



From Method to Manuscript: The Research Journey

On May 13, 2020, on the IUGA webinar “From Method to Manuscript: The Research Journey,” we unfortunately did not have time for the speakers to answer all of the questions. Please find the questions that were not addressed during the webinar below, along with the answers from speakers, Dr. Linda Brubaker (USA) and Dr. Rufus Cartwright (UK). We thank them both for sharing their knowledge and insight.

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1. What is your advice regarding doing case reports or case series to start with?

RC: I would not begin with a case report, unless it is truly something exceptional, which will be of importance to the readers. Most journals will not accept case reports, recognising that they usually do not have important educational or scientific value. If the issue is getting practice in scientific writing and manuscript formatting, then narrative reviews are a better place to begin, and when these are novel and insightful, they are often well read and well cited. Good case series of unusual or novel procedures can be useful contributions, but it is important to identify the novelty and value before committing time to collect and report the data.

LB: I agree. The exceptions are when these criteria are met: 1) less than 5 reported cases (be sure to do a serious literature search, best with librarian assistance), 2) cases with phenomenal images to accompany the report, and 3) there is something useful to learn (earlier/improved diagnosis – less morbid or more effective treatment – better utilization of modern methods).



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2. What do you recommend to motivate doctors and residents to do research?

RC: I feel conflicted about this issue. I think that for a majority of residents the time and effort spent on research is largely wasted, with a huge throughput of low quality papers, and very few people going on to be independent researchers. For junior doctors that do not wish to be clinical academics, I think it would be more useful to spend time training in clinical epidemiology and evidence based medicine, rather than grinding out these low quality papers. I am always hopeful that keen, motivated, curious people will want to do research, and will seek out formal research training. However, I can definitely remember a time early in residency when I thought research wasn't for me, and I am grateful to my early mentors who pushed me kicking and screaming into a research post.

LB: This has to come from within. Research broadens your professional life and is an excellent remedy against burn-out. Once you learn how fulfilling research can be, it is the gift that keeps on giving. Yet, it is like fine chocolate – although I love it (very dark!!!) it is not for everyone.

3. What kind of clinical audits are the most helpful to bring out a meaningful paper?

RC: The broader the setting, the more interesting and generalisable an audit. So studies that identify significant practice variation between centres, or even better between countries, are often worth publishing, and studies that demonstrate significant change in outcomes before and after implementation of national guidance. Conversely studies that assess outcomes for just one surgeon, or before and after a local change in practice without a control group, are less easy to publish.

LB: I totally agree. Try to find a new angle for things that are commonly done. Make sure that the report is worth the readers time!

4. Do quality improvement projects follow the same principles as research?

RC: I do think that quality improvement projects should be applying the most rigorous principles of clinical epidemiology if they want to generate reliable evidence. The main difference however is that a local quality improvement project may not need evidence of external validity. The aim may simply be to demonstrate that a change in practice has improved local outcomes.

LB: Again, I agree. And again, make sure that the report is worth the readers time!

5. Have you got any tips on how to get started? I am keen, but do not know who to turn to or where to start?

RC: If you cannot identify a local mentor with a track record of good research, be bold and write to someone international who has a track record of good collaborative research. Many of my best collaborations (including with Professor Brubaker) have started by just being brave enough to send an email asking for advice.



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LB: Think and plan. Really solidify what you might wish to study. Generate research ideas – write them down – then develop the good ones to the next stage. Think again. Which ones are really interesting to you? Then find someone who may share that interest and present them with a short proposal (no longer than one page) to help you explain your idea. THEN ask if they are interested in being a collaborator and/or mentor for the work.

6. How do you go about getting a mentor?

RC: IUGA actually has a mentorship programme in place for medical students (<https://www.iuga.org/resources/for-medical-students/meet-the-mentors>), but I would recommend just reaching out to someone who does the kind of research that interests you.

LB: ASK. And when you ask, make it clear what you expect your mentor(s) to do. For example, if you are reaching out to someone who is sort of famous, let them know what you will be bringing to the table and what their expected time commitment would be. That will help open the door a bit. Try to meet people at conferences and by taking only a small bit of time there, ask if you could email them with a research proposal – almost everyone will say yes. Gain their confidence by doing exactly what you said you would do (or more) on time (or earlier than you promised).

7. Is there a certain domain where most articles fail to succeed when submitted for publication? Is it more often in the degree of innovation, audience interest, design errors or other?

RC: When you are an editor you do see the same errors over and over. For authors who do not speak English as a first language, it greatly increases your chance of acceptance to get a native English speaker to revise the text. If reviewers cannot understand what you have done, then they cannot make constructive suggestions. The second major pitfall is failing to involve a competent statistician. You might have the most fantastically interesting dataset, but without help in designing and running the analyses, you may not be able to craft an interesting paper.

LB: Surgeons get excited when they believe they have found a better way to do surgery. This is understandable, but this excitement doesn't make for a rigorous scientific paper. Whenever you write "safe and effective" be sure you have the sample size and rigorous study design to back up these powerful words.

8. What are your key tips for a successful research grant application?

RC: I am going to defer this one to Professor Brubaker, who has been vastly more successful than me. In my experience it feels like banging your head against a brick wall, unless you have a really interesting novel proposal.

LB: Ask your mentors if they are willing to share prior research applications – both successful and unsuccessful. There is such a thing as grantsmanship – it is sort of like story-telling. Some people are gifts – the rest of us have to learn. So when it is your turn to write, you will be



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prepared. My first piece of advice is to be responsive – that is, understand the perspectives of the group that is offering to provide funding for your research. What do they hope to get out of funding your work. Then, be sure your proposal responds to their requests. You may have a deep conviction that the work you wish to do is very important scientifically. Yet it is important to place the research rationale in a context that reviewers and funders can relate to. Be sure to write a readable and easily digestible research proposal. Add nice figures and nice clean tables. Take time with these. Finish it well before the deadline – set it aside – then read it again with totally fresh eyes. Also have smart people outside of your research area read it – listen to their questions – see what they understand and what is confusing. Be sure to address all of those things in your final version. MOST IMPORTANT – keep trying. Don't take one rejection and hang up your hat. Learn from each review and decision and try again – you will get better.

9. Do you recommend any research platforms to be able to get wider viewing of your research?

RC: I am a little bit sceptical about the reach of most online platforms for academic subjects, but there is lively discussion of many aspects of urogynaecology and female urology on twitter (go follow me @roofus and the IUJ @IUJ_BlueJournal)

LB: Ok so I just signed up to follow @roofus so I hope he will follow me [@Editor FPMRS](#). I don't do much on the online platforms either.

10. I love both clinical and academic urogynaecology, but feel that time devoted to academia detracts from my surgical exposure, how do you balance this?

RC: With tremendous difficulty. You need to be able to maintain case volume both in training and after graduation in order to be a safe surgeon. It helps a lot to have even a small amount of paid time to get research work done, otherwise for many of us it spills over into evenings and weekends.

LB: With INTENTION. People make time for the things they want to do. Find a way to have your research BE your surgical exposure (or the other way around). Meld them. Preserve your nights and weekends – that is the only way you will stay fresh! Cut out other things and become extraordinarily efficient in many little things. Those efficiencies buy you the time to think about and conduct your research. It is really fun to get things figured out – REALLY FUN!

If you have further questions, please email us at office@iuga.org.