



Recommended curriculum guidelines for family medicine residents

Patient education

This document was endorsed by the American Academy of Family Physicians (AAFP).

INTRODUCTION

Each family medicine residency program is responsible for its own curriculum. The AAFP Commission on Education's Subcommittee on Graduate Curriculum has created this guide as an outline for curriculum development, and it should be tailored to the needs of the program.

Through a series of structured and/or longitudinal experiences, the curricula below will support the overall achievement of the core educational competencies defined by the Accreditation Council for Graduate Medical Education (ACGME) and provide guideposts to program requirements specific to family medicine. For updates and details, please refer to the ACGME website at www.acgme.org. Current AAFP curriculum guidelines may be found online at aafp.org/cg. These guidelines are periodically updated and endorsed by the AAFP and, in many instances, other specialty societies, as indicated on each guideline.

PREAMBLE

Effective patient education entails providing patients with health information that will improve their overall health status. The Latin origin of the word "doctor" ("docere") means "to teach," and providing education to patients, their families and communities is the responsibility of all physicians. Family physicians are uniquely suited to take a leadership role in patient education. Patient education is a collaborative effort between family physicians and patients, with a primary goal of improving patient health outcomes. Family physicians build long-term, trusting relationships with patients that provide opportunities to encourage and reinforce changes in health behavior. Therefore, effective and dynamic patient education is an essential component of residency training for family physicians.

As the practice of medicine becomes increasingly patient-centered, patient involvement in the medical decision-making process through patient education and partnership is central to improving both overall health outcomes and achievement of patient goals.

Providing patients with complete and current information helps create an atmosphere of trust, enhances the physician-patient relationship and empowers patients to partner in managing their

health. The leading causes of death in the United States (i.e., heart disease, cancer, stroke, lung disease and injuries) are largely preventable and can be reduced through effective patient-physician partnership.

Effective patient-physician partnership and information-sharing require mastery of a variety of practical skills. These include ascertaining patients' health literacy levels, properly identifying patients' goals and values, identifying barriers to learning and behavior change, incorporating education into routine office visits, and providing targeted education to enhance patient understanding and empower patient decision-making.

Providing effective patient education also requires mastery of evaluation and utilization of written, audiovisual and computer-based patient education materials.

PATIENT CARE

At the completion of residency training, a family medicine resident should be able to:

1. Provide effective, patient-centered education for patients and their families
2. Assess patients' knowledge deficits related to preventing disease and maintaining health
3. Facilitate patient self-management of chronic disease conditions
4. Evaluate and select appropriate written, audiovisual and/or computer-based instructional aids for information-sharing and patient decision-making, considering the patient's background (including educational level, literacy, cultural background, etc.)
5. Incorporate patient education into routine office visits
6. Provide patients with complete and current information in order to empower them to be active participants in the health care decision-making process
7. Use artificial intelligence (AI) to assist in patient-centered education
8. Prioritize patient teaching and use the following universal health literacy precautions to provide understandable, accessible information to all patients:
 - a. Avoid medical jargon
 - b. Break down information into small, concrete steps
 - c. Limit patient teaching to three to five key points per visit
 - d. Confirm patients' understanding through teach-back method
 - e. Use simple visual aids (e.g., pictures, illustrations, graphs, videos) to reinforce key points
 - f. Ensure that printed information is written at or below a fifth to sixth grade reading level
 - g. Use professional medical interpreter services if the preferred language is not one in which the physician is proficient

MEDICAL KNOWLEDGE

At the completion of residency training, a family medicine resident should have the following baseline knowledge:

1. Principles of patient education, including:
 - a. Understanding that health literacy is a multifactorial set of skills necessary to make appropriate health care decisions and navigate the health care system
 - b. Recognizing that patients have different health literacy levels
 - c. Understanding how to adapt patient education to specific patients

