process, the Academy can endorse the guidelines if it meets AAFP criteria. Such an arrangement led to AAFP endorsing the American Academy of Pediatrics clinical practice guideline, "Treatment of the School-Aged Child With Attention-Deficit/Hyperactivity Disorder," published in the October 2001 *Pediatrics*.

Level 3 participation entails less involvement. It comes about when other organizations want a family medicine perspective as part of their guideline development, and the Academy will suggest family physicians—not official AAFP representatives—to participate.

Furthermore, the AAFP reviews draft guidelines from other organizations as part of their peer-review process.

#### Selecting a Topic

The AAFP Commission on Clinical Policies and Research jump-starts the Academy's work on a clinical guideline topic by seeking approval from the AAFP Board of Directors. The commission has funding to work on 3 guidelines at any 1 time.

When nominating topics for guideline development, the Academy asks the Agency for Healthcare Research and Quality to develop an evidence report. AHRQ has criteria for topics: They must be common and there must be a "significant burden of suffering" associated with the condition. If the government chooses to fund the evidence report, the topic goes to an evidence-based practice center for development of an evidence report on the topic. The guidelines panel often builds its recommendations from the evidence report.

The involvement of primary care in nominating topics is important, says Young, particularly where comorbidities are concerned. Subspecialists tend to focus on a condition in isolation, even though it is the norm for many conditions to occur in tandem (for instance, myocardial infarction and depression).

The bottom line: The Academy takes steps to make clinical guidelines reflect the patient-centered orientation of family medicine, says Young. Implementation strategies and linkage to other AAFP activities are evolving, as are the Academy's relationships with other medical societies.

Toni Lapp AAFP News Department



From the American Board of Family Practice

### SUBMIT MANUSCRIPTS TO JABFP ONLINE

Starting in March 2004, authors can now submit manuscripts online at *The Journal of the American Board of Family Practice* Web site (http://www.jabfp.org) using

Rapid Review. A link on the *JABFP* home page will take authors to a step-by-step guide for establishing an account that will enable them to upload manuscripts and related files. Authors can use their account to log on and check the status of their article to see where it is in the editorial process.

The new Rapid Review system will enhance the speed with which manuscripts are processed and decisions are communicated by reducing the time that it takes for postal delivery. Rapid Review allows the editorial staff to distribute materials, select reviewers, track inquiries, and finalize decisions through e-mail. It will also increase the speed with which a manuscript is processed by the publisher, resulting in a tighter production schedule.

#### JABFP Announces Addition to Editorial Staff

Nancy Jacobson is the new *JABFP* Senior Editorial Assistant, replacing Virginia Gessner, who retired. Many thanks to Ms. Gessner for her hard work and contribution to the *Journal* over the years. Ms. Jacobson joins Deputy Editor Victoria Neale, PhD, and Associate Editor Kendra Schwartz, MD, in the new editorial office in Detroit.

Ms. Jacobson handles *JABFP* correspondences and manuscripts. She also manages requests for classified ads and books submitted for review. New contact information for the *JABFP* is:

Nancy Jacobson, Senior Editorial Assistant Journal of the American Board of Family Practice Department of Family Medicine Wayne State University 101 East Alexandrine, Room 249 Detroit, MI 48201 Phone: 313-577-5205 jabfp@med.wayne.edu

Web site: http://www.jabfp.org

## FEATURES OF WWW.ABFP.ORG

Physicians certified or recertified in 2003 become the first group of Diplomates to participate in Maintenance of Certification for Family Physicians (MC-FP). This new process, which replaces recertification, is more focused and encompasses multiple dimensions of physician performance. In addition to a cognitive examination every 7 years, MC-FP will involve annual participation throughout each 7-year cycle. To make this process convenient for the practicing physician, it will be completed over the Internet. Most components of MC-FP can be accessed in the comfort of one's home or office at a time convenient to the participant.

