AMERICAN ACADEMY OF FAMILY PHYSICIANS

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Recommended Curriculum Guidelines for Family Medicine Residents

Women's Health and Gynecologic Care

This document was endorsed by the American Academy of Family Physicians (AAFP) to be used in conjunction with the recommended AAFP Curriculum Guideline No. 261 – Maternity Care.

Introduction

This Curriculum Guideline defines a recommended training strategy for family medicine residents. Attitudes, behaviors, 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), www.acgme.org. The family medicine curriculum must include structured experience in several specified areas. Much of the resident's knowledge will be gained by caring for ambulatory patients who visit the family medicine center, although additional experience gained in various other settings (e.g., an inpatient setting, a patient's home, a long-term care facility, the emergency department, the community) is critical for well-rounded residency training. The residents should be able to develop a skillset and apply their skills appropriately to all patient care settings.

Structured didactic lectures, conferences, journal clubs, and workshops must be included in the curriculum to supplement experiential learning, with an emphasis on outcomes-oriented, evidence-based studies that delineate common diseases affecting patients of all ages. Patient-centered care, and targeted techniques of health promotion and disease prevention are hallmarks of family medicine and should be integrated in all settings. Appropriate referral patterns, transitions of care, and the 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 website. Current AAFP Curriculum Guidelines may be found online at 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.

Please note that the term “manage” occurs frequently in AAFP Curriculum Guidelines. “Manage” is used in a broad sense to indicate that the family physician takes responsibility for ensuring that optimal, complete care is provided to the patient. This does not necessarily mean that all aspects of care need to be directly delivered personally by the family physician. Management may include appropriate referral to other health care providers, including other specialists, for evaluation and treatment.

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

While we recognize a non-binary gender spectrum, this Curriculum Guideline addresses care of patients of female sex. Issues specifically related to caring for transgender patients can be found in AAFP Curriculum Guideline No. 289D – Lesbian, Gay, Bisexual, Transgender Health. For the sake of clarity, the terms “woman” and “women’s health” should be assumed to be synonymous with individuals of female sex.

Women’s health care addresses the unique, multidisciplinary aspects of issues affecting women. In providing a wide range of medical services, the family physician can provide preventive and wellness care, diagnose general medical illnesses and disease processes unique to women, and care for women and their families.

Family physicians must be trained to care for women throughout the life cycle and must appreciate challenges such as adolescence, sexuality, family planning, balance of family life and career, and aging within the female patient’s culture. Health promotion—including screening, counseling, and vaccination—is a foundation of family medicine. Because most women try to prevent pregnancy for the majority of their reproductive lives, this aspect of care is highlighted.

The psychological and physiologic changes of menarche, contraception, pregnancy, lactation, and menopause impact women in many aspects of their lives, requiring clinical skills on the family physician’s part to provide education, diagnostic testing, treatment, and appropriate referral that is safe and effective. Women are living to an advanced age more frequently than their male counterparts, so cognitive, affective, and functional assessments, as well as end-of-life discussions, are important aspects of care.

This Curriculum Guideline provides an outline of the attitudes, behaviors, knowledge, and skills that family physicians should attain during residency training to provide high-quality care to female patients and their families. Please also see AAFP Curriculum Guideline No. 261 – Maternity Care.

Competencies

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

- Diagnose and develop treatment plans for common conditions affecting female patients at different stages throughout the reproductive life span (Medical Knowledge, Systems-based Practice, Practice-based Learning and Improvement)
- Perform appropriate preventive services, including screening tests and wellness counseling, based on the patient's age and risk factors (Patient Care, Medical Knowledge)
- Perform routine gynecologic procedures, including, but not limited to, Pap smear, endometrial biopsy, and manual vacuum aspiration (Patient Care, Medical Knowledge)
- Offer patient-centered, comprehensive contraceptive counseling and options, including long-acting reversible contraception (LARC) (Patient Care, Medical Knowledge)
- Understand the risks of, and appropriately counsel patients about, non-gynecologic medical problems that may manifest differently or more frequently in women, including heart disease, stroke, osteoporosis, anxiety/depression, and intimate partner violence (Patient Care, Medical Knowledge)
- Consult with obstetrician-gynecologists (OB-GYNs), other physician specialists, and allied health care professionals to provide optimal health services for women (Medical Knowledge, Systems-based Practice)
- Communicate respectfully and effectively with women of all ages to act as patient advocate and coordinator of care for female patients across the continuum of outpatient, inpatient, and assisted care (Systems-based Practice)

