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English: the new official language of BJCVS

Inglês: novo idioma oficial da BJCVS

Domingo M. Braile¹

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A year to complete its 30th birthday, the Brazilian Journal of Cardiovascular Surgery (BJCVS) brings great news to its readers. As I advanced in the last edition, from now on the journal will be published only in English. This covers not only articles, but all content, from editorial to the ads. We are taking a historic step towards increasing our internationalization and therefore we turn to raise our Impact Factor (IF), a key parameter in order to continue to receive high-level studies in Brazil and abroad.

This is an irreversible process which the Brazilian scientific publications can not escape. The databases are increasingly adopting strict criteria for a journal is accepted - and maintained - in its collection. The same goes for development agencies, such as CAPES, requiring postgraduate programs to publish studies in journals with higher Qualis, and the CNPq, restricting its Editorial Assistance to publications indexed in PubMed, Scopus, ISI or Scielo and be at least B2 in the Qualis.

SciELO released guidelines for its articles have greater international impact. As reported in FAPESP Journal (<http://revistapesquisa.fapesp.br/2015/01/19/para-ampliar-o-impacto/>), one of the goals to be met by the end of 2016, is the increased amount of articles in English. Within two years, the percentage should reach 75%. Currently, it is about 60%^[1].

That is, the BJCVS anticipated this requirement!

We are convinced that this decision will bring positive results very soon.

I emphasize once again that English is the lingua franca of the world, as were Latin and French, and the scientists who want their studies have repercussions need to publish them in English. Otherwise, a study that could bring advances in the knowledge of a particular disease or spread a new surgical technique remains anonymous. This is the known "Publish or

Perish", whose charges are used to relax the environment in classes and lectures on scientific dissemination.

I insist that the authors are careful to write in English, seeking help of skilled professionals, so that the text is within the standards of international publications. Before publication, the article will go through a review of our corps of translators and, if English is incompatible with the standard of quality, the text will be corrected, with the costs borne by the authors. I count on the cooperation of all to the texts have an English good quality.

Periodicity

Another novelty, that has also been previously reported, is the change of periodicity. The BJCVS passes from quarterly to bimonthly. It will be 6 issues per year instead of the 4 we had until 2014. This decision will allow easing the flow of articles, by reducing the time between the approval and the availability in an issue. It is another way to allow wider dissemination of the studies.

We remember that the manuscripts, when approved, are available on Ahead of Print already with the award of the DOI (Digital_Object_Identifier) and it is therefore with the legitimate origin and may be cited, with positive effects on IF.

BSCVS

For the English version and the increase in the number of annual editions were possible, I counted on the major support from the Board of the Brazilian Society of Cardiovascular Surgery (BSCVS), under the command of the President, Dr. Marcelo Cascudo, who understood the importance of these changes and discussed the matter with the members, who approved the idea at a meeting. I thank the scientific spirit of all who believe in this endeavor.

End Note

Another good news is that, thanks to the efforts and perseverance of Dr. Marcos Aurélio Barboza, who belongs to our body of reviewers, the bibliographic style of BJCVS was included in the EndNote Web site (www.endnote.com) and EndNote Web (www.myendnoteweb.com.br).

With these styles, it is possible the formatting and update of the sequence of the entire list of references automatically in the style of our journal, facilitating the work formatting. The use of the online program is already possible free anywhere in the world (see Letter to the Editor on page 127).

42nd Brazilian Congress of Cardiovascular Surgery

From 26 to March 28, the 42nd Congress of the Brazilian Society of Cardiovascular Surgery will take place at the Centro de Convenções Expo Unimed in Curitiba, PR.

Each year, the Congress of the BSCVS has grown in quality, attracting professionals from areas related to cardiac surgery. Thus, in parallel, will be held the 5th Nursing Symposium on Cardiovascular Surgery, the 5th Symposium of Physical Therapy in Cardiovascular Surgery and the 4th Academic Congress in Cardiovascular Surgery, in addition to the Surgery Meeting, highlighting the increasing participation of women in our specialty.

This year's theme will be "Medical Education in the face of new technologies." With technological advances incorporating rapidly to medicine, cardiovascular surgeons must be updated permanently and apply new knowledge and skills for the benefit of patients. I also highlight the "Hands On", whose level leaves nothing due to their similar performed in other conferences and the "Professional Defense Symposium" in which we discuss the future of our specialty.

