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Recommended Curriculum Guidelines for Family Medicine Residents

Patient Education

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. 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.

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

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 the primary goal being to improve patient health outcomes. Family physicians build long-term, trusting relationships with patients, providing 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 is central to improving both overall health outcomes and patient satisfaction. Providing patients with complete and current information helps create an atmosphere of trust, enhances the physician-patient relationship, and empowers patients to participate in their own health care. 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 education.

To provide effective patient education, a variety of practical skills must be mastered. These include ascertaining patients' health literacy levels, identifying barriers to learning, identifying barriers to adoption of learned health behaviors, incorporating education into routine office visits, and providing counseling appropriate for patients' levels of understanding. Providing effective patient education also requires mastery of evaluation and utilization of written, audiovisual, and computer-based patient education materials.

Competencies

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

- Assess patients' educational needs related to their medical care, and identify specific barriers to learning and adoption of learned health behaviors in order to provide effective, patient-centered patient education (Patient Care, Interpersonal and Communication Skills)

- Counsel patients regarding physical and emotional disease and wellness recommendations. Physicians should also be able to provide patients with complete and current information to facilitate patient autonomy and allow patients to be active participants in the health care decision-making process. (Medical Knowledge, Interpersonal and Communication Skills, Professionalism)
- Evaluate and select appropriate written, audiovisual, and/or computer-based instructional aids in patient teaching, taking into account the patient's background (including educational level, literacy, cultural background, etc.) (Patient Care, Practice-based Learning and Improvement)
- Demonstrate knowledge about educational consultants (including chronic disease educators, nutritionists, etc.) available in the community and properly refer patients for more in-depth educational counseling when necessary (Systems-based Practice)
- Incorporate patient education into routine office visits (Patient Care, Interpersonal and Communication Skills)
- Recognize the physician's responsibility to model healthy lifestyle practices to patients and the community (Professionalism)

Attitudes

The resident should demonstrate attitudes that encompass:

- Recognition that patient education is essential to the discipline of family medicine and is an integral part of each patient encounter
- Recognition that educational interventions are essential in the treatment of disease and in the maintenance of health
- Recognition that it is the responsibility of the physician to educate the patient and his or her family
- Recognition of ethical principles involved in the provision of patient education
- Emphasis on the necessity of educating the patient and/or responsible parties in issues involving informed consent
- Appreciation of the importance of assessing a patient's health literacy level, including the patient's readiness to learn and comprehension of information
- Recognition that cultural differences affect health beliefs and that patient education must consider these differences
- Understanding of the value of the opportunity to utilize "teachable moments" in a physician-patient encounter
- Understanding of the need to facilitate patient autonomy in the decision-making process

- Understanding of the power of a fiduciary, long-term physician-patient relationship in affecting behavior change
- Promotion of the physician's role in influencing the health status of the community through involvement in community education projects
- Recognition that it is the responsibility of the physician to model healthy lifestyle practices

Knowledge

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

1. Principles of patient education
 - a. Adapt teaching to the patient's level of readiness, past experience, cultural beliefs, and understanding
 - b. Create an environment conducive to learning with trust, respect, and acceptance
 - c. Involve patients throughout the educational process by encouraging them to establish their own goals and evaluate their own progress to enhance self-management
 - d. Identify patients' perceptions of health care to improve patient motivation for self-management
 - e. Provide opportunities for patients to demonstrate their understanding of information and to practice skills
2. Barriers to patient learning and adoption of health practices
 - a. Physical condition
 - b. Socioeconomic considerations
 - c. Lack of support systems
 - d. Misconceptions about disease and treatment
 - e. Low literacy and comprehension skills
 - f. Cultural and ethnic background and language barriers
 - g. Lack of motivation
 - h. Environment
 - i. Negative past experiences
 - j. 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 breast, testicular, and skin self-examination
 - v. Family planning and pregnancy
 - vi. Immunizations
 - vii. Integrative, complementary, and alternative medicine
 - viii. Menopause and hormone replacement
 - ix. Osteoporosis
 - x. Safer sex counseling and sexually transmitted infection (STI) prevention
 - xi. Safety and injury prevention
 - xii. Screening for prevalent diseases (e.g., blood pressure, cholesterol)
 - xiii. Substance abuse
 - 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 chronic obstructive pulmonary disease (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. However, 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.*