Attitudes and Behaviors

The resident should demonstrate attitudes and behaviors that encompass:

- A caring, compassionate, and respectful approach to the female patient's role as an informed participant in her own health care decisions and those affecting her family
- Recognition of the need to empower the female patient in the decision-making process and provide information to enable the female patient to make decisions

- Recognition that a woman's health is affected not only by medical problems, but also by family, career, life cycle, relationships, and community
- Appreciation of the role that many women play in the health of the family by selecting health care professionals, providing family care, and making lifestyle decisions for the family
- Awareness of effects of the public perception and media representation of women and body image on female patients
- Awareness of implicit bias, particularly in relationship to race and ethnicity
- Awareness of issues facing heterosexual, lesbian, bisexual, and transgender patients (Please also see AAFP Curriculum Guideline No. 289D – Lesbian, Gay, Bisexual, Transgender Health.)
- Awareness of the widespread and complex health effects of physical, emotional, and sexual abuse on women
- Awareness of the issues of female circumcision/female genital mutilation when caring for females from cultures that carry out such practices

Knowledge

In the appropriate setting, the resident should demonstrate the ability to apply knowledge of the following: (Please also see AAFP Curriculum Guideline No. 261 – Maternity Care.)

1. Health promotion, disease prevention, and periodic health evaluation
    a. Basic aspects of normal growth and development of females from puberty to adulthood (and variants of normal)
    b. Normal physiology of reproduction in healthy women from puberty to menopause
    c. Normal physiological sexual responses and diagnosis of sexual dysfunction (including initial treatment and referral to appropriate resources)
    d. Recommendations for cervical dysplasia screening guidelines (including human papillomavirus [HPV]), colposcopic evaluation, biopsy, treatment, and referral
    e. Appropriate evaluation and counseling using evidence-based guidelines for:
        i. Nutritional needs through the female life cycle
        ii. Cancer screening
        iii. Vaccination
        iv. Exercise
        v. Osteoporosis prevention
        vi. Smoking cessation
        vii. Complementary therapies
        viii. Oral health

ix. Risks and unique presentations of cardiovascular disease in women (including appropriate testing and treatment strategies for symptomatic women)
x. Mental health and substance abuse screening recommendations

f. Women's unique risks in the community (including poverty, violence, access to health care for pregnant and non-pregnant women, and teen pregnancy) and the impact of these factors on infant morbidity and mortality

2. Menstruation

a. Physiology of puberty, menarche, and menstrual cycles, including normal variations

b. Evaluation and treatment for conditions of abnormal menstruation
i. Amenorrhea: evaluation and management of both primary and secondary
ii. Abnormal uterine bleeding (ovulatory dysfunction, fibroids, polyps, coagulopathy)
iii. Postcoital bleeding
iv. Dysmenorrhea

3. Family planning

a. Preconception counseling for women of all reproductive age groups

b. Appropriate evaluation and counseling using evidence-based guidelines for contraception for women in all reproductive age groups
i. Permanent
ii. Reversible
1) Oral
2) Injectable
3) Patches
4) Intravaginal contraceptive ring
5) LARC
a) Intrauterine devices (IUDs)
b) Implants
6) Natural family planning
7) Barrier methods
8) Postcoital (emergency) contraception

c. Etiologies of female infertility, as well as a family-centered approach to evaluation, testing, counseling, and referral resources (including counseling regarding assisted reproductive technology and adoption)

4. Early pregnancy evaluation and management

a. Dating of early pregnancy

b. Counseling for unintended pregnancy, including options of adoption, abortion (medication and aspiration), and continuing the pregnancy to term

c. Assessment and management of first trimester bleeding, including ectopic pregnancy diagnosis and management

d. Assessment and management of early pregnancy loss, including expectant, medication, and aspiration options

e. Assessment and management of post-miscarriage and post-abortion symptoms and complications

