A Pilot Study of Family History Taking Skills among Family Medicine Residents

Jenna S Kahn ScB1 and Paul George MD, MHPE2

Warren Alpert Medical School of Brown University, Providence, RI, USA 02912

Department of Family Medicine, Memorial Hospital of Rhode Island,
Alpert Medical School of Brown University, Providence, RI, USA

Scholarly Concentration in Medical Education

Background
A family medical history is an often under-collected and under-utilized component of the clinical assessment of the patient. With the growth in personalized medicine, there is increased potential for the family history to guide medical decision making in the primary care setting.

Methods
We performed a retrospective analysis of 647 patient chart entries in an electronic medical record made by first- and second-year family medicine residents in an outpatient residency clinic in Pawtucket, Rhode Island. We collected information about the type of visit, questions asked by residents regarding the patient's family members, and the medical conditions of the family members.

Results
A family history was documented at 63% of visits. First-year residents documented more pertinent negative findings than second-year residents. The most frequently documented diagnoses in a family medical history included hypertension, cancer, hyperlipidemia and diabetes. Residents more frequently documented family histories of cancer, diabetes, hypertension and asthma at new visits than at return visits. Additionally, residents were more likely to include information regarding multiple first-degree relatives of new patients. There was no difference between practices of first- and second-year residents with regards to diagnoses and family members' medical histories documented in the medical records.

Conclusion
This study suggests that family medicine residents may not be taking or updating family histories as often or as robustly as they should. There are a number of barriers that may play a role in residents not obtaining family histories from patients including paucity of time, undervaluing the importance of the family history, and adequate tools or skills to obtain the information. This pilot study indicates a valuable opportunity in residency training to promote and facilitate family medical history taking.