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Why publish? Is it just a notch on a rather superior bed post?

 T.E. Kilmartin

New Year kicks off with a guest author this month. He is well known to many and uniquely placed to tell his own story from Chiropodist to Consultant Podiatric Surgeon and Doctor of Philosophy. Dr Kilmartin has probably contributed more research papers to the profession as a clinician than any other podiatrist in the UK. At the end of the article Dr Kilmartin’s 84 papers produce living evidence of his contribution to podiatry reflecting a podiatrist’s contribution to his profession. Podiatry has moved forward inexorably over the last quarter century and as Dr Kilmartin points out, research does define a profession. One should always be looking for that research idea but only by seeking questions of ourselves and patients will we continue to actively improve our patient care.

# The Scene was Set

Let’s face it the prestigious Birmingham School of Chiropody was anything but (**Figure [right] Sherlock Street 2006. Photo D.J. Norton**). Wedged between the police cadets on Floor 1 and the advanced plumbers on Floor 3. Matthew Boulton Technical College, School of chiropody was hardly up there with MIT, Stamford or Cambridge. Yet there was a library and in that library was 20 years’ worth of the Journal of the American Podiatry Association and in the pages of the journal I found redemption. The research papers that I found in that journal at the end of the first term of the first year lit a fire in me, a passion, that has never gone out.

Then there was a part time lecturer. Someone that had actually been to America, sat in on biomechanical lectures at the Californian School, knew the theories of Root and applied them to patients and was training to be a podiatric surgeon. When he suggested that I attend the Podiatry Association conference in Nottingham that Summer everything was about to change forever.

All I needed was a research idea

I went along and the first lecture was given by Judith Manzi - the real deal; an American Podiatrist from Philadelphia. When she spoke about lesser digit deformity suddenly all the possibilities that Podiatry could offer, burst open. At the end of the lecture, stammering with nerves, I asked a question about splay toes. She replied *‘Why don’t you anaesthetise the interossei and write a paper on it.’* And then it hit me – I could do research. The thought had never crossed my mind.

All I needed was a research idea. This might seem an obvious point but this is the key issue issue in all research. Can it pass the ‘So what?’ test. Its amazing how much undergraduate and Masters research proposals don’t. In my first job I worked for Northampton and Kettering Health Authority and the department ran a school screening service. Every 9-year-old in Northamptonshire was examined biomechanically. This came to the attention of a local orthopod who questioned the validity of providing orthoses for children, but suggested what was needed was research. Our Department manager Marcel Pooke immediately responded agreeing that research was needed and with the ‘orthopods’ support I would do it.

I had already noticed an incidence of hallux valgus in children. The significance of the condition was not lost on me. But in research terms it gave us that golden opportunity: an outcome measure. It was a condition that was known to deteriorate, progressing from a slight angulation of the first MTP joint into a condition that wrecked the whole forefoot. So what if we could measure the effect of treatment which was believed in podiatric circles at least to stop that deterioration. After all, according to Root, Orien and Weed (1977), hallux valgus was caused by excessive pronation of the foot.

What numbers do I need?

If we restricted that pronation of the foot with custom made Root orthoses that would prove that orthoses worked. The next principle of research is the study population. It has to be representative. The school screening programme was already reviewing every 9-year-old child in the county. It could not be more representative. Once the assessment method had been proven to be sensitive enough to get the diagnosis right we could then invoke the gold standard technique of research, the randomized controlled trial.

Six thousand Northamptonshire children were screened. Using a simple but robust diagnostic technique 122 were diagnosed with hallux valgus (2%). They were then randomised into a treatment group where they received custom made orthoses for the next three years or no treatment at all. X-rays were taken to provide base line measurement of the hallux valgus deformity and then repeated three years later.

With such investment in one study it was surprising how many spin off opportunities followed. All by luck rather than insight.

