

After the Impact Factor, the DOI

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DOI: 10.5935/1678-9741.20110001

In the Editorial of the last issue [1], I had the pleasure of sharing with readers the news release by the ISI Thomson Reuters, the first Impact Factor (IF) of the Brazilian Journal of Cardiovascular Surgery (BJCVS). The index of 0.963 was highly significant in the case of a first evaluation, as already pointed out. Again, I would like to thank the Editorial Board, Associate Editors, Editorial Board, Translators, SGP and the various Boards of BSCVS (Brazilian Society of Cardiovascular Surgery), associates for their support over the years, which allowed us to obtain this achievement, that totally changes our status.

But we have ambitious goals and the Editorial Board is not sparing efforts to ensure that in the next evaluation, our IF is at least 1.5. To overcome this challenge, in addition to the now traditional rigorous evaluation of the articles to be published in order that more studies can be cited, we are adopting a series of measures. The first is the adoption of an own DOI.

DOI (Digital Object Identifier) is a numerical system that can locate and access materials on the Internet - especially publications in journals and copyrighted works, many of which are located in virtual libraries. This is a unique and exclusive number assigned to any published material (text, images, etc.), allowing clear identification of intellectual property of the various documents available on the Internet, assigning to each object and their basic data source. Each DOI is unique and permanent. A document retains its DOI throughout its existence, and if by chance the site is deleted, the DOI can not be reused. It is estimated that there are about three million DOI's in use.

To get an idea of the importance of the DOI, recently, the National Council for Scientific and Technological Development (CNPq) signed an agreement with ISI-Thomson Reuters to allow access and online viewing of the number of citations in the Web of Science database of the articles registered in the Curriculum Lattes with their respective DOIs.

In addition to access to the number of citations of articles, the agreement allows the researchers to also learn which articles and authors make the citation. For the number of citations of the article is recovered, it is necessary for the researcher to make sure that the DOI, the journal,

volume, issue and pages (initial and final) are correctly registered. Another way to ensure complete record of the article and correct identification in the Web of Science database is by the use of the data recovery button from the DOI (for easy filling and data accuracy), available in the module: Papers Published in Journals of the CV Lattes.

This agreement demonstrates the importance of BJCVS having its own DOI, because in this way, the articles published in the journal can be identified more easily, increasing the possibility of being cited, and therefore the chance of our IF rises.

In parallel, the Editorial Board remains concerned to remain updated on trends and innovations in the field of scientific publications in order to enhance the BJCVS in terms of content, design and accessibility. In June, I was with the executive editor, Ricardo Brandau in the XIX Scientific Publishing Course and III Seminar for Full Editors, held in Campinas, São Paulo by the Brazilian Association of Scientific Editors (ABEC). The three days of intense contact and exchange of experiences, with themes ranging from quality of journals to the concern with ethics. In November, I will be attending the XIII National Meeting of Scientific Editors, in Gramado-RS.

In this edition, among the high level articles, I would like to highlight the study published in the Multimedia section on page 511. Developed by Dr. Ulisses Croti and colleagues, the article titled "Checklist in pediatric cardiac surgery in Brazil: a useful and necessary adaptation of the International Quality Improvement Collaborative for Congenital Heart Surgery in Developing Countries" demonstrates some steps to improve patient care, the communication and dynamics of the team work in the operating room, representing safety in the work environment for patients and for professionals.

As a bonus to our readers, a poster with a schedule of these procedures and a DVD with the video showing the routines adopted to implement this practice were inserted in the printed edition, which should extend to all surgical centers in the country.

We have in this edition, four more items available for testing by the system of Continuing Medical Education (CME), "Hidden renal dysfunction causes increased in-

hospital mortality risk after coronary artery bypass graft surgery”, page 319, “Influence of respiratory muscle strength in evolution of patients with heart failure after cardiac surgery”, page 355, “Validation of MagedanzSCORE as a predictor of mediastinitis after coronary artery bypass graft surgery”, page 386; “Pantoprazole provides myocardial protection similar to ischemic preconditioning: experimental study of isolated hearts of rats”, page 433. Always remembering that CME is an excellent learning tool for evaluation of knowledge and recycling, in addition to having a point in renewing the Title of Specialist.

The 39th Brazilian Congress of Cardiovascular Surgery has its date set. It will be at 12 to 14 April 2012, in Maceió-AL. As always, it will be a time to scientific enrichment and socialization among cardiovascular surgeons and allied professionals in Brazil and abroad. The Organizing

Committee is headed by competent colleague José Wanderley Neto, who, along with the Board of BSCVS, is working to have the event’s success ever.

My warmest regards,



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REFERENCE

1. Braille DM. RBCCV tem fator de impacto 0,963. Rev Bras Cir Cardiovasc. 2011;26(2):I-II.