



Journal as a Tool for Distance Education

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Not since the invention of the printing press in 1440 by Johannes Gutenberg has there been such a revolution in the methods of dissemination of knowledge as is now being seen in the electronic media. The time-honored printed journal is becoming obsolete, and open-access electronic journals and other technological innovations are rapidly reshaping the field of scientific publication. Today we should be taking the next logical step, making our journals interactive.

What Are the Shortcomings of a Printed or E-Journal?

1. They are usually one-way communication. Your interactions with the authors or editors are severely restrained, perhaps by a Letter to the Editor.
2. They come out at intervals and periodically saturate you with a lot of information, most of which you might not be interested in. That is the reason why journals are not read from cover to cover, but we pick and choose topics.
3. A printed matter, once read, has to be remembered, and to some extent imagined, to understand. This needs serious attention, but in the day and age of attention deficit, where people have an attention span less than that of a bee, we are asking a lot. Then again different people imagine differently and can carry home a message never intended by the author.
4. While students remain loyal to the journals, the practicing surgeons are very conscious about their time, and we have to give them the value for their time. If the journal does not give them inputs that they can directly take to their

practice to improve patient care, they are usually not interested.

5. The original contribution to journals depends on their impact factor, and the best authors only remain loyal to the top-line journals. Journals still trying to reach the top struggle to attract them.

A journal today desperately needs a new lease of life, and they will get one only if they remain useful to all and not the pride badge of the elite few. They have to be an extended arm of our practice, something which will improve our skills and prepare us for newer challenges. That is exactly what an interactive journal will do. It will be a blend of video and audio inputs inform you, teach you, help you to sharpen your skills, pick up tips and tricks, and allow you to interact with the authors and quench your thirst for knowledge to your heart's desire.

What Is an Interactive Journal?

An interactive journal will not be a bimonthly, quarterly, or six-month affairs but a constant interaction between the editorial board and the readership. I propose we have 16 sections each with their Sectional Editorial team, and they can upload their contents at periodic intervals on the journal site. The journal will have a video evening every week for 90 min for this purpose. These sections are:

1. **Video section:** Any interesting video from any source, which is of use to surgical training, will be presented in this section. The sectional editor will decide the length of the videos and the format and the day and time it will be premiered in a webinar. We should try to upload at least 2 videos every 2 months or one video every month. After the video presentation, there will be a session of questions and answers.
2. **Ideas and innovations:** Once in 2 months, 4 or 5 innovations will be chosen for presentation. A 5-min

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- presentation in the form of a voice-over slide show or a video is required. The page will have 5 buttons with the image of the innovator and as you press it, his/her innovation starts. The innovations too can be premiered one evening, and the audience can interact with the innovators. Again second feedback to these innovations can be in the form of videos or comments to the sectional editor who will then upload them.
3. **C.M.E article section:** This team will invite a PPT presentation or a video on the CME topic every 2 months. This presentation will be followed by a CME test of 15 questions, and the viewers can be marked by Google instantly. The test closes in 10 min and results are announced. CME points can be aggregated, and the highest point achiever annually can be given an award. Google can also identify the fastest finger first every time. How MCI can recognize these CME points the organizers will have to look into.
 4. **Journal initiated journal club:** A journal club article will be announced once in 2 months and fix a date of presentation and critical appraisal in a Webinar. Four junior colleagues and 2 seniors will be chosen to critically evaluate the article.
 5. **Sharing knowledge section:** Once in 2 months, this team will invite a specialist from a non surgical specialty like a diabetologist, an immunologist, a geneticist, a performance-enhancing specialist, an alternative medicine specialist, and a software expert in a webinar to share their knowledge for our benefit. They can invite any person from anywhere in the world including motivational and psychosocial subject speakers like Deepak Chopra and Robin Cook or speakers from industry, management *gurus*, and spiritual preachers. The presentation can be followed by Q and A.
 6. **Sunday reading section:** Every Sunday in the morning, this team will post a small 1 or 2 paragraph write up about an interesting article published in an open-access journal and post the pdf of the article or a hyperlink to it. This interesting article should reach the e-mail box of every member first thing on Sunday morning as a small knowledge capsule.
 7. **How I do it:** We choose a difficult problem like a crooked nose and ask an expert to present his technique of septorhinoplasty. One problem case once in 2 months and an expert showing us how he managed it. We invite the expert to a Webinar, and after the presentation, our members ask him questions to clear their doubts.
 8. **Meet the expert:** We contact an expert once in 2 months and invite him/her to a Webinar where he/she shows his pre-recorder videos, and we follow this up with Q and A. Thus a liver transplant surgeon can be invited to a Webinar where he/she can tell us everything from patient selection to donor surgery, recipient surgery, post-operative care, follow up, immunology, and prospects, and this can be followed up by a Q and A session.
 9. **The technology of tomorrow:** Once in 2 months you will have to upload a voice over ppt or a video in this section from anywhere in the world. You may invite a person to a Webinar instead and make it an interesting Q and A session of the newer technology or on the new research. This can be their published/patented work. Bionic eye, myoelectric prosthesis, the culture of the pancreatic cell line, nothing is out of bounds. The scientist has already published and patented the work and will be more than happy to share it with us. Robotics and AI will be used in a very big way in the future. AI will soon become a planning tool for choosing breast implants. We need to discuss all this with the pioneers and then convey it to our viewers.
 10. **Basic research and regenerative sciences:** We will contact any researcher anywhere in the world and either invite him to a webinar where he/she presents his/her research and then there is Q and A. Alternatively he/she can pass on a pre-recorded video/voice over PPT and be available for Q & A on our journal site through our sectional editor.
 11. **Town hall panel discussion:** Once in 3 months, you can choose 4 speakers who will speak on different aspects of the same topic for 15 min. Problems like diabetic foot, venous ulcers, and vascular malformations will be excellent for town hall Meetings. After the 4 speakers have spoken for 15 min, each Webinar will end with a Q and A.
 12. **Practice perspective:** Any part of the practice of surgery that may be of interest to the members may be discussed with an expert from anywhere in the world. It can also be a town hall Webinar from 3 or 4 places each giving their perspective. It can be once in 2 months. The topics can be like
 - a. Patient expectation
 - b. Patient selection
 - c. OPD consultation
 - d. Pre-surgical planning
 - e. Planning and conducting non-surgical procedures
 - f. Follow-up schedules
 - g. Managing unfavorable results
 - h. Advertisements and promotion of practice
 - i. Solitary practice vs. corporate hospital
 - j. A disgruntled patient management
 - k. Privacy concerns in practice
 - l. Tax issues m. Consumer protection issues and other medico-legal issues.
 13. **Volunteer engagement platform:** A write up or a video of volunteering by our members anywhere in the world. It can be in the National Burns Centre in

