



**WOMEN'S HEALTH CARE
COMPETENCIES**
Sample Learning Objectives
for **UNDERGRADUATE
MEDICAL EDUCATION**

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SECTION ONE: Introduction

Sex and gender differences in health and disease have been recognized in many fields over the past two decades, creating a significant new body of knowledge that warrants inclusion in the medical curriculum. With this in mind, the Association of Professors of Gynecology and Obstetrics (APGO) convened an interdisciplinary retreat devoted to women's health care education in November 2000. Eighty-eight participants, representing various academic, administrative and governmental institutions, were invited to attend. Together, they identified a body of factual information, behaviors and skills they believed all students should possess prior to graduation from medical school. The resulting pamphlet, *Women's Health Care Competencies for Medical Students*, was distributed to U.S. and Canadian medical schools in June 2001 and is available on-line at www.apgo.org. That publication was intended to help medical schools produce graduates with the desire, skill and confidence to provide care for their female patients. *Women's Health Care Competencies: Sample Learning Objectives for Undergraduate Medical Education* is simply the next step in this process.

The first section of this document replicates the list of competencies already in circulation. Following some background information there are two sets of learning objectives, presented in table format. These spreadsheets were developed by two distinct groups of medical educators, namely, the National Centers of Excellence in Women's Health Professional Education Working Group (NCoE PEWG) and the APGO Undergraduate Medical Education Committee (UMEC). Each group was charged with developing a set of learning objectives for an assigned competency. The resultant grids are intended to serve as a model to guide medical schools and teaching institutions as they adapt the competencies to suit their unique programs.

The spreadsheets contain five columns, with the learning objectives stated in the first column. The abbreviations used in the second column were derived from the work of George E. Miller,¹ and represent the desired level of competence an undifferentiated student should achieve for each stated objective. The first level, *knows (K)*, is achieved when the learner gathers facts. At the level of *knows how (KH)*, facts are interpreted and applied to given situations. Demonstrating that this is accomplished occurs at the competency level of *shows how (SH)*. At the highest tier, *does (D)*, the student integrates his or her knowledge and skills into actual professional practice.

The third column lists the assessment tools appropriate for evaluating a student's mastery of each objective (i.e. multiple choice questions (MCQs), essays or objective structured clinical examinations). Most of these tools have been formally described as a part of the Accreditation Council for Graduate Medical Education (ACGME) Outcome Project and are accessible on-line at www.acgme.org. They are more fully described in the table "ACGME Outcome Project Suggested Best Methods of Evaluation," reprinted with permission by the ACGME on page 7 of this booklet.

The fourth column is similarly linked to the ACGME Outcome Project General Competencies. As part of this effort, the ACGME has defined the skills and behaviors to be expected from all graduating residents. Examples include interviewing, working with a team, and creating therapeutic relationships with patients. As many of these skills are initially taught in and can be evaluated in medical school, we were inspired to consider medical students as lifelong learners. The ACGME General Competencies list appears in outline form on page 6 of this document and in table form on page 7. In the

interest of keeping the NCoE and UMEC tables short, the ACGME competencies were keyed as follows: 1.a. Patient Care – Caring and respectful behaviors; 1.b. Patient Care – Interviewing; 1.c. Patient Care – Informed decision-making, etc.

The final column, essentially a reference list, is included to facilitate the acquisition and dissemination of evidence-based knowledge on each topic. Whenever possible, we suggest sources that are continuously updated, and provide the most current information.

With learning objectives written for two sections of the original pamphlet, much work remains. Plans are underway to develop the remaining competencies in a similar fashion at an interdisciplinary invitational retreat to be held in June 2003. Individual medical educators, curriculum committees and deans are also encouraged to consider women's health care education within their own institutions. To facilitate this exercise, a blank grid is included. We hope it inspires you and your colleagues to develop a comprehensive set of learning objectives in women's health appropriate to your specific learning environment.

¹ Miller, GE. The assessment of clinical skills / competence / performance. *Acad Med* 1990;65:S63-7.

SECTION TWO: *Women's Health Care Competencies For Medical Students*

The following eight areas of competency were developed by participants of the APGO Interdisciplinary Women's Health Education Retreat 2000 and was originally circulated in 2001.

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Graduates of medical schools will be able to:

I. Explain sex and gender differences in normal development and pathophysiology as they apply to prevention and management of diseases.

A. Compare differences in biological functions, development and pharmacologic response in males and females.

Potential Topics for Instruction:

1. Anatomic variance
2. Normal physical and psychological development
3. Effects of sex hormones on organ systems
4. Hormonal variations across the life span
5. Cognitive function, including relationship to sleep and hormone status
6. Body image
7. Sexual response, function and dysfunction
8. Contraception and sterilization
9. Pharmacodynamics and pharmacokinetics
10. Drug interactions, polypharmacy and toxicities
11. Teratogens

B. Discuss the pathophysiology, etiology, differential diagnosis and treatment options for conditions that are more common, more serious or have interventions that are different in women.

Potential Topics for Instruction:

1. Neuropsychiatric disorders
 - a. Dementia states
 - b. Multiple Sclerosis
 - c. Stroke
 - d. Depression and anxiety
 - e. Eating disorders
 - f. Somatization disorders
 - g. Substance abuse

2. Cardiovascular disease
3. Breast disease
4. Endocrine disorders
 - a. Diabetes
 - b. Thyroid disease
5. Irritable Bowel Syndrome
6. Urogenital disorders
 - a. Urinary tract infection
 - b. Urinary incontinence
 - c. Genital-urinary atrophy
7. Sexually Transmitted Diseases
8. Infertility
9. Common pain syndromes
 - a. Fibromyalgia
 - b. Migraine
 - c. Interstitial cystitis
 - d. Abdominal/pelvic pain/acute and chronic
10. Autoimmune and Rheumatic diseases
11. Occupational diseases

C. Discuss the pathophysiology, etiology, differential diagnosis and treatment options for conditions and functions that are specific to women.

Potential Topics for Instruction:

1. Abnormal patterns of uterine bleeding
 - a. Dysmenorrhea
 - b. Oligomenorrhea/Amenorrhea
 - c. Metrorrhagia/Menorrhagia
2. Premenstrual syndrome/Dysphoric symptoms
3. Vaginal disease
4. Endometriosis
5. Complications of abortion
6. Normal pregnancy and birth
7. Complications of pregnancy and birth
 - a. Vaginal bleeding
 - b. Ectopic pregnancy

- c. Spontaneous abortion
 - d. Preeclampsia-eclampsia syndrome
 - e. Preterm labor
 - f. Maternal and newborn mortality
 - g. Perinatal psychiatric disorders
8. Gynecologic cancers
 9. Menopause and possible sequelae

II. Effectively communicate with patients, demonstrating awareness of gender and cultural differences.

A. Demonstrate interviewing and communication skills that are sensitive to individual abilities and perspectives.

Potential Topics for Instruction:

1. Communication styles
2. Variations of gender, ethnicity, race, age, socioeconomic class, sexual orientation, abilities
3. Effective communication of information to patients
4. Impact of gender and differences in power relationships on physician-patient interactions
5. Women as active partners in their health care

B. Perform a comprehensive women's health history.

III. Perform a sex, gender and age appropriate physical examination.

Potential Topics for Instruction:

1. Pelvic examination with speculum exam and rectal exam
2. Breast examination
3. Self breast exam instruction

IV. Discuss the impact of gender-based societal and cultural roles, and contexts on health care and on women.

Potential Topics for Instruction:

1. Impact of social and political discrimination
2. Impact of poverty
3. Impact of family caregiver role
4. Special populations
 - a. Lesbians
 - b. Women with disabilities
 - c. Immigrant women
5. Roles and contributions of non-MD health care providers

V. Identify and assist victims of physical, emotional and sexual violence and abuse.

Potential Topics for Instruction:

1. Risk factors
2. Acute and chronic signs and symptoms of violence
3. Relationship of violence to lifelong mental and physical health
4. Counseling and treatment options
5. Reporting requirements for suspected child and elder abuse

VI. Assess and counsel women for sex- and gender-appropriate reduction of risk, including lifestyle changes and genetic testing.

