

## Top tips for publishing your global surgery research

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Dhananjaya Sharma, MBBS, MS, PhD, DSc, FRCS, FCLS (Hon), FRCST (Hon)

Honorary Member Académie Nationale de Chirurgie France

Head, Department of Surgery, Government NSCB Medical College, Jabalpur (MP) India

### 1. Preferably write about the solution rather than the challenge:

Global Surgery (GS) is all about finding affordable solutions to challenges in resource-constrained situations. The challenges (the famous 5S - staff, stuff, space, systems and support) are well known and the editors are more likely to publish a paper which provides a solution rather than the one which dwells upon the challenges. The significance of such a research project and the benefits associated cannot be emphasized enough.<sup>1,2</sup> Focusing on addressing knowledge plus evidence gaps in access to surgical care, surgical capacity building, epidemiology of surgical conditions, health economics of surgery, quality and safety in surgery, surgical innovation, surgical education and training, and health systems strengthening is crucial for making meaningful contributions. Paraphrasing U.S. President Abraham Lincoln's famous Gettysburg Address: any research 'by the people, for the people and with the people' cannot go wrong and will always provide value.<sup>3,4</sup>

### 2. Be familiar with the Editor's wish list:

Editors want something new, something true and something which will appeal to their readers. They seek authors who offer fresh perspectives, grounded in evidence-based research and practical solutions, and capable of resonating with the diverse readership in this field. In essence, editors are keen on content that not only informs but also inspires action and positive change within the global surgical community. Editors often welcome qualitative studies in global surgery because these provide contextual understanding complementary to quantitative data, and help in identifying barriers and facilitators to accessing and delivering surgical care in diverse settings. Such knowledge is essential for designing contextually appropriate interventions and policies to improve surgical outcomes.<sup>5</sup> And all editors prefer substance over style.

### 3. Be familiar with 'how not' to write about Global Surgery:

Avoid hyperbole, overused buzzwords, technocratic jargon and obfuscation as these either under-inform or misinform the audience.<sup>6,7</sup> 'Helicopter research' and other such scientific colloquialism without the actual lived-in experience are not only unethical but are likely to fail as they cannot really address the crux of local challenges.<sup>8-11</sup> Prejudices like 'us versus them' against the global north queer the pitch and erroneously steer the narrative away from important points and must be avoided. And, it is the authors' responsibility to ensure respect and dignity in photos and captions.<sup>12</sup>

And last but not the least; avoid writing for the foreign gaze.<sup>13-15</sup> This underscores the importance of centring the narrative, research, and solutions within the context of the communities and regions being studied or served; and emphasizes the need to emphasize local perspectives, challenges, and priorities over those imposed by external, often Global North-centric viewpoints.

#### **4. Be familiar with resources available for writing especially on Global Surgery:**

Scientifically unambiguous, unequivocal and transparent 'structured' reporting in any paper is indispensable for critical appraisal of its true worth by reviewers, editors and readers. Such an assessment is a prerequisite for peer review and subsequent peer acceptance, the very foundation of science. Several writing and publishing interventions for LMICs have recently been reviewed.<sup>16,17</sup>

Moreover, a simple user-friendly guideline is available for standardised reporting of affordable solutions/innovations.<sup>18</sup> This includes a 30-point checklist and encompasses the whole process of innovations from ideas to development, to its possible use and diffusion (Table 1). It also invites discussion of the motivation for its development and barriers for its implementation; internal and external validation; standards, sustainability and safety.

#### **5. Look for journals and editors who are allies:**

It is crucial to look for journals and editors who support and amplify the voices of researchers from the global south, especially those who are non-English speakers.<sup>19,20</sup> These perform a great service by promoting equity, diversity, and inclusivity in academic publishing, as well as fostering collaboration and addressing global challenges more effectively. On the other hand, the unbreakable glass ceiling of seeking peer approval from a foreign gaze by trying to publish work in high impact journals as trophy publications is well known.<sup>13</sup> Hence, the clarion calls for strengthening local/national level journals by submitting important GS manuscripts in them.<sup>21</sup>

#### **6. Be familiar with the instructions to author:**

Authors must be familiar with the 'instructions to authors' when submitting manuscripts to journals. Each journal has specific formatting, style, and submission guidelines that authors need to follow. Familiarizing themselves with these instructions ensures that authors submit their manuscripts in the correct format, reducing the likelihood of desk rejection or delays in the review process. Editors and reviewers appreciate submissions that adhere to formatting and style guidelines, as it streamlines the editorial plus review process and demonstrates the author's professionalism and attention to detail.

#### **7. When in doubt, refer to the guiding principles of Paul Farmer:**

As you embark on your publishing journey, when in any doubt, please refer to the guiding principles of luminaries like Paul Farmer.<sup>22</sup> His ideals of solidarity, equity and justice resonate deeply in the realm of global health/ surgery research. By embracing these ideals, we can ensure that our efforts contribute meaningfully to the betterment of surgical care worldwide.

