# Editorial



# Staying Afloat in the Sea of Information

Adam Clark

Ian Potter Library, Alfred Hospital, Commercial Road, Melbourne, Vic., Australia

**P**ublishing and promoting a scientific journal in today's environment of vast information resources must be a daunting task. The old adage of *Publish or Perish*, when applied to scientific journal publishing, could perhaps be paraphrased as *Be Indexed or Be Ignored*, or even *Be Indexed or Be Invisible!* So it's an important milestone for *Heart Lung and Circulation* (HLC) to be accepted for indexing in the Medline database.<sup>1</sup>

## Medline and Beyond

Medline, through its free portal PubMed, and other commercial versions, remains the most important literature searching database in medicine and the biomedical sciences. Inclusion in Medline will have an immediate effect of "internationalising" HLC's presence in the medical literature. It should however be noted that HLC is also indexed or included in a number of other important bibliographic databases, including EMBASE and Scopus. EMBASE provides complementary content to Medline, with a stronger European focus. A combined Medline/EMBASE search is typically the starting point for systematic reviews published in the Cochrane Library. Scopus is a new abstract and citation database covering 15,000 academic journal titles across a wider scientific scope than Medline or EMBASE. Links to HLC articles can also be found on the free Internet scientific search engines Scirus and Google Scholar, and via full-text databases such as ScienceDirect, Blackwell Synergy and Journals@Ovid. The end result of this improved visibility will be increased international demand and usage by clinicians, researchers and students of the quality articles published by the journal.

### **Impact Factors**

Academics' choice of which journals to submit papers to, ironically show that the potential usage rate of their articles is not their most important consideration. Studies have shown that the main academic priority is to have articles published in prestigious journals, which will provide the greatest career benefit and assistance in gaining

E-mail address: K.Hansen@alfred.org.au.

funding grants. Journal prestige is usually measured by comparative impact factors provided by the annual ISI Journal Citation Reports (JCR). These ISI impact factors are calculated from bibliometric analysis of citation patterns derived from ISI's Science Citation Index. HLC is currently not indexed in the Science Citation Index, and hence does not have a ISI impact factor. Inclusion in this index would seem to be the next logical step. Not having an impact factor or having a very low one can lead to a "catch-22" situation, whereby the ranking (or lack of one) will work against a journal trying to raise its profile. This is one of a number of criticisms levelled against the exclusive use of impact factors to rate journal quality. Citation analysis and impact ranking for HLC will be produced over time by the newly developed Scopus Citation Tracker, this is competitor to ISI Science Citation Index. Some citation data for individual HLC articles can also currently be found using Google Scholar.

#### **Medical Libraries**

Over the last five years, a major trend in library journal purchases has been the replacement of individual journal subscriptions by purchasing online journal "bundles" from publishers or commercial journal aggregators. The effect of this trend is that institutions gain online access to larger numbers of journals, including titles they may have never heard of before. It is possible that in the long-term HLC will benefit greatly from this new model of library journal purchasing. HLC is part of Elsevier's ScienceDirect platform, which has high penetration into university libraries worldwide. Therefore clinicians, researchers and students with university affiliation will now commonly have online access to HLC through the ScienceDirect platform. Smaller health libraries are also able to obtain printouts of articles via inter-library loan request from a university library under the ScienceDirect license.

#### Reference

1. Rosenfeldt F. Indexation at last: the end of the beginning. *Heart Lung Circ* 2006;15:1–2.

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