A. Describe current recommendations for preventive screening and routine health maintenance throughout the life cycle.

Potential Topics for Instruction:

1. Age and risk appropriate schedules for screening
 - a. Cholesterol
 - b. Blood pressure
2. Immunization
3. Exercise
4. Nutrition
5. Oral health
6. Genetic counseling and testing
7. Pre-conceptional and prenatal counseling
 - a. Folic acid supplementation
 - b. Benefits of breastfeeding
8. High-risk sexual behavior
9. Contraceptive practices
10. Hormone replacement therapy
11. Depression and anxiety
12. Substance abuse
 - a. Illicit drug use
 - b. Misuse of legal medications
 - c. Tobacco use or dependence
 - d. Excessive or illegal use of alcohol
13. Stress management
14. Personal safety

B. Assess risk and counsel for prevention of specific conditions.

Potential Topics for Instruction:

1. Genetic disorders
2. Birth defects
3. Diabetes
4. Sexually Transmitted Diseases
5. Unintended pregnancy
6. Mental health disorders and substance abuse

7. Obesity, malnutrition, eating disorders
8. Cardiovascular disease
9. Common malignancies
 - a. Skin
 - b. Breast
 - c. Lung
 - d. Cervical
 - e. Colon
10. Osteoporosis
11. Leading causes of mortality and morbidity

VII. Access and critically evaluate new information and adopt best practices that incorporate knowledge of sex and gender differences in health and disease.

Potential Topics for Instruction:

1. Evidence-based medicine and practice guidelines
2. Selection bias due to gender and sex exclusions
3. Relative and absolute risk
4. Scientific merit of research
5. Internet resources and databases

VIII. Discuss the impact of health care delivery systems on populations and individuals receiving health care.

Potential Topics for Instruction:

1. Gender and sex inequity in financing and delivery of care
2. State and national health policy decisions
3. Public health programs, including family planning programs, WIC, etc.

SECTION THREE: Background Data

The Accreditation Council for Graduate Medical Education (ACGME) Outcome Project

The Outcome Project is a long-term initiative by which the ACGME is increasing emphasis on educational outcome assessment in the accreditation process. Expectations for increased emphasis on outcome assessment are reflected in changes to Program and Institutional Requirements that require programs to:

- Identify learning objectives related to the ACGME's General Competencies;
- Use increasingly more dependable (i.e. objective) methods of assessing residents' attainment of these competency-based objectives; and
- Use outcome data to facilitate continuous improvement of both resident and residency program performance.

Found on the ACGME Website at www.acgme.org/outcome/about/faq.asp

ACGME Outcome Project General Competencies

Minimum Program Requirements Language *Approved by the ACGME, September 28, 1999*

Educational Program

The residency program must require its residents to obtain competencies in the 6 areas below to the level expected of a new practitioner. Toward this end, programs must define the specific knowledge, skills, and attitudes required and provide educational experiences as needed in order for their residents to demonstrate:

- Patient Care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
- Medical Knowledge** about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care
- Practice-Based Learning and Improvement** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care
- Interpersonal and Communication Skills** that result in effective information exchange and teaming with patients, their families, and other health professionals

e. **Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population

f. **Systems-Based Practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value

Evaluation

Evaluation of Residents

The residency program must demonstrate that it has an effective plan for assessing resident performance throughout the program and for utilizing assessment results to improve resident performance. This plan should include:

- use of dependable measures to assess residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice
- mechanisms for providing regular and timely performance feedback to residents
- a process involving use of assessment results to achieve progressive improvements in residents' competence and performance

Programs that do not have a set of measures in place must develop a plan for improving their evaluations and must demonstrate progress in implementing the plan.

Program Evaluation

- The residency program should use resident performance and outcome assessment results in their evaluation of the educational effectiveness of the residency program.
- The residency program should have in place a process for using resident and performance assessment results together with other program evaluation results to improve the residency program.

ACGME Outcome Project Suggested Best Methods of Evaluation

Competency and Required Skill	Evaluation Methods												
	Record Review	Chart Stim. Recall	Checklist	Global Rating	SP	OSCE	Stimulations & Models	360° Global Rating	Portfolios	Exam MCQ	Exam Oral	Procedure or Case Logs	Patient Survey
1. Patient Care													
a. Caring and respectful behaviors			3		1			2					1
b. Interviewing			1		2	1		3					
c. Informed decision-making		1	2			2					2		
d. Develop & carry out patient management plans	2	1	2	3			2	3					
e. Counsel & educate patients & families			3		1	1		2					1
f. Performance of procedures – Routine physical exam – Medical procedures			2		1	1							
g. Preventive health services	1		1	3			1	2				3	
h. Work within a team			3	3	2	1		1	3			2	
2. Medical Knowledge													
a. Investigatory & analytic thinking		1						2	3		1		
b. Knowledge & application of basic sciences								2	3	1	1		
3. Practice-Based Learning & Improvement													
a. Analyze own practice for needed improvements	2	2			2	2	3	3	1				2
b. Use of evidence from scientific studies	1	1			3	2			1	1	1		
c. Application of research and statistical methods		2	3	3					1	3			
d. Use of information technology					2	2		1	1			2	
e. Facilitate learning of others			2	3				1	3				
4. Interpersonal & Communication Skills													
a. Creation of therapeutic relationship with patients			3		1	1		2					1
b. Listening skills			3		1	1		2					1
5. Professionalism													
a. Respectful, altruistic			3			1		2	3				1
b. Ethically sound practice		2						1					2
c. Sensitive to cultural, age, gender, disability issues		2	2			1		1	3		2		2
6. Systems-Based Practice													
a. Understand interaction of their practices with the larger system						2		1	3				
b. Knowledge of practice and delivery systems		2				3			2	1			
c. Practice cost effective care	3		1					2					
d. Advocate for patients within the health care system			3			2		1	2				1

RATINGS ARE: 1 = the most desirable | 2 = the next best method | 3 = a potentially applicable method

Toolbox of Assessment Methods® Accreditation Council for Graduate Medical Education (ACGME) and American Board of Medical Specialties (ABMS). Version 1.1

Keys For UMEC and NCoE Tables

Learning objective	Level of competence*	Appropriate evaluation methods#	ACGME competency/skill+	References
(SAMPLE SPREADSHEET)				

ACGME Competency and Required Skill
<p>1. Patient Care</p> <ul style="list-style-type: none"> a. Caring and respectful behaviors b. Interviewing c. Informed decision-making d. Develop & carry out patient management plans e. Counsel & educate patients & families f. Performance of procedures <ul style="list-style-type: none"> - Routine physical exam - Medical procedures g. Preventive health services h. Work within a team
<p>2. Medical Knowledge</p> <ul style="list-style-type: none"> a. Investigatory & analytic thinking b. Knowledge & application of basic sciences
<p>3. Practice-Based Learning & Improvement</p> <ul style="list-style-type: none"> a. Analyze own practice for needed improvements b. Use of evidence from scientific studies c. Application of research and statistical methods d. Use of information technology e. Facilitate learning of others
<p>4. Interpersonal & Communication Skills</p> <ul style="list-style-type: none"> a. Creation of therapeutic relationship with patients b. Listening skills
<p>5. Professionalism</p> <ul style="list-style-type: none"> a. Respectful, altruistic b. Ethically sound practice c. Sensitive to cultural, age, gender, disability issues
<p>6. Systems-Based Practice</p> <ul style="list-style-type: none"> a. Understand interaction of their practices with the larger system b. Knowledge of practice and delivery systems c. Practice cost effective care d. Advocate for patients within the health care system

* Levels of Competence as defined by GE Miller in *The assessment of clinical skills / competence / performance*. (Acad Med 1990;65:S63-7.)

