

### **The Journal of the American Board of Family Practice—Its Purpose**

The primary purpose of this journal is to publish original papers pertaining to clinical investigations, case reports, review articles pertinent to the specialty of family practice, editorial comments, and book reviews. The articles published are intended to provide new and valuable information for reference by the entire medical community.

The journal also is intended to serve as an important forum for the specialty of family practice, to serve as a source of clinical information, and to serve as a medium for timely information concerning the activities of the American Board of Family Practice.

Consistent with its past history, the American Board of Family Practice (ABFP) took another innovative step when it decided to publish its own journal. To my knowledge, no other American board has independently sponsored its own journal. ABFP felt that there was a need for another quality peer-reviewed publication in our specialty. This decision was based on the observation that the number of Board-certified, residency-trained family physicians will continue to increase at a steady rate. Further, the Board sensed that an increasing number of colleagues will be actively engaged in scholarly investigations, and they will have need of peer-reviewed specialty journals in which to publish.

The most important characteristic of the journal, demanded by the Board, is that it must maintain high-quality standards. In order to achieve this, there exists an outstanding Editorial Board and an active and effective Advisory Board. In addition, the reviewers represent a very impressive cadre of some of the most highly respected clinicians in the world.

This journal, along with other similar journals, bears the responsibility to establish and maintain the quality of investigation and publication for the specialty. Journals can, by encouraging or discouraging investigators, impact heavily on the direction and quality of research

in the discipline. Accumulated investigation shapes the discipline and defines its content over time.

The journals within a medical discipline also reflect the state of the art for that discipline to other disciplines as well as to society in general. Journals reflect the value systems within the discipline represented. It is the responsibility of journals to identify both the strengths and weaknesses of the discipline and to serve as a reliable communication device among professionals.

For the discipline of family medicine, it is especially important at this time to make important contributions to medical knowledge. The discipline has long been largely dependent for new information upon investigators in other disciplines. If our discipline is to survive and manifest its destiny in society, it must make important contributions. The journals that represent the discipline must effectively communicate those contributions to its own disciplines as well as to the professions and society in general.

The editorial staff of this journal is sensitive to these responsibilities and accepts them soberly. The quality of performance remains to be judged. Our intent is to encourage quality investigations and professional writing. Our criticisms of manuscripts are sincerely intended to be constructive. It is inevitable that more manuscripts will be rejected than accepted. It is also recognized that the editors are not flawless in their judgments of quality and that some criticisms of manuscripts may be misinterpreted as being personal in nature. This also is probably inevitable but must be minimized.

Finally, we feel very fortunate to be able to utilize the vast experience and time-proven excellence of the publisher. The Massachusetts Medical Society has achieved levels of quality in medical publishing that are virtually unmatched in the world. The staff members of the publisher are truly professional in every sense. We sincerely hope this is the beginning of a long and fruitful relationship.

Paul R. Young, M.D.  
Galveston, TX

# Information for Authors

These guidelines are in accordance with the "Uniform Requirements for Manuscripts Submitted to Biomedical Journals." (The complete document is available in the June 12, 1982, issue of the *British Medical Journal* and the June 1982 issue of the *Annals of Internal Medicine*.)

## Manuscripts

Manuscripts containing original material are accepted for consideration with the understanding that neither the article nor any part of its essential substance, tables, or figures has been or will be published or submitted for publication elsewhere before appearing in the *Journal*. This restriction does not apply to abstracts or press reports published in connection with scientific meetings. Copies of any possibly duplicative manuscripts should be submitted to the Editor along with the manuscript that is to be considered by the *Journal*. The *Journal* strongly discourages the submission of more than one article dealing with related aspects of the same study. In almost all cases, a single study is best reported in a single paper.

Submit an original and one copy of the complete manuscript, including text pages, legends, tables, references, and glossy prints of figures. Only typed copy, on standard-sized typewriter paper and double-spaced throughout, with margins of at least 2.5 cm, is acceptable. Address all submissions to the Editor, *The Journal of the American Board of Family Practice*, 2228 Young Drive, Lexington, KY 40505. A covering letter should identify the person (with the address and telephone number) responsible for negotiations concerning the manuscript; the letter should make it clear that the final manuscript has been seen and approved by all authors.

## Conflict of Interest

The *Journal* expects authors to disclose any commercial associations that might pose a conflict of interest in connection with the submitted article. All funding sources supporting the work should be routinely acknowledged on the title page, as should all institutional or corporate affiliations of the authors. Other kinds of associations, such as consultancies, stock ownership or other equity interests, or patent-licensing arrangements, should be disclosed to the Editor in a covering letter at the time of submission. Such information will be held in confidence while the paper is under review and will not influence the editorial decision. If the manuscript is accepted, the Editor will discuss with the authors how best to disclose the relevant information. Questions about this policy should be directed to the Editor.

