

The Development of a Publication Presentation Workshop: Enhancing the Publication of African Paediatric Endocrinological Research.

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Background

Sub-specialisation in Africa is a new development. There is much activity in Africa in paediatric endocrinology. The international societies, ESPE and ISPAD helped significantly in the development of paediatric endocrinology training, starting at PETCA in Kenya. Considerable research is being done at PETCA, PETWCA in Lagos and elsewhere, but unfortunately the process of publication is challenging. Due to the pressure of clinical work in Africa most endocrinologists have difficulty in completing their research.

Objective

To devise a mechanism to increase the chances of the publication of African Paediatric Endocrinology studies.

Method

Calls went out for high-quality research projects which were at an advanced stage, with all the experimental work and data analysis completed. See **CALL FOR PRESENTATIONS** (in Box). The presenters produced a structured abstract for selection for the Publication Presentation Workshop, at the ASPAE 2015 Congress. The presenters of the selected projects were requested to prepare an oral presentation of 20 min to be presented at the Congress, as well as a draft article. See: **Short Guide to Writing a Medical Article** (in Box). These were submitted to the editor of the Journal of Endocrinology, Metabolism and Diabetes of South Africa (JEMDSA), Prof W Mollentze, who had agreed to be part of the workshop. At the workshop, after the presenter's presentation, two discussants per paper discussed ways in which to improve it for publication. Thereafter there was a discussion from the floor.

The Congress

The ASPAE 2015 Congress took place in the first week of May, at the Gaborone International Convention Centre, Gaborone, Botswana. We had a successful conference which was attended by 65 delegates from 9 countries across the globe. We had a very good scientific programme which started with a symposium on Overcoming Inequalities in the Management of Type 1 Diabetes in Africa; starting with Kenneth Robertson giving a State of the Art lecture on the management of Type 1 Diabetes Mellitus. That was followed by perspectives from Africa, which enabled us to compare our practices to what is currently achievable by modern standards. A second symposium on the last day dealt with Overcoming Inequalities in the Laboratory Diagnosis of Endocrine Conditions in Africa. Oliver Blankenstein gave State of the Art presentations on the newborn screening, laboratory testing and congenital hyperinsulinism. Francois de Villiers spoke on Point of Care and Side Room Testing in Endocrinology, and several other speakers dealt with African Perspectives. Jan Lebl presented a case of CAH, and "Psalms" Joel did a lecture on approach to DSDs in Botswana, amongst the other excellent presentations. The Publication Presentation Workshop will be discussed below.

Results

Seven research projects were considered to be of sufficient quality. They concerned topics such as diabetes mellitus, puberty, obesity, vitamin D deficiency, and the knowledge of health care workers. Contributors came from Cameroon, Nigeria, Uganda, and Zanzibar.

The seven presentations selected for the Publication Preparation Workshop are as follows