- d. Evaluating sources of patient education—including, but not limited to, social media and AI—for accuracy and appropriateness
- 2. Barriers to patient learning and adoption of health practices, including:
 - a. Physical condition
 - i. Age
 - ii. Vision or hearing impairment
 - iii. Acute pain or illness
 - iv. Cognitive impairment
 - v. Emotional state
 - b. Socioeconomic and environmental considerations
 - i. Lack of support systems
 - ii. Cost
 - iii. Limited or absent internet access
 - c. Misconceptions about disease and treatment
 - d. Low literacy and comprehension skills
 - e. Cultural and ethnic background and language barriers
 - f. Lack of motivation
 - g. Negative past experiences
 - h. Denial of personal responsibility
- 3. Selected educational topics*
 - a. Health promotion and disease prevention
 - i. Chemoprophylaxis (e.g., iron supplementation, folic acid in pregnancy, fluoride)
 - ii. Domestic violence
 - iii. End-of-life issues
 - iv. Evidence-based cancer screening
 - v. Family planning and pregnancy
 - vi. Immunizations
 - vii. Integrative, complementary and alternative medicine
 - viii. Menopause and hormone replacement
 - ix. Osteoporosis and fall prevention
 - x. Safer sex counseling and STI prevention
 - xi. Safety and injury prevention
 - xii. Screening for prevalent conditions (e.g., high blood pressure, high cholesterol, diabetes)
 - xiii. Substance use disorders
 - xiv. Therapeutic lifestyle changes (e.g., smoking cessation, weight control, better nutrition, increased exercise, stress reduction)
 - xv. Well-child anticipatory guidance
 - b. Disease management
 - i. Arthritis
 - ii. Asthma and COPD
 - iii. Depression and anxiety
 - iv. Diabetes
 - v. Headaches
 - vi. Hyperlipidemia
 - vii. Hypertension
 - viii. Obesity
 - ix. Sports injuries

- x. STIs and HIV
- xi. Upper respiratory infections and otitis media

**This is not meant to be an exhaustive list of topics. It represents core areas in which family medicine residents should have knowledge of specific educational interventions and to which family medicine residents should be exposed during teaching opportunities.*

INTERPERSONAL COMMUNICATION

In communication with patients, family medicine residency graduates should be able to:

1. Create a trusting, respectful and accepting environment that is conducive to learning
2. Collaborate with patients to determine goals of care
 - a. Elicit patients' beliefs and values
 - b. Respect patients' preferences and goals
 - c. Tailor information-sharing to the needs, goals and interests of the individual patient
 - d. Identify patients' perceptions of health care to improve their motivation for self-management
3. Adapt teaching to the individual patient's level of readiness, past experiences, cultural beliefs and understanding
4. Involve patients by doing the following:
 - a. Encourage self-management and empowerment through a patient-centered approach
 - b. Encourage patients to establish their own goals and evaluate their own progress to enhance self-management
5. Utilize tools to help increase communication skills (e.g., the Agency for Healthcare Research and Quality Health Literacy Universal Precautions Toolkit, a Health Resources and Services Administration online course, the Ask Me 3 educational program)
6. Help patients and others involved in their care locate reputable medical information on the internet and from other sources
7. Discuss internet safety and protection of health information

SYSTEMS-BASED PRACTICE

Working in the health care system surrounding their residency, family medicine residency graduates should be able to:

1. Develop systems to facilitate use of patient education materials in office practice
2. Favor participation of the interdisciplinary team (including behavioral health professionals, nurses, pharmacists, nutritionists, physical therapists, etc.) in patient education and care
3. Advocate for patient health by facilitating connections to community support and resources that support optimal health outcomes
4. Facilitate access to health information and care for populations and communities, especially for members of minority groups and groups that have been economically disadvantaged
5. Develop processes to use AI in patient-centered practice to allow more time for direct patient education (e.g., note-writing, inbox management)
6. Encourage use of telehealth visits to help link patients to supportive systems
7. Participate in health education presentations to community groups

PRACTICE-BASED LEARNING

At the completion of residency training, a family medicine resident should be able to:

1. Develop evidence-based patient education resources and protocols directed to the most common educational levels and primary languages of patients in the practice
2. Reflect on their patient education processes and create plans for improvement
3. Work with an interdisciplinary team to evaluate and improve patient education in their practice environment

PROFESSIONALISM

At the completion of residency training, a family medicine resident should be able to:

1. Follow ethical principles in the provision of patient education
2. Prioritize the value of patient autonomy in the decision-making process
3. Respect cultural values and beliefs that influence patient priorities and decisions
4. Demonstrate awareness of implicit bias, particularly in relation to race and ethnicity

IMPLEMENTATION

Instruction on physician communication skills should be incorporated longitudinally throughout the entire residency curriculum. Each residency program should ensure that preceptors who provide direct patient care include patient education as an integral part of patient encounters to facilitate development of this skill in residents. Faculty should demonstrate a commitment to physician communication and patient education by teaching and molding these skills in resident education.

