

# Continuing Medical Education: Essential

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Since the Brazilian Journal of Cardiovascular Surgery (BJCVS) established the system of Continuing Medical Education (CME), in issue 24.1, in 2009, I have stressed the need for colleagues to do the tests. CME is an effective and simple way for professionals, residents and students assess their knowledge, allowing to increase the habit of reading the articles of BJCVS, as well as teach them the interpretation of published data. In addition, each completed test is worth one point in the revalidation of Specialist Title. For candidates to this title, completion of all tests of the issue of the year that they will hold the test will be worth 0.5 linear points in the notes obtained.

Unfortunately, compliance is still below expectations, so once again, I reinforce the call for members of the Brazilian Society of Cardiovascular Surgery (BSCVS) to perform tests, not only of their articles, but also of others and to encourage their students and colleagues to answer questions.

As a way to encourage and increase participation, weekly the members have received by e-mail, mail, signed by me, requesting access to perform testing.

The operation is simple: when accessing the site ([www.rbccv.org.br](http://www.rbccv.org.br)), and clicking the "Portuguese" or "English" icons, the most recent edition will appear and there will be a number of items marked by an icon with the symbol CME. When clicking on it will open a quiz with questions and multiple choice answers about the content. After answering it, the system will indicate how many questions were answered correctly, for example, 20%. When this occurs, the reader should continue testing, re-reading the article again and answer the wrong questions.

The system is proactive, not intended to reprobate anyone, but encourages the reader to deepen reading the article and learn from the information contained therein when 100% of the answers are correct.

Altogether there are 34 tests, 30 of previous editions [1-15], and more, "Ex vivo lung evaluation and reconditioning", pg. 441, "A score proposal to evaluate surgical risk in patients submitted to myocardial revascularization surgery" pg. 447; "Oral anticoagulation in carriers of mechanical heart valve prostheses. Experience of ten years", pg. 457, and "The hypoplastic left heart syndrome is not a risk factor for Fontan operation", pg. 506, available in this issue. I emphasize the need for participation and also ask them to

send suggestions, so that we can increasingly improve the CME. I'm sure the good will of all and certainly in 2011, the share will rise exponentially.

In 2011, as I emphasized in the Editorial of the last edition [16], BJCVS will be completing its silver jubilee. This journal's gift to readers will be the full availability of the articles published since volume 1.1. The GN1, the company that manages the journal's website, is making a diligent work, which involved, first, scanning the pages Editorials and now focuses on the conversion, in which files are transformed into "html" format and formatted according to the standards of quality and standardization of SciELO, generating links to images and other graphic elements and, in marking, when issues standardized according to quality standards of SciELO, they have their own content tags identified by the use of specific programs can generate links to search for titles, authors, references, abstracts and keywords correctly when inserted in the databases.

It is expected that at the beginning of next year, the issues prior to 1997 have also become available online in both HTML and PDF formats.

In this latest edition of 2010, I congratulate the Board chaired by the eminent cardiovascular surgeon Full Professor Gilberto Venossi Barbosa, who terminates his mandate. Two years of hard work, which culminated with the excellent news disclosed in the Congress of the Brazilian Society of Cardiology in September, in Belo Horizonte, MG, that the Ministry of Health has readjusted the values of 105 cardiovascular procedures, including high complexity ones. Just as an example, the fees of coronary artery bypass grafting increase from the current R\$1,330 to R\$3,800. In total, nearly R\$ 100 million are invested, valuing and recognizing the work of about 1 000 cardiac surgeons in Brazil.

Unfortunately, there are not only good news to share. We sorry, with deep sorrow the death of Prof. Iseu de Santo Elias Affonso da Costa, aged 84, occurred on November 4, in Curitiba, Brazil. Example of human and professional of high capacity, he was one of the pioneers of cardiac surgery in Paraná and formed several doctors, who follow their lessons, leaving as heir, Dr. Francisco Costa, BJCVS collaborator, and wife Arlete Diniz Affonso da Costa and the other children, Júlia and André.

In this latest edition of 2010, once again we disclosed

the names of all those who reviewed articles published during the year. It is a simple way to thank the anonymous and voluntary work, but essential to maintain the highest level of the journal. The list, with the number of articles reviewed by each colleague this year, is on page 598.

I want to thank all those who allowed BJCVS maintain its standard of excellence in 2010. Members and Board of BSCVS, Editorial Board of BJCVS, Advertisers and colleagues from various specialties who cheered us with their excellent articles. I thank every one.

My warmest regards. I wish everyone a Merry Christmas and a prodigal 2011 in accomplishments!