Abbreviations used in this column are as follows:

K = knows KH = knows how SH = shows how D = does

Potential evaluation methods as described in the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Medical Specialties (ABMS) *Toolbox of Assessment Methods*. Version 1.1. September 2000. www.acgme.org. Abbreviations used in this column are as follows:

MCQ's = Multiple Choice Examinations OSCE = Objective Structured Clinical Exam SP = Standardized Patients KF = Key Features Exam

+ Relevant residency level competency or skill as found in the Accreditation Council for Graduate Medical Education (ACGME) Outcome Project and defined as the Minimum Program Requirements Language. Approved by the ACGME, September 28, 1999. www.acgme.org. They are also summarized on pages 6-7 of this document. The abbreviations used in this column are fully defined in the table on page 7.

SECTION FOUR: Learning Objectives for Competency I.C.: Discuss the pathophysiology, etiology, differential diagnosis and treatment options for conditions and functions that are specific to women.

Authored by the APGO Undergraduate Medical Education Committee (UMEC)

The Association of Professors of Gynecology and Obstetrics (APGO) Undergraduate Medical Education Committee was asked to write learning objectives, identify evaluation methods and references for Competency I.C.: Discuss the pathophysiology, etiology, differential diagnosis and treatment options for conditions and functions that are specific to women.

Their work is summarized in table on pages 10-19.

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Learning objective	Level of competence*	Appropriate evaluation methods#	ACGME competency/skill+	References
I.C.1.a.				
DYSMENORRHEA				
1. Define primary and secondary amenorrhea	KH	MCQ, Oral exam	2b	Menstrual disorders. In Speroff L; Clinical Gynecologic Endocrinology. Lippincott Williams & Wilkins: Philadelphia. 6th edition, 1999. p 566-7
2. Identify the etiologies of dysmenorrhea	K	MCQ, Oral exam, Simulation and models	2b	Menstrual disorders. In Speroff L; Clinical Gynecologic Endocrinology. Lippincott Williams & Wilkins: Philadelphia. 6th edition, 1999. p 566-7
3. Describe the evaluation and management of dysmenorrhea	SH	Record review (with SOAP note), Checklist, Chart stimulated recall	1d	Menstrual disorders. In Speroff L; Clinical Gynecologic Endocrinology. Lippincott Williams & Wilkins: Philadelphia. 6th edition, 1999. p 566-7
I.C.1.b.				
OLIGOMENORRHEA/AMENORRHEA				
1. Define amenorrhea and oligomenorrhea	K	MCQ, Oral exam, Simulations	2b	Amenorrhea (p 421-486), and Anovulation and the Polycystic Ovary (p 487-522). In Speroff L; Clinical Gynecologic Endocrinology. Lippincott Williams & Wilkins: Philadelphia. 6th edition, 1999
2. Describe the etiologies of amenorrhea and oligomenorrhea	K	Checklist, MCQ, Oral exam	2b	Amenorrhea (p 421-486), and Anovulation and the Polycystic Ovary (p 487-522). In Speroff L; Clinical Gynecologic Endocrinology. Lippincott Williams & Wilkins: Philadelphia. 6th edition, 1999
3. Describe the evaluation methods for amenorrhea and oligomenorrhea	SH	Record review (with SOAP note), Checklist, Chart stimulated recall	1c	Amenorrhea (p 421-486), and Anovulation and the Polycystic Ovary (p 487-522). In Speroff L; Clinical Gynecologic Endocrinology. Lippincott Williams & Wilkins: Philadelphia. 6th edition, 1999
4. Describe the treatment options for amenorrhea and oligomenorrhea	SH	Record review, Checklist, Chart stimulated recall	1d	Amenorrhea (p 421-486), and Anovulation and the Polycystic Ovary (p 487-522). In Speroff L; Clinical Gynecologic Endocrinology. Lippincott Williams & Wilkins: Philadelphia. 6th edition, 1999
5. Counsel patients who decline therapy	SH	SP, OSCE	1e	
I.C.1.c.				
ABNORMAL UTERINE BLEEDING				
1. Describe the normal menstrual cycle	KH	Checklist, OSCE, SP, MCQ, Oral exam	2b, 1b	Regulation of the Menstrual Cycle. In Speroff L; Clinical Gynecologic Endocrinology. Lippincott Williams & Wilkins: Philadelphia. 6th edition, 1999. p 201-246. Hammond CB, Riddick DH. Menstruation and disorders of menstrual function. In Scott JR, et al, eds. Danforth's Obstetrics and Gynecology, 8th edition, Lippincott Williams & Wilkins: Philadelphia, 1999. p 601-614

Learning Objectives Competency I.C.: – Discuss the pathophysiology, etiology, differential diagnosis and treatment options for conditions and functions that are specific to women.

Learning objective	Level of competence*	Appropriate evaluation methods#	ACGME competency/skill+	References
2. Define abnormal uterine bleeding	K	MCQ, Oral exam, Simulations	2b	Dysfunctional Uterine Bleeding. In Speroff L; Clinical Gynecologic Endocrinology. Lippincott Williams & Wilkins: Philadelphia. 6th edition, 1999. p 575-594; Management of Anovulatory Bleeding. ACOG Practice Bulletin #14, March 2000
3. Describe the etiologies of abnormal uterine bleeding	K	Checklist, MCQ, Oral exam	2b	Dysfunctional Uterine Bleeding. In Speroff L; Clinical Gynecologic Endocrinology. Lippincott Williams & Wilkins: Philadelphia. 6th edition, 1999. p 575-594; Management of Anovulatory Bleeding. ACOG Practice Bulletin #14, March 2000
4. Describe the evaluation methods of abnormal uterine bleeding	SH	Record review, Checklist, Chart stimulated recall	1c	Dysfunctional Uterine Bleeding. In Speroff L; Clinical Gynecologic Endocrinology. Lippincott Williams & Wilkins: Philadelphia. 6th edition, 1999. p 575-594; Management of Anovulatory Bleeding. ACOG Practice Bulletin #14, March 2000
5. Describe the therapeutic options of abnormal uterine bleeding	SH	Record review, Checklist, Chart stimulated recall	1d	Dysfunctional Uterine Bleeding. In Speroff L; Clinical Gynecologic Endocrinology. Lippincott Williams & Wilkins: Philadelphia. 6th edition, 1999. p 575-594; Management of Anovulatory Bleeding. ACOG Practice Bulletin #14, March 2000
6. Counsel patients about each therapeutic option and sequelae	SH	SP, OSCE	1e	Dysfunctional Uterine Bleeding. In Speroff L; Clinical Gynecologic Endocrinology. Lippincott Williams & Wilkins: Philadelphia. 6th edition, 1999. p 575-594; Management of Anovulatory Bleeding. ACOG Practice Bulletin #14, March 2000
I.C.2.				
PMS/PMDD				
1. Identify criteria for PMS, PMDD, depression	K	MCQ, Oral exam, KF	2a	Ciotti MC. Premenstrual dysphoria disorder, premenstrual syndrome. Chapter 12. Women's health: A teaching guide to psychosocial issues. Association of Professors of Gynecology and Obstetrics. 2000
2. Diagnose PMS, PMDD, depression	SH	Checklist, SP, OSCE	2b,1a,1b, 4a, 4b	Ciotti MC. Premenstrual dysphoria disorder, premenstrual syndrome. Chapter 12. Women's health: A teaching guide to psychosocial issues. Association of Professors of Gynecology and Obstetrics. 2000
3. Counsel patients with PMS, PMDD, and depression	SH	Checklist, SP, OSCE	1a, 1b, 1d, 1e, 2b, 4a, 4b, 5a, 5c	Ciotti MC. Premenstrual dysphoria disorder, premenstrual syndrome. Chapter 12. Women's health: A teaching guide to psychosocial issues. Association of Professors of Gynecology and Obstetrics. 2000
4. Describe treatment options for PMS, PMDD, and depression	KH	MCQ, Oral exam, KF	2b, 6c	ACOG Practice Bulletin #15. Premenstrual Syndrome 1029-1037. American College of Obstetricians and Gynecologists. April 2000

