



S. S. Amarasekara,

EDITOR'S NOTE

Looking at the contents of this edition of the journal the Invited Editorial is a timely piece in deed. The following are a few helpful pointers that can be offered to the future researcher:

Most things in life are easier if a personal relationship has been established.

Find your 'Ethics committee' contact person as a priority. Discuss what level of documentation is needed for the studies that are being contemplated.

Get ethical clearance before embarking on any study.

Commencing a study and subsequently finding out that the required standard of ethical clearance needed is lacking, is a most frustrating experience. This includes informed consent for all case reports and case series. Journals may require some evidence that 'informed consent' has indeed been obtained. Obtaining this early from the patient will also clarify your intentions to the patient.

Do not think of ethical clearance as 'Red Tape'.

Almost all ethics committees are pro research and are willing to provide support for you. Applying for ethical clearance should be considered as preparing a blue print for what your study is about.

Think of applying for funding as a validation of your study.

Applying for funding, if needed, is almost the next step in this process. Funding will require a justification as to why this research is important i.e. why should we fund your research? And in most instances if approached intelligently, this process will cover the introduction, hypothesis, material and methods, timeframe that will need to be allocated for the research and at least part of the discussion for your intended article!

'Making a list and checking it twice'.

This applies to your hypothesis and also to all the datapoints that will be collated. Check and double check. Hypotheses needs to be discussed in depth with the statisticians to make certain that the data that is being collected is the correct type and quantity of data needed. Have you thought of all the possible confounders? Do your literature review before the study to make sure that 'all bases' are being covered. Missing a key data point on a 20 year retrospective study is not too bad, missing one on a two year prospective study? In a RCT !?

Schedule regular meetings

These are needed in order for any progress to happen. We have all witnessed the lack of this process. A project is discussed, there is no follow up and it falls on the wayside. Schedule regular, frequent meetings; at least once a fortnight. They need not be elaborate affairs conducted in reserved air condition board room settings.

■ Dr. Sumedha S. Amarasekara
MBBS (SYD), MS (Colombo),
FRCSEd, MPhil (ANU)
Consultant Orthopaedic and
Trauma Surgeon,
Editor - in - Chief SLJOS.
Asiri Group Hospitals,
Asiri Central Hospital,
Colombo, Sri Lanka

■ Corresponding Author:

Dr. S.S. Amarasekara
ssamara65@gmail.com

Sri Lankan Journal of Orthopaedic
2023 : 08 : 4-5

Just a five-minute get together after a ward round -discussing the main issues. Have we got ethical clearance? what's happening with that? Who's collecting the data? How are the patient numbers coming along? Any issues? etc. More formal meetings will take place automatically once the research process gathers traction.

Have multiple research projects

Ethical clearance to the final publication of an article is a long process. Doing one study to completion and then starting on another is bluntly put-a complete wastage of time and energy. Therefore, start on multiple projects of varying complexity. This is the most efficient use of time. Importantly, it keeps the research process 'alive'. There is a notion of continuously being involved in research which is fundamental in building a research culture. Losses are absorbed better. Wins are celebrated with the anticipation of more wins.

Read Journals

This is an absolute requirement. Familiarity with research is needed to think, plan, conduct and evaluate your work. Reading is one of the best and I would argue the only method of getting this. What you experience while reading a journal is what you hope to impart to your readership.

Finally,

YOU ARE THE LEADER !

From the start to the finish -you are the leader. You, as the orthopaedic surgeon, is ultimately responsible for all the research that is done or not done in your unit. If you do not take an active role nothing will happen. You need to embrace your role. Remember for any prospective study you will be the only member constant throughout the study period from inception to publication. Trainees who are there for six months, let alone from seeing a study through to its completion, may not be able to even complete the paper work for a prospective study. Hence there is an inherent reluctance on their part to be involved in studies, where they will not get to see to completion. Therefore, ultimately it is your duty and responsibility to see that research happens in your unit.

Dr. Sumedha S. Amarasekara

MBBS (Sydney), MS (Colombo), FRCSEd, MPhil (ANU)

Consultant Orthopaedic and Trauma Surgeon, Editor-in-Chief, SLJOS

Asiri Group Hospitals, Asiri Central Hospital, Colombo, Sri Lanka

ssamara65@gmail.com

Attadīpā Viharatha