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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), the Association of Departments of Family Medicine (ADFM), the Association of Family Medicine Residency Directors (AFMRD), and the Society of Teachers of Family Medicine (STFM).

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) 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

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 the education of 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 increase patient adherence to medical treatment. Family physicians build long-term, trusting relationships with patients, providing opportunities to encourage and reinforce changes in health behavior. Therefore, 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 overall health outcomes and patient satisfaction. Patient education is critically important because it is clear that the prevalence of the leading causes of death in the United States, i.e., heart disease, cancer, stroke, lung disease, and injuries, can be reduced through prevention and effective patient education. There is also strong evidence to suggest that counseling and patient education provides benefits not just for the individual patient, but for society as a whole. Providing patients with complete and current information helps create an atmosphere of trust, enhances the doctor-patient relationship, and empowers patients to participate in their own health care. Effective patient education also ensures that patients have a sufficient level of knowledge and understanding, which allows them to make informed decisions regarding their care.

To provide effective patient education, a variety of practical skills must be mastered. These include ascertaining patients' health literacy levels, identifying barriers to learning, incorporating education into routine office visits, and providing counseling appropriate for patients’ levels of understanding. It also requires mastery of evaluating and utilizing 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 to identify specific barriers to learning in order to provide effective, patient-centered patient education. (Patient Care, Interpersonal and Communication Skills)
- Be able to 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 for patients to be active participants in the healthcare decision-making process. (Medical Knowledge, Interpersonal and Communication Skills, Professionalism)

- Be able to 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)
- Be knowledgeable 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)
- Be able to incorporate patient education into routine office visits thereby enhancing the doctor-patient relationship. (Patient Care, Interpersonal and Communication Skills)
- Be able to recognize the physician's responsibility to model healthy lifestyle practices to their patients and the community. (Professionalism)

Attitudes

The resident should demonstrate attitudes that encompass:

- The recognition that patient education is essential to the discipline of family medicine and is an integral part of each patient encounter.
- The recognition that educational interventions are essential in the treatment of disease and in the maintenance of health.
- The recognition that it is the responsibility of the physician to educate the patient and his or her family.
- The 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.
- The recognition that cultural differences affect health beliefs and that patient education must take these differences into account.
- Value placed on the opportunity to utilize "teachable moments" in a patient / physician encounter.
- The understanding of the need to facilitate patient autonomy in the decision-making process.
- Value placed on the power of a fiduciary, long-term doctor-patient relationship in affecting behavior change.
- The promotion of the physician's role in influencing the health status of the community through involvement in community education projects.

- The 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 patient’s perceptions of healthcare 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
    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, i.e., iron supplementation, folic acid in pregnancy, fluoride
        ii. Domestic violence
        iii. End-of-life issues
        iv. Family planning and pregnancy
        v. Immunizations
        vi. Integrative, complementary, and alternative medicine
        vii. Menopause and hormone replacement
        viii. Osteoporosis
        ix. Safety and injury prevention
        x. Screening for prevalent diseases, e.g., blood pressure, cholesterol
        xi. Breast, testicular and skin self-examination
        xii. Sexuality counseling
        xiii. Substance abuse
        xiv. Therapeutic lifestyle changes (smoking cessation, weight control, nutrition, exercise, stress reduction)
        xv. Well-child anticipatory guidance
    b. Disease management
        i. Arthritis
        ii. Asthma and chronic obstructive pulmonary disease
        iii. Depression and anxiety
        iv. Diabetes
        v. Headaches
        vi. Hyperlipidemia
        vii. Hypertension
        viii. Obesity
        ix. Sexually transmitted diseases and human immunodeficiency virus (HIV)
        x. Sports injuries
        xi. Upper respiratory infections and otitis media

    **This is not meant to be an exhaustive list of topics but 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:

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. Clearly and concisely inform patient of findings
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 acute illness educational efforts in specific terms in the record

3. Long-term strategies for chronic disease
   a. Involve the patient in setting treatment goals and 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 chronic illness educational efforts 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 healthcare team
g. Incorporate use of appropriate community resources

5. Incorporation of patient education into practice
   a. Develop evidence-based patient education handouts and protocols directed to the most common patient educational levels and primary languages in the practice
   b. Evaluate commercial education resources, such as brochures, books, audio tapes, videotapes, and 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 for residents. Faculty should demonstrate a commitment to patient education by including patient education issues in direct resident teaching and precepting. Questions regarding educational 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 and materials. The patient education committee may also help in the design of systems that incorporate patient education activities in a model office practice such as disease-

specific patient education classes, so that residents can transfer this knowledge into their own practice situations after graduation.

Each residency is encouraged to maintain an adequate supply of patient education materials of all types, including written, audiovisual, and computer-based materials. These materials should be organized for easy access, with frequently used materials made readily available in patient examination rooms. 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 resident 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, health information for the whole family. http://familydoctor.org/online/famdocen/home.html.

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

American Academy of Family Physicians. Patient Education http://www.aafp.org/online/en/home/membership/resourceguide/patiented.html.

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

Journal of the American Medical Association. http://jama.ama-assn.org/cgi/collection/patient_page.

Nemours Foundation. KidsHealth. http://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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