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The Journal of the American Board of Family Practice

Official Publication of the American Board of Family Practice

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INDEXING

The *Journal of the American Board of Family Practice* is indexed in *Index Medicus*.

INFORMATION FOR AUTHORS

The *Journal of the American Board of Family Practice* welcomes for editorial review manuscripts that contribute to family practice as a clinical scientific discipline. High priority is given to reports of clinically relevant studies that have practical implications for improved patient care. Manuscripts are considered in relation to the extent to which they represent original work, their significance to the advancement of family medicine, and their interest to the practicing family physician. Some papers that are accepted by the *Journal* will be selected for an accompanying guest editorial or concurrent commentary by other invited authors addressing issues raised by the papers. The *Journal* publishes the following features:

Original Articles. Reports of original research, usually dealing with a clinical, health services, or other clinically relevant study.

Medical Practice. Scholarly articles that relate directly to clinical topics useful in everyday family practice, whether dealing with diagnostic or therapeutic roles of the family physician or reporting studies of what family physicians do in practice.

Clinical Review. In-depth reviews of specific clinical problems, disease entities, or treatment modalities; comprehensive and critical analysis of the literature is required (usual maximum length 5000 words).

Clinical Guidelines and Primary Care. Summaries of major clinical guidelines proposed by various specialty, governmental, or health care organizations, with critical commentary from a primary care perspective.

Family Practice and the Health Care System. Articles reporting studies and scholarly commentary on changing trends and patterns of care in family practice, primary care, and the health care system.

Health Policy. Articles relating to specific health policy issues from a national perspective, usually invited from individuals with extensive health policy experience.

Special Articles. Articles in other areas that may relate to the role of the family physician, education for family practice, or other subjects important to family practice as a clinical specialty.

Brief Reports. Short reports of pilot studies or case reports with a teaching point of clinical relevance (usual length 1000–1500 words).

Family Practice—World Perspective. Papers reporting developments related to the practice or education of family physicians in various countries around the world (usual length 1200–1800 words).

Reflections in Family Practice. Papers in narrative or essay format that illuminate qualitative aspects of family practice, including such areas as ethical issues, the physician-patient relationship, or the diverse roles of the family physician.

Editorial. Focused opinion or commentary that bears on an issue relevant to the field. May or may not accompany an original article in the same issue (usual length 1000–1500 words).

Letters to the Editor. Observations, opinion, or comment on topics under discussion in the journal, usually not to exceed 500 words.

Book Reviews. Books for review and book reviews should be sent to John P. Geyman, MD, Editor, the *Journal of the American Board of Family Practice*, Department of Family Medicine, School of Medicine, Box 354795, University of Washington, Seattle, WA 98105.

The following guidelines are in accordance with the "Uniform Requirements for Manuscripts Submitted to Biomedical Journals." The current (fourth) edition was published in the February 7, 1991, issue of the *New England Journal of Medicine*.

MANUSCRIPT SUBMISSION

Address all submissions to John P. Geyman, MD, Editor, *Journal of the American Board of Family Practice*, Department of Family Medicine, School of Medicine, Box 354795, University of Washington, Seattle, WA 98105.

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 3 copies of the complete manuscript, including text pages, legends, tables, references, and glossy prints of figures. The manuscript should be on 8 1/2 × 11-inch paper, double-spaced throughout, with 1-inch margins. Include a copy of the manuscript on a computer disk, and indicate which software program is used.

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. If authors acknowledge by name persons who provided important technical, advisory, or reviewer contributions, the corresponding author should sign the following statement: "I have obtained written permission from all persons named in the acknowledgment."

The *Journal* expects authors to take public responsibility for their manuscripts, including conception and design of the work, data analysis, writing, and review of the paper. Authors are expected to stand behind the validity of their data and, if asked by the editor, to submit the actual data for editorial review with the manuscript. In most instances authorship should be limited to 8 authors or fewer, all meeting the above criteria for authorship. Exceptions to these guidelines, especially those involving multisite collaborative research projects, should be discussed on a case-by-case basis with the editor.