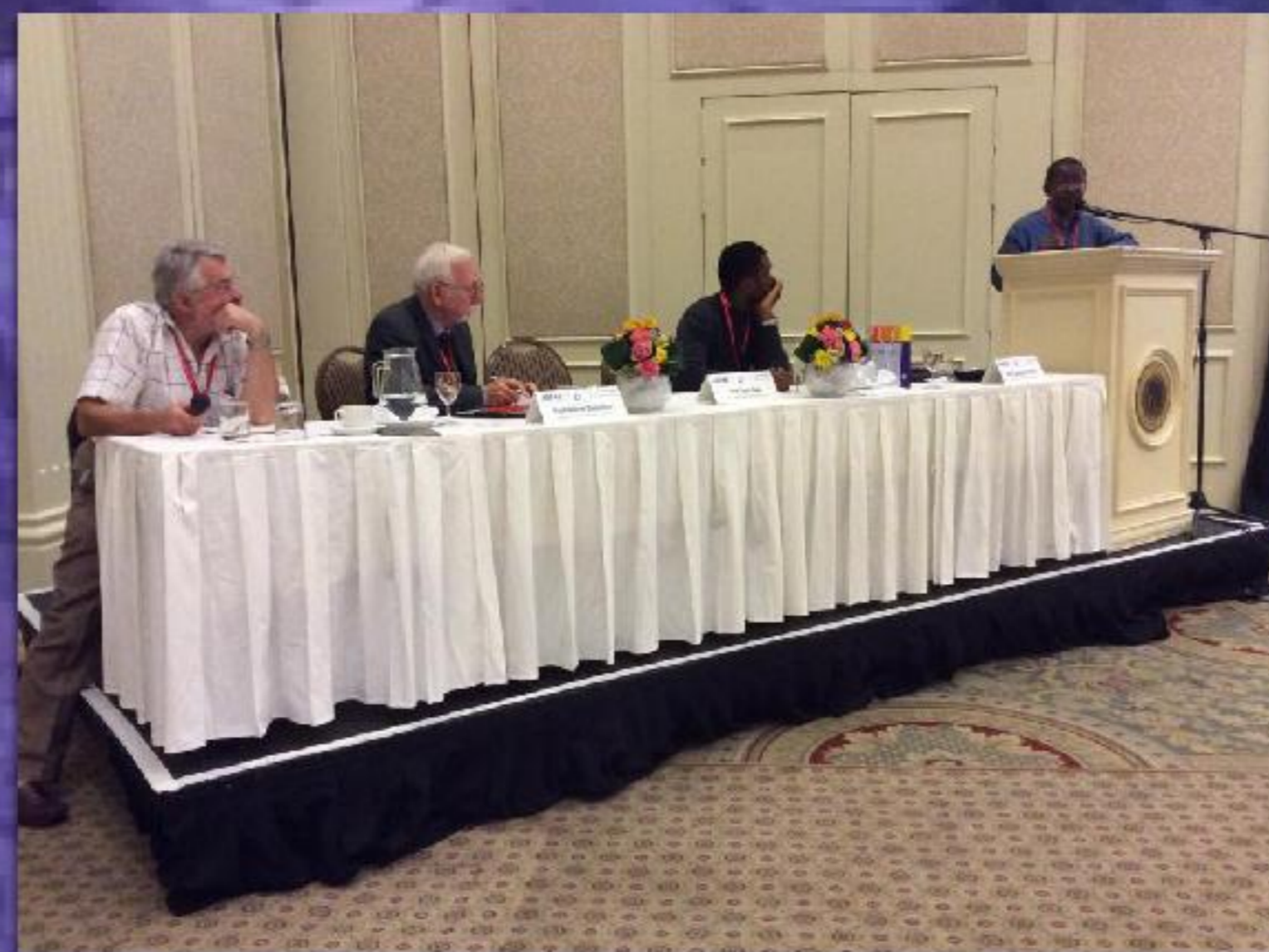
1. Abeid K, Robertson Kenneth, Laigong Paul, Msuya L. *The glycaemic control of children and adolescents with type 1 diabetes mellitus attending Mnazi Mmoja Hospital, Zanzibar.*
2. Abok I, Konrad K, Mukwhana R, Okolo X S. *Prevalence of vitamin D deficiency in sickle cell anaemic children in Jos University Teaching Hospital (JUTH), Plateau State Nigeria.*
3. Piloya-Were T, Odongkara B, Mutebi E, Moran A. *Reasons for admissions amongst children with type 1 diabetes mellitus in Mulago Hospital Kampala, Uganda.*
4. Ibekwe M, Ugwueji O. *Can limited joint mobility be used to identify subjects at risk for diabetic microangiopathy in a resource limited setting?*
5. Jaja T, Yarhere I E. *Survey on knowledge of healthcare providers about childhood diabetes mellitus in Tertiary Healthcare Institutions in Nigeria.*
6. Yarhere I.E. *Qualitative research in Paediatrics, ease or otherwise: a survey among paediatricians in Nigeria.*
7. Idris HW, Eyong M, Madu SM, Adeyoye OO. *The management of early and late puberty in Nigerian children.*