The residency's behavioral sciences faculty can play a key role in development, instruction and competency-based assessments for a communication curriculum. Often, they have specific training in and exposure to best practice communication techniques. It is helpful to employ teaching modalities of role-modeling (i.e., resident watches faculty communicate well) and direct observation (i.e., faculty observe residents and offer constructive feedback) in sessions focused on enhancing resident communication skills.

The residents and faculty should have sufficient training in motivational interviewing (MI), a collaborative, person-centered counseling style designed to elicit and strengthen an individual's own motivation for change. Rather than directing or persuading, MI helps people explore and resolve ambivalence, guiding patients toward their own goals through open-ended questions, reflective listening, affirmations and summarizing. MI enhances patient education by framing it within the patient's own goals and values. This increases the likelihood that patients will engage with their care plans, understand the relevance of medical advice and take actionable steps. MI equips physicians with communication tools to build trust, foster shared decision-making, and support behavior change without judgment.

While EHRs vary across health and training systems, they are a key component in shaping the patient-clinician relationship. They influence how information is shared, documented and used to support communication, decision-making and continuity of care. Each resident is encouraged to maintain ready access to patient education materials of all types, including written, audiovisual and computer-based materials, as well as AI resources. Patient education materials should cover the

common health problems in the community, as well as frequently requested health promotion and disease-related topics. The materials should be appropriate for the health literacy levels and the cultural and ethnic diversity of the patient population. Clinicians should maintain a current list of resources available in the community to supplement the patient education provided in the family medicine center, and they should promote the regular use of these resources.

With the increased use of telemedicine, each residency is encouraged to maintain a variety of e-health patient education materials that can be utilized in the telehealth setting. Residents should receive formal education on implementation of these resources.

Finally, AI is transforming health care. Patients are using AI to obtain information with varying degrees of success. Similarly, physicians are using AI to help them communicate with patients, document notes and formulate patient education materials. The pace of AI's growth and impact on health care is steadily increasing. Each residency must help residents use AI tools in a manner that enhances communication with patients and augments patients' learning. Residents should also be prepared to educate patients about productive use of AI tools.

RESOURCES

Aelbrecht K, Hanssens L, Detollenaere J, et al. Determinants of physician–patient communication: the role of language, education and ethnicity. *Patient Educ Couns*. 2019;102(4):776-781.

Chaet D, Clearfield R, Sabin JE, et al. Ethical practice in telehealth and telemedicine. *J Gen Intern Med*. 2017;32(10):1136-1140.

Davis TC, Wolf MS. Health literacy: implications for family medicine. *Fam Med*. 2004;36(8):595-598.

Doak CC, Doak LG, Root JH. *Teaching Patients with Low Literacy Skills*. 2nd ed. Lippincott Williams & Wilkins; 1996.

Dunlay SM, Strand JJ. How to discuss goals of care with patients. *Trends Cardiovasc Med*. 2016;26(1):36-43.

Falvo DR. *Effective Patient Education: A Guide to Increased Adherence*. 4th ed. Jones and Bartlett Learning; 2010.

Hersh L, Salzman B, Snyderman D. Health literacy in primary care practice. *Am Fam Physician*. 2015;92(2):118-124.

Mayer GG, Villaire M. *Health Literacy in Primary Care: A Clinician's Guide*. Springer Publishing Company; 2007.

McCann DP, Blossom HJ. The physician as a patient educator. From theory to practice. *West J Med*. 1990;153(1):44-49.

McConnochie KM. Webisode manner: a key to high-quality primary care telemedicine for all. *Telemed J E Health*. 2019;25(11):1007-1011.

