



Recommended Curriculum Guidelines for Family Medicine Residents

Women's Health

This document was endorsed by the American Academy of Family Physicians (AAFP) to be used in conjunction with the recommended Curriculum Guideline for Maternity and Gynecologic Care (AAFP Reprint No. 261), and was developed in cooperation with the Providence St. Peter Hospital Family Medicine Residency Program and the Society of Teachers of Family Medicine (STFM) Group on Oral Health.

Women's health care addresses the unique, multidisciplinary aspects of issues affecting women. In providing a wide range of medical services, the family physician is required to provide preventive care, diagnosis of general medical illnesses, disease processes unique to women and management and treatment of women and their families.

Previous gaps in the scientific knowledge base concerning women's health care are being addressed by research efforts now studying disorders that manifest differently or exclusively in women. Over the past decade, the increasing number of women entering the medical field has also focused interest in women's health. The goal of these guidelines is to familiarize the family medicine resident with attitudes, knowledge and skills that are distinct or unique to the care of women and their families.

Introduction

This Curriculum Guideline defines a recommended training strategy for family medicine residents. 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

As the role of women in society has changed over the last several decades, health care for women has also evolved. Women are no longer excluded from general scientific research and their unique health care issues are being studied and addressed. Family physicians must be trained to care for women throughout the life cycle and must appreciate challenges such as adolescence, sexuality, balance of family life and career, parenting, relationships and aging within the female patient's culture.

The difference between male and female communication styles must be part of the curriculum for different-gender patient encounters in residency training. Women seek health care more often than men and want a physician who will listen, provide patient-centered care and treat them with respect when discussing sensitive issues. Psychological disorders are more common in women and may be associated with substance use, abuse, domestic violence, which makes counseling skills an especially important part of the curriculum.

Health promotion, including screening, counseling, immunizations and chemoprophylaxis, is a foundation of family medicine. Genitourinary, menstrual problems, reproductive issues and breast health are also unique aspects of women's primary care. The psychological and physiologic changes of both pregnancy and menopause contribute to challenges for women in many aspects of their lives, requiring clinical skills on the family physician's part to provide education, diagnostic testing when appropriate and treatment that is safe and effective.

Throughout the life cycle, female patients often present their medical problems differently from men. Lifelong learning of the unique features of women's health issues must be an integral part of training for all family physicians. Women are living to an advanced age more frequently than their male partners, so that 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, knowledge and skills that family physicians should attain during residency training to provide high quality care to their female patients.

Competencies

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

- Be able to communicate effectively with female patients of all ages, demonstrating active listening skills, a respectful approach to sensitive issues and collaborative care-planning with the patient. (Interpersonal Communication, Professionalism)
- Be able to perform a comprehensive gynecological examination with appropriate screening tests and wellness counseling, based on the patient's age and risk factors. (Patient Care, Medical Knowledge)
- Develop treatment plans for common conditions affecting female patients, including reproductive issues, utilizing community resources when indicated. (Medical Knowledge, Systems-based Practice, Practice-based Learning)
- Demonstrate effective primary care counseling skills for psychosocial, behavioral and reproductive problems in women. (Patient Care and Interpersonal Communication)
- Consult with obstetrician-gynecologists, other physician specialists and allied care providers to provide optimum health services for women. (Medical Knowledge, Systems-based Practice)
- Act as patient advocate and coordinator of care for female patients across the continuum of outpatient, inpatient and institutional care. (Systems-based Practice)

Attitudes

The resident should develop attitudes that encompass:

- A caring, compassionate and respectful approach to the female patient's role as an informed participant in her health care decisions and those affecting her family.
- The 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.
- An awareness that many medical disorders manifest differently or exclusively in women.
- The recognition that a woman's health is affected not only by medical problems, but also by family, career, life cycle, relationships and community.
- An appreciation of the role that many women play in the health of the family by selecting a health care provider, providing family care and making lifestyle decisions for the family, including meal and activity selections.
- An awareness that many research studies previously excluded women, along with an awareness of current research studies that are addressing medical issues and practices that present differently or are unique to women.
- An awareness of effects on female patients regarding the public perception of women and body image (i.e. media representation, breast implants, liposuction, etc.)
- An awareness of issues facing heterosexual, lesbian, bisexual and transgender patients
- An awareness of the widespread and complex health effects of sexual abuse on women

- An awareness of the issues of female circumcision/female genital mutilation when caring for females from cultures that support such practices

Knowledge

In the appropriate setting, the resident should demonstrate the ability to apply knowledge of:

