

Aileen Grant

List of Publications by Year in descending order

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Version: 2024-02-01

19
papers

785
citations

840776

11
h-index

794594

19
g-index

24
all docs

24
docs citations

24
times ranked

1890
citing authors

#	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. <i>Psychology, Health and Medicine</i> , 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. <i>BMJ Open</i> , 2020, 10, e033574.	1.9	3
3	Designing process evaluations using case study to explore the context of complex interventions evaluated in trials. <i>Trials</i> , 2020, 21, 982.	1.6	9
4	Qualitative exploration of the acceptability of a postnatal pelvic floor muscle training intervention to prevent urinary incontinence. <i>BMC Women's Health</i> , 2020, 20, 9.	2.0	18
5	Basic versus biofeedback-mediated intensive pelvic floor muscle training for women with urinary incontinence: the OPAL RCT. <i>Health Technology Assessment</i> , 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. <i>BMJ Open</i> , 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. <i>BMJ Open</i> , 2019, 9, e024153.	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. <i>BMJ Open</i> , 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. <i>BMJ Open</i> , 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. <i>Implementation Science</i> , 2017, 12, 4.	6.9	24
11	Why is so much clinical research ignored and what can we do about it?. <i>British Journal of Hospital Medicine (London, England: 2005)</i> , 2016, 77, 554-555.	0.5	3
12	Safer Prescribing – A Trial of Education, Informatics, and Financial Incentives. <i>New England Journal of Medicine</i> , 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?. <i>Implementation Science</i> , 2013, 8, 72.	6.9	33
14	Process evaluations for cluster-randomised trials of complex interventions: a proposed framework for design and reporting. <i>Trials</i> , 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). <i>BMC Health Services Research</i> , 2013, 13, 422.	2.2	32
16	Learning from errors: what is the return on investment from training medical students in incident review?. <i>Clinical Risk</i> , 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. <i>Trials</i> , 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. <i>Implementation Science</i> , 2012, 7, 24.	6.9	37

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