**Supplement A**

***Medline Search Strategy***

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| --- | --- | --- |
| # | Searches | Results |
| 1 | aged/ or "aged, 80 and over"/ | 3005618  |  |  |  |
| 2 | aged.tw,kf. | 546230  |  |  |  |
| 3 | elder\*.tw,kf. | 250529  |  |  |  |
| 4 | senior\*.tw,kf. | 38723  |  |  |  |
| 5 | ((elder\* or senior\* or old\* or older) adj3 (adult\* or individual\* or people or citizen\* or person\*)).tw,kf. | 177746  |  |  |  |
| 6 | dementia/ or alzheimer disease/ or aphasia, primary progressive/ or primary progressive nonfluent aphasia/ or dementia, vascular/ or dementia, multi-infarct/ or "pick disease of the brain"/ or lewy body disease/ | 135474  |  |  |  |
| 7 | dementia\*.tw,kf. | 105480  |  |  |  |
| 8 | frontotemporal lobe dementia.tw,kf. | 45  |  |  |  |
| 9 | lewy body dementia.tw,kf. | 793  |  |  |  |
| 10 | alzheimer\*.tw,kf. | 139953  |  |  |  |
| 11 | palliative approach\*.tw,kf. | 571  |  |  |  |
| 12 | Palliative Care/ | 52001  |  |  |  |
| 13 | palliat\*.tw,kf. | 73440  |  |  |  |
| 14 | (palliat\* adj3 (care or approach or utiliz\* or method\*)).tw,kf. | 29764  |  |  |  |
| 15 | nurses/ or nurse administrators/ or nurse practitioners/ or family nurse practitioners/ or nurse specialists/ or nurses, community health/ or nurses, international/ or nurses, male/ or nurses, public health/ or nursing staff/ or nursing staff, hospital/ | 130490  |  |  |  |
| 16 | nurse\*.tw,kf. | 266369  |  |  |  |
| 17 | physicians/ or general practitioners/ or hospitalists/ or physicians, family/ or physicians, primary care/ or physicians, women/ | 118586  |  |  |  |
| 18 | 1 or 2 or 3 or 4 or 5 | 3487876  |  |  |  |
| 19 | 6 or 7 or 8 or 9 or 10 | 224860  |  |  |  |
| 20 | 11 or 12 or 13 or 14 | 92547  |  |  |  |
| 21 | 15 or 16 or 17 | 439425  |  |  |  |
| 22 | 18 and 19 and 20 and 21 | 124  |  |  |  |
| 23 | 18 and 19 and 20 | 815  |  |  |  |
| 24 | limit 23 to (english language and yr="1990 -Current") | 717  |  |  |  |
| 25 | (2018021\* or 2018022\* or 2018031\* or 2018032\* or 201803\* or 201804\* or 201805\* or 201806\* or 201807\* or 201808\* or 201809\* or 201810\* or 201811\* or 201812\* or 2019\*).dt,ez,ed. | 3040503 |  |  |  |
| 26 | 24 and 25 | 180 |  |  |  |
|   |  |
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**Supplement B**