Firstly, Marcel Pooke suggested to me that I should try and get something out of the study academically. I knew that another Podiatrist called Sue Nickson had been assisted in doing a Masters degree by the Professor of Orthopaedics at Nottingham Medical School. I wrote to him and was astonished that he replied saying that he would be interested in helping me. I met with him in his office late one evening. I was terrified but suddenly there was an opportunity to do something really meaningful, there was the medical school library, ceiling high with journals of bone and joint surgery and there was someone who could advise on how to research and most importantly write a paper on it. Publishing papers is important to all academic staff and this one was no different. I co-authored multiple articles with the Professor but remained very much the outsider, which corresponded well with my imposter syndrome. Coming from the background that I did, I could not quite believe that I would ever find myself studying for a PhD at a Medical school.

There is however a sad corollary, such are the relations between orthopaedics and podiatric surgery that when I asked the professor to give me a reference for a podiatric surgery post in Nottingham, he first of all agreed but then on the day of the interview contacted to say that he had come under pressure from his colleagues and could not now provide a reference for me. To this day I still consider it a very unworthy betrayal.

Writing up research has a well tested format

# Structure

My first attempts at writing up research were no different than any one else’s. A poorly organised study, pompous over complicated language, a case study stuck in the middle of it. But when it was pointed out that scientific writing should follow the format of every science experiment I had done at school since aged 11, the penny dropped. All papers need a title, an introduction section, patients/methods, results, discussion and conclusion. There are certain key issues that each section must cover:

**Title:** This is your shop window, your 2 second sound bite so consider this long and hard. It has to somehow explain all that you set out to research.

**Introduction:** Set the scene for your study with this and lead to *the question.* It should be no more that 4-6 paragraphs long and provide a review of the literature. *The question* is the beating heart of the paper and should be stated in one paragraph at the end of the introduction.

**Patients and methods:** this section should have information on the demography, age, sex, BMI., smoking, medical history but most of all it should describe a representative population. Often researchers will focus on exclusions and sometimes these can be so strict that they reduce representativeness. On the other hand, some populations have intrinsic confounding factors, like studies of DVT rates in female flight attendants, some of whom also happen to be taking the oral contraceptive pill.

**Results:** This section should contain only the numbers. Some level of statistical analysis is also necessary. Statistics are really a way of summarising the numbers and reducing the effect of chance and for many this is a cause of some fear and loathing.

**Discussion:** After the dry presentation of the analysed data, the discussion section explains the significance of the findings not in mathematical terms but in clinical terms. It should be tightly argued, staying close to the data findings. This is not the place to ramble, talk about other studies you may be planning or float your wild eyed theories. It should be no more than four to six paragraphs to ensure balance with the introduction.

**Conclusion:** Should present the significant findings of the study in no more than two paragraphs and especially should consider the implications for clinical practice

# Statistics

As mentioned earlier a big issue is statistics. At first I went to statisticians for help but they were all busy and it was clear I would have to stand on my own feet pretty quickly, it was sink or swim. I had collected data, in fact I had columns of it but now I needed analyse it. We had no training whatsoever in research methods at Birmingham so I had to teach myself and this was at a time that there were really no computer programmes that would do it for you. It was you, a column of figures and a calculator and that is how I started along with a shelf full of statistics made easy books. Curiously to this day I still find columns of data exciting, and find the whole process of data analysis like putting in a penny and pulling out a plum. I still think that authors should not over complicate their statistical analysis because it will lose the majority of the clinician readers.

What the readers need to know is could the effect have occurred by chance or was it a definite outcome that could not have occurred without the treatment intervention. In other words, was it statistically significant? To that end the most important statistical analysis is a calculation of the sample size and secondly a calculation to determine if there was a statistically significant difference between what was measured before treatment and then after treatment.

This paper… is based on low tech principles – reject!

What became quickly apparent was that there were numerous secondary studies available now that I had collected the main study group. The first paper I sought to publish was probably the most unethical. I asked colleagues to agree to have acupuncture needles stuck in their first ray so I could measure the range of first MPJ movement with and without orthoses. I used video tracking to measure the angles of hallux dorsiflexion. I wrote the paper and sent it to the American Journal, Foot and Ankle, (now Foot & Ankle international). Weeks later it arrived back completely rubbished by the reviewers. One line that I have never forgotten was ‘*This paper has used high tech equipment but is based upon low tech principles – reject*’. It is the case however that every journal you submit to will always return their reviewers comments and from those comments, I learned to write a paper and indeed do research of a publishable standard because without publication, it is not research it is just recreation. By submitting research for peer review you will tap into profoundly helpful advice, all of which is provided for free.

