Letter to the Editor

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The medical education and SUS: what we have and what we want!

Dear Editor,

Brick offers us, in the article "The medical education and SUS" [1], with a clear and elegant reflection on the role of SUS in the formation of human resources for health. In this composition three actors are involved: the University as a builder organ; SUS, while integrated and hierarchized network and field of teaching and learning; and community, while user and representative of social control. From this perspective, we expect graduates from medical courses with a formation that resembles our European colleagues certified as "GPs" - General practitioner [2]. The logic of this model lies in de-hospitalization of health care, considering that with the strengthening of primary care, it would be possible to reach a staggering 80% of solvability of the 200 more prevalent nosologies in any territory. With that, we would have a network of secondary and tertiary care faster and more effective in solving the most complex cases.

Unfortunately, we are far from reaching this level of organization, because increasingly "in-service teaching" becomes weaker due to the asymmetry of choice possibilities with which the young doctor have to face. The choice of teaching career in public universities, for example, is becoming less attractive. The adjunct-assistant-professor, with a workload of 40 hours weekly, receives monthly a base salary of less than $ 1,000.00 (one thousand dollars), and it is expected: teaching, research, extension, guidance for theses, publishing and much more.

Therefore, the Academy needs to be strengthened in light of the Hippocratic principle highlighted by Brick on which "Medicine is science and art" [1], while in SUS the doctrine that education is one of its goal should be rescued, therefore, our obligation as a health professional, being teacher or not. And finally, the community needs to be counseled about the full exercise of its constitutional right to health and on the rational use of the health network whose resources are finite.

Sincerely,

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Quo Vadis

"Evaluating scientific quality is a notoriously difficult problem which has no standard solution."

Per O Seglen

The rise of the BJCVS impact factor (IF) of 0.963 (2011) to 1.293 (2012), representing an increase of 28.7%, is an important and very representative fact. Leadership obtained at that time, in the area of surgery in Brazil, is very welcome [1].

The need to locate, analyze and assess scientific study was initially proposed by Bush (1945), and culminated in the organization of the National Library of Medicine, the Impact Factor and also the Journal Citation Reports of the Institute for Scientific Information (ISI), with participation of Eugene Garfield (1955) [2,3].

The calculation for the IF of a journal in a given year (X) is performed as follows:

IF of year X = No. of journal citations obtained in the two previous years ÷ No. of articles published in the two previous years [2].

In addition to IF, there are over 30 levels of measurements. In the words of Garfield (2006). *"Impact Factor is not a perfect tool to measure the quality of articles but there is nothing better and it has the advantage of already being in existence and is, therefore, a good technique for scientific evaluation"* [4].

But we must always improve, but how? In "The Secret of visibility", Maurício da Rocha e Silva, editor of Clinics, highlights important points for IF increase: the language of science is English, publishing good articles with high impact (from the editorial board members) , publication of specific supplements of a particular subject and maintaining the journal with snapshot open access (allowing greater visibility of articles published) [5].

An interesting analysis published in the European Heart Journal (2012) sought to relate factors that may predict publications and citations (from abstracts submitted to scientific conferences). Using data from the 2006 European Congress of Cardiology, in which 10,020 abstracts of scientific studies were sent, the average of published studies subsequently was 38%. We identified prospective, randomized and controlled studies and inclusion of a number of patients ≥ 100 as independent factors of acceptance for publication [6].

We reached and outscored 1.0. Quo Vadis?

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Cone Technique - José Pedro da Silva

Another technique developed by a Brazilian Cardiac Surgeon: Dr. José Pedro da Silva, discloses his technique abroad, showing the potential for development of cardiovascular surgery in our country It is the "Cone" technique for correction of Ebstein's anomaly. The recognition was already patent by adopting the procedure at centers in the United States and Europe. The concept now crystallizes, with the invitation to Dr. José Pedro da Silva, by American Heart Association, to present the details of the surgery and its long-term results, at the Annual Congress of the entity to be held between 3-7 November in Los Angeles, California.