***Summary of Included Studies***

| **First Author, Publication Year (Country)** | **Design** | **Inclusion Criteria**  | **Data Collection Method** | **Sampling** | **Analysis Method** | **Participants & Sample Size** |
| --- | --- | --- | --- | --- | --- | --- |
| Studies Addressing Perspectives and Experiences of Nurses and Physicians |
| \*Brazil, 2015Brazil, 2017Carter, 2017Van der Steen, 2016(Europe-Netherlands & Northern Ireland, UK) | Cross-sectional Observational | Physicians with a responsibility to provide primary care for older persons with dementia in any settings including at the end of life | Cross-sectional postal survey with open-ended questions  | Purposive | Descriptive, thematic and multivariate statistical analysis | Netherlands: n=188Response rate: 66.6%UK/NI: n=133Response rate: 40.6% |
| \*Beernaert, 2014 & 2015(Europe) | Qualitative | FPs & Nurses from different disciplines and backgrounds due to the multidisciplinary nature of palliative care.  | Focus groups and semi-structured interviews | Purposive | Thematic analysis | FPs (n=20)Nurses recruited from nursing institutions, independent nurses and nurses from palliative home care teams (n=12) |
| Davies, 2014 (Europe) | Qualitative | Eligibility criteria were not explicit. National experts covering policy, service organization, service delivery, patient groups and research in Palliative care related to dementia and cancer | Semi-structured interview | Purposive & Snowball  | Thematic analysis | Sample size: 77Nurses: n=11; doctors: n=23; researchers n=10; management/policy n=28; social workers n=2; psychologist n=2; volunteer n=1 |
| De Witt Jansen, 2017 (Europe- Northern Ireland) | Qualitative  | Physicians from various departments and settings who provided care to people with dementia at the terminal stage | Semi-structured interviews | Purposive | Braun and Clarke's paradigm of thematic analysis | Sample size: 23 PhysiciansRecruitment continued until saturationPrimary care-GP: 9 (39%); Psychiatry: 7 (30%); Hospice: 7 (30%) |
| Evans, 2014 (Europe- Netherlands) | Retrospective observational  | Questionnaire: GPs who provided palliative care to patients with dementia in the last year of lifeChart review: Patients under these GP's care | Chart review and questionnaire | Clustered | Descriptive & multivariate statistical analysis | Post humous chart review: 72 patientsQuestionnaire: 63 GPs from Dutch Sentinel General Practice Network.  |
| Ryan, 2012 (Europe-UK) | Qualitative | Inclusion criteria not explicitPalliative practitioners in a variety of settings including general practice | Focus groups & individual interviews | Purposive | Thematic | Consultant n= 4; junior doctor n= 9; general practitioner n= 6; practice nurse n=4; CNS n=11; other nurses n= 19; allied health professional n= 5Response rate: 100% |
| Toivonen, 2017 (Europe- Southern Finland) | Qualitative Heideggerian hermeneutic phenomenological study | Either a registered nurse or an assistant nurse; at least 1-year working experience in the nursing care of older people with dementia at the time of the interview; volunteered to participate in the study | Unstructured interview | Purposive | Inductive content analysis | 9 RNS & 8 assistant nurses, n=17 female nurses working in 10 different nursing settings including home care, outpatient care and institutional care in both the public and private sector |
| Vleminck, 2014 (Europe-Belgium) | Qualitative | GPs with experience in ACP, palliative patients and/or communication in the last phase of life | Focus group | Purposive & snowball | Thematic-constant comparative analysis  | Sample size: 36 GPs (n=9, n=11, n=4, n=5, n=7) attended 1/5 focus groups |
| Studies Addressing Impact of a Palliative Approach in Dementia Care |
| Carduff, 2016 (UK) | Qualitative evaluation  | Eligibility criteria were not explicit. Informal carers of persons with terminal conditions.  | Semi-structured interviews | Convenience | Descriptive and thematic analysis | 4 GP PracticesInterviews with n=11 carers n=4 carer liaison (1 nurse, 1 administrator, 1 phlebotomist & 1 health care assistant) and 1 GP in each practice (n=4)Response rate: 36% |