A new ABFP Web portal, http://www.abfp.org, will be used to navigate and manage MC-FP, and track

individual progress throughout the certification cycle. To view a brief tutorial on how to use the Web portal, please visit http://www.abfp.org and click on the tutorial link conveniently located at the top of the page. (The tutorial requires the free Flash player, which is standard on all modern Web browsers.) Furthermore, comprehensive information on the ABFP will be posted for our Diplomates and for the general public. Information regarding these features is provided below.

#### General Information (No Login Required)

MC-FP Instruction Booklet. ABFP has compiled an instruction booklet to aid our Diplomates in understanding the new MC-FP process and its components. This downloadable instruction book may be accessed at http://www.abfp.org/MOC/InstructionManualMC-FP.pdf.

Frequently Asked Questions. Answers to frequently asked questions (FAQs) about MC-FP may be found at http://www.abfp.org/MOC/faq.aspx.

MC-FP Payment Plans. ABFP offers 3 payment options for MC-FP fees. A list of the payment options for Diplomates entering MC-FP in 2004 is included in the MC-FP Instruction Booklet.

# MC-FP and Diplomate Portfolio (Login, User ID and Password Required)

Login/Access. You should have received an ID and password that allow you to access your information via the Web portal. Each time you visit the ABFP Web portal, you may log in to access your personal and professional information. If you have not received your login information, please contact the ABFP Help Desk at the number below. To log in, go to http://www.abfp.org/login.aspx.

Lifelong Learning. Clinical self-assessment modules (SAMs), and patient simulation modules using the new Computer-Based Assessment System (CBAS) will permit educational and appraisal opportunities for each physician during the MC-FP cycle. To learn more about these exciting new technologies, go to http://www.abfp.org/MOC/sam.aspx.

MC-FP Tutorials. The Web portal offers online tutorials for SAM and CBAS components, accessible at http://www.abfp.org/MOC/abfpSAMTutorial.html and http://www.abfp.org/MOC/abfpCBASTutorial.html.

Portfolio. The Web portal will permit each physician to access his or her unique Diplomate portfolio. The portfolio will contain personal and professional history, and will track progress in completing components of MC-FP. To view your portfolio, go to http://www.abfp.org/my/portfolio.aspx.

Should you have any questions regarding MC-FP or the Web portal, please do not hesitate to contact the ABFP Help Desk at (877) 223-7437.

This site was designed to help all Diplomates in their professional endeavors. Whether you are seeking a verification to present to a hospital or participating in the MC-FP program, this Web site will be a valuable resource for you. The ABFP is making every effort to make it easy and efficient for you to participate in our new MC-FP Program and successfully maintain your certification as a Diplomate. As we continue to roll out this new program and add new resources and features, we encourage you to offer advice and suggestions on how we can make it more beneficial for you.

## First Diplomate to Complete the MC-FP Diabetes SAM Online

Days after the ABFP launched its new Web site, http://www.abfp.org, Natan Khotianov, MD, completed the Diabetes Self-Assessment Module (SAM) for the MC-FP. The Board contacted Dr. Khotianov and asked him to share his thoughts about his experience using the Web site and completing his first SAM.

Q. What were your initial thoughts about the Web site and the MC-FP process?

Dr. K. At first, all I wanted to do was to see what this new process was all about, take it, and get it over with. But once I logged on and followed the tutorial for the Web site and the SAM, I was intrigued. I couldn't believe how everything was so easy to understand and navigate.

Q. Would you consider yourself proficient with the Internet and computers?

Dr. K. I do have some experience with both computers and the Internet, but even if I didn't, the way the Web site is designed makes it easy for anyone to use. The steps outlined in the tutorial explain everything to you.

**Q**. Describe your experience with regard to the 60-question portion of the SAM.

Dr. K. When I went into this area of the Web site, it told me what is expected. I was then able to review the new guidelines for diabetes. I think this is a good review exercise for everyone—no matter how long they have been practicing. This exam is not set up to make a person fail, instead it is designed to improve and update one's knowledge of diabetes. What I really appreciated were the linked reference articles to review if I had difficulty with a question. After having reviewed the linked reference material, I could go back and answer the question. Another advantage is the ability to answer any number of questions at my convenience 24 hours a day, 7 days a week, from my home, office, or wherever I have Internet access.

