



AMERICAN ACADEMY OF
FAMILY PHYSICIANS

AAFP Reprint No. 267

Recommended Curriculum Guidelines for Family Medicine Residents

Health Promotion and Disease Prevention

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

Introduction

This AAFP Curriculum Guideline defines a recommended training strategy for family medicine residents. Attitudes, behaviors, knowledge, and skills that are critical to family medicine should be attained through longitudinal experience that promotes educational competencies defined by the Accreditation Council for Graduate Medical Education (ACGME), www.acgme.org. The family medicine curriculum must include structured experience in several specified areas. Much of the resident's knowledge will be gained by caring for ambulatory patients who visit the family medicine center, although additional experience gained in various other settings (e.g., an inpatient setting, a patient's home, a long-term care facility, the emergency department, the community) is critical for well-rounded residency training. The residents should be able to develop a skillset and apply their skills appropriately to all patient care settings.

Structured didactic lectures, conferences, journal clubs, and workshops must be included in the curriculum to supplement experiential learning, with an emphasis on outcomes-oriented, evidence-based studies that delineate common diseases affecting patients of all ages. Patient-centered care, and targeted techniques of health promotion and disease prevention are hallmarks of family medicine and should be integrated in all settings. Appropriate referral patterns, transitions of care, and the provision of cost-effective care should also be part of the curriculum.

Program requirements specific to family medicine residencies may be found on the ACGME website. Current AAFP Curriculum Guidelines may be found online at

www.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.

Please note that the term “manage” occurs frequently in AAFP Curriculum Guidelines. “Manage” is used in a broad sense indicating that the family physician takes responsibility that optimal and complete care is provided to the patient. To manage does not necessarily mean that all aspects of care need to be directly delivered personally by the family physician and may include appropriate referral to other health care providers, including other specialists for evaluation and treatment.

Each residency program is responsible for its own curriculum. **This guideline provides a useful strategy to help residency programs form their curricula for educating family physicians.**

Preamble

Health promotion has been described by the World Health Organization (WHO) as the process of enabling people to increase control over and improve their health. The concept of optimal health encompasses “not merely the absence of disease,” but also “a state of completed physical, mental, and social well-being.” The emphasis moves beyond a focus on individual behavior towards a wide range of social and environmental factors at the community and health policy level.

Disease prevention encompasses activities focused on health risk profiling of asymptomatic persons and the appropriate use of screening and surveillance tests for early detection of disease. Patient education and therapeutic intervention, when indicated, are imperative. Principles of disease prevention applied to individual patients are based on scientific evidence derived from population studies. Screening protocols should consider age, gender, family history, and lifestyle risk factors. Protocols must be dynamic, with regular reevaluation and revision based on new scientific evidence and local community factors.

The patient-centered medical home (PCMH) is an appropriate setting in which to focus on health promotion and disease prevention. By offering continuous, coordinated, and comprehensive care throughout the patient’s family, community, and lifespan, family physicians can be catalysts for health promotion and prevention for their patients. As the cornerstone of the medical home for each patient, the family physician impacts the lives of patients by recommending and supporting positive lifestyle changes and appropriate screening examinations, thus improving health and preventing disease.

Competencies

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

- Collaborate with other members of the care team to educate and counsel patients and families effectively in disease management, health promotion, and primary and secondary disease prevention utilizing shared decision making (Patient Care, Medical Knowledge, Interpersonal and Communication Skills)
- Identify and utilize recommendations for health promotion, health maintenance, and screening guidelines for patients of all ages from evidence-based organizational resources (Medical Knowledge, Practice-based Learning and Improvement)
- Identify family, social, and behavioral factors, as well as behavioral, social, and genetic determinants that factor into health and disease prevention as part of a thorough history and physical (Patient Care, Professionalism, Medical Knowledge)
- Integrate practice and community data to improve population health, and partner with the community to improve population health (Patient Care)
- Utilize the PCMH model and demonstrate leadership, integration, and optimization of care teams to provide high quality, individualized patient-centered care and follow up (Systems-based Practice, Professionalism, Patient Care)
- Identify health inequities and social determinants of health and partner with patients and families to overcome barriers to disease prevention and health promotion, integrate in-depth medical and personal knowledge of the patient, family, and community to decide on, develop, and implement treatment plans and recognize their impact on individual, family, and community health (Professionalism, Systems-based Practice, Patient Care, Medical Knowledge)

Attitudes and Behaviors

The resident should demonstrate attitudes and behaviors that encompass:

- Promotion of healthy behaviors as foundational to medical care, disease and injury prevention, with emphasis on providing anticipatory guidance using nationally-accepted practice guidelines for gender and age-specific groups
- Collaboration with patients, their families and support systems, in a culturally-sensitive manner to develop evidence-based, achievable, and specific written action plans
- The ability to address a diverse range of patient behaviors that adversely affect health (e.g., tobacco, alcohol, and illicit drug use; overeating; sedentary lifestyle) with compassion, empathy, and cultural sensitivity
- Understanding of the stages of behavioral change, including awareness of patient readiness and principles of Motivational Interviewing to elicit recommended lifestyle changes
- Understand the importance of self-care practices to improve personal health, maintain work-life equilibrium, and serve as a role model for patients, staff, and colleagues

- Basic understanding of current public health issues and concerns on global, national, state, and local levels
- Willingness to advocate for a health care system that is available, accessible, and affordable for all, including awareness of the financial impact of medications, diagnostic testing, referral processes, and adopting an approach based on “choosing wisely”
- Determine how social determinants of health impact individual patient care and treatment options of chronic disease

Knowledge

In the appropriate setting, the resident should demonstrate the ability to apply knowledge of:

1. Five categories of prevention: primordial, primary, secondary, tertiary, and quaternary
2. Physical activity and exercise guidelines for health benefits, fitness, and maintaining healthy body composition
3. Influences on psychosocial well-being, including internal perceptions, external stressors, and significant life events
4. Understand current guidelines for injury and violence prevention, including domestic, recreational, and road safety
5. Safe sexual practices regarding sexually transmitted infections (STIs) and pregnancy planning
6. Prevention of diseases of all ages through the appropriate use of immunizations, medications, vitamins and minerals, as supported by scientific evidence
7. Environmental issues that influence personal health, such as secondhand smoke, pollution, sanitation, exposure to lead or other toxic substances, safe housing, safe water, and occupational exposures
8. Risk stratification based on age, gender, family history, socioeconomic status, lifestyle choices, environmental factors, and medical issues
9. Criteria used for screening tests, such as sensitivity, specificity, predictive values, bias, safety, cost, and prevalence
10. Periodic health screening guidelines from the U.S. Preventive Services Task Force (USPSTF), the American Academy of Family Physicians (AAFP), the American Academy of Pediatrics (AAP), American Congress of Obstetricians and Gynecologists (ACOG), American Geriatric Society, (AGS), the Centers for Disease

Control and Prevention (CDC), and the American Cancer Society (ACS), American College of Lifestyle Medicine (ACLM), American College of Preventative Medicine (ACPM)

11. Local, regional, and national resources to assist patients and their families in the development and maintenance of healthy lifestyles and disease prevention
12. Psychological determinants of patient behavior and action choices, including the concept of health literacy and its implications for communicating with local populations of patients
13. Communication strategies to affect behavioral changes in patients, including motivational interviewing techniques and assessment of patients' readiness to change
14. Fundamental understanding of the natural history of chronic disease in order to be able to educate patients about potential complications and outcomes
15. A family-systems-oriented approach that considers the influence that factors such as support, relationship distress, intimate partner violence, caretaker fatigue, and critical transition points in family life have on health and happiness
16. Resources that promote the evaluation of the medical literature from an evidence-based medicine perspective
17. Understand the appropriate use of evidence-based, integrative, and complementary therapies, such as acupuncture, movement therapy, manual therapy, while focusing on cultural competency
18. Describe the value of interdisciplinary collaborations on prevention and community health, such as One Health, Health in all Policies and Public Health 3.0,

Skills

In the appropriate setting, the resident should demonstrate the ability to independently perform or appropriately refer the following:

1. Gather information on personal history, including family history, vaccination history, diet, chemical substance use, physical activity, stress management, socioeconomic status, health literacy, occupation and recreational activities, health and spiritual beliefs, emotional well-being, domestic violence, and safety practices, as well as order and interpret tests to screen, diagnose, and monitor identifiable issues
2. Implement strategies to stimulate change through behavior change counseling, motivational techniques, and exercise and nutrition prescriptions

3. Utilize databases, electronic health records (EHRs), health registries, reminder systems, best practice alerts (BPAs) for prevention and health promotion
4. Refer and utilize appropriate community resources, such as local and state health departments, local mental health professionals, food banks, and shelters
5. Approach preventive care systematically, using risk assessment, risk reduction, screening, immunization, and chemoprophylaxis
6. Explain the natural history and course of chronic diseases to patients in order to reinforce preventive strategies
7. Access smart device applications and online medical databases to research evidenced-based guidelines for disease prevention and health promotion and apply them to patient care
8. Assess basic family and relationship dynamics to identify health-promoting influences and health-hampering influences
9. Demonstrate the ability to practice in an interdisciplinary team of health care providers and support a team approach
10. Utilize Community Needs Assessment, the Social-Ecological Model, and the CDC Health Pyramid to prioritize health needs in a patient population

Implementation

This curriculum should be taught longitudinally, with learning experiences offered throughout the residency program. Curricular content should traverse learning formats that include didactic conferences, journal clubs, small group discussions, preceptor room discussions, and patient care in all settings. The curriculum should include content that teaches residents to critically evaluate clinical prevention recommendations and approaches to motivating healthy behavior change, along with a focus on the social determinants of health for their patient population. Reference materials should be available to support these endeavors.

