



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 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](http://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](http://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 to indicate that the family physician takes responsibility for ensuring that optimal, complete care is provided to the patient. This does not necessarily mean that all aspects of care need to be directly delivered personally by the family physician. Management 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 level of vitality to maintain enjoyment and contentment with life.

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:

- Integrate practice and community data to improve population health, and partner with the community to improve population health (Patient Care)

- Educate and counsel patients and families effectively in disease management, disease prevention, and health promotion skills, with the goal of shared decision making (Patient Care, Medical Knowledge, Interpersonal and Communication Skills)
- Identify and reconcile recommendations for health maintenance and screening guidelines for patients of all ages from evidence-based organizational resources (Medical Knowledge, Practice-based Learning and Improvement)
- Apply basic principles of physician wellness and balance in life to adequately manage personal, emotional, physical, and mental health, and apply these principles to the practice of medicine (Professionalism)
- Perform a detailed history and physical examination, with attention to family, social, and behavioral factors, and identify the role of behavior, social determinants of health, and genetics as factors in health promotion and disease prevention (Patient Care, Professionalism)
- Track and monitor disease prevention and health promotion for the patient population and use a system to recall patients (Patient Care, Systems-based Practice)
- Demonstrate an understanding of the PCMH and model leadership, integration, and optimization of care teams to provide high quality, individualized patient-centered care (Systems-based Practice, Professionalism)
- Activate, monitor, and communicate chronic disease care plans to patients and other care team members as a means of health promotion and secondary disease prevention, with the goal of shared decision making (Patient Care, Practice-based Learning and Improvement)
- Partner with patients and families to overcome barriers to disease prevention and health promotion, and integrate in-depth medical and personal knowledge of the patient, family, and community to decide on, develop, and implement treatment plans (Patient Care, Medical Knowledge)
- Identify health inequities and social determinants of health and their impact on individual and family health (Professionalism, Systems-based Practice)

## **Attitudes and Behaviors**

The resident should demonstrate attitudes and behaviors that encompass:

- Orientation toward health care maintenance, and disease and injury prevention, with appreciation of the importance of anticipatory guidance, age- and gender-appropriate screening guidelines, and immunizations
- Expectation of collaboration among patients, patients' families, support systems, other members of the health care team, and community resources

- 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 complex dynamics of behavioral change, as well as awareness of each patient's readiness and ability to accomplish recommended lifestyle changes
- Commitment to personal wellness and a balanced lifestyle that facilitates professional growth and well-being, including personal, emotional, physical, and mental health
- 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
- An approach that incorporates patients' beliefs, values, and cultural practices, and reflects awareness of the family system
- Understanding of the cost of medications when prescribing medication to patients
- Ability to determine how social determinants of health impact individual patient care and treatment options for chronic disease

## **Knowledge**

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

1. Four categories of prevention: primary, secondary, tertiary, and quaternary
2. Current age-specific dietary recommendations for nutrition and weight management
3. Exercise guidelines for fitness, injury prevention, and weight management
4. Influences on psychosocial well-being, including internal perceptions, external stressors, and significant life events
5. Prevention of injuries at home, during recreation, and while driving
6. Safe sexual practices regarding sexually transmitted infections (STIs) and pregnancy planning
7. Pharmacologic prevention of diseases through the use of aspirin and other medications, sunscreen, fluoride, and folic acid and other vitamin supplements, as supported by scientific evidence
8. Prevention of diseases at all ages through the use of immunizations

9. 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
10. Risk stratification based on age, gender, family history, socioeconomic status, lifestyle choices, environmental factors, and medical issues
11. Criteria used for screening tests, such as sensitivity, specificity, predictive values, bias, safety, cost, and prevalence
12. 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), the Centers for Disease Control and Prevention (CDC), and the American Cancer Society (ACS)
13. Local, regional, and national resources to assist patients and their families in the development and maintenance of healthy lifestyles and disease prevention
14. Psychological determinants of patient behavior and action choices, including the concept of health literacy and its implications for communicating with local populations of patients
15. Communication strategies to effect behavioral changes in patients, including motivational interviewing techniques and assessment of patients' readiness to change
16. Fundamental understanding of the natural history of chronic disease in order to be able to educate patients about potential complications and outcomes
17. 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
18. Resources that promote the evaluation of the medical literature from an evidence-based medicine perspective
19. Understanding the basic clinical and preventive medicine guidelines and how they apply to a clinical practice

## **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, exercise, stress management, socioeconomic status,

health literacy, occupation and recreational activities, health and spiritual beliefs, depression, anxiety, suicidality, domestic abuse, and safety practices

2. Perform physical assessment of fitness, body mass index (BMI), and blood pressure
3. Model a healthy lifestyle
4. Stimulate change through behavior change counseling, motivational techniques, and exercise and nutrition prescriptions
5. Utilize a reminder system for patient follow-up for health maintenance, and utilize best practice alerts (BPAs) for health prevention and promotion
6. Mobilize community resources, the local health department, and local mental health professionals
7. Approach preventive care systematically, using risk assessment, risk reduction, screening, immunization, and chemoprophylaxis
8. Explain the natural history and course of chronic diseases to patients in order to reinforce preventive strategies
9. Access smartphone applications and online medical databases to research evidenced-based guidelines for disease prevention and health promotion and apply them to patient care
10. Assess basic family and relationship dynamics to identify health-promoting influences and health-hampering influences
11. Interpret the health promotion and prevention literature utilizing evidence-based medicine skills
12. Take a team-based approach to chronic medical issues (e.g., shared medical appointment [SMA], multidisciplinary anticoagulation clinic)

## **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 motivate patients to make healthy behavior changes. Reference materials should be available to support these endeavors.

