

Patients, politics and practitioners:

Potential pitfalls to publishing clinical research

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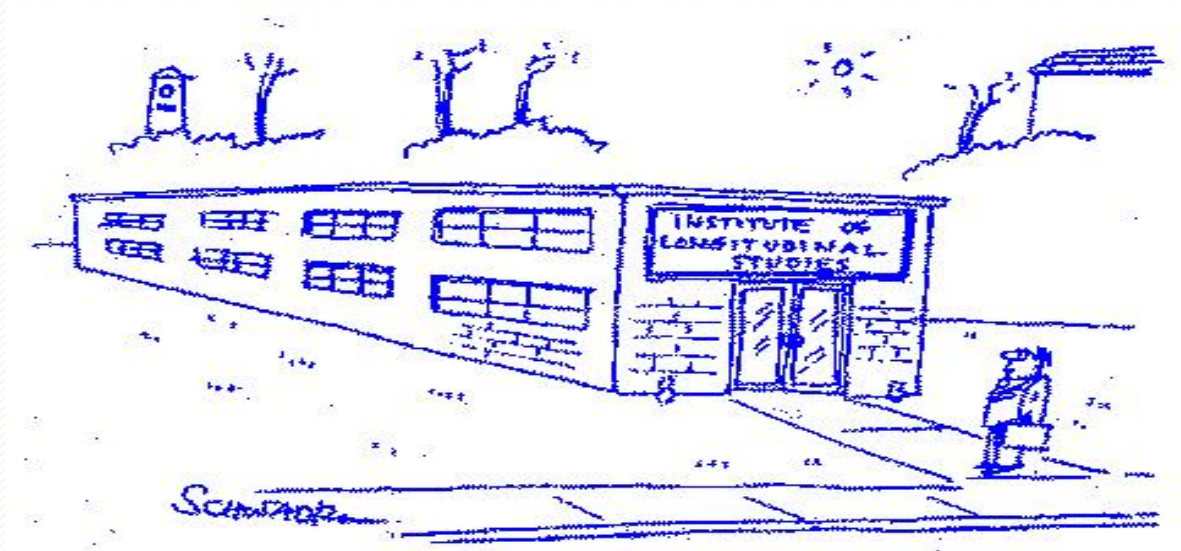
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Let's put it into context...

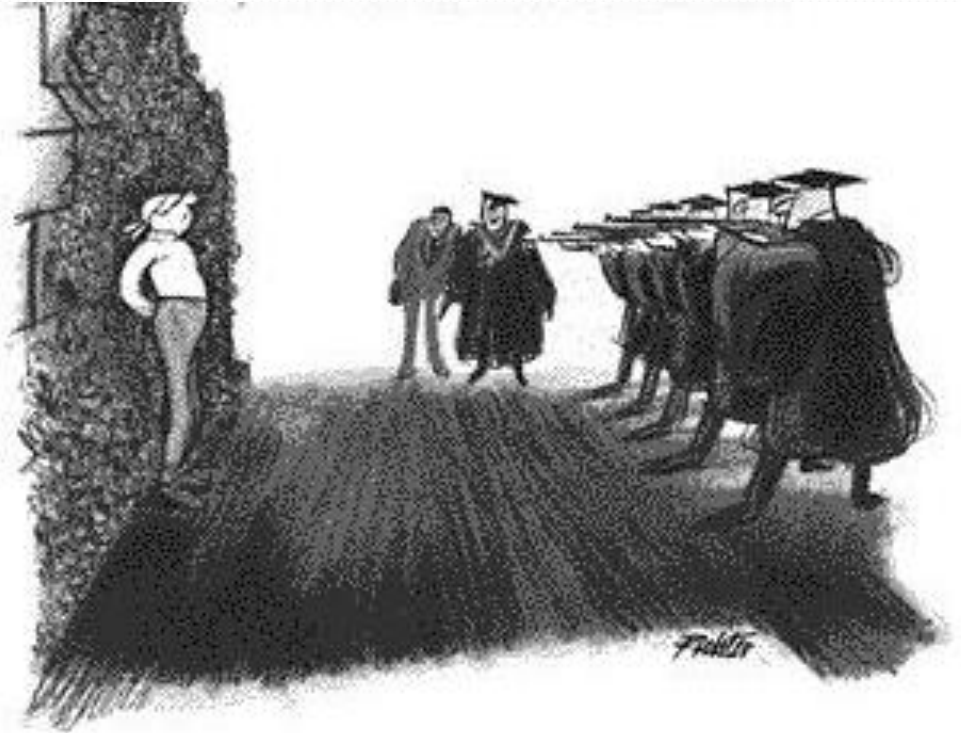
- PhD in Psychology (October 2008), UniSA
- Current position: Research Fellow, Sleep & Respiratory Program of the Childrens Research Centre, Adelaide Uni. Work with Respiratory & Sleep Medicine (WCH), ENT/Audiology (WCH), Cardiology (RAH), Endocrinology (WCH).
- 8 journal publications (7 1st author, 3 invited reviews, ½ 'A' journals); 20 published abstracts.
- Different projects, fields, groups, etc. will dictate when you can start publishing and how frequently you get to publish...Have a strategy

