Review of: "Quality improvement and research differences: A guide for DNP and PhD faculty"

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Potential competing interests: No potential competing interests to declare.

The authors correctly distinguish research and QI in several aspects. However proposing QI provides generalizable knowledge needs to be done very carefully. To be truly generalizable any investigation needs to meet PICO criteria - refer to the same population, intervention and outcomes the reader hopes to apply the knowledge too. Only the reader - those considering if they can apply that knowledge to their own context should determine if it is appropriate to do so. Publishing QI definitely contributes to knowledge but a fundamental concept of quality improvement efforts is that they are led by those familiar with the system (knowledge of the system is a pillar of Deming's System of Profound Knowledge). Quality improvement occurs locally, even when lead by collaborative efforts. Implementation science is different than QI and often does usually involve randomization.

It is true that multiple methods can be used in QI but data over time is considered critical.

It is also true that it is often advisable to have IRB consideration of a QI effort but how this is done may vary by institution. Something being generalizable in the sense that it is applicable to other settings is not synonymous with human subjects reserach. QI efforts (again different than implementation science) are to be implementing potentially better practices - those with evidence supporting them. QI is used to implement practice changes - not to study them. The non human subjects determination considers things such as randomization and risk of harm. Any QI effort should only implement care already supported by evidence to have a favorable benefit to harm ratio.

Lastly, the authors use the term misconceptions and misunderstanding a lot. This article may be better received if the authors take the position that this is what they propose - but much of this is still debated by experts.