *PRECIS-2 Website*: PRECIS-2 Toolkit, podcasts, webinars, how-to guide; database of 700+ trials that have been scored using PRECIS-2; [www.precis-2.org](http://www.precis-2.org)
- *NIH Collaboratory Living Textbook*: Collection of knowledge from the NIH Health Care Systems Research Collaboratory; chapters on design, conduct, and dissemination of pragmatic clinical trials; training resources, newsletter, webinars; [www.rethinkingclinicaltrials.org](http://www.rethinkingclinicaltrials.org)
- *Pragmatic Trials: A Workshop Handbook*: Adult and Child Center for Health Outcomes Research and Delivery Science (ACCORDS), Colorado Research and Implementation Science Program (CRISP); [www.crispebooks.org](http://www.crispebooks.org);
- *edX Massive Open Online Course* (archived): Pragmatic Randomized Controlled Trials in Health Care; [www.edx.org/course/pragmatic-randomized-controlled-trials-in-health-c](http://www.edx.org/course/pragmatic-randomized-controlled-trials-in-health-c)