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Adolescent Risk Behavior
Outcomes of Congestive Heart Failure
Teaching Information Mastery
Assessment of Cost-Effective Analyses
The Journal of the
American Board of Family Practice

VOLUME 12, NUMBER 6 NOVEMBER–DECEMBER 1999

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Official Publication of the American Board of Family Practice

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John Breithaupt
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INDEXING
The Journal of the American Board of Family Practice is indexed in Index Medicus.

PRINTING SERVICES
The Journal of the American Board of Family Practice is set into type, printed, and distributed by Cadmus Journal Services, 940 Elkridge Landing Road, Linthicum, MD 21090-2908.
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 utility 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).

Evidence-Based Clinical Practice. Articles addressing various evidence-based approaches to the diagnosis and management of common clinical problems in primary care. Papers are also welcome that report studies of cost-and-outcome assessment relevant to primary care practice.

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 out an issue relevant to the field. May or may not accompany an original article in the same issue (usual length 1000–1500 words).

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The following guidelines are in accordance with the “Uniform Requirements for Manuscripts Submitted to Biomedical Journals.” The current edition was published in N Engl J Med 1997;336:309–15.

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Subspecialty Certification in Pain Management

The American Board of Physical Medicine and Rehabilitation (ABPMR) in conjunction with the American Boards of Anesthesiology (ABA) and Psychiatry and Neurology (ABPN) has announced plans to offer a Subspecialty Examination for Certification in Pain Management. This examination will be administered on September 9, 2000 by ABA at various locations. Diplomates of other Member Boards of the American Board of Medical Specialties (ABMS), which includes the American Board of Family Practice, may apply for admission to this process.

Pain management is defined as the medical discipline concerned with the diagnosis and treatment of the entire range of painful disorders. Because of the vast scope of the field, Pain Management is a multidisciplinary subspecialty. The expertise of several disciplines is brought together in an effort to provide the maximum benefit to each patient. Although the care of patients is heavily influenced by the primary specialty of physicians who subspecialize in Pain Management, each member of the pain treatment team understands the anatomical and physiological basis of pain perception, the psychological factors that modify the pain experience, and the basic principles of Pain Management.

Qualifications for Certification

All applicants for subspecialty certification in Pain Management must be current Diplomates in good standing of a member Board of the ABMS. Determination of acceptability for examination will be made according to the rules and regulations of the ABPMR. Additional requirements include:

1. All candidates for subspecialization in Pain Management must
   • provide documentation of a medical degree by submitting a copy of a diploma or certificate;
   • provide documentation of current certification by an ABMS Member Board;
   • provide a notarized copy of current, valid and unrestricted license to practice medicine or osteopathy in a United States licensing jurisdiction, Puerto Rico, or Canada;
   • fulfill the education requirement for subspecialization in Pain Management; and
   • satisfy the Pain Management examination requirement for Pain Management subspecialization.

2. The education requirement in Pain Management can be fulfilled by satisfying temporary criteria for the initial five-year period of Pain Management subspecialty certification.

In addition to general certification by an ABMS Member Board, the temporary criteria are:

• satisfactory completion of residency training required for general certification by an ABMS Member Board prior to July 1, 1998; AND
• satisfactory completion of 12 months (one year) of formal training in Pain Management acceptable for subspecialization in Pain Management, in addition to general certification by an ABMS Member Board; OR
• completion of the equivalent of 24 months (two years) of full-time practice in Pain Management acceptable for subspecialization. Credit will be granted only for Pain Management practice that occurs during the eight years immediately preceding the deadline for receipt of application to take the examination; OR
• exceptions to these temporary requirements that could be considered equivalent combinations of training and practice will be considered on an individual basis for subspecialization in Pain Management.

All physicians who apply for subspecialization in Pain Management after the 2003 examination will be required to complete one year of training in an ACGME-accredited Pain Management program.