1. Basic aspects of normal (and variants of normal) growth and development of females from puberty to adulthood
2. The physiology of normal menstruation and problems of amenorrhea and abnormal uterine bleeding (including office evaluation and treatment for these conditions)
3. The physiology and diagnostic criteria of both premenstrual syndrome (PMS) and premenstrual dysphoric disorder (PMDD) and available treatments for both
4. The epidemiology, screening and treatment of reproductive-tract infections including (sexually transmitted illnesses and pelvic inflammatory disease)
5. Methods of prevention, screening, colposcopic evaluation and treatment of human papilloma virus (HPV) infection and cervical dysplasia
6. Presenting symptoms of endometriosis, diagnostic testing and initial management of the condition, while considering the reproductive goals of the patient
7. Anatomy and physiology of benign diseases of the breast (including cysts, adenomas and fibrocystic changes through the menstrual cycle)
8. The types, risks and psychological benefits of breast implants
9. Recommendations and controversies of screening for breast cancer using clinical examination, imaging and genetic testing
10. Initial recommendations for treatment modalities, referral resources and primary care follow-up for breast cancer patients
11. Evaluation of pelvic masses in women of different ages
12. Recommendations and controversies of screening for ovarian cancer
13. Risks, presenting symptoms and office diagnosis of endometrial pathology (including hormonal effects on the uterus)
14. Epidemiology and presenting symptoms of uterine fibroids (including evaluation and treatment options)
15. Differential diagnosis of chronic pelvic pain (including infection, endometriosis, tumors and common underlying issues of sexual abuse)

16. Risks, screening tests and presentations of human immunodeficiency virus (HIV) infection in women, as well as the initial evaluation, counseling and referral resources in the community for both pregnant and non-pregnant female patients who have HIV
17. Risks, presenting symptoms and evaluation of types of vaginitis, as well as their specific treatments
18. Normal physiology of reproduction in healthy women from puberty to menopause
19. 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)
20. Presenting symptoms, evaluation and initial treatment of polycystic ovary syndrome (including the association with T2DM)
21. Recommendations for preconception counseling for women of all age groups
22. Indications for and controversies of contraception, the methods available (including their risks, benefits and side effects) for women in all reproductive age groups (including peri-menopause)
 - a. Permanent
 - b. Reversible
 - i. Oral
 - ii. Injectable
 - iii. Patches
 - iv. Implants
 - v. Natural family planning
 - vi. Barrier methods
 - vii. Intrauterine devices (IUDs)
 - viii. Post-coital (emergency) contraception
23. Issues in counseling for unplanned pregnancy (including options of adoption and termination of pregnancy)
24. Assessment and management of early pregnancy loss
25. Normal physiological sexual responses and the diagnosis of sexual dysfunction (including initial treatment and referral to appropriate resources)
26. Appropriate evaluation and counseling using evidence-based guidelines for:
 - a. Nutritional needs through the female lifecycle
 - b. Cancer screening guidelines
 - c. Immunization
 - d. Exercise
 - e. Osteoporosis

- f. Smoking cessation
 - g. Complementary therapies
 - h. Oral health in pregnant and non-pregnant women
27. Physiologic changes during menopause, including:
- a) Physical, emotional and sexual impact of the climacteric
 - b) Risks and benefits of hormone replacement therapy
 - c) Other appropriate symptomatic treatments
28. Presenting symptoms of pelvic floor dysfunction (including types of urinary incontinence and pelvic floor prolapse, as well as medical and surgical treatment options)
29. Epidemiology, risks and red flags for identifying intimate partner violence or sexual harassment, and resources available to assist affected women
30. Components of the evaluation and treatment of victims of rape and sexual assault (including psychosocial and legal issues)
31. Unique risks and presentations of mental health problems in women, including:
- a. Major depressive disorder and postpartum depression
 - b. Anxiety disorders and stress management
 - c. Problems with self-esteem
 - d. Eating disorders and obesity
 - e. Alcohol and substance abuse
 - f. Chronic pain and disability
32. Risks and unique presentations of cardiovascular disease in women (including appropriate testing and treatment strategies for symptomatic women)
33. Women's unique risks in the community (including poverty, access to health care for pregnant and non-pregnant women, teen pregnancy, and the impact of these factors on infant morbidity and mortality)
34. Family-centered maternity care (See AAFP Reprint No. 261)