There will be several international guests, consolidating the growing and fundamental integration of BSCVS with international Societies and valuing the fundamental knowledge exchange. In addition, participants will have moments of harmony with colleagues and family, and also will enjoy leisure time knowing the beautiful capital of Paraná, whose urban solutions have been incorporated in several other cities throughout Brazil.

I congratulate the Board of BSCVS and the Organizing Committee, coordinated by Dr. Rui Almeida, by the effort made so that the scientific program was interesting for all participants of the Congress.

On March 26, from 12am to 14h in the Auditorium 8, there will be a meeting of the Editorial Board of BJCVS with Associate Editors and Editorial Board members, also open to all members. We will address very strongly the issues on which I wrote above and it will be of great importance to all suggestion in this transitional phase, so that we can improve the journal and leave it in accordance with the requirements of all Databases and aspiration of our readers around the globe.

New system of evaluation of manuscripts insertion of associate editors on new tasks

With the advent of new logistics of BJCVS, some changes will be required in the flow of the study submitted for publication in the Journal. Currently, the Chief Editor of the BJCVS, after evaluation of the Executive Editor, for the rules, shall be responsible for all movement of manuscripts, from the initial reading, followed by an indication of the reviewers, to give his opinion following the guidelines contained in the evaluation form. In return these, the Chief Editor will be responsible to analyze them, guiding collaborators to make a synthesis that, once it's ready, will be reviewed before being sent to the authors.

They respond to the questions, describing the measures adopted in the text correction. When the corrected manuscript returns to the Editor, this evaluates the answers and the comparison of the original version with the corrected. Then, he decides whether the study is able to be published or send the material to one of the reviewers, to get a second opinion. If this indicates new corrections, the whole cycle repeats itself.

We have had cases of studies with good potential, returning 15 or more times to be suitable for the essential standards. Often, after all this great effort, the manuscript can still be rejected, a decision to be made by the Editor-in-Chief.

The aim now is that part of this logical sequence is shared by the Associated Editors specific for each area of knowledge. The Editor-in-Chief will continue to receive the manuscripts and after reading them he will indicate an Associate Editor who will be responsible for selecting the Reviewers and take it upon himself the task of leading the phase of reviews and corrections up to the final recommendation: the study is ready for reviews by the Editor-in-Chief, to whom it will always be the final decision.

From this point, all the work is for the support team, final check list, with attention to names, contributions and credits of the authors and correction of references, verification of the English language and finally the digital on-line version and the limited printed version.

Thus, the system will be more responsive and democratic, easing the work of each, by the division of labor. It will be a great leap in quality to our Journal, for aggregate responsibilities, and disseminate knowledge of the editorial process by enabling new Editors.

This whole process counts as invaluable help of the Journal own structure, composed of the Executive Editor Ricardo Brandau, and a lean team of collaborators consisting of the Editorial Assistants Full Professor Rosângela Monteiro and Prof. Camila Safadi.

Translators for English Language: Prof. Fernando Pires Buosi, Prof. Marcelo Almeida and Prof. Maria Carolina Zuppardo.

Publishing and Graphic Design Heber Janes Ferreira.

We also count on all the great structure of GNI Sistema e Publicações [<http://www.gn1.com.br/>], responsible for all

electronic logistics, Layout, XML markup, conversion and marking - PMC, Conversion and Marking - PMC, Apps - iPad, iPhone and Android, conversion to ePub format, assignment of DOI CrossRef, scanning, CME (Continuing Medical Education), etc. Also in electronics and Internet area, we have the support of information specialist Adriel Menezes.

CME

The following items are available for testing of Continuing Medical Education (CME) in this issue: “*Performance of InsCor and three international scores in cardiac surgery at Santa Casa de Marília*” (page 1), “*Determinants of peak $\dot{V}O_2$ in heart transplant recipients*” (page 9), “*Risk factors for transient dysfunction of gas exchange after cardiac surgery*” (page 24) and “*Abnormal heart rate variability and atrial fibrillation after aortic surgery*” (page 55). CME, in addition

to be a useful tool to test and update knowledge, is worth 0.5 linear in the BSCVS’ Proof of Title.

My warmest regards,

Domingo M. Braile
¹Editor-in-Chief
BJVCS

REFERENCE

1. Marques F. Para ampliar o impacto. Revista Fapesp. 2015 Jan;Pag.32-5.