Preventive medicine and health promotion lessons should occur in settings consistent with the PCMH (www.aafp.org/about/policies/all/medical-home.html). Residents should have the opportunity to observe and partner with other health care professionals. Residents should engage in preceptor-supervised interactions with patients in lifestyle and mental health counseling contexts. The family medicine residency clinic should function as a medical home, such that health promotion and preventive medicine become part of patients' active care plans. Residents should actively participate in group determination of clinical policy and procedures regarding preventive medicine and health promotion. Electronic health records should be structured to efficiently support

this model of care. Resident records of contact with patients should be reviewed for appropriate inclusion of notes regarding health promotion and disease prevention.

Health promotion and disease prevention in the residency setting should be taught by example and implied by structure. Faculty should model healthy and balanced lifestyles, demonstrating dedication to family, patients, community, and care of the self through exercise, community service, and other valued activities. The resident's responsibilities should be structured to ensure opportunities for similar self-care. Consideration should be given to residency policies that ensure active connection between residents and their physicians. Residency-sponsored social activities should be focused on healthy themes, such as exercise and safe recreation. Residency programs should seek opportunities for residents to participate in community outreach, education, and collaboration with public health entities—which can help residents learn to act as community leaders and experts—and provide other settings for the active promotion of healthy lifestyles, behavior change, and environmental factors that influence community health.

Resources

American Academy of Family Physicians (AAFP). Curriculum guideline reprint no. 278: Adolescent Health. AAFP; 2013.

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www.aafp.org/dam/AAFP/documents/medical_education_residency/program_directors/Reprint260_InfantChild.pdf. Accessed February 27, 2019.

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www.aafp.org/dam/AAFP/documents/medical_education_residency/program_directors/Reprint282_Women.pdf. Accessed February 27, 2019.

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World Health Organization. 8th Global Conference on Health Promotion. The Helsinki Statement on Health in All Policies.

www.who.int/healthpromotion/conferences/8gchp/8gchp_helsinki_statement.pdf?ua=1. Accessed February 27, 2019.

Website Resources – Evidence-Based Medicine

University of Illinois at Chicago (UIC). Research and Subject Guides.

<http://researchguides.uic.edu/>

University of Oxford Centre for Evidence-Based Medicine (CEBM). www.cebm.net/

Website Resources – General

Agency for Healthcare Research and Quality. Guidelines and Measures.

www.guideline.gov

Centers for Disease Control and Prevention. www.cdc.gov

Centers for Disease Control and Prevention. Public Health 3.0: A Call to Action for Public Health to Meet the Challenges of the 21st Century.

www.cdc.gov/pcd/issues/2017/17_0017.htm

Institute for Clinical Systems Improvement. Find Guidelines.

www.icsi.org/guidelines_more/

Michigan Quality Improvement Consortium. MQIC Guidelines.

www.mqic.org/guidelines.htm

Public Health Institute. Health in All Policies.

www.phi.org/resources/?resource=hiapguide

Robert Wood Johnson. County Health Rankings & Roadmaps.
www.countyhealthrankings.org/

United Health Foundation. America's Health Rankings.
www.americashealthrankings.org/

University of Kansas Center for Community Health and Development. Community
Toolbox. <https://communityhealth.ku.edu/services/ctb>

U.S. Department of Health and Human Services. HealthyPeople.gov.
www.healthypeople.gov/2020/default.aspx

U.S. Preventive Services Task Force. www.uspreventiveservicestaskforce.org

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Published 07/85

Revised 10/91

Revised/Retitled 07/97

Revised 01/03

Revised 01/08

Revised 11/09

Revised 10/10 by Columbia St. Mary's Family Medicine Residency Program

Revised 06/12 by Floyd Family Medicine Residency Program

Revised 06/14 by St. Vincent's Family Medicine Residency Program, Jacksonville, FL

Revised 07/16 by University of Texas Southwestern Family Medicine Residency Program, Dallas, TX

Revised 08/18 by University of Missouri, Kansas City, Family Medicine Residency Program, Kansas City,
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