Miller WR, Rollnick S. *Motivational Interviewing: Helping People Change and Grow*. 4th ed. The Guilford Press; 2023.

Moore SW. *Griffith's Instructions for Patients*. 8th ed. Saunders; 2010.

Nielsen-Bohlman L, Panzer AM, Kindig DA, eds. *Health Literacy: A Prescription to End Confusion*. National Academies Press (US); 2004.

Pomeranz AJ, O'Brien T. *Nelson's Instructions for Pediatric Patients*. Saunders; 2007.

Prochaska JO, Norcross JC, Diclemente CC. *Changing For Good: The Revolutionary Program That Explains the Six Stages of Change and Teaches You How to Free Yourself from Bad Habits*. William Morrow & Co; 1994.

Qudah B, Luetsch K. The influence of mobile health applications on patient - healthcare provider relationships: a systematic, narrative review. *Patient Educ Couns*. 2019;102(6):1080-1089.

Rakel RE, Rakel D. *Textbook of Family Medicine*. 9th ed. Saunders; 2015.

Roett MA, Wessel L. Help your patient "get" what you just said: a health literacy guide. *J Fam Pract*. 2012;61(4):190-196.

Roter DL, Wexler R, Naragon P, et al. The impact of patient and physician computer mediated communication skill training on reported communication and patient satisfaction. *Patient Educ Couns*. 2012;88(3):406-413.

Rouzier PA. *The Sports Medicine Patient Advisor*. 3rd ed. SportsMed Press; 2010.

Safeer RS, Keenan J. Health literacy: the gap between physicians and patients. *Am Fam Physician*. 2005;72(3):463-468.

Schmitt BD. *Instructions for Pediatric Patients*. 2nd ed. Saunders; 1999.

Tarn DM, Paterniti DA, Orosz DK, et al. Intervention to enhance communication about newly prescribed medications. *Ann Fam Med*. 2013;11(1):28-36.

Tates K, Antheunis ML, Kanter S, et al. The effect of screen-to-screen versus face-to-face consultation on doctor-patient communication: an experimental study with simulated patients. *J Med Internet Res*. 2017;19(12):e421.

U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. National action plan to improve health literacy. HHS; 2010.

U.S. Preventive Services Task Force. Guide to clinical preventive services, 2014: recommendations of the U.S. Preventive Services Task Force. Agency for Healthcare Research and Quality; 2014. AHRQ Pub. No. 14-05158.

Woolf SH, Jonas S, Kaplan-Liss E. *Health Promotion and Disease Prevention in Clinical Practice*. 2nd ed. Lippincott Williams & Wilkins; 2007.

WEBSITE RESOURCES

Agency for Healthcare Research and Quality (AHRQ). The SHARE approach. www.ahrq.gov/health-literacy/curriculum-tools/shareddecisionmaking/index.html

American Academy of Family Physicians (AAFP). familydoctor.org. <https://familydoctor.org>

American Academy of Pediatrics (AAP). Bright Futures.
<https://brightfutures.aap.org/families/Pages/Resources-for-Families.aspx>

Centers for Disease Control and Prevention (CDC). www.cdc.gov

Mayo Clinic. Encounter tools. <https://shareddecisions.mayoclinic.org>

Nemours Children's Health. KidsHealth®. www.kidshealth.org

Tufts University. Selected Patient Information Resources in Asian Languages (SPIRAL).
<http://spiral.tufts.edu/index.html>

U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion.

- Health literacy online. 3rd ed. <https://health.gov/healthliteracyonline>
- Healthy People 2030. <https://health.gov/healthypeople>

REVISIONS

First published 8/1994

Revised 2/2000

Revised 1/2008 by Crozer-Keystone Family Medicine Residency Program

Revised 6/2011 by Atlanta Medical Center Family Medicine Residency Program

Revised 6/2015 by Community Health Network Family Medicine Residency Program, Indianapolis, IN

Revised 9/2020 by Eglin Family Medicine Residency Program, Eglin Air Force Base, FL, and Uniformed Services
University of the Health Sciences, Bethesda, MD

Revised 8/2025 by Lehigh Valley Health Network Family Medicine Residency, Allentown, PA