  
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#### REFERENCES

1. Oliveira MAB, Alves FT, Silva MVPe, Croti UA, Godoy MF, Braile DM, et al. Conceitos de física básica que todo cirurgião cardiovascular deve saber. Parte I - Mecânica dos fluidos. Rev Bras Cir Cardiovasc. 2010;25(1):1-10.
2. Andrade ING, Neto FRM, Oliveira JPSP, Silva ITC, Andrade TG, Moraes CRR, et al. Avaliação do EuroSCORE como preditor de mortalidade em cirurgia cardíaca valvar no Instituto do Coração de Pernambuco. Rev Bras Cir Cardiovasc. 2010;25(1):11-8.
3. Lenzi AW, Miyague NI, Ferreira WS, Sallum FS. Mortalidade hospitalar na cirurgia de reconstrução da via de saída do ventrículo direito com homeoxerto pulmonar. Rev Bras Cir Cardiovasc. 2010;25(1):25-31.
4. Passaroni AC, Silva MAM, Martins AS, Kochi AC. Uso de nifedipina e incidência de lesão renal aguda em pós-operatório de cirurgia de revascularização do miocárdio com CEC. Rev Bras Cir Cardiovasc. 2010;25(1):32-7.
5. Mota FA, Marcolan JF, Pereira MHC, Milanez AMM, Dallan LAO, Diccini S, et al. Estudo comparativo de duas diferentes modalidades de analgesia controlada pelo paciente após cirurgia cardíaca. Rev Bras Cir Cardiovasc. 2010;25(1):38-44.
6. Torina AG, Petrucci O, Oliveira PPM, Severino ESBO, Vilarinho KAS, Lavagnoli CFR, et al. Efeitos da ultrafiltração modificada na função pulmonar e necessidade de hemotransfusão em pacientes submetidos à revascularização do miocárdio. Rev Bras Cir Cardiovasc. 2010;25(1):59-65.
7. Magedanz EH, Bodanese LC, Guaragna JCVC, Albuquerque LC, Martins V, Minossi SD, et al. Elaboração de escore de risco para mediastinite pós-cirurgia de revascularização do miocárdio. Rev Bras Cir Cardiovasc. 2010;25(2):154-9.
8. Duarte JJ, Pontes JCDV, Gomes OM, Silva GVR, Gardenal N, Silva AF, et al. Correlação entre gasometria atrial direita e índice cardíaco no pós-operatório de cirurgia cardíaca. Rev Bras Cir Cardiovasc. 2010;25(2):160-5.
9. Borges JBC, Carvalho SMR, Silva MAM. Qualidade do serviço prestado aos pacientes de cirurgia cardíaca do Sistema Único de Saúde-SUS. Rev Bras Cir Cardiovasc. 2010;25(2):172-82.
10. Coronel CC, Bordignon S, Bueno AD, Lima LL, Nesralla I. Variáveis perioperatórias de função ventilatória e capacidade física em indivíduos submetidos a transplante cardíaco. Rev Bras Cir Cardiovasc. 2010;25(2):190-6.
11. Iglézias JCR, Chi A, Talans A, Dallan LAO, Lourenção JÚNIOR A, Stolf NAG, et al. Desfechos clínicos pós-revascularização do miocárdio no paciente idoso. Rev Bras Cir Cardiovasc. 2010;25(2):229-33.
12. Gaia DF, Palma JH, Ferreira CBND, Souza JAM, Agreli G, Guilhen JCS, et al. Implante transapical de valva aórtica: resultados de uma nova prótese brasileira. Rev Bras Cir Cardiovasc. 2010;25(3):293-302.
13. Kalil RAK, Salles FB, Giusti II, Rodrigues CG, Han SW, Sant'anna RT, et al. Terapia gênica com VEGF para angiogênese na angina refratária: ensaio clínico fase I/II. Rev Bras Cir Cardiovasc. 2010;25(3):311-21.
14. Yoshimori DY, Cipriano JR G, Mair V, Branco JNR, Buffolo E. Avaliação e seguimento em médio prazo em candidatos a transplante cardíaco submetidos a exercício de baixa intensidade. Rev Bras Cir Cardiovasc. 2010;25(3):333-40.
15. Rocha TS, Silveira AS, Botta AM, Ricachinevsky CP, Mulle LD, Nogueira A, et al. Lactato sérico como marcador de morbimortalidade no pós-operatório de operação de Jatene em lactentes. Rev Bras Cir Cardiovasc. 2010;25(3):350-8.
16. Braile DM. RBCCV 100% digital. Rev Bras Cir Cardiovasc. 2010;25(4)I-II.