

Exploring Al-human triangulation for research reproducibility

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Opening the research process

- not only the outcomes

Procedural reproducibility

colleague, would the text and supplementary materials enable them to replicate the methods, collect comparable data, process it similarly, and draw the same conclusions?

Reporting guidelines



Our example based on MDAR standards: https://osf.io/2k3va/

ReproAl Analyser

- 1. Insert PDF or DOI
- 2. Select checklist
- 3. Insert email



4. Start analysis Initial question Questions & Reformulated → LLM → question / prompt prompts Ouestion LLM reformulation Sub-questions / Item1 Reformulated LLM Error Feedback X Hierarchical Question parsing & analysis Module 3: Results & Expert Feedback Results & expert Paper-level feedback Compliance Model training & Continuous statistics reformulations development

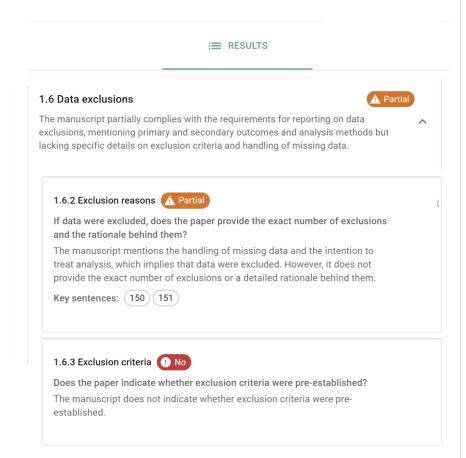
5. View results and the PDF annotated

Statistical analyses

Our sample calculation was based on previous research (reduction from 18% to 14% in rates of victimization) (Skivington et al., 2021), and a similar baseline victimization rate of 18% from a small UK based pre-post study (Edwards & McIntosh, 2019). Assuming 111 students in Years 3 to 5, an intracluster correlation coefficient (ICC) of 0.02, and allowing for one school dropout per arm, 10% student dropout due to either opt-out or loss to follow-up, an 18% rate of victimization, and a relative reduction of 22%, a trial involving 116 schools (58 per arm) would provide 90% power at a 5% significance level (a total of 12 828 students).

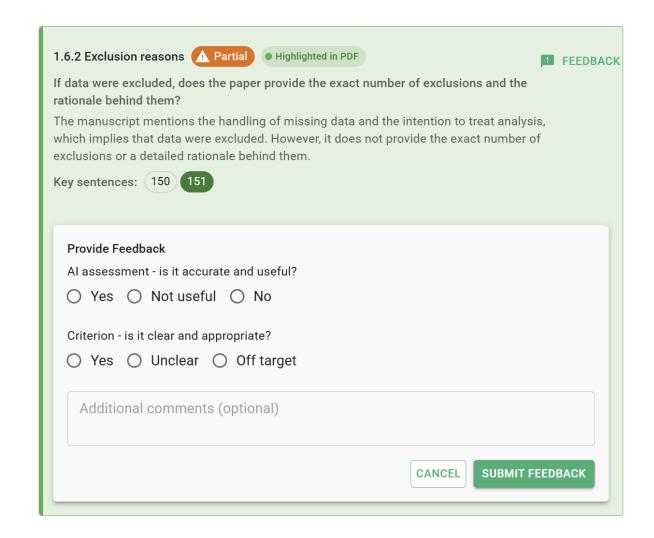
All analyses were intention to treat without imputation (a complete case analysis restricting to pupils with responses at both baseline and follow-up), with outcomes compared between KiVa and UP groups using three-level regression models (allowing for clustering between students within school, and between schools within sites). Analyses controlled for school level stratification variables (school size, proportion of students eligible for FSM), key student characteristics (age, sex) as well as baseline outcome measures (where collected).

For binary outcomes a logistic model was used, and the result presented as adjusted odds ratios (ORs) comparing the odds of an event in KiVa schools compared with UP schools. For continuous outcomes, we fitted a linear-regression model and presented results as difference in adjusted means (KiVa minus UP). Multilevel ordinal logistic regression model was used to compare TSDQ scales. Due to skewness in the TSDQ scales, data were categorized according to the clinical cut-offs (normal, borderline, abnormal). Box-cox transformations were applied to skewed data when necessary and Glass's delta standardized effect size calculated as the difference in means (KiVa – UP) divided by the standard



User validation & feedback

- User feedback gathered on item-level
- Both on Al-analysis and on criterion
- Stored with context: discipline and study design
- Future feature: What was the reason for not complying with this item?



Potential uses

1. Students: interactive learning about AI & open science

2. Authors: pre-submission support

3. Publishers: paper review, enhancing guidelines

4. Research: adherence and contextual variation