| Clevenger, 2018(North America-Atlanta) | Single-group pre-post experimental design | Community-dwelling persons living with dementia and their family | Participant interviews and chart reviews | Purposive | Descriptive and paired t-test | Sample size: First 139 patient-caregiver dyad |
| Daaleman, 2019(North America-USA) | Case study to evaluate a program (REACH) | Adult patients; unable to accessoffice-based care and had serious illness diagnoses that affected health services coordination; lived within 30 miles of the University of North Carolina Medical Center | Retrospective chart review; and structured interviews (patients) | Convenience | Descriptive statistics and bivariate analyses | Sample size: 159 (chart review)Structured interview: n=18 |
| Holley, 2009 (North America- Chicago, USA) | Retrospective mixed methods study | Informal caregivers whose loved ones died during the first year of attending the PATCH program.Eligibility for PATCH: Patients 65 and older; enrolled in Medicare Part B; existing University of Chicago affiliation; homebound as defined by Medicare; limited life expectancy  | Chart review and interview | Purposive | Thematic, descriptive & multivariate statistical analysis | Chart review performed for all patients enrolled in PATCH, n=74 Telephone contact with CGs of patients who died in the first year, n=29, 25 were reached, 22 consented to participate in an interviewResponse rate: 75% |
| Hum, 2018(Asia-Singapore) | Prospective cohort study | Community-dwelling; advanced dementia with Stage 7 on Functional Assessment Staging (FAST); plus at least one of the following: recent pneumonia, albumin <35g/l or feeding tube.Exclusion: Refused to integrate home-based palliative approach. No further description | 7 validated assessment tools for patients and informal caregivers | Purposive | Descriptive | 306 patients |
| London, 2005 (North America-USA) | Prospective observational pilot study | Stage IV Cancer, heart failure (Stage III or Stage IV on New York Heart Association or ejection fraction 25%); dementia Stage 6 or 7 of Functional Assessment Screening Test; respiratory condition with Karnovsky score 50or required oxygen for activities of daily living.Patients in the earlier stage of the above condition, if they met additional criteria.  | Modified City of Hope Patient Questionnaire | Purposive | Descriptive | 681 patients contacted to enroll; 102 (15%) enrolled directly in hospice. Out of 583 remaining, 295 (51%) agreed to enroll in CALL Care. Cancer n= 79 (27%); cardiac n= 80 (27%); dementia n= 65 (22%); respiratory n=76 (26%)Response rate: 45% |
| Nakanishi, 2017 (Asia-Japan) | Cross-sectional design | In-home long-term care support professional caregivers such as nurses, nursing assistants, certified care workers or home-care managers who provided personal care to patients with dementia.  | Questionnaire | Purposive | Multivariate statistical analysis |  Nurses n=128; care manager n=1267; senior care manager n=162; certified care worker n=413; others, unspecified n=146 Response rate: 25.6% |
| Sternberg, 2019(Asia-Israel) | Quality improvement pre-post project | Persons with advanced dementia with stage 7 or higheron the Global Deterioration Scale; have a family interested in the hospice approach to care and have a full time live in formal caregiver | Family members interviews; chart review; and validated tools to assess pain and symptom management in patients, satisfaction with care and caregiver burden. | Convenience | Descriptive statistics | Sample size: 20 older adults participated in the program, and their informal caregivers provided data |
| Treloar, 2009 (Europe-UK) | Exploratory retrospective- mixed methodology | Carers who had supported people with dementia at home in service, Hope for home. | One on one interviews | Purposive | Descriptive, thematic analysis | 14 informal caregiversResponse rate: 100% |

