II. HEALTH OF FAMILIES:

A. WHOLE PERSON/FAMILY

A. Organization and structure

1. General principles and concepts
   a. biopsychosocial model, including psychological and behavioral components of illness
   b. continuums of behavior and behavioral conditions
      i. adaptive maladaptive
      ii. normal pathologic
      iii. symptomatic symptoms disorder/disease illness
      iv. problem disorders/diagnostic categories
   c. process of behavior change
   d. psychological development
   e. doctor-patient relationship
      i. physician’s role in addressing behavioral issues
      ii. functions of the medical encounter
         aa. data gathering/problem exploration
         bb. developing a therapeutic relationship
         cc. patient education and counseling
      iii. problems

2. Embryonic development
   a. effects of individual behaviors
   b. other threats (environmental, etc.)
   c. family structure/interaction that promote or impair healthy development

3. Topographical (surface) gross anatomy, e.g., developmental stages, cosmetic concerns

4. Lifespan developmental stages (birth, puberty, midlife, and aging)
   a. individual
      i. physical
      ii. psychosocial
   b. family—evolution of familial relationships over the lifespan

5. Family structure, including ethnic variations in interrelationships/interactions, e.g., single parenthood, extended family, isolation, dysfunctional family patterns

6. Sociocultural influences

B. Maintenance and homeostasis

1. Normal psychological development over life cycle
   a. issues related to physical growth and maturation, intellectual growth, and social and sexual development
   b. issues dealing with family, peers, and significant others

2. Sociocultural and gender issues
   a. attitudes toward health and disease
   b. gender identity and gender roles as motivational factors in individual function and response
   c. family roles
i. protection
ii. cause of stress
iii. intergenerational conflict
d. cultural variation in wellness behaviors

C. Defense against disease and injury
1. Personal preventive behaviors that afford possibilities for health promotion and disease prevention
2. Individual psychological defense mechanisms
   a. behavioral coping strategies, e.g., relaxation, meditation, exercise
   b. psychodynamic coping strategies, e.g., denial, repression, sublimation, and projection
3. Primary preventive role of family in terms of role modeling, behaviors, and education

D. Mechanism of and response to disease & injury
1. Behavior of individuals
   a. psychological factors affecting adaptations to sickness and injury
      i. psychological symptoms
      ii. personality trait or coping style
      iii. psychophysiological state
      iv. interpersonal disturbance
   b. normal and pathological responses to sickness and injury
      i. nonadherence/noncompliance
      ii. pain/illness behaviors
      iii. overutilization of health care
      iv. overprotectiveness (parental, family)
      v. shame and humiliation, stigma, loss of autonomy & control
   c. behavioral problems, e.g. affective & personality disorders, schizophrenia
2. Function and behavior of families
   a. adaptive models
   b. family violence
      i. child abuse
      ii. sexual abuse
      iii. spouse abuse
      iv. elder abuse
   c. co-dependence/enabling

E. Interventions and therapies
1. Theories and principles of individual-oriented interventions
   a. patient education
   b. behavioral therapy
   c. other forms of psychotherapy
2. Theories and principles of family-oriented interventions
   a. family education
   b. marital therapy
   c. various forms of family therapy
3. Pharmacological interventions
   a. mechanisms of action of psychoactive pharmaceuticals
e.g., anxiolytics, neuroleptics, antidepressants
   b. adverse effects, e.g., addiction
4. Legal/ethical issues of individuals
   a. specific issues, e.g., informed consent, right to refuse treatment
   b. physician’s role in advising and decision making, e.g., when physician’s ethical principles conflict with those of the patient
5. Legal/ethical issues of families
   a. specific issues, e.g., rights of minors, issues related to divorce/child support, health care decisions for incompetent family members, confidentiality
   b. health professional’s role in protection of family members, e.g., child abuse
B. Preventive/Developmental Encounters

A. Infancy (Birth to one year)

1. Function and development
   a. normal vs. abnormal physical growth & development
   b. normal vs. abnormal cognitive and psychosocial development
   c. factors affecting development
      i. congenital abnormalities
      ii. low birth weight
      iii. maternal substance abuse
      iv. heredity
   d. anticipatory guidance to parents regarding growth, development, necessary activity level
   e. screening methods to detect developmental abnormalities

2. Nutritional needs in the first year of life, e.g., superiority of breastfeeding, introduction of solids, whole milk

3. Mental health—risk factors in the home affecting mental health growth, including quality of parent/parent and child/parent relationships, family stress, parental substance abuse, single parent family, family history of mental illness

4. Substance abuse, including screening methods for substance abuse in the newborn and parent

5. Sexual behavior
   a. impact of exposure of sexually transmitted diseases in utero, in infancy, and in childhood
   b. risk factors for sexual abuse to infants

6. Accidental injury—major causes of accidental injury to infants and preventive strategies, in particular for motor vehicle accidents, child abuse, and inadequate supervision

7. Occupational and environmental health—common environmental toxins routes of ingress, and screening for prevention of ingestion.

