

## Editorial

# *The Texas Heart Institute Journal* at 50 Years: Upholding Our Vision

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In January 1974, The Texas Heart Institute printed 2000 copies of *Cardiovascular Diseases, Bulletin of the Texas Heart Institute*, and mailed them to local physicians. The first issue included 10 short articles written by our medical staff and researchers who had gained a wealth of knowledge and experience during the decade following the Institute's founding in 1962. The editor, John C. Norman, MD, stated the vision for the journal in the foreword:

The purpose of the Bulletin is to provide an accessible, responsive, and expedient forum for brief and thoughtful topics of current interest in cardiovascular diseases, from within and beyond our institutions. With nurturing and care, it will thrive and endure.

More specifically, it should provide a chronicle of events regarding the relevant activities of the young investigator, the experienced diagnostician and clinician, the established scientist, and those with both major and minor interests in the interrelated disciplines which relate to diseases of cardiovascular origin.

The number of articles in *Cardiovascular Diseases* and its reputation for quality grew steadily, and by 1981, its authors and readers spanned the globe. In 1982, it became *Texas Heart Institute Journal* and joined the ranks of peer-reviewed journals indexed by PubMed. Our former editors-in-chief—Robert J. Hall, MD, James J. Ferguson III, MD, and James T. Willerson, MD—upheld Dr Norman's vision, and I am proud to continue their work as we celebrate our 50th anniversary and plan for the future.

## Visible Changes

Late last year, our publisher, Texas Heart Institute, officially became **The** Texas Heart Institute to emphasize its distinction and exclusivity. Accordingly, with the publication of this current issue (volume 50, number 1), our journal title is now *The Texas Heart Institute Journal*. Our objective to publish high-quality articles that influence clinical practice remains the same, and we continue to promote the education of early-career professionals by encouraging them to conduct research and to publish their findings in *The Journal*.

*The Journal's* heart logo has changed from orange to gold, and the accent colors are blue. Published PDFs include these changes as well as new layouts for identifying important article components (Abstract, Key Points, Abbreviations and Acronyms), when applicable.

There are also new organizational and formatting standards for Original Research articles and Case Reports, as detailed in our updated [Information for Authors](#). Authors are asked to use the appropriate template and to follow the guidelines for number of authors, word count, tables, figures, and references. The changes for Case Reports are more extensive than those for Original Research: abstracts are shorter (100 words or less), there is no introduction, the Case Report should follow a chronologic order to the extent possible (from diagnosis to management), and the Discussion should be concise. If authors have a case report or a general topic of interest for cardiovascular specialists that would require a more-extensive treatment, they can inquire about submitting a Narrative Review. Ultimately, restructuring Original Research articles and Case Reports will not only encourage authors to focus on their findings and to highlight the educational aspects of their work, but it will also help reviewers—and, eventually, readers—evaluate articles more efficiently.

## Behind the Scenes

Like many other organizations, *The Journal* staff navigated workflow difficulties during the COVID-19 pandemic and fell behind schedule. Today, I am pleased to report that our schedule is back on track. The esteemed Editorial Board, reviewers, and office staff have improved efficiency during the review process, to the point that many initial

decisions are made within 4 to 6 weeks after submission. Moreover, we officially cleared a backlog of accepted articles with the publication of the final articles in this issue. This progress means that *The Journal* is actively seeking submissions for publication.

When *The Journal* switched to a continuous publication in 2021, the intent was to publish papers within 6 weeks of acceptance, and that goal can now be met—with author collaboration. One major change in the new workflow is that accepted papers will no longer be queued for editing by *The Journal* staff. Instead, on reviewer recommendations, the initial decision letter may include a statement asking authors to employ a professional medical editor to help them with revisions, formatting, and language. The advantages are 2-fold: reviewers will be able to evaluate revised papers more efficiently, and accepted papers should require little work before publication.

## Our Future Includes You

We could not have reached 50 years without you—whether you submitted work to us, reviewed papers, mentored new authors, or read articles pertinent to your own work. We invite you to continue spreading news on cardiovascular advancements and educating the next generation of professionals. Our vision endures with your scholastic contributions and partnership.

*Zvonimir Krajcer, MD*  
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*The Texas Heart Institute Journal*

**Published:** 17 February 2023