The *Journal* also expects authors to disclose any commercial associations that might pose a conflict of interest in connection with the submitted article. Consultancies, stock ownership or other equity interests, patent-licensing arrangements, and other kinds of associations that might involve conflict of interest 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.

MANUSCRIPTS

Titles and Authors' Names

With the manuscript, provide a page giving the title of the paper; a running foot of fewer than 40 letter spaces; the name(s) of the author(s), including 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. All funding sources supporting the work should be routinely acknowledged on the title page, as should all institutional or corporate affiliations of the authors. Two to four keywords should be submitted with the manuscripts to be used for purposes of classification by subject. Use terms from the Medical Subject Headings from *Index Medicus* when possible.

Abstracts

Use another page to provide an abstract of not more than 200 words. This abstract should be factual, not descriptive, with its content appropriate to the type of paper. For original articles reporting results of studies, a four-paragraph format should be used labeled Background, Methods, Results, and Conclusions. These should briefly describe, respectively, the object of the study, the methods used, the major results, and the author's conclusions. Abstracts are not necessary for Brief Reports, World Perspective, or Family Practice and the Health Care System papers.

Abbreviations

Except for units of measurement, abbreviations are discouraged. 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.

Inclusive Language

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

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 6 or fewer; when there are 7 or more, list the first 6, then "et al." Sample references are as follows:

Standard Journal Article

Morrow JD, Margolies GR, Rowland J, Roberts LJ 2nd. Evidence that histamine is the causative toxin of scombroid-fish poisoning. *N Engl J Med* 1991;324:716-20.

(Note that month and issue number are omitted when a journal has continuous pagination throughout a volume.)

Organization as Author

Clinical Experience Network (CEN). A large-scale, office-based study evaluates the use of a new class of nonsedating antihistamines. A report from CEN. *J Am Board Fam Pract* 1990;3:241-58.

Book

Rakel RE. Textbook of family practice. 4th ed. Philadelphia: WB Saunders, 1990.

Chapter in Book

Haynes RC Jr. Agents affecting calcification: calcium, parathyroid hormone, calcitonin, vitamin D, and other compounds. In: Gilman AG, Rall TW, Nies AS, Taylor P, editors. Goodman and Gilman's the pharmacological basis of therapeutics. 8th ed. New York: Pergamon Press, 1990.

Government Agency

Schwartz JL. Review and evaluation of smoking cessation methods: the United States and Canada, 1978-1985. Bethesda, MD: Department of Health and Human Services, 1987. (NIH publication no. 87-2940.)

Personal Communications

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 title for each. For footnotes, use the following symbols, in this sequence: *, †, ‡, §, ||, ¶, **, ††, etc. Excessive tabular data are discouraged.

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 fig-

ure should include the sequence number, the name of the author, and the proper orientation (eg, "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. Permissions forms are available from the editor.

Legends for illustrations should be type-written (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.

Permissions

Every effort (short of changing the patient data) should be made by the authors to protect the anonymity of patients (and relatives) in any published work. If identification is unavoidable, informed consent should be obtained and attached with the submitted letter; in the case of minors or incompetent patients, consent should be obtained from relatives or guardians.

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.

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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. Every effort will be made to complete the review process as expeditiously as possible.

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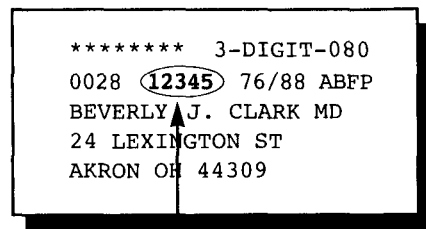
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Reprints

Authors will receive reprint information and rates when they are sent their page proofs. Reprints ordered at that time will be shipped about 3 weeks after the publication date.

ATTENTION

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5-digit ABFP Identification Number

The Board prefers the use of *professional addresses*, because the address given will become your "address of record" with the Board and will be published in our Directory of Diplomates.

Current addresses for all Diplomates are necessary for communication from the Board relating to the Examinations, updated Recertification information, etc., as well as to ensure the receipt of the *Journal of the American Board of Family Practice*.