My research

- Predominantly investigating impact and treatment of sleep and respiratory disorders in children
- Neurocognitive, behavioural, neurological and cardiovascular effects
- Cross sectional and longitudinal clinical populations



The importance of publishing clinical research



“It’s publish or perish, and he hasn’t published.”

The importance of publishing clinical research



Pitfalls to publishing clinical research



Pitfall Number 1: Patients

- People (& parents of children) dealing with a real, present and serious health circumstances (i.e. stressful)
- Each patient is highly valuable to your research
- They want to know i) you have their interests at heart, and ii) they are making a worth while contribution
 - “Silver service”
 - Be true to your word
 - Provide feedback and/or follow-up

= participation, retention, good quality data....publications

Pitfall Number 2: Politics

- Working in large institutions
- Many concerns that are a higher priority than your research
- Firstly: play the politician...or you may find your research comes to an abrupt halt
- Secondly: have a strategy to *make* your research a priority
 - Media
 - Conferences
 - Guest speakers
 - Publications in lower ranked journals (pilot data)

Pitfall Number 3: Practitioners

- The bottom line: It's clinical research so you need clinicians

• Their patients = their research

- Different training & experience
- May expect certain results, interpret and report results differently
- Discuss the research and anticipated papers as early as possible. Agree on focus of paper, audience and target journals. Think like a clinician.



Case study

- Professor David Gozal
- Started practice in 1992
- Currently has around 420 peer reviewed journal papers
- 288 in the last 10 years
- 167 in the last 5 years
- 117 first authored papers
- Regularly publishes in high ranking journals such as AJRCCM, Pediatrics, Neurology...and has the all important Nature paper!



Case study

“What are some of the biggest hurdles to publishing clinical research and what are some of the best strategies you have found to overcome these?”

Case study

1. Ask “how innovative?”
 - +ve: if adds to current knowledge but does not completely deviate from existing dogma
 - -ve: if negates existing dogma or deviates too much
 - “campaign of presentations” for novel findings
2. Quote according to the type of reviewer you expect – not obscure authors - “Ego-flattery”. Don’t see similar researchers as competitors (don’t be submissive) – we need verification of results.

Case study

3. Be multidisciplinary – don't go it alone.
4. Define what author and where early on (I'm sure they're all good people but they will have differing expectations and perspectives).
5. If wrongly reviewed – approach editor, state case, be objective not emotional, don't ask for acceptance just a fair review.
6. (and...bug your competitions lab)



vs.

SCIENCE



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Which one will you submit your paper to?

If only you had that problem.

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