5. Infertility

   a. Diagnosis of infertility and appropriate referral

6. Family-centered maternity care (Please also see AAFP Curriculum Guideline No. 261 – Maternity Care)

7. General gynecologic pathology

   a. Benign and malignant neoplasms of the external and internal genitalia

   b. Uterine and adnexal pathology, evaluation, and treatment: fibroids, endometrial hyperplasia, postmenopausal vaginal bleeding, malignant uterine lesions, and adnexal masses

   c. Pelvic pain: evaluation and differential diagnosis of acute and chronic pelvic pain, including recognition of emergencies (e.g., ovarian torsion); awareness of association with historical or ongoing sexual or domestic abuse; and appropriate diagnosis (e.g., infection, endometriosis, tumors)

   d. Polycystic ovarian syndrome: association with type 2 diabetes, presenting symptoms, evaluation, and initial treatment

   e. Female sexual dysfunction: evaluation, counseling, and management, including problems of libido, dyspareunia, and anorgasmia

   f. Trauma: patient-centered, sensitive evaluation of both accidental trauma to the genital region and trauma in victims of intimate partner violence and sexual assault

   g. Urogynecology
      i. Urinary tract infections (UTIs): diagnosis and management of uncomplicated acute UTI, as well as recurrent or complicated UTI; indications and management of prophylactic antibiotics
      ii. Incontinence: screening, evaluation, and treatment options for stress incontinence and overactive bladder, including medications, pelvic floor therapies, behavioral modifications, and referral for surgery
      iii. Interstitial cystitis: presenting symptoms, evaluation, management, and referral
      iv. Pelvic organ prolapse (POP): recognition, diagnosis, management, and referral

8. Infections of the genital tract

a. Sexually transmitted infections (STIs), cervicitis, and pelvic inflammatory disease: epidemiology, screening, presentation, evaluation, and treatment (outpatient versus inpatient management)

b. Vaginitis: risk factors, presenting symptoms, evaluation, and treatment

c. Risks factors for, screening tests for, and presentations of HIV in women, as well as initial evaluation, counseling, and referral to resources in the community for both pregnant and non-pregnant female patients who have HIV

9. Breast health

   a. Anatomy and physiology of benign diseases of the breast (including cysts, adenomas, and fibrocystic changes through the menstrual cycle)

   b. Evaluation and management of breast disease, including mastodynia, galactorrhea, and nipple discharge

   c. Counseling and indications for referral for breast reduction surgery

   d. Evidence-based recommendations and controversies related to screening for breast cancer using clinical breast examination (CBE), breast self-examination (BSE), imaging, and genetic testing

   e. Initial recommendations for treatment modalities, referral resources, and primary care follow-up for patients who have breast cancer

   f. Types, risks, and psychological impact of breast implants

10. Mental health

   a. Unique risks and presentations of mental health problems in women, including:
      i. Major depressive disorder
      ii. Peripartum blues, anxiety, depression, and psychosis
      iii. Anxiety disorders and stress management
      iv. Problems with self-esteem
      v. Eating disorders and obesity
      vi. Alcohol and substance abuse
      vii. Chronic pain and disability

   b. Physiology and diagnostic criteria of premenstrual syndrome (PMS) and premenstrual dysphoric disorder (PMDD), and available treatments for each

11. Physical, emotional, sexual, and intimate partner violence

   a. Epidemiology, risk factors, and red flags for identifying intimate partner violence or sexual harassment, and resources available to assist affected women

   b. Components of the evaluation and treatment of survivors of rape and sexual assault (including psychosocial and legal issues)

12. Care of the older woman

a. Menopause: diagnosis; physical, emotional, and sexual impact of the transition; risks/benefits of hormone replacement therapy; complementary alternatives
b. Pelvic floor dysfunction: presenting symptoms (urinary incontinence and pelvic floor prolapse), medical and surgical treatment options, appropriate referral
c. Postmenopausal bleeding: evaluation, management, and referral
d. Cognitive, affective, and functional assessment
e. Patient's end-of-life wishes