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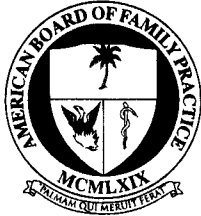
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The American Board of Family Practice, Inc.

Recertification Process for the Certificate of Added Qualifications in Geriatric Medicine

The Geriatric Medicine Certification Program, jointly developed by the American Board of Family Practice (ABFP) and the American Board of Internal Medicine, announces the recertification process for the Certificate of Added Qualifications (CAQ) in Geriatric Medicine. The first examination was offered in 1988 with subsequent examinations given biennially in even-numbered years. The certificates are valid for a 10-year period, and completion of a recertification process is required for renewal. The following is a brief description of the recertification process for the CAQ in Geriatric Medicine. One element of the process is the recertification examination, which is offered annually. The first three examinations are being held November 19, 1997, November 4, 1998, and November 3, 1999. The content and scoring of the examination are identical for both boards; however, the application requirements differ.

The ABFP requirements for the recertification process in geriatric medicine include:

- current primary certification in family practice at the time of the examination
- completion of a geriatric pre-application form and submission of a \$400 application fee
- successful completion of three Self-Evaluation Process (SEP) modules (see below)
- completion of a formal geriatric examination
- application form with an accompanying \$350 examination fee
- verification that all licenses held in the United States and Canada are currently valid, full, and unrestricted
- successful completion of a half-day cognitive examination.

The process will be completed over a two-year period, and the SEP may begin at any time during geriatric medicine certification.

The Self-Evaluation Process modules are at-home, open-book examinations of 60 questions each. All candidates must successfully complete three modules to be eligible to sit for the examination. The SEP modules will be scored, and feedback will be provided on the incorrect answers. No references to the literature will be given with the feedback. Should a candidate be unsuccessful on any of the SEP modules, the candidate will be required to repeat the particular module until successful.

Pre-Application

ABFP Diplomates holding the CAQ in Geriatric Medicine will receive a pre-application form in the eighth year of their geriatric medicine certificate. Diplomates may choose to take the Geriatric Medicine Recertification Examination in either the ninth or tenth year of their certificate. If the Diplomate chooses to participate in the ninth year, the pre-application form will be returned to the ABFP by the specified deadline with a nonrefundable application fee. Candidates choosing not to take the examination in the ninth year of the certificate will receive another pre-application form the tenth year.

SEP Modules

Candidates participating in the cognitive examination in the ninth year of the certificate will be sent all three SEP modules in one mailing. The three SEP modules are to be completed and returned as a unit within a nine-month completion period. After the SEP modules are scored, deemed successfully completed, and feedback is sent, a formal application with the feedback from the SEP will be mailed to the candidate. The formal application requires verification of currently valid, full, and unrestricted license(s) to practice in the United States or Canada, an examination fee, two photographs, and a signed and notarized statement. Upon approval of the formal application, the candidate is permitted to sit for the half-day cognitive examination to be given at test sites across the country. Specific dates and locations will be provided.

In March 1998 pre-application forms will be mailed to all holders of the CAQ whose certificates expire in 2000. If you have not received your pre-application by mid-March 1998, please notify our office.

Sample timetable for holders of certificates expiring 2000

| | |
|----------------------|---|
| March 1998 | File pre-application with \$400 fee |
| June 1998-March 1999 | Complete three self-evaluation modules |
| February-July 1999 | File application with \$350 examination fee, verify licensure |
| November 3, 1999 | Half-day cognitive examination |

American Board of Family Practice, Inc.

Geriatric Medicine Recertification

2228 Young Dr.

Lexington, KY 40505-4294

(888)995-5700 ext. 250 or (606)269-5626 ext. 250 — fax (606) 266-9699

ABFP Announcement

Recertification Process for the Certificate of Added Qualifications in Geriatric Medicine for Holders of Certificates Dated 1990-2000

Pre-applications will automatically be sent to you: March 1, 1998

Due date for return to ABFP: April 1, 1998

Examination Date: Wednesday, November 3, 1999

(If you have not received your pre-application by mid-March 1998, please notify our office.)

American Board of Family Practice, Inc.

Geriatric Medicine Recertification

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