



Recommended Curriculum Guidelines for Family Medicine Residents

Men's Health

This document was endorsed by the American Academy of Family Physicians (AAFP).

Introduction

This AAFP 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 indicating that the family physician takes responsibility that optimal and complete care is provided to the patient. To manage does not necessarily mean that all aspects of care need to be directly delivered personally by the family physician and 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

Men’s health care addresses the unique and multidisciplinary aspects of issues affecting men. Health promotion is the foundation of family medicine, and family physicians must recognize the myriad of illnesses and diseases that impact the health and life expectancy of men. They also must overcome the challenges of providing preventive services to men.

In the United States, the average life expectancy for men is 76 years. Men die an average of five years earlier than women. The leading causes of death for men are heart disease, cancer, unintentional injuries, chronic lower respiratory disease, cerebrovascular disease, diabetes, suicide, Alzheimer’s disease, influenza and pneumonia, and chronic liver disease.

While heart disease is the leading cause of death for both men and women, more than half of all deaths from heart disease are among men. Therefore, family physicians should focus on the key risk factors for heart disease: hypertension, elevated low-density lipoprotein (LDL) cholesterol, diabetes, physical inactivity and tobacco abuse. Approximately half of Americans (49%) have at least one of these risk factors. Several other medical conditions and lifestyle choices can also put men at a higher risk for heart disease. These include overweight and obesity, poor diet, physical inactivity, and excessive alcohol use.

Urologic issues (e.g., prostate health, benign prostatic hyperplasia [BPH], erectile dysfunction, hypogonadism, prostate cancer) are a significant cause of apprehension in men and a leading reason why men seek medical care. Prostate cancer is the most common cancer diagnosed in men of all races, although lung cancer is by far the leading cause of cancer death.

Nearly one-third of men and nearly one-half of Hispanic men do not have a primary care physician. For cultural and social reasons, men may avoid seeking medical care in many cases. Sometimes, it can be challenging to persuade men to participate in preventive medicine.

This AAFP Curriculum Guideline is intended to provide an outline of the attitudes, knowledge, and skills required to provide comprehensive health care for men. Family physicians should be prepared to treat the many illnesses and diseases affecting men, encourage their male patients to be involved in preventive care, and provide high-quality health care to all men.

Competencies

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

- Display a working knowledge of the incidence of, predisposition to, and impact of diseases affecting men of different ages, demographics, and geographic distributions (Medical Knowledge)
- Collect a comprehensive medical history, including occupational, behavioral, and sexual history (Medical Knowledge, Patient Care, Interpersonal and Communication Skills)
- Perform a comprehensive male physical examination, including a urogenital, rectal, and prostate examination (Patient Care)
- Communicate in a sensitive and respectful manner with the patient, and others involved in the patient's care, regarding diagnosis and treatment options (Interpersonal and Communication Skills, Patient Care, Medical Knowledge)
- Communicate recommendations regarding screening guidelines, preventive services, and health system access in a way that is appropriate for male patients (Patient Care, Interpersonal and Communication Skills, Systems-based Practice)
- Identify local resources that are available to assist in ensuring that male patients receive appropriate services (Systems-based Practice, Patient Care)
- Accept and apply instructional feedback in order to provide a male-friendly practice (Practice-based Learning and Improvement, Interpersonal and Communication Skills, Patient Care)

Attitudes and Behaviors

The resident should develop attitudes and behaviors that encompass:

- Awareness of men's perspectives on preventive care and health care in general
- Awareness of men's relative reticence in communicating about sensitive subjects (e.g., relationship problems, sexual dysfunction)
- Recognition of non-medical factors that may affect men's health, including occupation, avocation, economic factors, relationships, family life, and societal and community expectations

- Life-long learning and contribution to the body of knowledge about men's health care
- Awareness of the importance of cost-effective care

Knowledge

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

1. Normal growth and development (see AAFP Curriculum Guideline No. 278 – Adolescent Health)
2. Health promotion and disease prevention (see AAFP Curriculum Guideline No. 267 – Health Promotion and Disease Prevention)
 - a. Healthful diet and physical activity
 - b. Prevention of sports and exercise-related injuries
 - c. Substance abuse
 - d. Safe sexual practices, sexually transmitted infection (STI) prevention, issues affecting men who have sex with men (MSM) (see AAFP Curriculum Guideline No. 289D – Lesbian, Gay, Bisexual, Transgender Health)
 - e. Motor vehicle and bicycle safety
 - f. Prevention of coronary artery disease (CAD) and stroke
 - g. Cancer screening options (lung, prostate, colon)
3. Mental health
 - a. Anxiety and stress disorders
 - b. Depression and other mood disorders
 - c. Attention deficit/hyperactivity disorders
 - d. Suicide risk
 - e. Post-traumatic stress disorder
 - f. Psychosocial and community issues
 - g. Domestic violence
 - h. Disability and unemployment
 - i. Family stress
 - j. Bereavement
4. General medical issues
 - a. Renal diseases and conditions: chronic kidney disease (CKD), acute kidney injury (AKI), hypertension, nephrolithiasis