**Q**. Can you describe your experience with the interactive patient simulator portion of the diabetes SAM?

Dr. K. The introductory content and graphics were unbelievable! It felt like a real patient actually walked into my office. At the end, when I finished the management of the patient, the SAM provided a great summary that addressed what I did and also what I could have done. It was exactly what I was expecting from this module.

**Q**. You said that you used the Help Desk and technical support; can you elaborate?

**Dr.** K. In the beginning, I had some technical problems with my computer when I was trying to take the SAM. The problem was on my end. I called the Help Desk, and they helped me resolve it so I could continue. They were very professional. They made me feel that every question I asked was important to them.

Q. What would you say to other diplomates who certified or recertified in 2003 who haven't taken the SAM yet?

Dr. K. I would encourage them to go online and see it for themselves. As I said earlier, I was apprehensive and wanted to get it over with, but once I logged on, I couldn't believe how easy it was! It made me want to proceed further. It was a great educational experience and I'm proud that my specialty has invented this process.

Dr. Khotianov, who is 37 years old, completed his family practice residency and was Chief Resident at SUNY in Buffalo, NY. He maintains a practice in Toronto, Canada, and in outlying rural areas.



From the Society of Teachers of Family Medicine

## STFM ANNUAL SPRING CONFERENCE FEATURES A DIVERSE RESEARCH PROGRAM OF EVENTS

The STFM research committee is assembling a variety of research-related activities for the STFM Annual Spring Conference, which will be held May 12-16, 2004, in Toronto. There will be 12, 90-minute slots for forum presentations, a Research Poster Fair (including completed projects and fellows' works in progress), and a Resident/Student Research Forum. We have accepted 2 submissions for distinguished paper presentations, 36 research forum podium presentations, and 29 research poster presentations, for a total of 13 more completed research projects than were presented at the 2003 conference. These projects cover a wide spectrum of research in family medicine, including educational interventions, clinical care, health care policy, behavioral health, and cross-cultural issues. Our 2 distin-

guished papers this year describe patient experiences with medical errors and a model for evidence-based depression care.

Whereas several of the above presentations include the work of students, residents, or fellows, the committee also recognizes the importance of providing opportunities for more feedback to these budding researchers. We will have posters presenting fellows' works in progress, where attendees can discuss projects in detail with fellows and provide constructive feedback. Another presentation venue will be the Resident/ Student Research Forum, where residents and students will present their completed work in a preconference workshop and feedback session. A basic skill-building session will also be held during the meeting for recently graduated fellows and junior research faculty.

The STFM Annual Spring Conference also provides an opportunity to highlight the accomplishments of family medicine researchers. The research committee reviews all original research papers published by STFM members during the preceding academic year for selection of a Best Paper Award. Papers are nominated by STFM members or identified in an extensive literature search. This year, 20 papers were nominated for final consideration of the award, and the final selection will be announced in Toronto. We will also announce the winner of the Curtis G. Hames Research Award, presented annually in recognition of an outstanding career of contributions to family medicine research. The presentations by the Hames Award winner and the STFM Best Paper Award winner are highlights of the annual meeting.

Also among the highlights this year will be the research-themed plenary session. The research plenary address, "You Do WHAT Research in a Family Medicine Department?" will be delivered by Mary Marden-Velasquez, PhD, from the University of Texas HSC at Houston. This plenary presentation promises to be a lively exploration of the variety of topics Dr. Velasquez has studied in the context of the transtheoretical model (TTM) of behavior change and motivational interviewing. Dr. Velasquez will describe use of the TTM and brief motivational interventions in her current clinical trials in prevention of alcohol-exposed pregnancies, sexually transmitted disease prevention, and treatment of substance abuse. She will also discuss use of the TTM in clinical research and patient care by family medicine faculty, residents, and fellows, including work in diabetes, pregnancy and smoking, advance care planning directives, childhood obesity, and eating disorders.

All told, there will be more than 90 presentations of original research at the STFM Annual Spring Conference. Be a part of this great research exchange