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 healthy 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

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WEBSITE RESOURCES

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American Academy of Family Physicians (AAFP). familydoctor.org.
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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).
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REVISIONS

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