Why Are We Publishing Protocols?

Margaret L. Campbell, PhD, RN, FPCN

IN THIS SPECIAL SUPPLEMENT of *Journal of Palliative Medicine*, you will find nine articles whose authors describe their competitively reviewed Patient Centered Outcomes Research Institute (PCORI)-funded studies that are in progress. Typically, in this journal you find completed studies with all the expected components (background, method, results, and discussion) in ~3000 words. You might be asking “Why do I care before there are results?” There are a number of reasons to publish protocols before the study is completed.¹

Readers who conduct studies in the same area of science as the published protocol may gain insights into the direction the funded research is taking that may inform their future work. Ideas about theoretical framing, recruitment, measures, and analysis plans are gained when reading a protocol for both experienced and junior researchers. For instance, in advance care planning research, a major challenge has been to identify means for evaluating whether the patient care comported with the advance directive.

In addition, we asked these authors to tell us about study implementation challenges and solutions. Lessons learned and shared help others to avoid similar challenges. Palliative care research is often fraught with challenges such as enrolling difficult-to-access populations and attrition. Rarely do investigators publish study failure.^{2,3}

Researchers benefit from publishing their protocols particularly in the case of large sample complex designs such as those described in this supplement. Journal word limits for

completed studies impose a need to be concise about the methods to report and discuss the study results in more detail. A protocol article affords detail about the methods and gains an additional publication from the study grant that benefits the authors and the funder.

Publishing cutting edge research protocols benefits readers and researchers.

References

1. Kearney MH: Research protocols offer a glimpse into evidence in the making. *Res Nurs Health* 2017;40:93–95.
2. Chuang C, Fonger E, Roth R, Campbell M: Challenges with accruing a study of topical opioid for painful malignant wounds: Lessons learned. *J Palliat Med* 2016;19:586.
3. Smith TJ, Coyne P, French W, et al.: Failure to accrue to a study of nebulized fentanyl for dyspnea: Lessons learned. *J Palliat Med* 2009;12:771–772.

Address correspondence to:
Margaret L. Campbell, PhD, RN, FPCN
Office of Health Research
College of Nursing
Wayne State University
5557 Cass Avenue
Detroit, MI 48202

E-mail: m.campbell@wayne.edu