Skills

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

1. Offering comprehensive contraceptive options
    a. Counseling and prescribing for all forms of birth control (including all hormonal and non-hormonal methods, as described above)
    b. IUD insertion and removal
    c. Implantable contraceptive insertion and removal
    d. Diaphragm fitting
    e. Prescription of emergency contraception
    f. Quick-start approach to prescribing contraception, allowing most women who have a negative pregnancy test to start a contraceptive method at any point in the menstrual cycle
2. Outpatient gynecologic procedures, interpretation, and appropriate referral
    a. Female breast exam, when indicated
    b. Gynecologic exam, including atraumatic (patient-centered) speculum and bimanual
    c. Vaginal and cervical cytology (with HPV testing, as indicated)
    d. Endometrial biopsy
    e. Interpretation of urinalysis, vaginal wet mount, and vaginal cultures
    f. Vaginal foreign body removal
    g. Pessary fitting
3. Counseling
    a. Results of cervical cytology, mammography, osteoporosis screening, and other tests

b. Appropriate referrals
c. Family and relationship stresses
d. Intimate partner and family violence
e. Contraceptive choices
f. Pregnancy options (including adoption, abortion, and parenting)
g. Pregnancy loss, ectopic pregnancy, and molar pregnancy
h. Infertility

4. Pregnancy management
   a. Prenatal counseling about aspects of normal pregnancy, delivery, and family adaptation
   b. Evaluation of gestational age and pregnancy risks in early pregnancy
   c. Uterine aspiration for incomplete or missed first trimester abortion
   d. First trimester termination (or referral): surgical or medication
   e. Low-risk prenatal care

5. Labor and delivery management (Please also see AAFP Curriculum Guideline No. 261 – Maternity Care)

6. Advanced skills in gynecology for family medicine residents who wish to include these in their practices
   a. Colposcopy, cervical biopsy, and endocervical curettage
   b. Cervical polypectomy
   c. Cervical cryosurgery
   d. Bartholin duct cyst management
   e. Vulvovaginal biopsy
   f. Breast cyst aspiration
   g. Loop electrosurgical excision procedure with paracervical block
   h. Termination of pregnancy in the second trimester
   i. Bilateral tubal ligation

7. Gynecologic surgery
   a. Assistance with common major surgical procedures, including hysterectomy
   b. Post-operative management following gynecologic or obstetric surgery

Implementation

Core cognitive ability and skills require experience in structured rotations in obstetrics and gynecology. Emphasis on the ambulatory care of patients (including counseling, examination, and outpatient procedures) is crucial and can be taught in both continuity clinics and high-volume specialty clinics. Workshops in gynecologic procedures, didactics, and communication seminars can enhance clinical experience.

Faculty role models and family physicians who provide comprehensive reproductive health care should be available to teach residents and observe their interactions with female patients. Residents of both genders should care for an adequate number of female patients of all ages and the patients' families to learn the full spectrum of issues affecting women.

Women's health care is an important part of family medicine training. Family medicine residents are encouraged to make patient-centered care a significant part of their practice.

Resources

Berek JS. *Berek and Novak's Gynecology*. 15th ed. Philadelphia, Pa.: Lippincott Williams & Wilkins; 2011.

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Melmed S, Polonsky KS, Larsen PR, Kronenberg HM. *Williams Textbook of Endocrinology*. 13th ed. Philadelphia, Pa.: Elsevier; 2015.

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http://apps.who.int/iris/bitstream/10665/181468/1/9789241549158_eng.pdf. Accessed July 14, 2016.

Website Resources

American Society for Colposcopy and Cervical Pathology (ASCCP). www.asccp.org/

Centers for Disease Control and Prevention (CDC). www.cdc.gov

National Osteoporosis Foundation. www.nof.org/

Reproductive Health Access Project. www.reproductiveaccess.org/

Training in Early Abortion for Comprehensive Healthcare. www.teachtraining.org/

U.S. Department of Health and Human Services Office on Women's Health. www.womenshealth.gov/

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