



AMERICAN ACADEMY OF
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Recommended Curriculum Guidelines for Family Medicine Residents

Health Promotion and Disease Prevention

This document was endorsed by the American Academy of Family Physicians (AAFP) and was developed in cooperation with the Columbia St. Mary's Family Medicine Residency Program.

Introduction

This Curriculum Guideline defines a recommended training strategy for family medicine residents. 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) <http://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 Web site. Current AAFP Curriculum Guidelines may be found online at <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.

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 can be described as the application of methods that foster physical and emotional well-being in order to increase the length and quality of life. The concept of optimal health reflects 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 the continual availability of new scientific evidence and local community factors.

The patient-centered medical home 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.

See the educational guideline *Substance Use Disorders* (AAFP Reprint No. 277) for information about the prevention of tobacco, drug and alcohol use and abuse.

Competencies

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

- Coordinate preventive health care across providers, institutions and governmental agencies. (Systems-based Practice)
- Demonstrate effective and compassionate communication with the patient and the patient's family regarding reduction of risk factors and recommendations for screening and disease prevention. (Interpersonal and Communication Skills)
- Identify and access up-to-date, evidence-based organizational resources and recommendations for health promotion and disease prevention for patients of all ages. (Practice-based Learning, Patient Care)
- Demonstrate the acceptance of preventive health principles by modeling a healthy lifestyle. (Professionalism, Interpersonal and Communication Skills)
- Perform a detailed history and physical exam with attention to healthy lifestyle promotion and disease prevention. (Patient Care)
- Implement or use an existing system for patient recall in the outpatient setting for screening reminders. (Systems-based Practice)
- Advocate for patients within the current health care system and continually strive toward system improvements to improve health maintenance and prevention of disease. (Professionalism, Patient Care, Systems-based Practice)

- Demonstrate an understanding of and commitment to the patient-centered medical home concept of continuous, coordinated and comprehensive care that is focused on quality, safety and enhanced access for all. (Systems-based Practice, Professionalism)
- Activate, monitor and communicate chronic disease care plans to patients and other team members as a means of secondary prevention. (Patient Care, Systems-based Practice)

Attitudes

The resident should demonstrate attitudes that encompass:

- An 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.
- An expectation of collaboration among patients, patients' families, support systems, other members of the health care team and community resources.
- The ability to address a diverse range of patient behaviors that adversely affect health, such as tobacco, alcohol and illicit drug use, overeating, and sedentary lifestyle, with compassion, empathy, and cultural sensitivity.
- An 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 health and a balanced lifestyle that facilitates professional growth and well-being.
- A 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 to all.
- An approach that is patient-centered and supported by cultural competence.

Knowledge

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

1. Three categories of prevention: primary, secondary and tertiary
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. Injury prevention at home, during recreation and while driving

6. Safe sexual practices regarding sexually transmitted infections and pregnancy planning
7. Pharmacologic prevention through the use of aspirin, folic acid, sunscreen, fluoride and other vitamin supplements
8. Environmental issues that influence personal health, such as secondhand smoke, sanitation, exposure to lead or other toxic substances, housing safety, and occupational exposures
9. Risk stratification based on age, gender, family history, socioeconomic status, lifestyle choices and environmental factors
10. Criteria used for screening tests, such as sensitivity, specificity, predictive values, bias, safety, cost and prevalence
11. Periodic health screening guidelines from the U.S. Preventive Services Task Force (USPSTF) and the American Academy of Family Physicians (AAFP)
12. Local, regional and national resources to assist patients and their families in the development and maintenance of healthy lifestyles and disease prevention
13. Psychological determinants of patient behavior and action choices
14. Fundamental understanding of the natural history of chronic disease in order to be able to educate patients on potential complications and outcomes

Skills

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

1. Gather information on personal history, including family history, vaccination history, diet, chemical substance use or abuse, exercise, stress management, socioeconomic status, occupation and recreational activities, health and spiritual beliefs, and safety practices
2. Physical assessment of fitness, BMI and blood pressure
3. Model a healthy lifestyle
4. Implement change through behavior change counseling, motivational techniques, and exercise and nutrition prescriptions
5. Utilize a reminder system for patient follow-up for health maintenance
6. Recognize community resources and the local health department
7. Approach preventive care systematically, using risk assessment, risk reduction, screening, immunization and chemoprophylaxis

8. Ability to explain the natural history and course of chronic diseases to patients in order to reinforce preventive strategies

Implementation

This curriculum should be taught longitudinally, with learning experiences offered throughout the residency program. Curricular content should traverse learning formats, including didactic conferences, journal clubs, preceptor room discussions, residency function committees and patient care in all settings. The curriculum should include content that teaches residents to critically evaluate clinical prevention recommendations and approaches to inciting healthy behavior change for patients. Reference materials should be available to support these endeavors.

Primary and secondary preventive medicine and health promotion lessons should occur in settings consistent with the patient centered medical home, which can be found at <http://www.aafp.org/online/en/home/membership/initiatives/pcmh.html>. Residents should have the opportunity to observe and partner with other health 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 charts 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 opportunity for similar self cares. 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, as well as provide other settings for the active promotion of healthy lifestyles and behavior.

Resources

American Academy of Family Physicians. Substance Use Disorders. Core Educational Guidelines for Family Medicine Residents, Reprint No. 277. Available at: <http://www.aafp.org/cg>.

U.S. Preventive Services Task Force. <http://www.ahrq.gov/CLINIC/uspstfix.htm>
<http://www.ahrq.gov/CLINIC/uspstfix.htm>

American Academy of Family Physicians, Immunizations. Available at:
<http://www.aafp.org/online/en/home/clinical/immunizationres.html?navid=immunizations>

American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians, American Osteopathic Association. Joint Principles of the Patient-Centered Medical Home. February 2007. Available at:
http://www.aafp.org/online/etc/medialib/aafp_org/documents/policy/fed/jointprinciplespcmh0207.Par.0001.File.tmp/022107medicalhome.pdf

Web Sites

Centers for Disease Control and Prevention: Immunization of Healthcare Workers:
<http://www.cdc.gov/vaccines/spec-grps/hcw.htm>.

National Guideline Clearinghouse: <http://www.guideline.gov>.

Healthy People 2010: <http://www.healthypeople.gov/>.

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