

## Editorial

### Evidence You Can Use: Practical Research Questions from Pakistani Operating Rooms

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#### Introduction

Nowadays, evidence-based practice forms the foundation of clinical decision-making. In this era of evidence-based medical practice, research questions often arise from day-to-day problems arising on the operating table and at the bedside. As managing trauma, burns, congenital anomalies, post-tumour excision defects and aesthetic demands pose a significant challenge in the local context, the opportunities for clinically relevant research are enormous.

In international plastic surgery literature, the gap between high-level evidence and the questions that matter to practitioners is getting wider. Due to the scarcity of randomized controlled trials and systematic reviews in the subspecialties of plastic surgery, many clinical uncertainties remain unresolved. The lack of contribution of plastic surgery research from low- and middle-income countries (LMICs), including Pakistan, remains a challenge. Although nations such as India and Egypt dominate LMIC publication lists, contributions from Pakistan are noteworthy yet still disproportionate to the level of clinical expertise and clinical need. Major barriers to this underrepresentation of Pakistan in high-impact-factor journals is lack of infrastructure, mentorship, statistical support and access to publishing avenues. One way to narrow this gap is to follow the dictum “test your observation”. Therefore, to promote the evidence based patient care, our focus should be on research questions, arising from daily bed-side activities and operation room. These include, but are not limited to:

- What are the outcomes and cost-effectiveness of common reconstructive procedures in burn care in Pakistani settings?
- How do different flap strategies compare for local trauma indications in terms of healing, function, and patient-reported outcomes?
- In congenital anomalies such as cleft lip and palate, what are the most common complications in local

surgical pathways, and how can standard audits improve protocols?

- What is the cost-effectiveness of low-cost imaging or telemedicine follow-ups for postoperative monitoring?

Investigating such research questions may not be always dependant on large grant funding, although it demands consistency, standard approach of data collection and honest reporting of complications and limitations.

IDEAL (idea, Development, Exploration, Assessment, Long term study) framework is a reliable tool to design the innovative research studies in the field of plastic surgery. Pakistani journal of plastic surgery has a pivotal role in the field if research by advocating the evidence in local context, mentoring authors in designing their research studies and highlighting the importance of clinical oriented studies to improve the surgical practice in our country.

Let this editorial be a call to action: ask questions grounded in your operating room, study them with methodological care, and publish evidence that truly matters to your peers and patients.

#### References

1. Speroni KG, McLaughlin MK, Friesen MA. Use of Evidence-based Practice Models and Research Findings in Magnet-Designated Hospitals Across the United States: National Survey Results. *Worldviews Evid Based Nurs.* 2020 Apr;17(2):98-107. doi: 10.1111/wvn.12428. Epub 2020 Apr 4. PMID: 32246749.
2. Stillwell SB, Fineout-Overholt E, Melnyk BM, Williamson KM. Evidence-based practice, step by step: asking the clinical question: a key step in evidence-based practice. *Am J Nurs.* 2010 Mar;110(3):58-61. doi: 10.1097/01.NAJ.0000368959.11129.79. PMID: 20179464.
3. Gallagher-Ford L, Fineout-Overholt E, Melnyk BM, Stillwell SB. Evidence-based practice, step by step: implementing an evidence-based practice change. *Am J Nurs.* 2011 Mar;111(3):54-60. doi: 10.1097/01.NAJ.0000395243.14347.7e. PMID: 21346469.