Due to a number of unavoidable factors, including a lack of sponsorship for several delegates, difficulties in obtaining visas and difficulties in transferring funds between countries, a large number of presenters did not arrive. The new Pharmaceutical regulation which prohibit the Pharmaceutical Companies from sponsoring individuals has affected African doctors considerably as most of our institutions do not have training/travel grants to support conference attendance, as such one has self sponsor attendance at conferences. In a situation where the average salaries are already low, one can understand colleagues' predicaments in non-attendance of the conference due to lack of sponsorship.

The programme had to be modified to accommodate this very disappointing development. Presentation number 5 was accordingly presented first, presentation number 4, second, and presentation 6 was the last presentation.

The Publication Presentation Workshop was a tremendous success and the general opinion was that it must become an integral part of our annual conference. Prof WF Mollentze gave a talk on how to publish a research paper and we discussed three excellent papers, which were well received, and considered to be successful. After each presentation, two discussants gave their perspectives. These discussions were in-depth, and contributed considerably to the authors' understanding of such deficits in their papers as there were, and more importantly, what improvements and remedies were open to them. The consensus following discussion was that the quality of the research for those three papers was very high and that they need to be developed into full manuscripts. Kenneth Robertson suggested that a paper on "Joint mobility and diabetes" can be of interest to Paediatric Diabetes and he offered to contribute in any way possible.

It is to be hoped that the incentive of publication in an accredited journal will yield a hundred percent completion rate. There is no doubt that the presenters who were selected, but were unable to come, lost out on developing their papers under expert guidance.



Conclusion

This is a wonderful opportunity for people in underresourced areas to publish their research. The offer of Prof Mollentze and JEMDSA is unique and highly commendable.



CALL FOR PRESENTATIONS

Dear Researcher and Prospective Participant,
Please present at ASPAE 2015!

The ASPAE 2015 Congress takes place from 6 to 8 May 2015 in Gaborone, Botswana. This is a call for you to present your research, indeed we beg you to do so. We would like you to present your research, whether it is small, not yet complete, or a longer multi-authored study. Interesting case presentations are extremely welcome.

For original research, and the presentation of interesting cases, from within Africa, the idea is to have three levels: The Publication Presentation Workshop, Oral Presentations and Poster Presentations. The Publication Presentation Workshop is something quite new. It is hoped to have eight good-quality research projects which are already at an advanced stage. The presenters will then present an oral presentation with PowerPoint slides, lasting approximately 20 min at the Congress. After each presenter's presentation, there will be two discussants per paper who will have 10 min to discuss the paper in order to improve it for publication. Thereafter there will be 5 min of discussion from the floor. Prof Mollentze, the editor of JEMDSA (Journal of Endocrinology, Metabolism and Diabetes of South Africa), has kindly agreed to devote an entire issue of the journal to our Congress, if our work is up to standard. This will include publication of the best of the eight papers! This is a wonderful opportunity for people to publish their research which is at an advanced stage, but which for whatever reason has never fully been prepared for publication.

The process:

The call for abstracts have opened now. You may either:

- a) Complete an abstract, and submit it to Dr Joel and myself (Prof FPR de Villiers), or
 - b) Submit an enquiry to me (Prof FPR de Villiers). If you feel that the deadline is too tight, let me know, giving the reasons why.
- c) Submit a Statement of Intent in which you indicate what you intend to do, and when your abstract will be ready. This should also be submitted to me (Prof FPR de Villiers).

More details about The Publication Presentation Workshop

The Publication Presentation Workshop is something quite new. It is hoped to have eight good-quality research projects which are already at an advanced stage. It would be ideal if all the experimental work is completed, and the data analysis is also completed. The presenter would be expected to produce a structured abstract (background/introduction, objectives, methods, results, and conclusion – not discussion) of approximately 1-2 pages in one and a half spacing. These abstracts will be judged to see which would be selected for the Publication Presentation Workshop.