Once you have gained research skills, it should then be a lifelong quest to continue looking for research questions to explore and use every one of them as an opportunity to involve other junior colleagues so they too can learn the skills. Podiatry, like all professions, is a lifetime of learning and what better way to direct that learning than really getting on the inside of a condition or a technique, first with the literature review, then with the study design and then with the original thinking required to formulate a discussion of your findings. Just make sure you pass the ‘*So What?’* test.

Over the years I have published more than 80 papers. The majority have been case series reviews of surgical techniques, some have demonstrated very positive outcomes such as the 10-year review of rotation scarf Akins osteotomy, the recently published 11 year follow up of the Kessel Bonney procedure for hallux rigidus or the Weil osteotomy for transfer metatarsalgia. A review of PIP joint arthroplasty for 2nd hammer toe and closing wedge osteotomy for valgus toe deformity have supported very commonly performed routine procedures. Having data published in a peer review journal is a very powerful way of proving the worth of what you are doing, it protects against litigation and provides for the best possible informed consent for patients.

Other studies have been less positive such as a review of metatarsal osteotomy for hallux rigidus which demonstrated a 30% complication rate or study of lesser metatarsal surgery for plantar corns which demonstrated a 25% incidence of failure or transfer lesions. Some of my favourite publications however have been those that have supported the very existence of podiatric surgery such as a review of all complications in the first 5 thousand cases operated on in Nottingham, or the study of revision surgery for 250 orthopaedic cases with poor outcomes.

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# Take Home Message or simply, The Conclusion

# Research is what defines a profession and a fundamental definition of any profession is its ability to embrace and utilise research findings to either incorporate new techniques or just as importantly dispose of interventions that have been proven to be risky or ineffective. Is that something that homeopathy has ever done? Without research I have no doubt it would also be a whole lot easier to dismiss or even shut down podiatric surgery. That is why each and everyone has a responsibility to research and publish, our continued existence depends upon it.

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This slide was reproduced from David’s own memorial lecture given in 2002 at Coventry University. Philip Milsom presented the 2018 memorial lecture at Bournemouth

# Robert (Bob) Prince

**David R Tollafield and Ralph B Graham**

Asked to write about one of our forefathers of podiatric surgery by the College of Podiatry, senior members have put together a short piece to the answer the question who was Bob Prince? and why a memorial lecture?

Robert (Bob) Prince was a founder member of Podiatric Surgery in the UK being one of the first three surgical practitioners in the United Kingdom. He was an early supporter of the Croydon Postgraduate Group a founder member of the Podiatry Association in 1975. He became a member of the first Executive Committee and played a strong part in organising education and examinations at annual conferences, and later the Fellows Weekend meetings.

Bob was instrumental in forging links with Southampton University long before there was a School of Podiatry, so that the new aspirant surgeons could gain access to the department of anatomy at the medical school. It was Bob who recruited an expert is sterile procedures to teach those early pioneers how to cope with theatre techniques.

Bob was by no means a youngster when he embarked on his surgical career. However, he provided many younger members of the Podiatry Association with tutelage to become podiatric surgeons who themselves went on to train others. He was utterly committed to education of the youngest and encouraging them to progress. This at a time when we had not made any breakthrough into the NHS or private hospitals.

He also threw his septuagenarian efforts into the annual Fellows Weekend, a splinter meeting for seniors who could concentrate on advanced training and discuss cases in private.

After his death his name was linked with a Memorial Lecture held at the Podiatry Association’s annual conference. Speakers were invited as a privilege to present topics with free choice as to their chosen subject. The subject did not have to be on the subject of podiatry in a technical sense but to have some benefit to the profession.