\*Denotes study presented in >1 article

HCP: Healthcare practitioner; GP: General practitioner; PCP: Primary care provider; FP: Family physicians; CNS: Clinical nurse specialist; EOL: End-of-life; NI: Northern Ireland, X: Not reported; ACP: Advance care planning

**Supplement C**

***Characteristics of Healthcare Practitioners***

| **First Author, Publication Year (Country)** | **HCP** | **Practice area** | **Years of clinical experience**  | **Age**  | **% Female** | **Additional geriatric/palliative education** |
| --- | --- | --- | --- | --- | --- | --- |
| \*Brazil, 2015Brazil, 2017Carter, 2017Van der Steen, 2016(Europe-Netherlands & Northern Ireland, UK) | *Netherlands:*Elderly care physicians provided primary care for patients with dementia for years including at the EOL. *UK/NI:*GPs with responsibility for patients with dementia | *Netherlands:*Residential homes, hospitals, outpatient clinics, clinical elderly care system or hospices & nursing homesOver 90% of participants spend 50% or more of their clinical time in NH*UK/NI:*Over 90% spend 25% or less time in clinical care in NH | *Netherlands* 20.8; *NI:* 24.7 years | *Netherlands* 48.4; *NI:* 49.3 | *Netherlands:* 67%; *NI:* 42.6 % | *Netherlands:*certification in geriatric disorders after specialty training for 3 years |
| Beernaert, 2014 & 2015(Europe) | Community nursesFPs | Nursing institutions, independent nurses and nurses from palliative home care teams10 FPs had a solo practice | Nurses: 1-9 (1), 10-19 (4), 20-29 (2), >29 (2), 3 missing FPs: 1-9 (1), 10-19 (3), 20-29 (7), >29 (7), 2 missing.  | Nurses: Average 43.5, range 35-53; FP Average: 51.5 range 27-80 | Nurses: 75%; FPs: 35% | X |
| Carduff, 2016 (Europe-UK) | NurseGP | General practice | X | X | X | X |
| Clevenger, 2018(North America-USA)  | Study involves patients related data. HCP data not provided, however the IMCC team comprised of specialized APRNs, registered nurse, social worker, and patient care coordinator | APRNs specialized in primary care, neurology, geriatrics and palliative care | X | X | X | Yes |
| Daaleman, 2019(North America-USA) | Study involves patients related data. HCP data not provided, however the REACH team comprised of physicians, NPs, RNs, pharmacist and social worker | Primary care, geriatrics and palliative care  | X | X | X | Yes |
| Davies, 2014 (Europe) | Nurse: n=11/77; Doctor: n=23; Researchers n=10; management/policy n=28 & SW n=2; Psychologist n=2; volunteer n=1 | Experts in policy, service organization, service delivery, patient groups and research in palliative care | X | X | 64% | X |
| De Witt Jansen, 2017 (Europe- Northern Ireland) | Physicians | From various departments and settings where people with dementia at the terminal stage are cared forPrimary care-GP: 9 (39%); Psychiatry 7 (30%); hospice 7 (30%) | Average experience: 17.5 years; range: 5-31 years | Average age: 42.5 years; Range 28-58 years | 70% | None 17 (74%); Post grad degree in PC 6 (26%) |
| Evans, 2014 (Europe- Netherlands) | GPs | Primary care practice | X |  X | X | X |
| Holley, 2009 (North America- Chicago, USA) | Study of informal caregivers |  |  |  |  |  |
| Hum, 2018(Asia-Singapore) | Study involves patient related data. HCP data not provided, however the integrated geriatric palliative home care program team comprised of 2 physicians, 7 nurses and 3 social workers | Hospice-physiciansHomecare-nurses and social workers | X | X | X | All professionals trained in geriatric and palliative medicine |
| London, 2005 (North America-USA) | Study of patients & informal caregivers (Only patients’ data reported) |  |  |  |  |  |
| Nakanishi, 2017 (Asia-Japan) | Nurse 128Care manager 1267Senior care manager 162Certified care worker 413Others, unspecified 146 | In-home personal care to patients with dementia | X | Mean: 47 | X | Dementia care training available to the clinicians Yes 1969 No 147 |
| Ryan, 2012 (Europe-UK) | Consultant: 4 Junior doctor: 9 General practitioner: 6 Practice nurse: 4CNS: 11Other nurses: 19Allied health professional: 5 | Palliative practice in:General practice: 28 Hospice: 15Specialist palliative care unit: 5Acute hospital: 10 | X | X | X | X |
| Sternberg, 2019(Asia-Israel) | Study involves patients related data. HCP data not provided, however the home hospice/palliative team comprised of physician, nurse, social worker, spiritual care provider and speech language pathologist (initial assessment)  | Home care, primary and palliative care | X | X | X | Palliative care |
| Toivonen, 2017 (Europe- Southern Finland) | 9 RNs8 assistant nurses | Home care, outpatient care and institutional care in both the public and private sector | In dementia care: 3 to 33 yearsMedian 12 years | Range: 28-68 years; Median 45 years  | 100% | X |
| Treloar, 2009 (Europe-UK) | Study of carers |  |  |  |  |  |
| Vleminck, 2014 (Europe-Belgium) | GPs | General practice with experience in ACP & palliative care27/36 practiced in semi/rural setting9/36 in an urban settingActive in palliative home care:Yes: 2/36No: 34/36 | 1–9yrs: 410–19: 720–29: 12>/=30: 13 | <= 29 to 69 years13/36 between the ages of 40-49 | 25% | X |