Mumbai or Sub Saharan Africa. This adds to the moral value of the journal, and every association seeking tax exemption from the government must show some volunteering. ASI is extensively involved in volunteering; let us document it for posterity.

14. **Grand round case discussion:** Where 3 cases will be presented by someone to a team of experts and discussed in a webinar about their management. This can be done once in 2 months. Exam-going residents will be greatly benefitted from this section.
15. **Nuggets from history:** This is a search of some interesting facts from history like the publication about nose reconstruction in the Gentleman's Magazine or something from Sushruta Samhita or from an old German or Persian book about how the surgery was performed then.
16. **The Sunday Quiz:** Every Sunday a set of 10 quiz questions will reach the mailbox of the members. They have to answer within 24 h for CME points, and on the next Sunday, they will get the answers of the previous quiz and a new set of 10 quiz questions. The Sectional Editors will be the Quiz Masters and they will create the quiz.

Advantages of an Interactive Journal

While the traditional print/e-journal continues to exist, the interactive wing of the journal will have many benefits:

1. It will be continuous communication between the readership and the journal editorial board and not a periodic and staccato one. While the Sunday Reading and Sunday Quiz will be a weekly affair on the journal evening every week, there will be a journal activity in the form of a Webinar.
2. To make the journal most useful to the end-user, every section will have to be in the form of an edited video or a live Webinar which we will be organizing at regular intervals. Thus "How I do it," "Meet the Expert," "Technology of Tomorrow," "Basic Research and Regenerative Sciences," "Town Hall Discussion," and "Grand Round case presentation" will all be live and interactive, and our members can freely discuss and clear their doubts.

3. For a very long time, the surgery residents have been complaining that their training is not uniform across the country and residents in certain institutions are better trained than others. Thus after getting their degree, all of them do not consider themselves to be "Market Ready." This interactive journal hopes to address this void in training substantially. We hope to bring the best in the world into their laptops and smartphones. A plethora of online teaching sessions, explicitly designed for postgraduates, in particular, will herald a new era of distance education. It could be a watershed moment, infusing new thinking and establishing virtual geographical neutrality in surgical training.
4. There are many advantages of distance learning—it cuts cost, more experts on the topic can be involved, bureaucratic and logistical practices (visas time, etc) can be bypassed, and long-distance travel can be avoided.
5. The best authors in the field who stick to the best journals for publication can continue to do so and still be available for our interactive section to benefit our members by interacting with them.
6. Another advantage that cannot be ignored is we can build leadership skills in our Sectional Editors, so that they can be the leaders who will carry our journal to the exciting future.

In due course of time, a more interactive platform in the form of an app can be developed. An app allows 24 × 7 live interaction on smart phones and can be an excellent educational tool for the electronics-savvy readers, but this interaction too has to be monitored through the sectional editors lest it becomes chaotic.

It is always a great pleasure to be the change instead of watching the change happen from the sidelines. Scientific documentation is in the process of a massive change and those who will anticipate the change today and follow their instincts will be called the pioneers of this change. I am introducing the blueprint of the interactive wing of the Indian Journal of Surgery to you all. I invite you to be a part of this change.

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