

# BJCVS globalization

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One of my priorities when taking over the function of Editor of the Brazilian Journal of Cardiovascular Surgery/Revista Brasileira de Cirurgia Cardiovascular (BJCVS/RBCCV) in 2002, was to make that the online edition of the journal could be accessible not only in Brazil, but it could have international reaching, both in receiving and publishing of articles from abroad, as well as to be read in several countries.

The letters sent to Dr. Bruno Botelho Pinheiro commenting on the article “Effects of ischemic postconditioning on left ventricular function of isolated rat hearts” (Edition 24.1), reproduced on page 429, and to Dr. Ulisses Croti, requesting authorization for the use of an image published in the article “Interatrial communication and hypothyroidism in patient with Down Syndrome” (Edition 22.4), published on page 431, are proof that the BJCVS has been globalized and accessed all over the world.

The first step in this direction was taken in late 2002, when the articles of BJCVS became available only in English in the journal’s website at Scielo. From the Edition 19.1 (Jan-Mar 2004), with the adoption by SciELO of a new platform, which allowed the articles to be available in two languages, BJCVS started to make available its articles in the electronic version in Portuguese and English languages. The second step was the inclusion of the BJCVS portal in the CTSnet ([www.ctsnet.org](http://www.ctsnet.org)), also in 2002, where there is a link to our journal [1].

In 2007, after years of attempts, BJCVS finally had been accepted in Medline, which caused an important increase in the number of hits to sites on SciELO and BJCVS ([www.rbccv.org.br](http://www.rbccv.org.br)). Currently, we have an average of 1700 hits to our website and so many more to the Scielo website, adding more than 3 thousand hits daily. In that same year, from the edition 22.2, BJCVS began accepting articles in English only, both in the print edition and in the online edition. In 2009, we have been included in the Thomson Scientific (formerly ISI), two of the most important international databases. Now, our objective is to become our journal most often cited, in order to increase the Impact Factor (IF), still the most used for evaluation of journals. It is not an easy achievement, and I am aware of this, but I am convinced that we will overcome this challenge.

The question of the Impact Factor, moreover, has been the subject of debates provoked by the reformulation of

the Qualis, which angered much of the Brazilian scientific community. In this edition, we published an editorial from Dr. Maurício Rocha e Silva, Editor of Clinics (Page III). He approaches such issue properly. He shows that although the IF is still important, there are other trustable bibliometric indexes even with greater reaching and that could have been taken into account by Capes.

Professor Mauricio also shows that the change will bring much harm to national journals, because the current criteria led the authors to prefer publishing their studies and make citation of articles available in international journals with higher IF, even if they have lower quality than similar national journals.

Regardless of this controversy, the BJCVS continues performing hardly its work, always attempting to bring innovations in order to contribute to the dissemination and discussion of scientific knowledge. As an example, one should mention the Supplement distributed in the V South Brazilian Congress of Cardiovascular Surgery that took place in August in Gramado (RS). In addition to classes of Aortic Endovascular Surgery classes, the edition brought the abstracts of Free Themes presented at the event and also the Aortic Guidelines reviewed and updated.

The next Supplement will be the traditional special edition dedicated to the Congress of the Brazilian Society of Cardiovascular Surgery (BSCVS). The 37<sup>th</sup> edition will take place from 25 to 27 March, in Belém do Pará. Since the 34<sup>th</sup> Congress, the editorial staff of BJCVS became responsible for preparing the Official Schedule and once again we will arrange a careful edition, which will be appreciated by all participants. As it has occurred in recent years, the submission of Free Themes will be performed directly on the BJCVS website.

We can not forget one aspect often neglected in medicine: the humanist tradition. The Editorial from Dr. Miguel Maluf (“The pediatric cardiac surgery as a philanthropic activity in the country and humanitarian mission abroad”, (page VII) points out, appropriately, the experience of philanthropic programs that treated more than 200 patients with heart diseases in Brazil and abroad. It also emphasizes the need to multiply this kind of action.

Again, in this edition we have a large number of Original Articles, covering various areas of cardiovascular surgery. I emphasize to the colleagues the need to send more and

more Original Articles and Review Articles, because they provide relevancy to BJCVS. Fortunately, we have received a lot of studies, which favors the editions of the journal and brings the prospect of a soon change of frequency from quarterly to bimonthly in order to accelerate the publication.

Again, I take this opportunity to remind the authors and reviewers on the need to be as agile as possible in the process of revision and correction. Often, newer articles are published before older ones because the flow is faster. I make it clear, however, that the need for speed should never compromise the quality of studies, but the opposite situation should happen. Even because the Medline and Thomson Reuters make continuous monitoring of the journals indexed and, if they perceive fall at the scientific level, such databases can delete them.

To facilitate the work of reviewers, it is required now - when the author is submitting a corrected version of the study to the site - answering questionnaires, otherwise this author can not complete the process. This answering should be as detailed as possible, explaining the changes or not of each item requested by the reviewers.

In this edition, we bring four articles with the system of Continuing Medical Education (CME): “The new Qualis, which has no relation with the science in Brazil. An open

letter to president of CAPES” on page III; “Methylene blue for vasoplegic syndrome treatment in heart surgery. Fifteen years of questions, answers, doubts and certainties” on page 279; “Prevalence and risk factors for acute renal failure in the postoperative of coronary artery bypass grafting” on page 297; “Importance of pre- and postoperative physiotherapy in pediatric cardiac surgery” on page 397. I insist on the need of colleagues to do the test in order to know the system, accumulating points for the revalidation of Specialist Title and also suggesting improvements.

Have a good reading with my warmest regards,



\*Editor-RBCCV

#### REFERENCES

1. Braille DM, Brandau R, Monteiro R. Prestando contas. Rev Bras Cir Cardiovasc. 2008;23(1):108-11.