AMERICAN ACADEMY OF FAMILY PHYSICIANS

AAFP Reprint No. 289B

Recommended Curriculum Guidelines for Family Medicine Residents

Urban Practice Curriculum

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. Topic competencies, attitudes, 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 curriculum must include structured experience in several specified areas. Most of the resident's knowledge will be gained by caring for ambulatory patients who visit the family medicine center. Structured didactic lectures, conferences, journal clubs, and workshops must be included in the curriculum with an emphasis on outcomes-oriented, evidence-based studies that delineate common and chronic diseases affecting patients of all ages. Targeted techniques of health promotion and disease prevention are hallmarks of family medicine. Appropriate referral patterns and 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

Addressing the health needs of urban communities frequently involves working with patients who have limited resources, sometimes called the “urban underserved.” Urban underserved individuals and communities may lack basic necessities for survival and face unique challenges in accessing health care or achieving a healthy lifestyle. They are uniquely vulnerable to multiple stressors that have a direct impact on their health.

It is well recognized that disease prevalence, health outcomes, and access to health care are worse in communities of need. Addressing these issues requires understanding the patients’ context, including the social, political, cultural, economic, and physical environments, and delivering culturally responsive health care. It requires a broad view of health; in addition, because the root causes of illness and poor health are often traceable to difficulty accessing fundamental resources like time, employment, money, housing, food, or control over one’s situation, the framework of health care must include a foundation that addresses the social determinants of health.

In contrast to the challenges urban underserved patients face, there are strengths manifested by individuals and communities that provide resilience and assure connectedness and survival. Realizing that stressors are offset by strengths, the clinician’s task becomes not only to characterize the challenges faced by individuals in resource-poor communities, but also to understand their strengths and how these strengths help protect them. It is this balance of challenges and strengths that must be understood in order to work with patients and communities in partnership to help them achieve their full health and wellness potential.

Framed by an understanding of the social determinants of health, physicians must be committed to addressing patients’ needs at all levels: acute and chronic health needs, as well as the conditions and policies that create and contribute to those needs. A deeper understanding of how patients’ circumstances and environment affect individual health and the health of a community can guide physicians’ work in a team-centered approach that augments resilience and strengths. Through advocacy, the family physician can contribute to systems change and resource utilization to best meet a community’s needs.

In order to work effectively in this setting, family physicians must learn and apply methods to understand the multilevel health needs of individuals and communities, and hone skills that will help them partner with individuals and communities to address these needs. To best meet the needs of urban underserved patients and communities, family physicians should also demonstrate skills in systems change, advocacy, and leadership.

Competencies

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

- Explain how social determinants of health contribute to health outcomes (Medical Knowledge, Systems-based Practice)

- Define the needs and resources of special populations in the urban setting (Medical Knowledge, Systems-based Practice)
- Describe the epidemiological/demographic characteristics of the population served by his or her practice (Medical Knowledge)
- Demonstrate the ability to solicit community opinions and to engage community members in community-based health improvement efforts (Interpersonal and Communication Skills, Practice-based Learning and Improvement)
- Describe strategies for adapting the health delivery organization to the culture and the needs of the patients and community served by her or his practice (Practice-based Learning and Improvement, Systems-based Practice)
- Reflect on his or her own personal model of health and illness, and identify ways in which this model may impact clinical decision making (Interpersonal and Communication Skills, Professionalism)
- Demonstrate an ability to work effectively with culturally diverse and low-income populations, and describe strategies for approaching patients and families with different health belief models (Patient Care, Medical Knowledge, Practice-based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, Systems-based Practice)
- Demonstrate skill in supporting health-related behavior change (Medical Knowledge, Interpersonal and Communication Skills)
- Perform system-level interventions to improve patient services based on patient outcome data and self-assessment (Practice-based Learning and Improvement, Systems-based Practice)
- Engage in self-care practices that prevent burnout, and identify and reinforce organizational factors that sustain and enhance professional satisfaction (Professionalism)

Attitudes

The resident should develop attitudes that encompass:

- Dedication to being a lifelong learner
- Understanding of the need to develop respectful therapeutic relationships that acknowledge the expertise and strengths of vulnerable patients/families
- Awareness of the impact of sociocultural factors on patients, health care professionals, the clinical encounter, and interpersonal relationships
- Understanding of how stereotypes can lead to assumptions that can limit communication with and harm patients
- Appreciation of the potential for personal bias and how this can affect clinical decision making and quality of care
- Demonstration of compassionate care toward vulnerable patients and high-risk populations

