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Consolidating in the present, with an eye to the future

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The scientific literature has changed substantially over the last few decades. There has been a progressive migration to a model based on exclusive online platforms, even by traditional periodicals. In addition to reducing costs, the use of such platforms also increases the speed at which accepted articles gain exposure. In parallel with that, the appearance of an increasing number of journals has increased the portfolio of options for the publication of a given manuscript. However, the absolute majority of these new journals employ a paid submission model, which creates another type of barrier to publishing, particularly for novice researchers, whose sources of funding are more limited.

Within the context of the scenario described above but respecting the fundamental objectives of the JBP,[1] various editorial decisions have been made, the work of the associated editors having been of fundamental importance. Their work gave greater representation to areas that previously were not well covered in the JBP. For example, among the most often cited JBP articles in the last two years, there are two articles on the physiology of the respiratory muscles,[2,3] one on the pulmonary circulation,[4] and two related to smoking.[5,6] These have been added to the already established topics covered in the JBP, such as that of obstructive lung diseases and even the study of tuberculosis. There has also been a significant increase in the number of JBP articles related to invasive procedures,[7,8] as well as to the field of thoracic surgery,[9] clearly indicating an expansion of the representativeness of the Journal. In parallel, JBP review articles have sought to illuminate subjects of more general interest to our readership, such as sleep,[10] idiopathic pulmonary fibrosis,[11] and imaging,[12] together with special sections on continuing education in scientific methodology and imaging, with the goal of making the JBP an accessible tool for keeping everyone with an interest in respiratory medicine up to date.

We have been able to reduce the average time between submission and the final decision on the manuscripts. Here, we must offer our sincere thanks to all of the reviewers who contribute to making our evaluation and publication process more agile, while it continues to be free. It was the direct participation of the reviewers that allowed such advancement. It must be acknowledged, however, that there is still much room for improvement. A number of steps in the decision-making process still need to be further streamlined. Thus, the JBP can become even more attractive to researchers as a means of broadly and rapidly bringing their results to light.

The changes described above would be illogical were they not accompanied by greater international recognition of the content published in the JBP. We are pleased to report that that is what has occurred. The JBP impact factor, as published in Thomson Reuters Journal Citation Reports has stabilized and has actually risen slightly, currently standing at 1.019. That indicates that the journal has begun to overcome the effects of the temporary suspension of 2014.[13] Supporting that impression is the fact that the two-year Scimago Jornal Rank citation index is now 1.282, corresponding to a 15% increase in relation to the previous cycle. These figures, while indicating substantial room for growth, make the JBP the leading journal in the field of respiratory medicine in Latin America. In addition, the JBP continues to be an important journal for the dissemination of postgraduate studies conducted in Brazil, receiving a good grade in the journal ranking system of the Brazilian Office for the Advancement of Higher Education, a system known as Qualis.

There is a need for further consolidation of the JBP processes. There are several highly relevant research groups in our country that do not yet participate significantly in the publication of the JBP and that could greatly enrich the representativeness of the journal. There is also an opportunity to update several of the Brazilian Thoracic Association guidelines, which also play a fundamental role in the visibility of any scientific journal. These opportunities will be explored in upcoming years.

The JBP can also become a platform for the discussion of pathways and alternatives in respiratory medicine. There is room to open a debate on several aspects, from the education of pulmonologists to the future of research in the area of respiratory medicine. Relevant themes for the future of respiratory medicine, which could be exposed in the JBP in the form of debates between exponents of each of the respective areas include the ideal curriculum, funding sources, the minimum structure of a postgraduate program in the pulmonology, incentives for young researchers, retention of professionals in the university environment, and professional defense.

If there is still a great need to improve the processes and solidify the continued growth of the JBP, we must not lose sight of the opportunities to give the JBP an even more comprehensive role in leading the reader to reflection, not only on science, a fundamental principle of the existence of the journal, but also on health policies, vocational training, and medical education. We invite our readers to take this next step with us.

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REFERENCES

1. Souza R. The next 40 years. J Bras Pneumol. 2015;41(5):404. https://doi.org/10.1590/S1806-37132015000500008
2. Caruso P, Albuquerque AL, Santana PV, Cardenas LZ, Ferreira JG, Prina E, et al. Diagnostic methods to assess inspiratory and expiratory muscle strength. J Bras Pneumol. 2015;41(2):110-23. https://doi.org/10.1590/S1806-37132015000004474
3. Marques TB, Neves Jde C, Portes LA, Salge JM, Zanoteli E, Reed UC. Air stacking: effects on pulmonary function in patients with spinal muscular atrophy and in patients with congenital muscular dystrophy. J Bras Pneumol. 2014;40(5):528-34. https://doi.org/10.1590/S1806-37132014000500009
4. Gavilanes F, Alves Jr JL, Fernandes C, Prada LF, Jardim CV, Morinaga LT, et al. Left ventricular dysfunction in patients with suspected pulmonary arterial hypertension. J Bras Pneumol. 2014;40(6):609-16. https://doi.org/10.1590/S1806-37132014000600004
5. Knorst MM, Benedetto IG, Hoffmeister MC, Gazzana MB. The electronic cigarette: the new cigarette of the 21st century? J Bras Pneumol. 2014;40(5):564-72. https://doi.org/10.1590/S1806-37132014000500013
6. Stelmach R, Fernandes FL, Carvalho-Pinto RM, Athanazio RA, Rached SZ, Prado GF, et al. Comparison between objective measures of smoking and self-reported smoking status in patients with asthma or COPD: are our patients telling us the truth? J Bras Pneumol. 2015;41(2):124-32. https://doi.org/10.1590/S1806-37132015000004526
7. Perazzo A, Gatto P, Barlascini C, Ferrari-Bravo M, Nicolini A. Can ultrasound guidance reduce the risk of pneumothorax following thoracentesis? J Bras Pneumol. 2014;40(1):6-12. https://doi.org/10.1590/S1806-37132014000100002
8. Ortakoylu MG, Iliaz S, Bahadir A, Aslan A, Iliaz R, Ozgul MA, et al. Diagnostic value of endobronchial ultrasound-guided transbronchial needle aspiration in various lung diseases J Bras Pneumol. 2015;41(5):410-4. https://doi.org/10.1590/S1806-37132015000004493
9. Marchetti-Filho MA, Leão LE, Costa-Junior Ada S. The role of intercostal nerve preservation in acute pain control after thoracotomy. J Bras Pneumol. 2014;40(2):164-70. https://doi.org/10.1590/S1806-37132014000200010
10. Beltrami FG, Nguyen XL, Pichereau C, Maury E, Fleury B, Fagondes S. Sleep in the intensive care unit. J Bras Pneumol. 2015;41(6):539-46. https://doi.org/10.1590/S1806-37562015000000056
11. Baddini-Martinez J, Baldi BG, Costa CH, Jezler S, Lima MS, Rufino R. Update on diagnosis and treatment of idiopathic pulmonary fibrosis. J Bras Pneumol. 2015;41(5):454-66. https://doi.org/10.1590/S1806-37132015000000152
12. Hochhegger B, Alves GR, Irion KL, Fritscher CC, Fritscher LG, Concatto NH, et al. PET/CT imaging in lung cancer: indications and findings. J Bras Pneumol. 2015;41(3):264-74. https://doi.org/10.1590/S1806-37132015000004479
13. Souza R. 2015–another step along the road in a 40-year journey. J Bras Pneumol. 2015;41(1):1-2. https://doi.org/10.1590/S1806-37132015000100001