

BJCVS in PubMed Central

RBCCV no PubMed Central

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After waiting for almost two years, on July 10th I received an email from PubMed Central (PMC) stating that the Brazilian Journal of Cardiovascular Surgery (BJCVS) had been approved in the first phase of indexing process in this important database. We are now in the second stage, which consists of the analysis and quality control of the data of our journal.

For this, GNI, our partner since 2005, has made, along with our Editorial Board, the adaptation of three editions (28.4, 29.1 and 29.2) to the standard required by the PMC, which consists of marking files in the XML language and images of high standard of resolution, among other requirements. The files were sent for evaluation in early September.

This phase of the process should not be as long as the first; thus, we expect that soon we can give more good news for our readers. I want to take the time to reinforce the words of the Editorial of the volume 27.4^[1]. The PMC is an online repository with open access publications in the area of health. However, it is quite picky about the pattern of indexed publications. Therefore, I ask that authors to follow the standards of the journal (<http://www.rbccv.org.br/page/6>), especially with regard to the quality of the images (Table 1). Thus, we can streamline the submission process and providing “Ahead of Print” manuscripts approved, with benefits for all.

Impact Factor

Thomson Reuters announced, in late July, the Impact Factor (IF) relative to 2013. Unfortunately, BJCVS had a decrease from 0.809 to 0.632. Of course, this reduction made me upset, but there is one aspect that helps explain this decline: we have sought to reduce the self-citation, which is an item that Thomson Reuters focuses enough and can even lead to a periodic be deleted if it is abusing of this artifice. Clearly, it is important that our articles are cited by Brazilian authors, but we must seek to produce increasingly accurate scientific quality material, so that international authors also cite us to publish their studies in other refereed journals.

I again emphasize my point of view that, although important, the IF cannot be considered, especially for the Coordination for the Improvement of Higher Education Personnel (Capes) and other development agencies, as the only parameter for their appraisals. Many publishers around the world

Table 1. Specifications of PubMed Central for images and graphics^[1].

Type	Format	Resolution
LineArt (images with linear lines, usually graphical text)	TIF or JPEG	900 to 1200dpi Width: 2700px
Halftone (images, usually photographs)	TIF or JPEG	300dpi Width: 900px
Combo (mixture of graphic and image)	TIF or JPEG	500 to 900dpi Width: 2700px

have similar opinion and conduct movements to change this situation, for example, the San Francisco Declaration on Research Assessment (DORA), which pointed out the shortcomings of the IF as research assessment tool. These limitations include: a) the distribution of the citation within journals is highly skewed; B) it includes a variety of articles, such as primary research and review; C) the IF of a journal can be manipulated by the editorial policy; and D) data used to calculate the IF are not transparent or publicly available^[2].

The newsletter “SciELO in Perspective” published an article in August by Prof. Ernesto Spinack entitled “What “alternative metrics” or “altmetrics” can give us?”, which addresses the role of these new ways of assessing the influence of scientific study beyond the traditional ways of measuring the citations.

Spinack analyzed four articles of the Spanish journal “El Profesional de la Información” that focused on demonstrating that there are several “classes” of impacts, in addition to the bibliometric because science has implications in various fields of society. He also analyzed the lack of quantitative studies of the use of social media, from the most restricted to the scientific area, and as RaseacheGate and Mendeley, besides the best known, such as Facebook and Twitter.

Spinack concluded that altimetry is still in the experimental stage, having to solve problems of standardization and coverage and recalls that classic bibliometrics and scientometrics took about 20 years of theoretical discussions by eminent experts to reach a consensus based and tools and interpretations. But as the most famous indicator, the IF is still surrounded by suspicion and resistance^[3].

I believe it is also important to use these assessments of access to sites of journals, even though it might not be reflected in quotes. If a journal is very accessible, it shows its importance within the scientific field and within its specialty. This is the case of BJCVS, which when added its sites (www.rbccv.org.br, www.bjcvs.org and www.scielo.br/rbccv) it had over 1.9 million visitors in 2013.

Therefore, despite our IF have reduced the number of hits it reveals our great scope, reflected in submissions of manuscripts from around the world. Only in this issue, we are publishing articles from Germany, China, Portugal, Turkey, and Venezuela. And the trend is that this number may grow even more, since when our site is accessed, it already appears in the English version, which is a way to attract more readers and articles!

I also emphasize that BJCVS is available as APP (application), both the iOS (iPhone, iPad) as the Android system (Samsung, Motorola, Sony, and others). To download the app, simply enter the App Store on iOS, or Google Play on Android. We are making improvements to the system to make it more responsive and easy to use.

CME

The following articles are available for testing for Continuing Medical Education (CME) in this issue: “*Acute kidney injury based on KDIGO (Kidney Disease Improving Global Outcomes) criteria in patients with elevated baseline serum creatinine undergoing cardiac surgery*” (page 299), “*Late outcome analysis of the Braile Biomédica® pericardial valve in the aortic position*” (page 316), “*Evaluation of peripheral muscle strength of patients undergoing elective cardiac surgery: a longitudinal study*” (page 355) and

“*Does homeostasis model assessment insulin resistance have a predictive value for post-coronary artery bypass grafting surgery outcomes?*” (page 360). I emphasize the importance of CME to update knowledge and that BJCVS is open to criticism and suggestions to improve this system.

Finally, we appreciate the support of the Brazilian Society of Cardiovascular Surgery (BSCVS) and our advertisers, without whom it would not have been possible to achieve our current level of quality.

My warmest regards,



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