8. Specific diseases
   a. most common perinatal causes leading to death in infancy and appropriate preventive interventions
   b. most common causes of illness in the first year of life and appropriate preventive strategies

B. Childhood

1. Function and development
   a. normal vs. abnormal physical, neuromuscular, cognitive, and psychosocial development
   b. risk factors for developmental abnormalities including medical, environmental, socioeconomic, and behavioral factors
   c. role of the well child visit in assessing developmental milestones
   d. information needed to counsel patients for reduction of risk factors

2. Nutrition
   a. risk factors for poor nutrition, e.g., education, socioeconomic factors, medical conditions, heredity
   b. growth parameters and growth charts
   c. nutrition history and nutritional counseling as intervention when a nutritional problem is identified

3. Mental health
   a. common mental health problems in this age group
   b. risk factors, e.g., parental support systems, coping skills, mental health history, substance abuse

4. Substance abuse
   a. prevalence and negative impact on children
   b. risk factors
   c. role of the Child Protective Agency
5. Sexual behavior
   a. risk factors and prevalence for child sexual abuse
   b. information needed to counsel parents
      i. on decreasing risk factors (for abuse) in the child’s environment
      ii. on sexual development of children
   c. history and physical examination findings indicative of sexual abuse

6. Injury
   a. information needed to counsel parents regarding risk factors for
      accidental injury, e.g., poor supervision, inappropriate sports/toys
   b. appropriate responses to suspicion or proof of nonaccidental trauma

7. Occupational issues and environmental health
   a. factors indicating readiness for school and risk factors
      for school failure, e.g., medical conditions, poor nutrition
   b. risk factors for exposure to environmental toxins

8. Other
   a. immunization schedules
   b. prophylaxis of exposure to infectious diseases, e.g., meningitis, hepatitis, and tuberculosis

C. Adolescence

1. Function and development—anticipatory guidance and counseling for:
   a. development of sense of self-identity and self-worth, responsibilities and obligations
      associated with increasing level of freedom and separation from parents
   b. puberty, sexuality, dating, and interpersonal relationships
   c. pressures associated with academic achievement and career development
   d. peer pressures involving drug/alcohol use and sexual experimentation

2. Nutrition
   a. nutritional requirements, including those related to strenuous exercise
   b. risks inherent in fad diets, eating disorders, and intentional weight gain or loss

3. Mental health
   a. screening methods for stress, depression, and suicidal intent
   b. suicide prevention

4. Substance abuse
   a. elements of a history (from adolescent or family) necessary to assess tobacco,
      alcohol, and illicit drug use, e.g., use of a modified CAGE questionnaire
   b. information necessary to counsel for smoking cessation and
      limiting alcohol consumption
   c. treatment programs available for dealing with alcohol and substance abuse

5. Sexual behavior
   a. sexually transmitted diseases
      i. elements of a history necessary for recognition
      ii. indications and methods for screening
      iii. counseling methods for safer sexual practice
   b. counseling information on contraceptive options
   c. recognition of a sexually abused individual

6. Accidental injury—preventive strategies related to the major causes of
   injury and death, e.g., firearms, gang violence, motor vehicle accidents

7. Occupational and environmental health, including excessive sun exposure

8. Specific diseases—appropriate immunizations for this age group

D. Adults

1. Function and development—anticipatory guidance and counseling for:
   a. commitment to intimate personal relationships
   b. parenting
   c. integration of exercise into lifestyle

2. Nutrition—counseling for:
   a. minimum requirements for good nutrition: recommended intakes of
      fat, cholesterol, complex carbohydrates, fiber, calcium, and sodium
3. Mental health
   a. screening methods for stress, depression, and suicidal intent
   b. suicide prevention