In conclusion, navigating the landscape of global surgery research demands a multifaceted approach, integrating not only the scientific rigor but also the ideals of global health. So, as you embark on your publishing journey, remember to not only disseminate your findings but to do so with the spirit of compassion and inclusivity that global health exemplifies.

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**Table 1.** Standardised Reporting of Novel, Grassroots Frugal Innovation - reporting framework. From Sharma D, Harris M, Agrawal V, Agarwal P. A plea for standardised reporting of Frugal Innovations. *BMJ Innovations* 2021; 7 (4): 642-646.

IMRAD	Criteria	Recommendation	Rationale
<b>Title, abstract and key words</b>	Highlight the term FI	Include the term low cost/ frugal innovation in title, abstract and key words	Indexed articles will be searchable in a variety of databases and systematic reviews through the inclusion of the FI term in title and abstract
<b>Introduction</b>	Identifying the need/ problem	<ul style="list-style-type: none"> <li>· What is the clinical and economic reason behind the need for new solution/innovation?</li> <li>· What is the current best practice or incumbent technology?</li> <li>· What is new? What is the inventive step?</li> </ul>	All innovation must solve a problem that has not been solved by current best practice or incumbent technology. By specifying what this problem is readers may appreciate that contexts share similar challenges and will be able to evaluate applicability to their own contexts. Indicate the inventive step to make explicit what is new, what is different to current practice. Most 'innovation' is merely an incremental change on previous practice or technology so detail whether this

			is a difference in design, in material, in technique, in know-how or in application or if a more radical modification was used.
<b>Methods</b>	<p>How was the innovation developed</p> <p>Local spread of innovation</p>	<ul style="list-style-type: none"> <li>· How the cost was reduced?</li> <li>· How does it meet the clinical need?</li> <li>· How has this innovation been implemented/trialled?</li> <li>· How does it improve access to care?</li> <li>· How scalable is this across other similar context (simple/complicated/complex)</li> </ul>	<p>Innovation is a verb as well as a noun and so a description of the process through which the FI was developed will help the reader understand how FI is achieved. The stages of design, development, and trialling and failing and experimentation need to be described with an ambition to ensure this is reproducible in other contexts. It is necessary to understand how the FI fits into the local health unit, service or system. Readers will need to understand its performance in a wider sense as this will determine its potential for scaling into other contexts.</p>
<b>Results</b>	<p>Internal validation</p> <p>Complications/adverse Events</p>	<ul style="list-style-type: none"> <li>· Effectiveness/Quality (comparison with existing alternatives)</li> <li>· Is it low cost/ lower cost? By what margin?</li> </ul>	<p>The FI should be performing as well if not better than the incumbent technology or</p>

	<p>Standard of Innovation</p>	<ul style="list-style-type: none"> <li>· Cost–benefit ratio (if available)</li> <li>· Anticipated</li> <li>· Unanticipated</li> <li>· Uniqueness of intellectual property (Design rights, trademark, copyright, patent)</li> </ul>	<p>practice or at least only marginally less well for a far improved cost differential. Detail should be provided demonstrating outputs, outcomes and impact compared with the next closest alternative. Comprehensive, detailed and authoritative comparison may provide useful insights in the absence of controlled trials. Costs should include running costs, sunk costs, capital costs as well as human resources. Transparent description of adverse events or anticipated risks will add to the reader’s appreciation of the innovation and how it works. Locating the innovation within the appropriate regulatory frameworks is important to help the reader understand its potential for commercialization, scaling and use within their own contexts.</p>
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<p><b>Discussion</b></p>	<p>Summarise how the FI actually worked</p> <p>Journey of innovators</p> <p>Benefits</p> <p>Safety</p> <p>Bonus/fringe benefits</p> <p>Barriers to its widespread use</p> <p>Likely possibility of Global diffusion</p>	<ul style="list-style-type: none"> <li>· Implications for workflow, work practices, resourcing,</li> <li>· Training</li> <li>· Was backing, financial or other, secured and how?</li> <li>· As a clinical solution</li> <li>· As an economical solution</li> <li>· Compatible with ethics/regulations</li> <li>· Any limitations/inconsistency/Imprecision</li> <li>· Lessons learnt?</li> <li>· Knowledge capital applied to other problems?</li> <li>· Technical?</li> <li>· Social?</li> <li>· Logistics?</li> <li>· Can it cross-over</li> <li>· to HIC for an unmet need?</li> <li>· Compatible with HIC's infrastructure?</li> <li>· Compatible with HIC's regulations?</li> <li>· Can it be used widely in HIC?</li> </ul>	<p>Criticality is important as it provides a balanced assessment of the FI without resorting to evangelism or self-promotion. Innovation solves problems and creates new ones. A good discussion will provide a balanced appraisal of the overall benefit of the FI, in the round, as a clinical and an economical solution. The clinical benefit may be small, but the financial saving large and understanding how this benefitted the wider system will be important for the reader. This is not merely about its effectiveness but its impact on workflow, resources and communication and how savings in one part of the system may have benefitted care elsewhere. Make a recommendation – is this FI for local use only, or does it have potential to scale into other contexts, including in high-income settings.</p>
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