Learning objective	Level of competence*	Appropriate evaluation methods#	ACGME competency/skill+	References
I.C.3.				
BENIGN VAGINAL AND VULVAR DISEASE				
1. Identify the etiology of vaginitis	K	MCQ, Oral exam, KF	2b	ACOG Technical Bulletin #226/Primary Care of Women
2. Diagnose vaginitis	SH	Checklist, Simulation, OSCE	1f, 1g, 2a, 2b	Novak's Textbook of Gynecology
3. Perform and interpret a wet mount microscopic examination	D	Checklist, OSCE	1g	ACOG Technical Bulletin #226/Novak's Textbook of Gynecology
4. Manage a patient with vaginitis	SH	Checklist, Chart stimulated recall, OSCE	1a, 1b, 1c, 1d, 1e, 4a, 4b, 5a, 5c	ACOG Technical Bulletin #226/Novak's Textbook of Gynecology
5. Counsel the patient with vaginitis	SH	SP, OSCE, Checklist	1e, 1h, 2b, 3e, 4a, 4b, 5a, 5b, 5c	ACOG Technical Bulletin #226/Novak's Textbook of Gynecology
6. List sexually transmitted diseases that affect the vagina	see sections I.B.7 and VI. B.4	see sections I.B.7 and VI. B.4	see sections I.B.7 and VI. B.4	Novak's Textbook of Gynecology/Primary Care of Women
7. Describe the normal and abnormal anatomy of the vagina	K	MCQ, Oral exam, KF	2b	Novak's Textbook of Gynecology
8. Diagnose relaxation disorders of the vagina	KH	Simulation/Model, MCQ, Oral exam	1a, 1b, 2a, 2b	Primary Care of Women
9. Describe treatment options of relaxation disorders of the vagina	K	MCQ, Oral exam, KF	1c, 1d, 1e, 2a, 2b	Primary Care of Women
10. Describe dermatologic disorders of the vulva	K	MCQ, Oral exam, KF	2b	Novak's Textbook of Gynecology/Primary Care of Women
11. Evaluate a patient with vulvar symptoms	KH	MCQ, Oral exam, KF	1a, 1b, 1f, 1g, 2a, 2b, 4a, 4b, 5a, 5b, 5c	Novak's Textbook of Gynecology/Primary Care of Women
1.C.4.				
ENDOMETRIOSIS				
1. Describe the theories of the pathogenesis of endometriosis	K	Oral exam, KF	2b	ACOG Practice Bulletin #11. December 1999. Medical Management of Endometriosis
2. List the common sites of endometriotic implants	K	MCQ, Oral exam, KF	2b	ACOG Practice Bulletin #11. December 1999. Medical Management of Endometriosis
3. List the chief complaints with which a patient with endometriosis may present	K	MCQ, Oral exam, KF	1b, 2b	ACOG Practice Bulletin #11. December 1999. Medical Management of Endometriosis
4. Review the symptoms of endometriosis in a female patient presenting with abdominal pain	SH	SP, OSCE	1b, 2b	ACOG Practice Bulletin #11. December 1999. Medical Management of Endometriosis
5. List the physical exam findings a patient with endometriosis may have	K	MCQ, Oral exam, KF	1f, 2b	ACOG Practice Bulletin #11. December 1999. Medical Management of Endometriosis
6. Describe how endometriosis is diagnosed	KH	MCQ, Oral exam, KF	1c, 2b, 6f	ACOG Practice Bulletin #11. December 1999. Medical Management of Endometriosis
7. Outline a plan for managing endometriosis	SH	SP, OSCE, KF	1d, 2b, 3b, 4a, 6f	ACOG Practice Bulletin #11. December 1999. Medical Management of Endometriosis

Learning objective	Level of competence*	Appropriate evaluation methods#	ACGME competency/skill+	References
I.C.5.				
ABORTION				
1. Explain surgical and non-surgical methods of pregnancy termination	K	MCQ, Oral exam, KF	1c, 1g, 2b, 3b, 6c	Suzanne R. Trupin. Induced Abortion. In Danforth. Obstetrics and Gynecology 8th edition, Lippincott 1999, p 567-77. // Phillip Stubblefield. Family Planning. In Novak's Gynecology 12th edition, Williams & Wilkins 1996, p 264-9. // Daniel Mishell. Family Planning. In Comprehensive Gynecology 3rd edition, Mosby 1997, p 341-3
2. Identify potential complications of induced abortion	KH	Oral exam, MCQ, KF	1c, 1g, 2a, 3a	Suzanne R. Trupin. Induced Abortion. In Danforth. Obstetrics and Gynecology 8th edition, Lippincott 1999, p 567-77. // Phillip Stubblefield. Family Planning. In Novak's Gynecology 12th edition, Williams & Wilkins 1996, p 264-9. // Daniel Mishell. Family Planning. In Comprehensive Gynecology 3rd edition, Mosby 1997, p 341-3
3. Provide non-directive counselling to patients surrounding pregnancy options	SH	Checklist, OSCE	1a, 1e, 4a, 4b, 5a, 5b, 5c, 6d	Suzanne R. Trupin. Induced Abortion. In Danforth. Obstetrics and Gynecology 8th edition, Lippincott 1999, p 567-77. // Phillip Stubblefield. Family Planning. In Novak's Gynecology 12th edition, Williams & Wilkins 1996, p 264-9. // Daniel Mishell. Family Planning. In Comprehensive Gynecology 3rd edition, Mosby 1997, p 341-3
I.C.6.				
NORMAL PREGNANCY AND BIRTH				
1. Describe the importance of preconceptional planning in healthy women and in women with medical problems or prior poor pregnancy outcomes	D	Checklist, OSCE, MCQ	1b, 1e, 1h, 2b, 5c	Preconceptional Care. ACOG Technical Bulletin #205/June 1995
2. Detect signs and symptoms of pregnancy	KH	Checklist, MCQ, Oral exam	1b, 1f, 2b	Etter FM. Obstetrical Care of Young Women. Clinics in Philadelphia, Vol 2, December 2000
3. Determine if a woman is pregnant and calculate her EDD	K	Checklist, MCQ, Oral exam	1b, 1f, 2b	Etter FM. Obstetrical Care of Young Women. Clinics in Philadelphia, Vol 2, December 2000
4. Counsel a pregnant patient in each trimester regarding healthy lifestyle issues including: a. nutrition; b. medications; c. activity; and d. treatment of common concerns of pregnancy	D	Checklist, SP, MCQ, Oral exam	1b, 1c, 1e, 2b, 3b, 5c	Niebyl J, Walker M, Johnson TRB. Preconception and Prenatal Care. In Gabbe; Obstetrics: Normal Pregnancies. Churchill Livingstone, New York. 3rd ed, 1996, p 161ff. Exercise During Pregnancy and the Post Partum Period. ACOG Technical Bulletin #189/Feb 1994
5. Differentiate between normal pregnancy-related changes and disease processes that may occur during pregnancy	SH	MCQ, Oral exam	2b	Niebyl J, Walker M, Johnson TRB. Preconception and Prenatal Care. In Gabbe; Obstetrics: Normal and Problem Pregnancies. Churchill Livingstone, New York, 3rd ed, 1996, p 168-170