Preventive medicine and health promotion lessons should occur in settings consistent with the PCMH. 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 clinic policy and procedures regarding preventive medicine and health promotion. Electronic health records (EHRs) 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 and education—which can help residents learn to act as community leaders and experts—and provide other settings for the active promotion of healthy lifestyles and behavior.

## Resources

8<sup>th</sup> Global Conference on Health Promotion. The Helsinki Statement on Health in All Policies. World Health Organization; June 2013.  
[http://www.who.int/healthpromotion/conferences/8gchp/8gchp\\_helsinki\\_statement.pdf?ua=1](http://www.who.int/healthpromotion/conferences/8gchp/8gchp_helsinki_statement.pdf?ua=1). Accessed June 28, 2016.

American Academy of Family Physicians (AAFP). Curriculum guideline reprint no. 278: Adolescent health. AAFP; 2013.  
[www.aafp.org/dam/AAFP/documents/medical\\_education\\_residency/program\\_directors/Reprint278\\_Adolescent.pdf](http://www.aafp.org/dam/AAFP/documents/medical_education_residency/program_directors/Reprint278_Adolescent.pdf). Accessed June 28, 2016.

American Academy of Family Physicians (AAFP). Curriculum guideline reprint no. 260: Care of infants and children. AAFP; 2014.  
[www.aafp.org/dam/AAFP/documents/medical\\_education\\_residency/program\\_directors/Reprint260\\_InfantChild.pdf](http://www.aafp.org/dam/AAFP/documents/medical_education_residency/program_directors/Reprint260_InfantChild.pdf). Accessed June 28, 2016.

American Academy of Family Physicians (AAFP). Curriculum guideline reprint no. 257: Men's health. AAFP; 2014.  
[www.aafp.org/dam/AAFP/documents/medical\\_education\\_residency/program\\_directors/Reprint257\\_Men.pdf](http://www.aafp.org/dam/AAFP/documents/medical_education_residency/program_directors/Reprint257_Men.pdf). Accessed June 28, 2016.

American Academy of Family Physicians (AAFP). Curriculum guideline reprint no. 284: Patient education. AAFP; 2015.

[http://www.aafp.org/dam/AAFP/documents/medical\\_education\\_residency/program\\_directors/Reprint284\\_PatientEd.pdf](http://www.aafp.org/dam/AAFP/documents/medical_education_residency/program_directors/Reprint284_PatientEd.pdf). Accessed June 28, 2016.

American Academy of Family Physicians (AAFP). Curriculum guideline reprint no. 289C: Practice-based learning and improvement. AAFP; 2014.  
[http://www.aafp.org/dam/AAFP/documents/medical\\_education\\_residency/program\\_directors/Reprint289C\\_Learning.pdf](http://www.aafp.org/dam/AAFP/documents/medical_education_residency/program_directors/Reprint289C_Learning.pdf). Accessed June 28, 2016.

American Academy of Family Physicians (AAFP). Curriculum guideline reprint no. 277: Substance use disorders. AAFP; 2015.  
[www.aafp.org/dam/AAFP/documents/medical\\_education\\_residency/program\\_directors/Reprint277\\_Substance.pdf](http://www.aafp.org/dam/AAFP/documents/medical_education_residency/program_directors/Reprint277_Substance.pdf). Accessed June 28, 2016.

American Academy of Family Physicians (AAFP). Curriculum guideline reprint no. 282: Women's health and gynecologic care. AAFP; 2014.  
[www.aafp.org/dam/AAFP/documents/medical\\_education\\_residency/program\\_directors/Reprint282\\_Women.pdf](http://www.aafp.org/dam/AAFP/documents/medical_education_residency/program_directors/Reprint282_Women.pdf). Accessed June 28, 2016.

American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians, American Osteopathic Association. Joint principles of the patient-centered medical home. AAFP; March 2007.  
[www.aafp.org/dam/AAFP/documents/practice\\_management/pcmh/initiatives/PCMHJoint.pdf](http://www.aafp.org/dam/AAFP/documents/practice_management/pcmh/initiatives/PCMHJoint.pdf). Accessed June 28, 2016.

## **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/](http://www.cebm.net/)

## **Website Resources – General**

Centers for Disease Control and Prevention. [www.cdc.gov](http://www.cdc.gov)

Institute for Clinical Systems Improvement (ICSI). Guidelines & More.  
[www.icsi.org/guidelines\\_more/](http://www.icsi.org/guidelines_more/)

Michigan Quality Improvement Consortium (MQIC). MQIC Guidelines.  
[www.mqic.org/guidelines.htm](http://www.mqic.org/guidelines.htm)

National Guideline Clearinghouse (NGC). [www.guideline.gov](http://www.guideline.gov)

U.S. Department of Health and Human Services. HealthyPeople.gov.  
[www.healthypeople.gov/2020/default.aspx](http://www.healthypeople.gov/2020/default.aspx)



U.S. Preventive Services Task Force. [www.uspreventiveservicestaskforce.org](http://www.uspreventiveservicestaskforce.org)

World Health Organization (WHO). Health Promotion.  
[www.who.int/topics/health\\_promotion/en/](http://www.who.int/topics/health_promotion/en/)

Published 7/1985

Revised 10/1991

Revised and retitled 7/1997

Revised 01/2003

Revised 01/2008

Revised 11/2009

Revised 10/2010 by Columbia St. Mary's Family Medicine Residency Program

Revised 6/2012 by Floyd Family Medicine Residency Program

Revised 6/2014 by St. Vincent's Family Medicine Residency Program, Jacksonville, FL

Revised 7/2016 by University of Texas Southwestern Family Medicine Residency Program, Dallas, TX