- Acknowledgement and understanding of the power dynamics that exist in clinical encounters between health care professionals and vulnerable patients/families
- Openness to learning about the experiences and cultural beliefs of the patients and community being served
- Understanding of the importance of approaching health concerns from a community perspective
- Recognition of the importance of community partnerships in addressing health concerns and improving health
- Understanding of the importance of the science of population health
- Recognition of the importance of improving and adapting systems of care to patient's needs
- Willingness to target interventions that affect the social determinants of health

Knowledge

In addition to core clinical and health systems knowledge required of all family medicine residents, in the appropriate setting, the resident should demonstrate the ability to apply knowledge of:

1. Environmental and socioeconomic factors that affect the health and safety of patients
    a. Patterns of employment
    b. Educational opportunities and barriers to learning in urban school systems
    c. Opportunities for and barriers to physical activity and healthy nutrition
    d. Exposure to violence within family and community
    e. Impact of historical violence and disenfranchisement on current social structures
    f. Opportunities for and barriers to political and social involvement by community members
    g. Crime patterns and safety issues in neighborhoods
    h. Patterns of discrimination
    i. History of incarceration of patients or family members
    j. Occupational and environmental health hazards
    k. Patterns of substance use and addiction
    l. Social service support and inner city health resources, including elder care and child care, housing, and employment agencies
    m. Local data regarding health disparities in different racial, ethnic, and disadvantaged groups

2. Common clinical presentations in urban settings
    a. Chronic disease prevention and management in children and adults
    b. Child preventive care and issues related to growth and development
    c. Educational needs assessment and knowledge of resources to address learning disabilities
    d. Recognition of and treatment protocols for child, elder, or partner abuse
    e. Reproductive needs:
        i. Effect of culture on women's health/reproductive health care options
        ii. Counseling and care of adolescents in regard to sexuality, reproductive health, and prevention of sexually transmitted infections (STIs)
        iii. Care of pregnant adolescents and their families
    f. Communicable disease:
        i. Prevalence and presentation in special populations: recent immigrant, homeless, men who have sex with men (MSM), injection drug user, adolescent, and prison populations
        ii. STI and HIV/AIDS prevention, diagnosis, and treatment
        iii. Common parasitic infections in immigrant populations
    g. Mental health needs in special populations:
        i. Homeless; immigrant/refugee; adolescent; gay, lesbian, bisexual, and transgender (GLBT); substance user
        ii. Posttraumatic stress disorder (PTSD) related to exposure to violence, immigration experiences, war, and torture among immigrant groups
    h. Psychiatric emergencies, including familiarity with available transfer and referral resources
    i. Understanding of oral health fundamentals in a population that may not have ready access to dental care
    j. Screening, diagnosis, and treatment for substance use disorders in different population subgroups
    k. Practice of safe opioid prescribing for chronic pain, including identifying and addressing substance use disorders when they arise in patients with chronic pain
    l. Counseling in behavior change strategies: nutrition, activity, substance use, and sexual practice/behaviors
    m. Violence, homicide, and accident prevention
    n. Occupational hazards and work injuries commonly associated with urban settings (e.g., among restaurant workers, small industries, service workers)
    o. Family systems and community ecology
    p. Mass casualty events (e.g., environmental/natural disasters; nuclear, biological, chemical, and other methods of terrorism; civil disturbance): role of physician, staff, and clinic

3. Health systems issues and community engagement in urban settings
    a. Principles and practice of community-oriented primary care (COPC)
    b. Principles of authentic community partnerships
    c. Components of the chronic care model
    d. Models of interprofessional team care
    e. Models of health service delivery and sustainability in urban settings including community health centers and hospital-based ambulatory networks
    f. Principles of risk reduction and harm reduction
    g. Community epidemiology
    h. Principles of community-based participatory research
    i. Elements of the patient-centered medical home (PCMH)

Skills

In the appropriate setting, the resident should demonstrate the ability to:

1. Identify obstacles to accessing care for individuals and families, and engage in strategies to overcome them
2. Define elements of a humanistic empowerment model and apply it with each patient encounter
3. Develop respectful therapeutic relationships with vulnerable patients and families
4. Define and assess health literacy
5. Use an interpreter effectively
6. Elicit patients' health beliefs
7. Engage in motivational interviewing (MI) or similar communication styles and behavior change strategies
8. Describe and apply methods to enhance patient self-management /adherence
9. Develop and implement a brief health promotion or health education presentation that is appropriate to the client's health literacy
10. Define and implement health promotion and risk-/harm-reduction strategies
11. Demonstrate familiarity with treatment guidelines for common medical conditions
12. Perform plan, do, study, act (PDSA) cycles (i.e., rapid cycle quality improvement projects) as a continuous quality improvement (CQI) strategy

