

You've spoken, and we hear you



When we asked for reader feedback to *The Journal of Family Practice* January 2003 issue, I had assumed family physicians would be too busy to respond, even if enthusiastic. I was wrong! The response has been astounding.

More than 100 of you have volunteered for our "Virtual Editorial Board," to provide focused opinion on a regular basis. Many more have told us what you like best about *JFP*, and have shared your thoughts on how we can improve.

Praise has been overwhelming for the changes introduced with the January 2003 issue, such as the larger typeface and reader-friendly organization of editorial elements. Practicality, readability, and ease-of-comprehension are ideas repeated in your letters and e-mails:

"I really enjoyed the new JFP issue! ... very innovative and much more useful ... at-a-glance reader friendly!"

"Wow! Terrific 1st new issue. Chock full of easy to read, clinically relevant stuff. Congratulations."

"The January issue is particularly striking—read this one from cover to cover. It is very good."

Of course, a few of you find the larger typeface "less scholarly," and some lament the diminished number of original research papers in the journal. As the Chair of a department of family medicine, I understand this concern. As an educator, however, I also understand that medical education must be made meaningful to a broader audience of practicing clinicians. The goal of *JFP* is to offer readers the best evidence on clinical issues, and we remain commit-

ted to publishing research of a practical and immediately relevant nature. Research lacking these qualities will not be read by anyone. And what is not read cannot have an impact on practice. Have no doubt: *JFP* will maintain the highest level of scholarship.

Evidence-based medicine terms explained in every issue

One reader had the following to say:

"I like the new format. The authors do more of the work for me on evaluating the literature and drawing evidenced based conclusions."

This reader is referring to the strength-of-recommendation and level-of-evidence ratings throughout *JFP*. On that note, let me direct your attention to a new standing feature of *JFP*—a table of evidence-based terms (on page 239).

Evidence-based medicine has increasingly informed the character of medicine worldwide. But as EBM principles have been adopted, terminology, definitions, and rating systems have varied.

We in family medicine are working to make the EBM rating system a meaningful, consistent "language" across the discipline. For now, *The Journal of Family Practice* is using a simplified system derived from the Oxford Centre for Evidence-based Medicine. (More detailed definitions may be found at its website: <http://minerva.minervation.com/cebm/>.)

As always, I want to hear your comments and suggestions.

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