After the Camden Accord of 1998 became the progenitor of the new College of Podiatry, the memorial lecture transferred to the annual Podiatry Conference of the new organisation. Although there are no formal rules, most people who give the lecture are usually College Fellows or hold an honorary Fellowship, often accorded to our past medical colleagues who supported podiatric surgery in more difficult times. Overseas guests have also delivered the lecture.

This memoriam keeps alive a founding father who whilst living did not have the benefit of receiving acknowledgement of his commitment and dedication to podiatry. **(October 2018)**

# Reflective Podiatric Practice has regular article features for those podiatrists signed up.

For more information, please go to my [website](http://consultingfootpain.co.uk/faqs/). You can check out my short film click [film](https://www.youtube.com/watch?v=PR97-BJ6e28&feature=youtu.be) Every effort is made to maintain a balance between all podiatric specialties but it is only through a wide range of contributions that this can be made a generalist publication.

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# Is it important to sign-up? David has the last word!

Well, these articles take time to produce and if they offer value that’s great, but without a large audience their life span is likely to be short. As part of my website **ConsultingFootPain** and Clinician Portal, Footlocker and books are designed to say as loudly as possible that we must all join to make podiatry the home page for Foothealth.

Despite many changes to the College during 2018, the content of the website does not say more than who we are. Our stamp on the health market is still a long way off. To speak out and take control we have to use words that carry conviction. Having given up clinic, my daily work is trying to create more awareness for all. My pride in podiatry still prevents me from turning my back on a great profession so do join me and share these efforts. Come up with new and novel ideas.

Guest writers are welcome and if you have something to say RPP is always keen to hear and turn it into an interesting piece for you.

Case histories, observations and experience over the course of your career, learning experiences for all podiatrists and students. We all like to get some value added out of an article.

Overseas podiatrists are welcome but should be sponsored by a registered UK podiatrist.

# Consider these questions

* **Is there value in Reflective Practice?**
* **Do you wish these articles to continue?**
* **Can BPCC Ltd do more for podiatrists?**

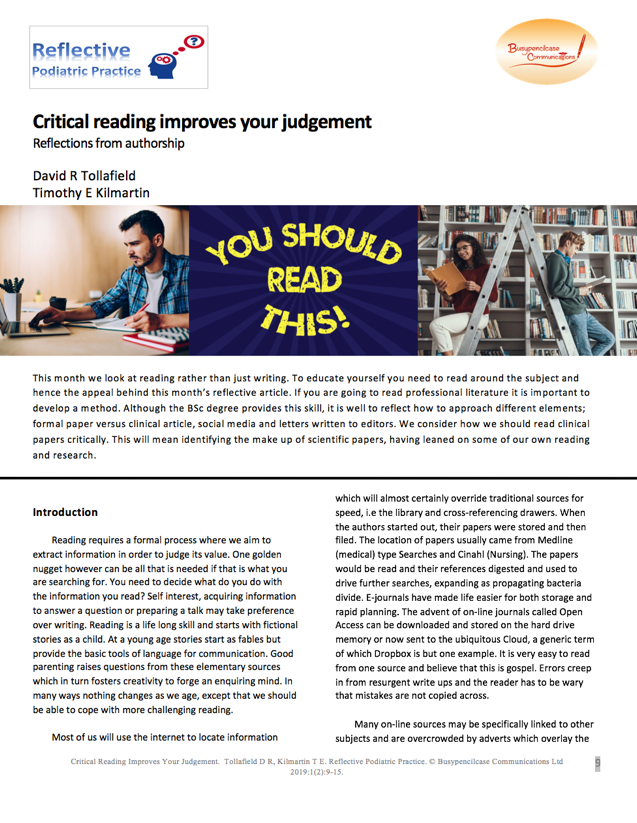
Write to [davidt@busypencilcase.com](mailto:davidt@busypencilcase.com) and speak up.

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# Next month:

# Critical Reading Improves your Judgement. Reflections from authorship.

Tim Kilmartin and David Tollafield join up to look at critical reading from published sources.



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