The presenters will then be requested to prepare an oral presentation with PowerPoint slides, lasting approximately 20 min, and present this at the Congress. Meanwhile they will also be expected to prepare a manuscript (5 to 8 pages long) as professionally as they can, i.e. a draft article. The draft articles will be submitted to Prof W Mollentze, who has kindly agreed to be part of this workshop, about 2 weeks before the Congress. He is the editor of JEMDSA (Journal of Endocrinology, Metabolism and Diabetes of South Africa). At the workshop, after the presenter's presentation, there will be two discussants per paper who will have 10 min to discuss the paper in order to improve it for publication. Thereafter there will be 5 min discussion from the floor. This means that the discussions around each paper would last 45 min. There are four slots for presentations in the session, and we are expecting to have two parallel sessions, i.e. we can deal with eight papers in the morning. The two chairpersons of the two parallel sessions will have time to present what happened in each session to the plenary before lunch.

As mentioned before, Prof Mollentze has kindly agreed to devote an entire issue of the journal to our Congress if our work is up to standard. This may include the abstracts, and will include publication of the best of the eight papers, although they still have to undergo peer review after this process. He has also agreed to be available to the presenters in the afternoon of Thursday to give them individual advice. I reiterate that this is a wonderful opportunity for people to publish their research which is at an advanced stage, but which for whatever reason has never fully been prepared for publication. I am convinced that even some of the most senior African Paediatric Endocrinologists may have incomplete research. This workshop is however for everyone, whether you are a currently studying fellow, a recently graduated fellow and even the most senior of African Paediatric Endocrinologists. It will be an invaluable learning experience. Of course, this does not mean that we are favouring single author publications: multiple author publications are equally welcome. Please note that Prof Mollentze has agreed to come sponsored by his journal, for this we are very thankful.

Prof FPR de Villiers,

Chair: Scientific Committee of ASPAE 2015.
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Short Guide to Writing a Medical Article Prof François de Villiers

- ❖1. A medical article is 2500 to 3000 words long. A short report is 1000 to 1500 words long. The background including objectives comprise 15%, the methods, 15%, the results 45% and the discussion 25% of the article.
- ❖2. Begin with objectives. State one or two behavioural objectives in the form of: The objectives were to do the following... If you are trying to shorten a longer work e.g. a PETCA research report or an MMed dissertation, you may have to dump some of your original objectives.
- ❖3. Write the methods. State clearly what you have done to whom, and how they were selected.
- ❖4. Write the results. It is assumed that you have applied whatever statistical analysis is required. It is usual to use Tables and Figures to organise the results. You are usually allowed a maximum of five tables and two figures. Do not duplicate information in the tables and the figures. Use figures only if the information is graphically interesting, e.g. an increasing or a decreasing graph, or maybe a bimodal distribution. The results should be those that directly answer the issues raised in the objectives
- ❖5. Write the discussion. For every finding in the results, write some discussion, as follows: explain what it means, and compare it with the literature in your country, Africa and the world. Do not use the same sequence. If you cannot find three studies in answer to every section, do not be concerned, because it makes the article more readable, if every paragraph doesn't sound the same as the previous one. Finally, you write: In conclusion we found (or it is important to note) Give only one or two conclusions.
- ❖6. Now you write the background/introduction/literature survey. Introduce the problem from a wide perspective, and then narrow it down towards your country or study. Choose two or three issues which relate absolutely directly to your study, find some literature about it, and write a paragraph about it. Finally, you add the objectives that you have already written to the end of it. Voilà. It is done.
- ❖7. Write the structured abstract. Check the prescribed length and headings.
- ❖8. Find the journal's instructions to authors, and modify your study accordingly. Proof read and revise.
- ❖9. Use the Vancouver system for references in medical journals. These days journals do not want too many references. Twenty to 30 will be enough for an article of this length.