Skills

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

- 1. Basic skills
 - a. Identify the educational needs of each patient
 - b. Gather information about patient's daily activities, knowledge, health beliefs, and level of understanding

- c. Tailor education to each patient's educational level and cultural beliefs
 - d. Inform patient of findings clearly and concisely
 - e. Discuss treatment plans in terms of specific behaviors
 - f. Encourage questions and provide appropriate answers
 - g. Utilize appropriate written, audiovisual, and computer-based materials
 - h. Utilize interpreters appropriately and effectively to facilitate communication with patients, as needed
2. Short-term plans for acute illness
- a. Prepare patient for symptoms and effects of condition, examination, and treatment
 - b. Assess the ability of each patient to carry out treatment plan; identify barriers and individualize treatment plan accordingly
 - c. Assess the understanding of each patient by having him or her restate the treatment plan
 - d. Document educational efforts for acute illness in specific terms in the record
3. Long-term strategies for chronic disease
- a. Involve the patient in setting treatment goals and creating a treatment plan
 - b. Present manageable amounts of information to the patient over time
 - c. Educate the patient regarding possible long-term health consequences of untreated disease states
 - d. Provide opportunities for the patient to discuss his or her feelings
 - e. Provide the patient with adequate feedback on progress toward goals
 - f. Assess influence of the patient's background, home, and work environment on treatment plan and adapt education accordingly
 - g. Document educational efforts for chronic illness in specific terms in the record
4. Health promotion
- a. Determine the patient's health-risk behaviors through interview and health-risk appraisals
 - b. Introduce health promotion topics during "teachable moments"
 - c. Assess the patient's priorities and readiness to change health-related behaviors
 - d. Respond to patient's interest in health promotion with specific suggestions for behavior change (e.g., exercise prescription)
 - e. Employ educational messages appropriate for various stages of behavior change

- f. Enlist assistance of other health care professionals (e.g., nurses, health educators, dietitians, certified fitness instructors) to create a patient-centered health care team
 - g. Incorporate use of appropriate community resources
5. Incorporation of patient education into practice
- a. Develop evidence-based patient education resources and protocols directed to the most common educational levels and primary languages of patients in the practice
 - b. Evaluate commercial patient education resources (e.g., brochures, books, audio tapes, videotapes, Internet materials)
 - c. Select instructional materials appropriate for the patient's readiness to learn and level of understanding
 - d. Develop systems to facilitate use of patient education materials in office practice
 - e. Develop systems to involve office staff in assisting with patient education
 - f. Utilize family conferences when appropriate
 - g. Participate in health education presentations to community groups
 - h. Be aware of emerging technologies
 - i. Teach patients methods for evaluating and selecting reliable websites for medical information

Implementation

Patient education should be incorporated longitudinally within the entire residency curriculum. Each family medicine residency program should ensure that faculty and preceptors who provide direct patient care include patient education as an integral part of each patient encounter in order to promote this strategy of health care provision to residents. Faculty should demonstrate a commitment to patient education by including patient education issues in resident teaching and precepting. Questions regarding patient education issues should be included in discussions of individual cases during rounds and precepting on an ongoing basis.

Each residency is encouraged to form a patient education committee comprising residents, faculty, staff, and (if possible) patients and members of the community. This committee may participate in the patient education curriculum for the residency. Continual research and evaluation of patient education should be encouraged by the committee to determine the effectiveness of patient education resources, methods, and materials. The patient education committee may also help design systems that incorporate patient education activities in a model office practice (e.g., disease-specific patient education classes) so that residents can transfer this knowledge to their own practice situations after graduation.

Each residency is encouraged to maintain ready access to patient education materials of all types, including written, audiovisual, and computer-based materials. Patient education materials should cover the common health problems in the community, as well as frequently requested health promotion topics. The materials should be appropriate for the health literacy levels and the cultural and ethnic diversity of the patient population. Each residency should maintain a current list of resources available in the community to supplement the patient education provided in the family medicine center and should promote residents' familiarity with these resources.

In addition to didactic hours on patient education, opportunities should be made available for residents to attend patient education conferences and to participate in community education projects.

Resources

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Website Resources

American Academy of Family Physicians. FamilyDoctor.org.
<http://familydoctor.org/online/famdocen/home.html>

American Academy of Family Physicians Foundation. Health education programs.
www.aafpfoundation.org/online/foundation/home/programs/education.html

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

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

Nemours Foundation. KidsHealth. www.kidshealth.org

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

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