- b. Cardiovascular diseases and conditions: coronary artery disease (CAD), heart failure (HF), dysrhythmias, abdominal aortic aneurysm, peripheral vascular disease
- c. Gastrointestinal diseases and conditions: inflammatory bowel disease (IBD), gastroesophageal reflux disease (GERD), hepatitis, diverticulitis, colitis, hemorrhoids, irritable bowel syndrome (IBS)
- d. Pulmonary diseases and conditions: asthma, chronic obstructive pulmonary disease (COPD)
- e. Rheumatologic diseases and conditions: arthritis, musculoskeletal disorders
- f. Oncologic diseases and conditions
- g. Endocrine diseases and conditions: diabetes, thyroid disorders, dyslipidemia, obesity, metabolic syndrome, osteoporosis
- h. Neurologic diseases and conditions: stroke, cognitive impairment, dementia (including Alzheimer's disease), Parkinson's disease, headaches, peripheral neuropathy
- i. Infectious diseases and conditions: pneumonia, urinary tract infection (UTI)/pyelonephritis, STI, cellulitis, influenza, HIV/AIDS
- j. Urologic diseases and conditions: prostatitis, erectile dysfunction (ED), hypogonadism, pelvic floor dysfunction, benign prostatic hyperplasia (BPH), urinary incontinence
- k. Unintentional injuries (accidents)
- l. End-of-life care

Skills

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

- 1. Male-specific examination
 - a. Penile/testicular/scrotum exam
 - b. Digital rectal exam
 - c. Hernia/inguinal exam
- 2. Procedure skills
 - a. Interpretation of common point-of-care tests
 - i. Complete urinalysis
 - ii. Urethral smear for gram stain and culture/polymerase chain reaction (PCR)
 - b. Foley catheter placement

- c. Vasectomy with appropriate counseling and follow-up
- d. Prostate massage
- e. Obtain anal/rectal cultures for STIs
- f. Perform cryotherapy or cautery of appropriate lesions (e.g., genital warts)
- g. Obtain samples of open lesions for culture (e.g., herpes simplex, chancroid, lymphogranuloma venereum [LGV])

3. Counseling

- a. Anger management/violence/domestic issues
- b. Alcohol/substance/tobacco abuse
- c. STI prevention (see AAFP Curriculum Guideline No. 289D – Lesbian, Gay, Bisexual, Transgender Health)
- d. Exercise/fitness
- e. Motor vehicle/bicycle safety
- f. Parenting issues
- g. Sexual addiction
- h. Healthy diet
- i. Cancer screening using a shared-decision model for lung, colon, prostate, testicular, and other cancers
- j. Psychological impact of hair thinning and/or loss

Implementation

Implementation of this curriculum should take place in a longitudinal experience (e.g., family medicine ambulatory practice) and be supplemented further during focused experiences (e.g., urology rotation). Also, residents should provide ongoing care for male patients of all ages in a variety of settings: ambulatory care setting, acute care facility, urgent care setting, emergency department, home (including facilities for the homeless), hospice facility, school, long-term care facility, assisted living facility, workplace, health fairs, and sporting events. Physician role models and other advanced practitioners should be available to provide support and advice in these settings. As appropriate, didactic presentations should be provided, and focused readings/reference/web-based materials should be made available and updated on a regular basis. One-on-one teaching and counseling may be appropriate at times. Each resident's continuity panel of patients should include an adequate number of male patients, including men from a variety of age and demographic groups in a variety of settings.

Resources

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Hamdy FC, Donovan JL, Lane JA, et al. ProtecT study group. 10-year outcomes after monitoring, surgery, or radiotherapy for localized prostate cancer. *N Engl J Med*. 2016;375(15):1415-1424.

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Website Resources

Agency for Healthcare Research and Quality (AHRQ). Men's Health. Treatment Options. www.ahrq.gov/treatmentoptions/health-topics/mens-health.html

American Academy of Family Physicians. Men's Health Clinical Recommendations and Guidelines. www.aafp.org/patient-care/browse/topics.tag-mens-health.html

Centers for Disease Control and Prevention.
www.cdc.gov/features/healthymen/index.html

Centers for Disease Control and Prevention. Gay and Bisexual Men's Health.
www.cdc.gov/msmhealth/for-your-health.htm

Futures without Violence. Coaching Boys into Men.
www.futureswithoutviolence.org/engaging-men/coaching-boys-into-men/

Mayo Clinic. Men's Health. www.mayoclinic.org/healthy-lifestyle/mens-health/basics/mens-health/hlv-20049438

Military Health System and the Defense Health Agency. Men's Health.
<http://health.mil/menshealth>

Men's Health Network. www.menshealthnetwork.org/

U.S. Department of Health and Human Services. Men's Health.
<http://womenshealth.gov/mens-health/>

U.S. Department of Health and Human Services. National Institute on Aging. Men's Health. www.nia.nih.gov/health/topics/mens-health

U.S. Preventive Services Task Force. Colorectal Cancer: Screening.
www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/colorectal-cancer-screening2

U.S. Preventive Services Task Force. Lung Cancer: Screening.
www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/lung-cancer-screening

U.S. Preventive Services Task Force. Prostate Cancer: screening.
www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/prostate-cancer-screening1

U.S. Preventive Services Task Force. Testicular Cancer: screening.
www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/testicular-cancer-screening

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