\*Denotes study presented in >1 article

X = Not reported

HCP: Healthcare practitioner; GP: General practitioner; FP: Family physicians; CNS: Clinical nurse specialist; EOL: End-of-life; NI: Northern Ireland, X: Not reported; ACP: Advance care planning; IMCC: Integrated Memory Care Clinic; APRN: Advance Practice Registered Nurse

**Supplement D**

***Quality Assessment Using the Mixed Methods Appraisal Tool (MMAT)***

| MMAT items | Clear research question? | Data appropriate for research question? | Qualitative  | Quantitative Descriptive | Mixed methods | Total Score |
| --- | --- | --- | --- | --- | --- | --- |
| Author, publication year | 1. Data relevant to research question? | 2. Data analysis appropriate? | 3. Context of data and findings | 4. Researchers’ interaction with participants | 1. Sampling Strategy | 2. Sample representativeness | 3. Measurement | 4. Response rate (>60%) | 1. MM design relevant? | Integration relevant?  | Consideration to the limitations associated with the integration of data/ results? |  |
| \*Brazil 2017Brazil 2015, Carter 2017, Van der Steen 2016 | Yes | Yes |  |  |  |  | Yes | Can’t tell | Yes | Yes (Overall good, Netherlands: 66.6%; NI: 40.6%) |  |  |  | 3/4 |
| Beernaert 2014, 2015 | Yes | Yes | Yes | Yes | Can’t tell | No |  |  |  |  |  |  |  | 2 /4 |
| Carduff 2016 | Yes | Can’t tell | No | Can’t tell | No | No |  |  |  |  |  |  |  | 0/4 |
| Clevenger, 2018  | Yes | Yes |  |  |  |  | Yes | Yes | Yes | Yes |  |  |  | 4/4 |
| Daaleman, 2019 | Yes | Yes |  |  |  |  | Yes | Yes | Yes | Yes |  |  |  | 4/4 |
| Davies 2014 | Yes | Yes | Yes | Yes | Can’t tell | No |  |  |  |  |  |  |  | 2/4 |
| De Witt Jansen 2017 | Yes | Yes | Yes | Yes | Can’t tell | Can’t tell |  |  |  |  |  |  |  | 2/4 |
| Evans 2014 | Yes | Yes |  |  |  |  | Yes | Yes | Can’t tell | Can’t tell |  |  |  | 2/4 |
| Holley 2009 | Yes | Yes | Yes | Yes | Yes | Can’t tell | Yes | Yes | Yes | Yes | Yes | Yes | No | 3 /4 |
| Hum, 2018 | Yes | Yes |  |  |  |  | Yes | Can’t tell | Yes | Can’t tell |  |  |  | 2/4 |
| London 2005 | Yes | Yes | No | Can’t tell | Yes | Can’t tell |  |  |  |  |  |  |  | 1 /4 |
| Nakanishi 2017 | Yes | Can’t tell |  |  |  |  | Can’t tell | No | Yes | No (25.6%) |  |  |  | 1 /4 |
| Ryan 2012 | Yes | Yes | Yes | Yes | No | No |  |  |  |  |  |  |  | 2/4 |
| Sternberg, 2019 | Yes | Yes |  |  |  |  | No | Yes | Yes | Yes |  |  |  | 3/4 |
| Toivonen 2017 | Yes | Yes | Yes | Yes | Yes | No |  |  |  |  |  |  |  | 3 /4 |
| Treloar 2009 | Yes | Yes | Yes | Yes | Can’t tell | No | Yes | Yes | Can’t tell | Yes | Yes | No | No | 2/4 |
| Vleminck 2014 | Yes | Yes | Yes  | Yes | Can’t tell | Can’t tell |  |  |  |  |  |  |  | 2/4 |

\*Denotes study presented in >1 article

As no study had a quantitative randomized controlled trial or quantitative non-randomized controlled trial design, the quality criteria of the MMAT for those 2 study designs were omitted from the table

