AMERICAN ACADEMY OF FAMILY PHYSICIANS

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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), 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

Addressing the health needs of individuals in urban communities involves working with patients from resource poor settings, the urban underserved. These individuals and communities often lack basic necessities for surviving or thriving. They are uniquely vulnerable to the multiple stressors that amplify deficiencies in their social and economic environment which have a direct impact on their health.

It is well recognized that access to care, disease prevalence, and health care outcomes are worse in communities of need. Addressing these needs requires not only delivering health care but also understanding the context of the needs – the beliefs and the social, economic, and physical environments. It requires a broader view of health than that typically regarded by clinicians. As the root causes of illness and poor health are often tracked to deficiencies in basic resources, the framework of health care must include a foundation that addresses the social determinants of health.

In contrast to the deficiencies and challenges 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 job becomes not only to characterize the challenges faced by individuals in resource poor communities, but also to understand these strengths and how they help protect individuals and communities. It is this balance of challenges and strengths that must understood in order to work with patients and communities in partnering to achieve the full potential, including health.

Framed by an understanding of the social determinants of health, physicians must be committed to addressing patient's needs at all levels; the acute and chronic health needs and the conditions and policies that create and contribute to those needs. Only then can physicians understand how patients' circumstances and environment affect individual health and the health of the community.

In order to work effectively in this setting, a physician must learn and apply methods to understand the multi-level health needs of individuals and the communities, and physicians must have mechanisms by which they can partner with patients to address these issues. Family physicians that choose to practice with the urban underserved should have these skills and should be knowledgeable in modifying existing systems of care in order to meet the needs of communities and individual patients. By doing so, physicians can fully express concern and care for this vulnerable population.

Competencies

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

- Demonstrate an ability to work effectively with multicultural and impoverished patients/populations. (Patient Care, Medical Knowledge, Practice-based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, Systems-based Practice)

- Define the needs of special populations in the urban setting. (Medical Knowledge, Systems-based Practice)
- Be knowledgeable in adapting the health delivery organization to the culture and the needs of the patients and community being served. (Practice-based Learning and Improvement, Systems-based Practice)
- Describe the epidemiological / demographic characteristics of the population being served. (Medical Knowledge)
- Be knowledgeable in improving and transforming patient services based on patient outcome data and self assessment. (Practice-based Learning and Improvement)
- Explain how the social determinants of health contribute to health outcomes. (Medical Knowledge)
- Be knowledgeable in effecting health behavior change. (Medical Knowledge, Interpersonal and Communication Skills)
- Be knowledgeable in self care practices that prevent burn out. (Professionalism)

Attitudes

The resident should develop attitudes that encompass:

- A dedication to being a life-long learner.
- An understanding of how stereotypes can lead to false assumptions that can limit communication with patients.
- An appreciation of the potential for personal bias and how this can affect clinical decision making and quality of care.
- Maintaining an interest in communicating effectively with patients.
- Demonstration of compassionate care toward the homeless, substance abusing and other high risk populations.
- Being open to learning about the experiences and cultural beliefs of the patients/community being served.
- Understanding the importance of approaching health concerns from a community perspective.
- Recognizing the importance of community partnerships in addressing health concerns and improving health.
- Understanding the importance of the science of population health.
- Recognizing of the importance of improving and adapting systems of care to patient’s needs.
- Maintaining a 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 an 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 adequate nutrition
    d. Exposure to violence within family and community
    e. Crime patterns and safety issues in neighborhoods
    f. Patterns of discrimination
    g. History of incarceration of patients or family members
    h. Occupational and environmental health hazards
    i. Patterns of substance use and addiction
    j. Social service support and inner city health resources, including elder care and child care, housing and employment agencies
    k. 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 (especially obesity related conditions)
    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 sexual activity, pregnancy, and prevention of sexually transmitted infections (STI)
        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 use, adolescent, and prison populations
        ii. STI and HIV/AIDS prevention, diagnosis, and treatment
        iii. Common parasitic infections of immigrant populations
    g. Mental health needs in special populations:
        i. Homeless, immigrant/refugee, adolescent, GLBT, substance using
        ii. Post-traumatic stress disorder 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 oral health fundamentals in a population that may not have ready access to dental care
j. Diagnosis and counseling for addiction and substance use in different population subgroups
k. Counseling in behavior change strategies: nutrition, activity, substance use, and sexual practice/behaviors
l. Violence, homicide, and accident prevention
m. Occupational hazards and work injuries commonly associated with urban settings (e.g., restaurant workers, small industries, service workers)
n. Family systems and community ecology
o. Mass casualty events (e.g., environmental / natural disasters; nuclear, biological, chemical, and other methods of terrorism; and 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 be able to:

1. Identify obstacles to accessing care for individuals and families and engage in strategies to overcome them
2. Identify environmental and occupational health risks and hazards in a community and ways to overcome them
3. Define elements of a humanistic, empowerment model and apply it with each client
4. Use an interpreter effectively
5. Define and assess health literacy

6. Develop and implement a brief health promotion or health education presentation that is appropriate to the client's health literacy

7. Elicit patient's health beliefs

8. Engage in Motivational Interviewing or similar communication styles and behavior change strategies

9. Describe ways to enhance patient self-management / adherence

10. Demonstrate familiarity with treatment guidelines for common medical conditions

11. Demonstrate ability to work within an interdisciplinary team

12. Demonstrate ability to collaborate with traditional/community healers

13. Define the term promotora / health promoter and be knowledgeable and comfortable in working with them

14. Define and implement health promotion and risk / harm reduction strategies

15. Employ the fundamentals of community based needs assessment

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

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

18. Explain asset mapping

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

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

21. Perform PDSA cycles (rapid cycle quality improvement projects) as a continuous quality improvement (CQI) strategy

22. Apply COPC strategies

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

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

25. Define cultural humility

26. Engage in self care activities that address needs specific to working as a physician in a stressed environment

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 the undeserved 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. A multi-disciplinary approach coordinated by the family physician is an appropriate method for structuring teaching experiences. Individual teaching and small group discussion will help promote appropriate attitudes.

Resources

Social

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