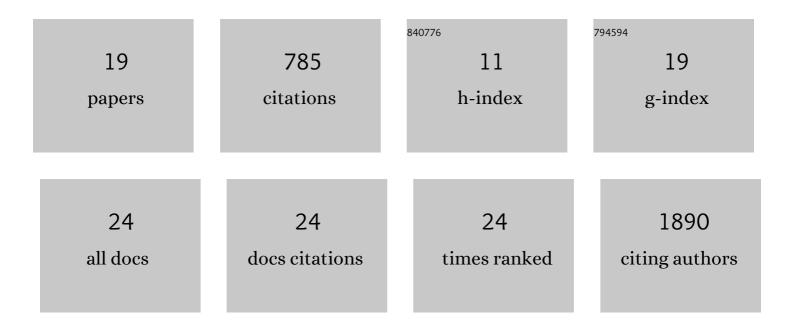
## Aileen Grant

List of Publications by Year in descending order

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#	Article	IF	CITATIONS
1	Using the theoretical domains framework to explore primary health care practitioner's perspectives and experiences of preconception physical activity guidance and promotion. Psychology, Health and Medicine, 2020, 25, 844-854.	2.4	6
2	Pharmacist and Data-Driven Quality Improvement in Primary Care (P-DQIP): a qualitative study of anticipated implementation factors informed by the Theoretical Domains Framework. BMJ Open, 2020, 10, e033574.	1.9	3
3	Designing process evaluations using case study to explore the context of complex interventions evaluated in trials. Trials, 2020, 21, 982.	1.6	9
4	Qualitative exploration of the acceptability of a postnatal pelvic floor muscle training intervention to prevent urinary incontinence. BMC Women's Health, 2020, 20, 9.	2.0	18
5	Basic versus biofeedback-mediated intensive pelvic floor muscle training for women with urinary incontinence: the OPAL RCT. Health Technology Assessment, 2020, 24, 1-144.	2.8	19
6	Effectiveness and cost-effectiveness of basic versus biofeedback-mediated intensive pelvic floor muscle training for female stress or mixed urinary incontinence: protocol for the OPAL randomised trial. BMJ Open, 2019, 9, e024153.	1.9	14
7	Effectiveness and cost-effectiveness randomised controlled trial of basic versus biofeedback-mediated intensive pelvic floor muscle training for female stress or mixed urinary incontinence: protocol for the OPAL (optimising pelvic floor exercises to achieve long-term benefits) trial mixed methods longitudinal qualitative case study and process evaluation. BMJ Open, 2019, 9,	1.9	4
8	Process evaluation of the Data-driven Quality Improvement in Primary Care (DQIP) trial: quantitative examination of variation between practices in recruitment, implementation and effectiveness. BMJ Open, 2018, 8, e017133.	1.9	3
9	Process evaluation of the Data-driven Quality Improvement in Primary Care (DQIP) trial: case study evaluation of adoption and maintenance of a complex intervention to reduce high-risk primary care prescribing. BMJ Open, 2017, 7, e015281.	1.9	17
10	Process evaluation of the data-driven quality improvement in primary care (DQIP) trial: active and less active ingredients of a multi-component complex intervention to reduce high-risk primary care prescribing. Implementation Science, 2017, 12, 4.	6.9	24
11	Why is so much clinical research ignored and what can we do about it?. British Journal of Hospital Medicine (London, England: 2005), 2016, 77, 554-555.	0.5	3
12	Safer Prescribing — A Trial of Education, Informatics, and Financial Incentives. New England Journal of Medicine, 2016, 374, 1053-1064.	27.0	138
13	An ethnographic exploration of influences on prescribing in general practice: why is there variation in prescribing practices?. Implementation Science, 2013, 8, 72.	6.9	33
14	Process evaluations for cluster-randomised trials of complex interventions: a proposed framework for design and reporting. Trials, 2013, 14, 15.	1.6	358
15	Acceptability and perceived barriers and facilitators to creating a national research register to enable 'direct to patient' enrolment into research: the Scottish Health Research Register (SHARE). BMC Health Services Research, 2013, 13, 422.	2.2	32
16	Learning from errors: what is the return on investment from training medical students in incident review?. Clinical Risk, 2013, 19, 1-5.	0.1	3
17	Study protocol of a mixed-methods evaluation of a cluster randomized trial to improve the safety of NSAID and antiplatelet prescribing: data-driven quality improvement in primary care. Trials, 2012, 13, 154.	1.6	14
18	A cluster randomised stepped wedge trial to evaluate the effectiveness of a multifaceted information technology-based intervention in reducing high-risk prescribing of non-steroidal anti-inflammatory drugs and antiplatelets in primary medical care: The DQIP study protocol. Implementation Science, 2012, 7, 24.	6.9	37

#	Article	IF	CITATIONS
19	Preferences of Community Pharmacists for Extended Roles in??Primary Care. Pharmacoeconomics, 2007, 25, 783-792.	3.3	50