Learning objective	Level of competence*	Appropriate evaluation methods#	ACGME competency/skill+	References
6. List and explain routine laboratory studies ordered during pregnancy	K	MCQ, Oral exam	2b	Niebyl J, Walker M, Johnson TRB. Preconception and Prenatal Care. In Gabbe; Obstetrics: Normal and Problem Pregnancies. Churchill Livingstone, New York, 3rd ed, 1996, p 168
7. Recognize signs and symptoms of labor	SH	Checklist, SP	1b, 1e, 4b	O'Brien WF, Cefalo RC. Labor and Delivery. In Gabbe; Obstetrics: Normal and Problem Pregnancies, Churchill Livingstone, New York, 3rd ed, 1996, p 371-378
8. Describe the three stages of labor and recognize common abnormalities	K	Oral exam, MCQ	2b	O'Brien WF, Cefalo RC. Labor and Delivery. In Gabbe; Obstetrics: Normal and Problem Pregnancies, Churchill Livingstone, New York, 3rd ed, 1996, p 378-381
9. Describe the steps of a vaginal delivery	KH	Oral exam, MCQ	1d	O'Brien WF, Cefalo RC. Labor and Delivery. In Gabbe; Obstetrics: Normal and Problem Pregnancies, Churchill Livingstone, New York, 3rd ed, 1996, p 371-378
10. Describe different methods of delivery with the indications and contraindications of each	K	Oral exam, MCQ	1c, 1d, 1e, 2b, 3b	O'Brien WF, Cefalo RC. Labor and Delivery. In Gabbe; Obstetrics: Normal and Problem Pregnancies, Churchill Livingstone, New York, 3rd ed, 1996, p 383-387
11. Recognize and describe the evaluation of common puerperal complications	K	Oral exam, MCQ, OSCE	1b, 1f, 2b	Bowes WA. Postpartum Care. In Gabbe; Obstetrics: Normal and Problem Pregnancies, Churchill Livingstone, New York, 3rd ed, 1996, p 691-701
12. Counsel a woman with an unintended pregnancy	D	SP, OSCE	1a, 1b, 1c, 1e, 4a, 4b, 5b, 6d	ACOG Education Pamphlet APO43: Induced Abortion
I.C.7.a.				
VAGINAL BLEEDING - Third Trimester				
1. List the causes of third trimester bleeding	K	MCQ, Oral exam, KF	2b	Cunningham et al. Williams Obstetrics 2001. Obstetrical Hemorrhage Ch 25 p 620-621
2. Describe the initial evaluation of a patient with third trimester bleeding	KH	MCQ, Oral exam, KF	2b	Ultrasound in Pregnancy. ACOG Technical Bulletin #187, Dec 1993
3. Differentiate the signs and symptoms of third trimester bleeding	KH	MCQ, Oral exam, Simulation	2b	Cunningham et al. Williams Obstetrics 2001. Obstetrical Hemorrhage Ch 25 p 621,625,631
4. State the maternal and fetal complications of third trimester bleeding	K	MCQ, Oral exam, KF	2b	Cunningham et al. Williams Obstetrics 2001. Obstetrical Hemorrhage Ch 25 p 626-628, 635
5. Describe the initial management plan for shock secondary to acute blood loss	SH	Checklist, SP, OSCE	1a, 1b, 1d, 2b	Cunningham et al. Williams Obstetrics 2001. Obstetrical Hemorrhage Ch 25 p 638-640, 653-654
6. List the indications and potential complications of blood products	KH	MCQ, Oral exam, KF	2b	Cunningham et al. Williams Obstetrics 2001. Obstetrical Hemorrhage Ch 25 p 655
I.C.7.b.				
ECTOPIC PREGNANCY				
1. Develop a differential diagnosis for bleeding and abdominal pain in the first trimester	SH	OSCE, Checklist	1b, 1c, 1d, 1f, 2a, 2b, 3b, 4b	Daniel Mishell. Ectopic Pregnancy. In Comprehensive Gynecology 3rd edition, Mosby 1997, p 445

Learning objective	Level of competence*	Appropriate evaluation methods#	ACGME competency/skill+	References
2. Identify risk factors for ectopic pregnancy	K	MCQ, Oral exam, KF	1h, 2a, 2b, 3b, 6c	Daniel Mishell. Ectopic Pregnancy. In Comprehensive Gynecology 3rd edition, Mosby 1997, p 434-9. Thomas Stovall and Marian McCord. Family Planning. In Novak's Gynecology 12th edition, Williams & Wilkins 1996, p 491-4
3. Be able to evaluate a patient suspected of having an ectopic pregnancy	SH	OSCE, Chart stimulated recall	1b, 1c, 1d, 1f, 1g, 2a, 2b, 3b, 4b, 5a, 5c, 6c	Daniel Mishell. Ectopic Pregnancy. In Comprehensive Gynecology 3rd edition, Mosby 1997, p 444-52
4. Diagnose an ectopic pregnancy	SH	OSCE, SP, Simulations	1b, 1c, 1f, 1g, 2a, 2b, 3b, 4b, 6c	Daniel Mishell. Ectopic Pregnancy. In Comprehensive Gynecology 3rd edition, Mosby 1997, p 444-52
5. Describe treatment options for patients with ectopic pregnancy	K	MCQ, Oral exam, KF	1c, 1d, 1e, 2a, 2b, 3b, 6c	Daniel Mishell. Ectopic Pregnancy. In Comprehensive Gynecology 3rd edition, Mosby 1997, p 444-52
I.C.7.c.				
SPONTANEOUS ABORTION				
1. Develop a differential diagnosis for first trimester vaginal bleeding	SH	Case log, Portfolio, Checklist	1b, 1c, 1e, 1f, 2a, 2b, 3b, 4b, 6c	Thomas Stovall and Marian McCord. Early Pregnancy Loss and Ectopic Pregnancy. In Novak's Gynecology 12th edition, Williams & Wilkins 1996, p 487-9
2. Differentiate the types of spontaneous abortion	KH	MCQ, Oral exam, KF	1b, 1c, 1f, 2a, 2b, 3b, 4b	Thomas Stovall and Marian McCord. Early Pregnancy Loss and Ectopic Pregnancy. In Novak's Gynecology 12th edition, Williams & Wilkins 1996, p 488
3. Define recurrent abortion	K	MCQ, Oral exam, KF	2b, 3b, 3c, 6c	Daniel Mishell. Spontaneous and Recurrent Abortion. In Comprehensive Gynecology 3rd edition, Mosby 1997, p 422
4. List the complications of spontaneous abortion	K	MCQ, Oral exam, KF	2a, 2b, 3d	Daniel Mishell. Spontaneous and Recurrent Abortion. In Comprehensive Gynecology 3rd edition, Mosby 1997, p 421-2
5. Identify the causes and complications of septic abortion	K	MCQ, Oral exam, KF	1e, 1g, 1h, 2a, 2b, 3a, 3b, 6b, 6c, 6d	Daniel Mishell. Spontaneous and Recurrent Abortion. In Comprehensive Gynecology 3rd edition, Mosby 1997, p 421-2
6. Counsel a patient following a spontaneous abortion	SH	SP, OSCE	1a, 1b, 1e, 1f, 1i, 2a, 2b, 3a, 3b, 4a, 4b, 5a, 5c, 6c, 6d	Daniel Mishell. Spontaneous and Recurrent Abortion. In Comprehensive Gynecology 3rd edition, Mosby 1997, p 422-4
I.C.7.d.				
PREECLAMPSIA-ECLAMPSIA SYNDROME				
1. Recognize hypertension in pregnancy	SH	Checklist, Oral exam, KF	2b	Cunningham et al. Williams Obstetrics 2001. Hypertensive Disorders in Pregnancy Ch 24 p 568-571
2. Classify hypertension in pregnancy	KH	MCQ, Oral exam, KF	2b	Cunningham et al. Williams Obstetrics 2001. Hypertensive Disorders in Pregnancy Ch 24 p 568-571
3. Describe the pathophysiology of preeclampsia-eclampsia syndrome	K	MCQ, Oral exam, KF	2b	Cunningham et al. Williams Obstetrics 2001. Hypertensive Disorders in Pregnancy Ch 24 p 584-588