4. Substance abuse
   a. elements of a history necessary to assess tobacco, alcohol, and other substance use (licit and illicit), including use of CAGE questionnaire
   b. information to counsel for smoking cessation and limiting alcohol consumption
   c. treatment programs for alcohol and other substance abuse

5. Sexual behavior
   a. sexually transmitted diseases
      i. elements of a history of sexual activity needed for recognition
      ii. indications and methods for screening
   b. counseling for safer sexual practices
   c. risk/benefit of contraceptive options

6. Accidental injury—preventive strategies related to the major causes of accidental injury, e.g., fire, firearms, motor vehicle accident, and back injury

7. Occupational and environmental health
   a. elements of an occupational/environmental history necessary to identify hazardous exposures
   b. health effects of common occupational and environmental exposures to lead, mercury, radon, pesticides, solvents, and asbestos

8. Specific diseases—opportunities for primary, secondary, and tertiary preventive interventions for the following diseases:
   a. atherosclerotic cardiovascular disease
   b. osteoporosis
   c. diabetes mellitus
   d. breast cancer
   e. colorectal cancer
   f. cervical cancer
   g. testicular cancer
   h. skin malignancy
      i. dental and periodontal disease

9. Immunizations appropriate for this age group

E. Elders (age 65 or older)

1. Function and development
   a. concepts of functional impairment, i.e., disability
   b. functional status screening tools, e.g., ADL & IADL
   c. interventions, e.g., therapy to reduce disability and caregiver burden

2. Nutritional
   a. nutritional risks
   b. elements of a dietary history

3. Mental health
   a. risk factors of special concern—depression, suicide, abnormal bereavement, and family stress
   b. depression screening tools; appropriate preventive interventions for mental illness

4. Substance abuse
   a. substances commonly abused by elders and their risk factors (alcohol, tobacco, OTC and prescription meds)
   b. “brown bag” medication assessment techniques
   c. screening for substance abuse, e.g., CAGE questionnaire
   d. information to counsel for smoking cessation and limiting alcohol consumption

5. Sexual health
   a. primary causes of impotence; barriers to achieving sexual gratification in elders
   b. elements of a sexual history

6. Accidental injuries
   a. prevention of accidental injury (burns, falls) in the elderly and risk factors for falls
b. use of home safety, gait, and balance assessment in prevention of falls

7. Advance directives, e.g., living will, durable power of attorney for medical affairs and the need to obtain patient opinion on terminal life issues

8. Specific diseases—opportunities for primary, secondary, and tertiary preventive interventions for the following:
   a. skin malignancy
   b. special senses (visual and auditory impairment)
   c. gum and dental disease
   d. neurologic (dementia and stroke)
   e. cardiovascular (CAD, hypertension)
   f. colorectal cancer
   g. cervical cancer
   h. prostate cancer
   i. diabetes mellitus
   j. thyroid disease
   k. renal disease
   l. postmenopausal osteoporosis

9. Immunizations appropriate for this age group

F. Pregnancy

1. Function and development
   a. screening methods for high risk obstetrical status
   b. prenatal visits
      i. monitoring of developmental parameters
      ii. timing of pertinent laboratory tests
   c. medical and counseling interventions for specific problems
   d. prematurity, including importance in neonatal morbidity and mortality
   e. rates of neonatal mortality in the United States

2. Nutrition, including nutritional and vitamin components of prenatal diet

3. Mental health
   a. emotional and psychological stressors unique to pregnancy
   b. elements of a history necessary for assessment
   c. postpartum depression and other threats to mental health

4. Substance abuse
   a. prenatal and subsequent developmental effects of abused substances
   b. screening methods to detect
   c. prescription drugs, including risks attached to use during pregnancy

5. Sexual behavior
   a. techniques for screening and treating sexually transmitted diseases
   b. pregnancy-related factors for which intercourse should be avoided

6. Accidental injuries—accident prevention techniques, e.g., variation in seat belt use

7. Occupational and environmental injury, including elements of a history necessary to assess pregnancy-specific risks, e.g., lead, radiation, cadmium, solvents, pesticides

8. Specific diseases—opportunities for primary, secondary, and tertiary preventive interventions for the following:
   a. toxoplasmosis
   b. rubella
   c. hepatitis
   d. HIV disease
   e. chicken pox
   f. diabetes mellitus
   g. pregnancy-induced hypertension/preeclampsia
   h. Rh disease