13. Apply elements of the PCMH to an ambulatory health center

14. Demonstrate ability to work within an interdisciplinary team

15. Describe the role of health coaches and health promoters in an interdisciplinary team and demonstrate skills in incorporating their contributions into a patient care plan

16. Demonstrate ability to collaborate with traditional/community healers

17. Employ the fundamentals of community-based needs assessment

18. Explain and apply asset-mapping techniques

19. Identify key community stakeholders/leaders and establish communication strategies related to patient and community needs

20. Acquire patient/community feedback through various venues (e.g., key informant interviews, focus groups) to be used as needs assessments for services and feedback on health delivery

21. Describe resources available in the community and how to help patients access them

22. Identify and use patient and community epidemiological data, needs assessments, and disease registries that pertain to the target patients and population

23. Identify environmental and occupational health risks and hazards in a community and ways to overcome them

24. Apply COPC strategies

25. Advocate for patients' and communities' needs at a local, regional, and national level

26. Engage in self-care practices that prevent burnout and in organizational activities that sustain and enhance professional satisfaction

Implementation

This curriculum should be taught during both focused and longitudinal experiences throughout the residency program. Physicians who have demonstrated skills and compassion in caring for underserved patients and communities should be available to act as role models to the residents and should be available to give support and advice to individual residents regarding the management of their own patients. An interdisciplinary approach coordinated by the family physician is an appropriate method for structuring teaching experiences. Individual teaching, observed patient-provider interactions, in-depth reflection on specific patient encounters, and small group discussion will help promote appropriate attitudes.

Resources

Social

Levy BS, Sidel VW. *Social Injustice and Public Health*. Oxford, UK: Oxford University Press; 2006.

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Health Care

Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care, Board of Health Sciences Policy, Institute of Medicine. Smedley BD, Stith AY, Nelson AR, eds. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington, DC: National Academy Press; 2002. http://iom.edu/Reports/2002/Unequal-Treatment-Confronting-Racial-and-Ethnic-Disparities-in-Health-Care.aspx

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Community

Rhyne R. *Community-Oriented Primary Care: Health Care for the 21st Century*. Washington, DC: American Public Health Association; 1998.

World Health Organization (WHO) Commission on Social Determinants of Health. *Closing the gap in a generation: health equity through action on the social determinants of health*. Geneva, Switzerland: WHO; 2008. www.who.int/social_determinants/thecommission/finalreport/en/index.html

Website Resources

Social

United Nations (UN). *Universal Declaration of Human Rights*. UN General Assembly Resolution 217A (III) of 10 December 1948. www.un.org/en/documents/udhr/

Health Care

Agency for Healthcare Research and Quality (AHRQ) National Guideline Clearinghouse. www.guidelines.gov/

American Academy of Family Physicians. Patient-Centered Medical Home (PCMH) Overview. www.aafp.org/online/en/home/membership/initiatives/pcmh.html

Centers for Disease Control and Prevention:

- National Center for Health Statistics Page. www.cdc.gov/nchs
- Youth Risk Behavior Surveillance System (YRBSS). www.cdc.gov/HealthyYouth/yrbs/index.htm

Institute for Healthcare Improvement. www.ihi.org/IHI/

Motivational Interviewing. www.motivationalinterview.org/

The Robert Wood Johnson Foundation. Improving Chronic Illness Care. www.improvingchroniccare.org/

Substance Abuse and Mental Health Services Administration. Screening, Brief Intervention, and Referral to Treatment (SBIRT). www.samhsa.gov/prevention/sbirt/

Community

Centers for Disease Control and Prevention, Community Preventive Services Task Force. *The Guide to Community Preventive Services (The Community Guide)*. www.thecommunityguide.org/index.html

University of Kansas Work Group for Community Health and Development. Community Tool Box. http://ctb.ku.edu

U.S. Department of Health and Human Services. Healthy People 2020. www.healthypeople.gov/

Developed 08/2011 by Los Angeles County/Harbor-UCLA Medical Center Program
Revised 09/2013 by University of California, San Francisco/San Francisco General Hospital (UCSF/SFGH) Family and Community Medicine Residency Program