Learning objective	Level of competence*	Appropriate evaluation methods#	ACGME competency/skill+	References
4. Enumerate the symptoms of preeclampsia-eclampsia syndrome	K	Chart review, Checklist, OSCE	2b	Cunningham et al. Williams Obstetrics 2001. Hypertensive Disorders in Pregnancy Ch 24 p 573-584
5. Summarize the physical findings of preeclampsia-eclampsia syndrome	SH	MCQ, Oral exam, KF	1a, 1b, 2b	Cunningham et al. Williams Obstetrics 2001. Hypertensive Disorders in Pregnancy Ch 24 p 569
6. Diagnose preeclampsia-eclampsia syndrome	SH	Chart review, OSCE, SP	1a, 1b, 1f, 2b	Hypertension in Pregnancy. ACOG Technical Bulletin #219, Jan 1996 p 533-534
7. Manage a patient with preeclampsia-eclampsia syndrome	SH	Chart review, OSCE, SP	1a, 1b, 1d, 1f, 2b, 4a, 5a	Cunningham et al. Williams Obstetrics 2001. Hypertensive Disorders in Pregnancy Ch 24 p 591-598
8. Counsel a patient concerning the indications and contraindications of MgSO ₄	KH	MCQ, OSCE, SP	1a, 1b, 1c, 1d, 1f, 2b, 4a, 4b, 5a, 6c	Cunningham et al. Williams Obstetrics 2001. Hypertensive Disorders in Pregnancy Ch 24 p 598-603
9. Counsel the patient concerning the maternal and fetal complications associated with preeclampsia-eclampsia syndrome	KH	OSCE, SP, Checklist	1a, 1b, 1c, 1d, 1f, 2b, 4a, 4b, 5a, 6c	Cunningham et al. Williams Obstetrics 2001. Hypertensive Disorders in Pregnancy Ch 24 p 573-584 Hypertension in Pregnancy. ACOG Technical Bulletin #219, Jan 1996 p 533-536
I.C.7.e.				
PRETERM LABOR				
1. Cite the risk factors for preterm labor	K	MCQ, Oral exam, KF	2b	Assessment of Risk Factors for Preterm Birth. ACOG Practice Bulletin #31, Oct 2001
2. Distinguish preterm labor from Braxton Hicks contractions	KH	MCQ, Oral exam, KF	2b	Cunningham et al. Williams Obstetrics 2001. Preterm Birth Ch 27 p 710
3. Identify the causes of preterm labor	K	MCQ, Oral exam, KF	2b	Cunningham et al. Williams Obstetrics 2001. Preterm Birth Ch 27 p 704
4. Counsel the patient regarding the signs and symptoms of preterm labor	SH	Chart review, Checklist, OSCE	1a, 1b, 1d, 1f, 2b, 3b, 4a, 4b, 5a, 6c	Cunningham et al. Williams Obstetrics 2001. Preterm Birth Ch 27 p 699-700
5. Describe the initial management of preterm labor	KH	MCQ, Oral exam, KF	1a, 1b, 1d, 1f, 2b	Cunningham et al. Williams Obstetrics 2001. Preterm Birth Ch 27 p 701
6. List indications and contraindications of medications used to treat preterm labor	K	MCQ, Oral exam, KF	2b	Cunningham et al. Williams Obstetrics 2001. Preterm Birth Ch 27 p 713-718
7. Describe the adverse events associated with management of preterm labor	KH	Chart review, Checklist, OSCE	1a, 1b, 2b	Cunningham et al. Williams Obstetrics 2001. Preterm Birth Ch 27 p 713-718
8. Describe the biomolecular basis of preterm labor	K	MCQ, Oral exam, KF	2b	Cunningham et al. Williams Obstetrics 2001. Preterm Birth Ch 27 p 696-699
9. Counsel the patient who has experienced prior preterm birth	SH	OSCE, SP, Checklist	1a, 1b, 1e, 2b, 3b, 4a, 4b, 5a, 6c	Cunningham et al. Williams Obstetrics 2001. Preterm Birth Ch 27 p 701

Learning objective	Level of competence*	Appropriate evaluation methods#	ACGME competency/skill+	References
I.C.7.f.				
MATERNAL AND NEWBORN MORTALITY				
Define the following terms, their causes, and epidemiologic rates a. Maternal death rate b. Fetal death rate c. Neonatal death rate d. Perinatal death rate	K	KF, MCQ, Oral exam	1a, 1b, 2b, 2c	Beckmann CRB et al. Obstetrics and Gynecology. 3rd ed, Baltimore. Williams & Wilkins, 1998;83
1. Describe the common causes of fetal death in each trimester	K	KF, MCQ, Oral exam	1a, 1b, 2b, 2c	Silver RM, Branch DW. Sporadic and recurrent pregnancy loss. In Medicine of the Fetus and Mother. 2nd ed, Reese EA, Hobbins. Philadelphia. Lippincott-Raven, 1999, 195-216
2. Describe the symptoms, physical findings, and diagnostic methods to confirm the diagnosis of fetal death	K	KF, MCQ, Oral exam	1a, 1b, 2b, 2c	Beckmann CRB et al. Obstetrics and Gynecology. 3rd ed, Baltimore. Williams & Wilkins, 1998; 78 Silver RM, Branch DW. Sporadic and recurrent pregnancy loss. In Medicine of the Fetus and Mother. 2nd ed, Reese EA, Hobbins. Philadelphia. Lippincott-Raven, 1999, 199
3. Describe the maternal complications of fetal death, including disseminated intravascular coagulopathy	K	KF, MCQ, Oral exam	1a, 1b, 2b, 2c	Beckmann CRB et al. Obstetrics and Gynecology. 3rd ed, Baltimore. Williams & Wilkins, 1998; 78
4. Counsel a patient or parents experiencing death of the fetus	SH	OSCE, SP, Chart recall	3a, 3b, 4a, 4b, 4c, 5d, 6a, 6b, 6c, 6d, 6e, 6i	Beckmann CRB et al. Obstetrics and Gynecology. 3rd ed, Baltimore. Williams & Wilkins, 1998; 145
I.C.7.g.				
PERINATAL PSYCHIATRIC DISORDERS				
1. Identify criteria for postpartum “blues,” postpartum depression, and postpartum psychosis	K	MCQ, Oral exam, KF	2a	Ciotti MC. Postpartum depression. Chapter 13. Women’s health: A teaching guide to psychosocial issues. Association of Professors of Gynecology and Obstetrics. Washington DC. 2000
2. Identify risk factors and diagnose postpartum “blues,” postpartum depression, and postpartum psychosis	SH	OSCE, SP, Checklist	1a, 1b, 1d, 1e, 2b, 4a, 4b, 5a, 5c	Stowe ZN, Nemeroff CB. Women at risk for postpartum onset major depression. AJOG, 1995: 639-45. Ciotti MC. Postpartum depression. Chapter 13. Women’s health: A teaching guide to psychosocial issues. Association of Professors of Gynecology and Obstetrics. Washington DC, 2000. Yonkers KA, Ramin SM, Rush AG, Navarrette CA. Onset and persistence of postpartum depression in an inner-city maternal health clinic system. Am J Psychiatry, 2001 Nov;158(11):1856-63
3. Describe treatment options for postpartum “blues,” postpartum depression, and postpartum psychosis	KH	MCQ, Oral exam, KF	2b, 6c	Ciotti MC. Postpartum depression. Chapter 13. Women’s health: A teaching guide to psychosocial issues. Association of Professors of Gynecology and Obstetrics. Washington DC. 2000. Burt VK, Suri R, Altshuler L, Stowe Z. The use of psychotropic medications during breast-feeding. Am J Psychiatry, 2001 Jul; 158(7):1001-9. Review. Kornstein SG. The evaluation and management of depression in women across the life span. J Clin Psychiatry, 2001; 62 Suppl 24:11-7. Review