Skills

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

1. Control of fertility

- a. Counseling for all forms of birth control (including use of oral contraceptives and other hormonal contraception)
 - b. IUD insertion and removal
 - c. Diaphragm fitting
 - d. Surgical implantation devices (including removal)
2. Surgery and diagnostic
 - a. Microscopic diagnosis of urine and vaginal wet preparation
 - b. Obtaining cervical cytology, HPV tests and cultures
 - c. Gynecological and breast examination
 - d. Breast cyst aspiration
 - e. Endometrial biopsy, aspiration and curettage
 - f. Colposcopy, cervical biopsy and endocervical curettage
 - g. Polypectomy
 - h. Cervical cryosurgery
 - i. Bartholin cyst drainage
 - j. Dilation and curettage for incomplete first trimester abortion
3. Counseling
 - a. Pregnancy options (including adoption, abortion and parenting)
 - b. Pregnancy loss and infertility
 - c. Contraceptive choices
 - d. Results of cervical cytology, mammography, osteoporosis screening and other tests
 - e. Family and relationship stresses
 - f. Intimate partner and family violence
4. Advanced skills (see AAFP Reprint No. 261)
5. 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. Low-risk prenatal care
6. Labor and delivery management (see AAFP Reprint No. 261)

Implementation

Core cognitive ability and skills require experience in structured rotations on obstetrics and gynecology. Emphasis on the ambulatory care of patients (including counseling, examination and out-patient procedures) is crucial. Residents will obtain additional experience in continuity of care for both pregnant and non-pregnant women throughout their three years of longitudinal experience in the family medicine center, and will return to the family medicine center for scheduled time during obstetric and gynecologic rotations. Workshops in gynecologic procedures, didactics and communication seminars enhance clinical experience.

Female faculty role models and family physicians who provide maternity 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 (along with their families) to learn the full spectrum of issues affecting women. Low-risk maternity care is an important part of family medicine training. Family medicine residents are encouraged to make family-centered maternity care a significant part of their practice (see AAFP Reprint No. 261).

Resources

Berek JS, Novak E. Berek and Novak's Gynecology. 14th ed. Philadelphia, Pa.: Lippincott Williams & Wilkins, 2007.

Katz, VL. Comprehensive Gynecology. 5th ed. Philadelphia, Pa.: Mosby Elsevier, 2007.

Spiroff L, Fritz MA. Clinical Gynecologic Endocrinology and Infertility. 7th ed. Philadelphia, Pa.: Lippincott Williams & Wilkins, 2005.

Carlson KJ, Eisenstat SA, Frigoletto FD, Schiff I. Primary Care of Women. 2nd ed. Philadelphia, Pa.: Mosby, 2002.

Ferris D. Modern Colposcopy: Textbook and Atlas. 2nd ed. Dubuque, Ia.: Kendall/Hunt Publishing, 2004.

Manetta A. Cancer Prevention and Early Diagnosis in Women. Philadelphia, Pa.: Mosby, 2004.

Williams RH, Larsen PR, Kronenberg HM, Melmed S, Polonsky KS, Foster DW, et al. Williams Textbook of Endocrinology. 10th ed. Philadelphia, Pa.: Saunders, 2003.

Apgar BS, Brotzman GL, Spitzer M. Colposcopy, principles and practice: an integrated textbook and atlas. 2nd ed. Philadelphia: Saunders/Elsevier, 2008.

Gabbe SG, Niebyl JR, Simpson JL. Obstetrics: Normal and Problem Pregnancies. 5th ed. Churchill Livingstone/Elsevier, 2007.

Grady D, Herrington D, Bittner V, Blumenthal R, Davidson M, Hlatky M, et al. Cardiovascular disease outcomes during 6.8 years of hormone therapy: Heart and Estrogen/progestin Replacement. Study follow-up (HERS II). JAMA 2002;288:49-57.

Wassertheil-Smoller S, Hendrix SL, Limacher M, Heiss G, Kooperberg C, Baird A, et al. Effect of estrogen plus progestin on stroke in postmenopausal women: the Women Health Initiative: a randomized trial. JAMA 2003;289:2673-84.

Chlebowski RT, Hendrix SL, Langer RD, Stefanick ML, Gass M, Lane D, et al. Influence of estrogen plus progestin on breast cancer and mammography in healthy postmenopausal women: the Women's Health Initiative Randomized Trial. JAMA 2003;289:3243-53.

Rapp SR, Espeland MA, Shumaker SA, Henderson VW, Brunner RL, Manson JE, et al. Effect of estrogen plus progestin on global cognitive function in postmenopausal women: the Women's Health Initiative Memory Study: a randomized controlled trial. JAMA 2003;289:2663-72.

Hlatky MA, Boothroyd D, Vittinghoff E, Sharp P, Whooley MA. Quality-of-life and depressive symptoms in postmenopausal women after receiving hormones therapy. results from the Heart and Estrogen/Progestin Replacement Study (HERS) trial. JAMA 2002;287:591-7.

Resources

National Osteoporosis Foundation
www.nof.org

U.S. Department of Health and Human Services, The National Women's Health Information Center
<http://www.4woman.org/>

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

Published: 4/1994
Revised: 2/1997
Revised 1/2004
Revised 1/2008