

From the Editor

Publication Ethics

As I continue to learn about publishing in finishing out my first year as an editor-in-chief (EiC), I wish to share my aspirations regarding new directions and initiatives I feel our journal should endeavor to accomplish. One of these aspirations is in the area of publication ethics. It is likely assumed by our readers that our journal abides by all the normal conventions as other scientific publications, with ethical expectations of our authors, editors, and peer reviewers reflected in policies described in our instructions and submission forms. In my efforts to familiarize myself with best practices in scholarly publishing, I have come to learn that there is more that our journal can do. It is rare but our journal occasionally does encounter situations that call for the retraction of an article. During my predecessor's term, Dr. Wegner received notification from an editor of another journal that an article we published was similar to one they had published in the recent past. That article was promptly retracted by JECT according to standard practices.

In coming up with guidance documents to handle such ethical lapses, there is no need to reinvent the wheel as independent organizations exist to guide us to attain such best practices. For the last 20 years, the Committee on Publication Ethics (COPE) has been publishing principle guidelines and codes of conduct to assist journal editors and editorial boards. Their latest guidance document is summarized in a "Core Practices" document (1). The 10 core practices advocated by COPE generally describe the need for transparent policy and procedures journals should adopt to handle aspects of scientific publication where ethical concerns are apparent. These include allegations of misconduct, authorship and contributorship issues, complaints and appeals, conflicts of interest and competing interests, data and reproducibility, ethical oversight (including use of animals, human subjects, and data confidentiality), intellectual property, journal management, peer review processes, and post publication discussions and corrections. JECT is not yet a member of COPE, but their guidelines are freely available to be viewed and used when unusual or challenging circumstances arise. As the JECT EiC, I intend to lead our journal toward COPE membership and avail ourselves of their tools in handling matters pertaining to publication ethics. Meanwhile, because ethical lapses can occur at all levels of the publication process, the observation of ethical misconduct requires vigilance by authors, editors, peer reviewers, and readers alike. In the incident mentioned



Raymond K. Wong

earlier, a reader first raised the allegation of misconduct. Thus, no matter your role, you could be a critical factor in helping us maintain good ethical standards, and so I urge you to report any suspicions of lapses to our managing editor or myself.

In this issue, we have a combination of large (>1,000 patients) studies and smaller studies/techniques that are meaningful in assisting our clinical practices and student training. Tim Dickinson, Dr. Likosky, and collaborators report from the 21, 360 patient PERForm registry on the association of net prime volume with the increased likelihood of blood transfusions (2), whereas Dr. Everett et al. is reporting data from the legendary Northern New England Cardiovascular Study Group (Biomarker Study, 1,047 patients) which studied whether cytokine levels are linked to 1-year readmission or mortality in adult cardiac surgery patients (3). Meanwhile Stammers et al. have analyzed SpecialtyCare's Operative Procedure rEgistry (SCOPE™) (>10,000 cases) in a study analyzing outcomes after adoption

of a standardized circuit design (4). The studies that assist us in our practices include Greg Matte's group who conducted a study to develop a strategy meant to lower sampling volumes for ACT testing in congenital cardiac surgery (5), Ms. Duffy and Dr. Simsic et al.'s description of a multidisciplinary education plan in preparation for pediatric patients' home discharge on ventricular assist device (VAD) support (6), and a second submission by Al Stammers with different colleagues who helped define the benefits of a program that standardized autologous priming strategies (7). Finally, this issue has two articles associated with student training: the first one by Dr. Yamada and colleagues describing a novel method of training perfusionists using augmented reality (8) and the second one being a survey by Mr. Mosca and Dr. Grossman of pre-health students on their perceptions of future needs for stress relief strategies in their future careers (9).

It has been an exhilarating journey so far, and I wish to thank all those who have supported our journal and me in my first year at the helm. That is a vast spectrum of people beginning with our authors, encompassing our peer reviewers and other participants in production and culminating with our readers, who all have in common, the desire of enhancing our clinical service to patients. I look forward to advancing what some already consider AmSECT's flagship cause to greater heights in 2020. Again, thank you all and my best wishes for the New Year!

Raymond K. Wong, PhD, CCP
Editor-in-Chief

ACKNOWLEDGMENT

My thanks to Dr. Julie Wegner for reviewing and enhancing this editorial.

REFERENCES

1. Committee on Publication Ethics. Our Core Practices. Available at: https://publicationethics.org/files/editable-bean/COPE_Core_Practices_0.pdf. Accessed December 4, 2019.
2. Dickinson TA, Wu X, Sturmer DL, et al. Net prime volume is associated with increased odds of blood transfusion. *J Extra Corpor Technol.* 2019;51:195–200.
3. Everett AD, Alam SS, Owens SL, et al. The association between cytokines and 365-day readmission or mortality in adult cardiac surgery. *J Extra Corpor Technol.* 2019;51:201–9.
4. Stammers AH, Mongero LB, Tesdahl EA, et al. Does standardizing extracorporeal circuit design for cardiopulmonary bypass affect outcomes? Results from a national perfusion registry. *J Extra Corpor Technol.* 2019;51:210–20.
5. Matte GS, Howe RJ, Ibla J, et al. Transition from Hemochron Response to Hemochron Signature Elite activated clotting time devices in a congenital cardiac surgery practice. *J Extra Corpor Technol.* 2019;51:221–6.
6. Duffy V, Nandi D, Hodge A, et al. Paving a road home: Developing education for a pediatric home going VAD program. *J Extra Corpor Technol.* 2019;51:248–54.
7. Stammers AH, Francis S, Tesdahl EA, et al. The effect of standardizing autologous prime techniques in patients undergoing cardiac surgery with cardiopulmonary bypass. *J Extra Corpor Technol.* 2019;51:227–37.
8. Yamada Y, Nakamura T, Yamada M, et al. Use of augmented reality to assist teaching for future perfusionists in extracorporeal technology. *J Extra Corpor Technol.* 2019;51:244–7.
9. Mosca MS, Grossman L. Pre-health professional perceptions: Should a formal stress relief program be implemented in the workplace? *J Extra Corpor Technol.* 2019;51:238–43.