Learning objective	Level of competence*	Appropriate evaluation methods#	ACGME competency/skill+	References
4. Identify appropriate treatment options for depression in pregnancy	K	MCQ, Oral exam, KF	2a	Burt VK, Suri R, Altshuler L, Stowe Z. The use of psychotropic medications during breast-feeding. <i>Am J Psychiatry</i> , 2001 Jul; 158(7):1001-9. Review. Komstein SG. The evaluation and management of depression in women across the life span. <i>J Clin Psychiatry</i> , 2001;62 Suppl 24:11-7. Review
I.C.8.				
GYNECOLOGIC CANCERS				
Cervical Neoplasia				
1. Describe the pathogenesis of cervical neoplasia	K	MCQ, Oral exam, KF	2b	ACOG Technical Bulletin #193 June 1994
2. Identify the indications for screening for cervical cancer	K	MCQ, Oral exam, KF	1b, 1c, 1h, 2a, 2b, 3b	ACOG Technical Bulletin #183 August 1993
3. Assess the need for cervical cancer screening	KH	MCQ, Oral exam, OSCE	1a, 1b, 1c, 1d, 1h, 2a, 3b	ACOG Committee Opinion #247 Dec 2000
4. Describe the symptoms and physical findings of cervicitis and cervical neoplasia	K	MCQ, Oral exam, KF	1b, 2a, 2b, 4b	ACOG Technical Bulletin #183 August 1993
5. Demonstrate the ability to perform an adequate pap smear	D	Checklist, Record review	1b, 1f, 1g, 5a, 5c	ACOG Technical Bulletin #183 August 1993
6. Describe the appropriate utilization of new technologies for evaluating cervical neoplasia	K	MCQ, Oral exam, KF	1b, 2a, 2b, 4b	www.nccc-online.org/
7. Outline the appropriate management of the patient with an abnormal pap smear	SH	OSCE, Standardized patient	1c, 1d, 1h, 2a, 2b, 3d, 4a, 5c	ACOG Technical Bulletin #183 August 1993
8. Describe the impact of staging on management and prognosis of cervical cancer	K	MCQ, Oral exam, OSCE	1c, 2a, 2b	www.cancernet.gov
9. Describe the surgical procedures utilized in the management of patients with cervical neoplasia	K	MCQ, Oral exam	2b	www.asccp.org
10. Counsel the patient regarding the purpose of screening tests for cervical neoplasia	SH	OSCE, Standardized patient	1a, 1d, 1h, 2b, 3d, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 6c, 6d	ACOG Technical Bulletin #183 August 1993
Vulvar Neoplasms				
1. Describe the risk factors for vulvar neoplasms	K	MCQ, Oral exam, KF	2b	ACOG Technical Bulletin #186 Nov 1993
2. List the indications for vulvar biopsy	K	MCQ, Oral exam, KF	1g, 2b	ACOG Technical Bulletin #186 Nov 1993
3. Describe the appropriate management of vulvar neoplasms	K	MCQ, Oral exam, OSCE	1c, 1d, 1h, 2a, 2b, 3d, 4a, 5c	ACOG Technical Bulletin #186 Nov 1993
Ovarian Neoplasms				
1. Outline the appropriate management of a patient with an adnexal mass	KH	OSCE, Standardized patient, Checklist	1c, 1d, 1h, 2a, 2b, 3d, 4a, 5c	ACOG Educational Bulletin #250 Aug 1998
2. Perform a complete pelvic examination including palpation of the adnexa	D	Checklist, Record review	1b, 1f, 1g, 5a, 5c	Beckman CRB, Ling FW et al. <i>Obstetrics and Gynecology Williams & Wilkins</i> , Baltimore, MD 1998 p 16-22
3. Describe the characteristics of functional cysts, benign ovarian neoplasms, and ovarian malignancies	K	MCQ, Oral exam, KF	2b	ACOG Educational Bulletin #250 Aug 1998
4. List the symptoms and physical findings of a patient with ovarian malignancy	K	MCQ, Oral exam, KF	1a, 1f, 2a, 2b, 4b	ACOG Educational Bulletin #250 Aug 1998
5. List the risk factors for ovarian cancer	K	MCQ, Oral exam, KF	2b	ACOG Educational Bulletin #250 Aug 1998
6. Describe the histological classification of ovarian neoplasms	K	MCQ, Oral exam, KF	2b	ACOG Educational Bulletin #250 Aug 1998
7. Describe the impact of staging on management and prognosis of ovarian cancer	K	MCQ, Oral exam, OSCE	1c, 2a, 2b	ACOG Educational Bulletin #250 Aug 1998

Learning objective	Level of competence*	Appropriate evaluation methods#	ACGME competency/skill+	References
Endometrial cancer				
1. List the risk factors for endometrial carcinoma	K	MCQ, Oral exam, KF	2b	ACOG Technical Bulletin #162 Dec 1991
2. Describe the symptoms and physical findings of a patient with endometrial cancer	K	MCQ, Oral exam, KF	1a, 1f, 2a, 2b, 4b	ACOG Technical Bulletin #162 Dec 1991
3. Outline the appropriate management of the patient with postmenopausal bleeding	SH	OSCE, Standardized patient, Checklist	1c, 1d, 1h, 2a, 2b, 3d, 4a, 5c	ACOG Technical Bulletin #162 Dec 1991
4. Describe the diagnostic methods for a patient with endometrial carcinoma	K	MCQ, Oral exam, KF	1g, 2b	ACOG Technical Bulletin #162 Dec 1991
5. Describe the impact of staging on management and prognosis of endometrial carcinoma	K	MCQ, Oral exam, OSCE	1c, 2a, 2b	ACOG Technical Bulletin #162 Dec 1991
6. Describe the management of the patient with endometrial carcinoma	K	MCQ, Oral exam, OSCE	1c, 1d, 1h, 2a, 2b, 3d, 4a, 5c	ACOG Technical Bulletin #162 Dec 1991
Gestational Trophoblastic Disease				
1. List the symptoms and physical findings of a patient with GTD	K	MCQ, Oral exam, KF	1a, 1f, 2a, 2b, 4b	ACOG Technical Bulletin #178 March 1993
2. Describe the diagnostic methods for a patient with GTD	K	MCQ, Oral exam, KF	1g, 2b	ACOG Technical Bulletin #178 March 1993
3. Describe the appropriate management of GTD	K	MCQ, Oral exam, KF	1c, 1d, 1h, 2a, 2b, 3d, 4a, 5c	ACOG Technical Bulletin #178 March 1993
I.C.9.				
MENOPAUSE AND POSSIBLE SEQUELAE				
1. Describe physiologic changes in the hypothalamic-pituitary-ovarian axis associated with perimenopause/menopause	K	MCQ, Essay, Oral exam	2b	Speroff L. Menopause and the perimenopausal transition. Clinical Gynecologic Endocrinology and Infertility; Lippincott, Williams & Wilkins, 6th ed, 1999: 644-724
2. Perform an assessment of the symptoms and physical findings associated with hypoestrogenism	SH	SP, OSCE, Checklist, Record review	1a, 1b, 1f, 2a, 5c	ACOG Educational Bulletin #210, 1995; Health Maintenance for Perimenopausal Women
3. Demonstrate appropriate management of menopausal/perimenopausal symptoms including the use of: a. hormone therapy; b. nutrition and exercise; c. non-hormonal therapeutic options; and d. complementary and alternative medicine	SH	SP, OSCE, Checklist, Record review	1a, 1c, 1d, 2a, 2b	ACOG Educational Bulletin #247, 1998; Hormone Replacement Therapy. Lobo et al. Treatment of the Post Menopausal Woman Basic and Clinical Aspects; Lippincott Williams, 2nd ed, 1999
4. Counsel patients regarding menopausal issues	SH	SP, OSCE, Checklist	1e, 5c	Bynny RL. Successful aging health maintenance and preventive care. A Clinical Guide for the Care of Older Women; Williams & Wilkins, 2nd ed, 1996: 31-67
5. List long term changes associated with menopause [see I.B and VI.B.10]	K	MCQ, Essay, Oral exam	2b	Mishell DR. Menopause in Comprehensive Gynecology; Mosby, 3rd ed, 1997: 1159-1197

* Levels of Competence as defined by GE Miller in *The assessment of clinical skills / competence / performance*. (Acad Med 1990;65:S63-7.) Abbreviations used in this column are as follows:
 K = knows KH = knows how SH = shows how D = does

Potential evaluation methods as described in the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Medical Specialties (ABMS) *Toolbox of Assessment Methods*. Version 1.1. September 2000. www.acgme.org. Abbreviations used in this column are as follows:
 MCQ's = Multiple Choice Examinations OSCE = Objective Structured Clinical Exam SP = Standardized Patients KF = Key Features Exam

+ Relevant residency level competency or skill as found in the Accreditation Council for Graduate Medical Education (ACGME) Outcome Project and defined as the Minimum Program Requirements Language. Approved by the ACGME, September 28, 1999. www.acgme.org. They are also summarized on pages 6-7 of this document. The abbreviations used in this column are fully defined in the table on page 7.