Appendix A

*Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) Checklist*

| **SECTION** | **ITEM** | **PRISMA-ScR CHECKLIST ITEM** | **REPORTED ON PAGE #** |
| --- | --- | --- | --- |
| **TITLE** |
| Title | 1 | Identify the report as a scoping review. | Separate title page |
| **ABSTRACT** |
| Structured summary | 2 | Provide a structured summary that includes (as applicable): background, objectives, eligibility criteria, sources of evidence, charting methods, results, and conclusions that relate to the review questions and objectives. | 1 |
| **INTRODUCTION** |
| Rationale | 3 | Describe the rationale for the review in the context of what is already known. Explain why the review questions/objectives lend themselves to a scoping review approach. | 2-4 |
| Objectives | 4 | Provide an explicit statement of the questions and objectives being addressed with reference to their key elements (e.g., population or participants, concepts, and context) or other relevant key elements used to conceptualize the review questions and/or objectives. | 4 |
| **METHODS** |
| Protocol and registration | 5 | Indicate whether a review protocol exists; state if and where it can be accessed (e.g., a Web address); and if available, provide registration information, including the registration number. | A protocol prepared and approved by the Ph.D. supervisory committee. Can be available upon request |
| Eligibility criteria | 6 | Specify characteristics of the sources of evidence used as eligibility criteria (e.g., years considered, language, and publication status), and provide a rationale. | 5-6 |
| Information sources\* | 7 | Describe all information sources in the search (e.g., databases with dates of coverage and contact with authors to identify additional sources), as well as the date the most recent search was executed. | 5 |
| Search | 8 | Present the full electronic search strategy for at least 1 database, including any limits used, such that it could be repeated. | Supplement A |
| Selection of sources of evidence† | 9 | State the process for selecting sources of evidence (i.e., screening and eligibility) included in the scoping review. | 6, & 7 |
| Data charting process‡ | 10 | Describe the methods of charting data from the included sources of evidence (e.g., calibrated forms or forms that have been tested by the team before their use, and whether data charting was done independently or in duplicate) and any processes for obtaining and confirming data from investigators. | 7-8 |
| Data items | 11 | List and define all variables for which data were sought and any assumptions and simplifications made. | 7 |
| Critical appraisal of individual sources of evidence§ | 12 | If done, provide a rationale for conducting a critical appraisal of included sources of evidence, describe the methods used, and how this information was used in any data synthesis (if appropriate). | 7, 9-10 |
| Synthesis of results | 13 | Describe the methods of handling and summarizing the data that were charted. | 7 |
| **RESULTS** |
| Selection of sources of evidence | 14 | Give numbers of sources of evidence screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally using a flow diagram. | Figure 1 PRISMA flow diagram; page 8 |
| Characteristics of sources of evidence | 15 | For each source of evidence, present characteristics for which data were charted and provide the citations. | 8-9, Supplement B & C |
| Critical appraisal within sources of evidence | 16 | If done, present data on critical appraisal of included sources of evidence (see item 12). | 9, Supplement D |
| Results of individual sources of evidence | 17 | For each included source of evidence, present the relevant data that were charted that relate to the review questions and objectives. | 10-17 |
| Synthesis of results | 18 | Summarize and/or present the charting results as they relate to the review questions and objectives. | 7-16; Table 2, Supplements B & D |
| **DISCUSSION** |
| Summary of evidence | 19 | Summarize the main results (including an overview of concepts, themes, and types of evidence available), link to the review questions and objectives, and consider the relevance to key groups. | 17-22 |
| Limitations | 20 | Discuss the limitations of the scoping review process. | 25 |
| Conclusions | 21 | Provide a general interpretation of the results with respect to the review questions and objectives, as well as potential implications and/or next steps. | 23-24 (recommendations for future research and clinical practice); 26 (Conclusion |
| **FUNDING** |
| Funding | 22 | Describe sources of funding for the included sources of evidence, as well as sources of funding for the scoping review. Describe the role of the funders of the scoping review. | NA |

JBI = Joanna Briggs Institute; PRISMA-ScR = Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews.