



Quality of publications in “International Orthopaedics” and projects for the near future

Marius M. Scarlat^{1,2}

Published online: 26 November 2018
© SICOT aisbl 2018

November and December are busy months in a Journal life. We are used to evaluate what happened in the last months, meet with the Board and make analysis and projections for the future. Evaluating publications is a delicate task. We receive regularly correspondence from authors who ask for support for publishing as they have a pre-requisite from the University to have a published paper in an indexed Journal for validating the MD or the PhD Thesis. This is not an obligation but we feel strongly concerned with helping and improving our colleagues work, we feel somehow frustrated with the obligation of integrating this new information that comes from every possible geographic area of the world and is therefore quite uneven in quality. In countries with a low economic level where the health system is still struggling with quality standards for hygiene or for water or electricity supply - the local university raises standards by promulgating utopist laws and rules asking for publications in top level Journals, being known that even the existing faculty staff who requests this - never published in such Journals... Making unfair judgment or evaluation is immoral and unethical and it is not based on societal reality. I was wondering how this could occur and what stays behind this new race for publication?

In some countries where the Medical Departments and Universities staff are strong, the MD or PhD formations are accurate, balanced, follow a transparent algorithm and the quality teachers help the quality students to improve the work, issuing valuable studies based on the modern writing standards [1, 2, 3]. This will result in a timeless publication project that will accompany the PhD or MD project and will generate in parallel a publication in standards that will summarize and make more visible the results of the research. When we look carefully to this type of team-work we understand that the Department hosting

the PhD or the MD have several confirmed scientists that are able to generate new ideas, new projects, meaningful research plans. These individuals are followed by several PhD or MD students and the amount of time spent in interaction between the teacher and the student is significant, and this can represent hours per day, several days per week and overall - a personal effort and investment in the transmission of knowledge between generations. There are shining units all over the globe and we acknowledge this by having visited and interacting with them that the formation is reliable and we may presume that this will result in a quality thesis and eventually a quality article.

There are also units that found a research direction that allows data collection in a prospective manner and therefore the young scientists will have a research subject quite close or similar, let's take for example the use of the Tranexamic acid in arthroplasty surgery. After a few studies that made the buzz some years ago, the named departments continue to use the same research algorithms for producing innumerable studies that would prospectively look in the use of this molecule with or without tourniquet, with or without spinal anesthesia, with or without closure in layers, in hips, knees, shoulder, elbow, wrists, ankles, etc. etc.. The results are quite similar and do not contribute in a decisive manner to the advance of the contemporary science, however, as the studies are made properly they usually get published in level 1, 2, 3 or open access green Journals, the authors being acknowledged. The question is what would they made different and what would they provide to their future scholars, as they were always taking the same path until it becomes a highway that is notorious and that would bring perfect methodologists but non-citable and no novelty items..

Moreover, the teachers in charge will submit the debatable papers as “Corresponding Authors” that would bring credit to the publication and also signify to the Journal staff that the work is serious. By getting inside this procedure we found that some Departments have a dedicated office taking care of the submissions to different Journals where two or three staff secretaries are formatting the paper, checking references, writing correspondence and act as the head scientist whose name

✉ Marius M. Scarlat
mscarlat@gmail.com

¹ Clinique St Michel, Toulon, France

² Groupe ELSAN, Paris, France

would eventually ring some bells in the editorial office. What is really funny is that those “Corresponding Authors” who are in charge of the education of the young scientists will produce a couple of hundreds of submissions per year that would make everyone smile because the same teacher is travelling abroad a couple of months per year and his staff continues shipping out the submissions when the teacher is somewhere out in a plane between conference A and conference B.

A new way of putting pressure on the researchers is the empowering of the IRB's in different hospitals and universities. The institutional review board (IRB), also known as an independent ethics committee (IEC), ethical review board (ERB), or research ethics board (REB) should analyze the ethical quality of a study and approve the methodology involving patient's participation. It would be extremely informative to learn with each paper the time delay between the submission to the IRB of a research project and the final approval of the study. The delay varies between 48 h in institutions where the IRB is visible, transparent and willing to work and many months or never in institutions where the IRB is virtual, somehow attached to the hospital administration or to the University but with no names, no transparency and especially no arguments or dialogue. Sending a protocol in this type of office is equivalent to throwing a stone in a wheel and waiting for some reaction. During this time the student that still have the pressure on his shoulders is getting close to the teams that could help in publishing staff that would not need IRB approval and no patient participation. This is like studying anatomy from books, no dissection, no virtual training, no lab. Our statistician friends provide valuable insight by being able to analyze literature and produce systematic reviews and meta-analysis that are however Level 1 studies. The only real problem with the statisticians and their fellow epidemiologists is that they are not much familiar with surgery. The good ones are involved in big data analysis such as Rheumatology medication research or Cardiology. When they look into databases including knee ligament surgery of pelvic osteotomies they will provide beautiful tables, outliers, numbers and charts that have little or no relevance for the practice and sometimes the conclusion of the study will be that open tibia fractures have more potential to result in infection than closed fractures... Is this what we want from our students, from our authors, from our teachers? Is this the direction where the medical journals are heading now? Based on the absence of IRB approval - some retrospective studies, anatomical studies, in vitro studies or only literature based research can be generated by the same scientists that are looking for every possible opportunity to provide quality papers [4, 5, 6]. Research based on biology and laboratory findings is dependent on the measurement tools. It would be quite difficult to provide advanced research in Biology or Genetics without an appropriate facility. We are happy that we could publish some quality research in this field of science [7].

The race for productivity and growth is probably useful in providing clean air for everyone or sport facilities or hospital

support for life threatening conditions within a reasonable geographical range. The race for making more publications will fatally result in a high number of non-relevant papers, frustrated and jobless PhD's who keep looking for funding based on the fact that they published previously irrelevant research; however, the numbers are there.

Is Open Access a solution for this type of societal behavior? Would the Journal Citations Report (JCR) increase or decrease its publication research and indexing? Based on the fact that the number of Universities and Hospitals is in continuous growth and on the request of the general population for a better and longer life, it is probable that the number of scientists willing and having to publish their MD or PhD thesis in Medical Journals will also increase. We are able and willing to accommodate some of them in the field of Orthopaedic Surgery, Traumatology, Conjunctive Tissue and Research. In the near future we seriously think about asking from the first author to submit his paper personally and answer personally to all the correspondence with the Journal. We also think about asking from each author that submits a paper to write a separate letter to explain why is he willing to submit his work to “International Orthopaedics” and how does he/she think that publishing this paper will empower current knowledge and bring brilliance, evidence and bright to the Journal and to the Author?

These are our thoughts now, at the end of the Year, wishing you all perfect Holidays!

References

1. Yoon BH, Lee YK, Kim KC, Ha YC, Koo KH. (2018) No differences in the efficacy among various core decompression modalities and non-operative treatment: a network meta-analysis. *Int Orthop*. 2018 May 31. <https://doi.org/10.1007/s00264-018-3977-9>
2. O' Reilly M, Mohamed K, Foy D, Sheehan E. (2018) Educational impact of joint replacement school for patients undergoing total hip and knee arthroplasty: a prospective cohort study. *Int Orthop*. 2018 Jun 23. <https://doi.org/10.1007/s00264-018-4039-z>
3. Tammachote N, Kanitnate S. (2018) Electric cautery does not reduce blood loss in primary total knee arthroplasty compared with scalpel only surgery a double-blinded randomized controlled trial. *Int Orthop*. 2018 Jul 3. <https://doi.org/10.1007/s00264-018-4048-y>
4. Alzohiry MA, Abdelnasser MK, Moustafa M, Mahran M, Bakr H, Khalifa Y, Abelaal A, Atta H, Said GZ. (2018) Accuracy of plain antero-posterior radiographic-based methods for measurement of acetabular cup version. *Int Orthop*. 2018 Jun 4. <https://doi.org/10.1007/s00264-018-3984-x>
5. Kuo LT, Chen CL, Yu PA, Hsu WH, Chi CC, Yoo JC. (2018) Epinephrine in irrigation fluid for visual clarity in arthroscopic shoulder surgery: a systematic review and meta-analysis. *Int Orthop* 2018 Jun 22. <https://doi.org/10.1007/s00264-018-4021-9>
6. Goncharov EN, Koval OA, Bezuglov EN, Goncharov NG. (2018) Anatomical features and significance of the anterolateral ligament of the knee. *Int Orthop* 2018 Jul 3. <https://doi.org/10.1007/s00264-018-4049-x>
7. Zhao Y, Xu J. (2018) Synovial fluid-derived exosomal lncRNA PCGEM1 as biomarker for the different stages of osteoarthritis. *Int Orthop*. 2018 Aug 20. <https://doi.org/10.1007/s00264-018-4093-6>