## Units of Measurement

The *Journal* will print measurements in Système International (SI) and conventional units (this practice applies only to clinical investigation and review articles). Authors may use either as their principal system; however, they must also provide the alternative numbers and units in parentheses.

## Titles and Authors' Names

With the manuscript, provide a page giving the title of the paper; a running head of fewer than 40 letter spaces; the name(s) of the author(s), including the first name(s) and academic degree(s); the name of the department and institution in which the work was done; and the name and address of the author to whom reprint requests should be addressed. Any grant support that requires acknowledgment should be mentioned on this page.

## Abstracts

Use another page to provide an abstract of not more than 175 words. This abstract should be factual, not descriptive, and should present the reason for the study, the main findings (give specific data if possible), and the principal conclusions.

## Key Words

The *Journal* has a policy of requiring authors to submit two to four key words with their manuscripts, to be used for purposes of classification by subject.

## References

References must be typed in double spacing and numbered consecutively as they are cited. References first cited in tables or figure legends must be numbered so that they will be in sequence with references cited in the text. The style of references is that of the *Index Medicus*. List all authors when there are six or fewer; when there are seven or more, list the first three, then "et al."

Sample references are as follows:

1. Lahita R, Kluger J, Drayer DE, Koffler D, Reidenberg MM. Antibodies to nuclear antigens in patients treated with procainamide. *N Engl J Med* 1979; 301:1382-5.
2. Beam AG. Wilson's disease. In: Stanbury JB, Wyngaarden JB, Fredrickson DS, eds. *The metabolic basis of inherited disease*. New York: McGraw-Hill, 1972:1033-50.
3. Pellegrin FA, Ramcharan S, Fisch IR, Phillips NR. The noncontraceptive effects of oral contraceptive drugs: the Kaiser-Permanente Study. In: Ramcharan S, ed. *The Walnut Creek Contraceptive Drug Study: a prospective study of the side effects of oral contraceptives*. Vol. 1. Bethesda, Md.: National Institutes of Health, 1974:1-19. (DHEW publication no. (NIH)74-562).

Numbered references to personal communications, unpublished data, and manuscripts either "in preparation" or "submitted for publication" are unacceptable (see "Permissions"). If essential, such material may be incorporated in the appropriate place in the text.

## Tables

Type tables in double spacing on separate sheets, and provide a legend for each. Excessive tabular data are discouraged. If an article is accepted, the *Journal* will arrange to deposit extensive tables of important data with the National Auxiliary Publications Service (NAPS); we will pay for the deposit and add an appropriate footnote to the text. This service makes microfiche or photocopies of tables available at moderate charges to those who request them.

## Illustrations

Figures should be professionally designed. Glossy, black-and-white photographs are requested. Symbols, lettering, and numbering should be clear, and these elements should be large enough to remain legible after the figure has been reduced to fit the width of a single column.

The back of each figure should include the sequence number, the name of the author, and the proper orientation (e.g., "top"). Do not mount the figure on cardboard. Photomicrographs should be cropped to a width of 8 cm, and electron photomicrographs should have internal scale markers.

If photographs of patients are used, either the subjects should not be identifiable or their pictures must be accompanied by written permission to use the figure. Permission forms are available from the Editor.

Legends for illustrations should be typewritten (double-spaced) on a separate sheet, and should not appear on the illustrations.

Color illustrations are used from time to time. Send both transparencies and prints for this purpose.

## Abbreviations

Except for units of measurement, abbreviations are discouraged. Consult the *Council of Biology Editors Style Manual* (Fifth edition. Bethesda, Md.: Council of Biology Editors, 1983) for lists of standard abbreviations. The first time an abbreviation appears it should be preceded by the words for which it stands.

## Drug Names

Generic names should, in general, be used. If an author so desires, brand names may be inserted in parentheses.

## Permissions

Materials taken from other sources must be accompanied by a written statement from both author and publisher giving permission to the *Journal* for reproduction.

Obtain permission in writing from at least one author of papers still in press, of unpublished data, and of personal communications.

## Inclusive Language

Sex bias should be avoided and gender inclusive language used whenever possible.

## Review and Action

Manuscripts are examined by the editorial staff and are usually sent to outside reviewers. Authors will remain anonymous to outside reviewers and vice-versa. External statistical review will be accomplished where appropriate.

# The Journal of the American Board of Family Practice

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