SECTION FIVE: Learning Objectives for Competency VI.: Assess and counsel women for sex- and gender-appropriate reduction of risk, including lifestyle changes and genetic testing.

Authored by the National Centers of Excellence in Women's Health Professional Education Working Group (NCoE PEWG)

The National Centers of Excellence in Women's Health Professional Education Working Group (NCoE PEWG) was asked to write learning objectives, identify evaluation methods and references for Competency VI.: Assess and counsel women for sex- and gender-appropriate reduction of risk, including lifestyle changes and genetic testing.

Their work is summarized in the table on pages 21-30. Full references appear on pages 31-32.

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Learning objective	Level of competence*	Appropriate evaluation methods#	ACGME competency/skill+	References
1. The student will demonstrate the ability to perform age and risk appropriate screening, assessment and counseling for:				
A. CARDIOVASCULAR DISEASE				
(i) Assess lipid profiles and formulate management plan that:	SH	MCQ, SP, OSCE	1b, 1d, 1h, 2b, 3b, 4a, 5c, 6c	JAMA, 2001; 285:2486-2509
a. recognizes that after menopause women’s lipid profiles become more like men’s				
b. applies current recommendations as stated in the National Cholesterol Education Program (NCEP) Expert panel				
c. recognizes that recommended screening protocols for women and men are identical				
d. emphasizes the special attention that needs to be paid to minority women including African American women who have higher rates of hypertension and diabetes, and to Hispanic and Native American women who have higher rates of diabetes compared with Caucasian women				
(ii) Screen for hypertension and formulate a management plan that:	SH	MCQ, SP, OSCE	1b, 1d, 1h, 2b, 3b, 4a, 5c, 6c	Arch Intern Med, 1997; 157:2413-2446
a. recognizes that screening protocols are the same for women and men and follows the Sixth Joint National Committee				
b. takes into account the elevated risk of hypertension and end organ damage in the African American population				
c. takes into consideration the screening and treatment protocols for women who are pregnant				
(iii) Screen for smoking and formulate a management plan that:	SH	MCQ, SP, OSCE	1b, 1d, 1h, 2b, 3b, 4a, 5c, 6c	
a. recognizes that screening protocols for women and men are identical				
b. recognizes the additional risk that smoking may pose to women given that smoking leads to menopause occurring earlier, which also increases the risk of coronary heart disease				
c. includes strategies to manage habituation (see 2.I.iii Tobacco)				
(iv) Screen for diabetes and formulates a treatment plan that: (see D. Diabetes)	SH	MCQ, SP, OSCE	1b, 1d, 1h, 2b, 3b, 4a, 5c, 6c	Oxford University Press, 1996; 241-273
a. recognizes women with diabetes experience a higher rate of coronary heart disease compared with men with diabetes				
(v) Screen for obesity and formulate a treatment plan that:				
a. recognizes that screening protocols for women and men are identical and based on body mass index (BMI) and waist circumference	SH	MCQ, SP, OSCE	1b, 1d, 1h, 2b, 3b, 4a, 5c, 6c	Washington, DC: US Dept of Health and Human Services, 1998
b. recognizes that the rate of overweight and obesity in the African American, Hispanic and Native American female populations is greater than in the Caucasian female population				

Learning objective	Level of competence*	Appropriate evaluation methods#	ACGME competency/skill+	References
(vi) Screen for physical activity and formulate a treatment plan that (see 2.B.):				
a. recognizes the importance of a guided exercise program for women who have had a cardiac event and that women are less likely to be referred to cardiac rehabilitation compared with men	SH	MCQ, SP, OSCE	1b, 1d, 1h, 2b, 3b, 4a, 5c, 6c	J Cardiopulmonary Rehabilitation, 1996; 16:402-412
B. COMMON MALIGNANCIES				
a. Approach the topic of cancer screening and prevention in a manner that is sensitive to a woman's cultural beliefs	KH	OSCE	5c	
b. Assess a woman's risk for developing common malignancies	KH	MCQ, Oral exam	1h, 2b	
c. Provide counseling regarding preventive strategies that may decrease her risk	SH	SP, OSCE	3b, 4a, 5c	
d. Discuss and implement age- and risk-appropriate recommendations for cancer screening	SH	SP, OSCE	3b, 4a, 5c	
e. Coordinate appropriate follow-up when initial screening results are abnormal	SH	SP, OSCE	1d	
(i) Breast Cancer				
a. Educate women about known risk factors for breast cancer, and assess risk using the Gail Model	SH	SP, OSCE	1h	www.ahrq.gov/clinic/prevnew.htm
b. Provide counseling regarding modification of lifestyle factors that may reduce risk	SH	SP, OSCE	3b, 4a, 5c	N Engl J Med, 2000; 343:191-198
c. Discuss and implement age- and risk-appropriate recommendations for mammographic screening and clinical breast exam	SH	SP, OSCE	3b, 4a, 5c	N Engl J Med, 2000; 342:564-571
d. Identify high-risk women who may benefit from intensive screening and referral to a high-risk clinic for consideration of genetic testing, chemoprevention, and prophylactic mastectomy	KH	MCQ, Oral exam	3b, 4a, 5c	
e. Coordinate appropriate follow-up when a palpable abnormality is found on clinical breast exam	SH	SP, OSCE	1d	
f. Interpret mammogram reports correctly and coordinate appropriate follow-up when a mammogram is read as abnormal	KH	MCQ, Oral exam	1d, 2a	
(ii) Cervical Cancer				
a. Educate women about known risk factors for cervical cancer	SH	SP, OSCE	1h	www.ahrq.gov/clinic/prevnew.htm
b. Provide counseling regarding modification of lifestyle factors that may decrease risk	SH	SP, OSCE	3b, 4a, 5c	
c. Identify high-risk women who may benefit from intensive screening	KH	SP, OSCE	3b, 4a, 5c	
d. Interpret Pap test results correctly and coordinate appropriate follow-up when a Pap test is abnormal	KH	SP, OSCE	1d	www.amwa-doc.org/MediaCenter/2002_press_release1_CervicalCancer.htm
(iii) Colon Cancer				
a. Educate women about known risk factors for colon cancer and that it is NOT a men's disease	SH	SP, OSCE	1h	www.ahrq.gov/clinic/prevnew.htm

Learning objective	Level of competence*	Appropriate evaluation methods#	ACGME competency/skill+	References
b. Provide counseling regarding modification of lifestyle factors that may decrease risk	SH	SP, OSCE	3b, 4a, 5c	
c. Follow age- and risk-appropriate guidelines for digital rectal examination, hemoccult testing, and screening sigmoidoscopy or colonoscopy	KH	SP, OSCE	3b, 4a, 5c	
d. Identify high-risk women who may benefit from intensive screening/surveillance with positive family history of early-onset colon cancer, familial polyposis or HNPCC, ulcerative colitis, personal history of adenomatous polyps or previous colon cancer	KH	SP, OSCE	3b, 4a, 5c	
e. Interpret results of hemoccult testing accurately and coordinate appropriate follow-up when testing is positive for occult blood	KH	OSCE, Oral exam	1d, 2a	
(iv) Lung Cancer				
a. Educate women about known risk factors for lung cancer and that women are the only group in which lung cancer deaths are increasing	SH	SP, OSCE	1h	www.ahrq.gov/clinic/prevnew.htm
b. Discuss the fact that screening for lung cancer using CT scanning, chest radiography, or sputum cytology has not been shown to be effective	KH	Oral exam	2a, 3b	
c. Counsel women that the most effective way to reduce lung cancer risk is to avoid or discontinue tobacco use, and that white teen girls are the only group in which smoking is increasing	SH	SP, OSCE	3b, 4a, 5c	
d. Provide women who smoke with resources to help them quit since it appears to be harder for women	SH	Global rating	1i	NIH Press Release 5/1/01 National Women's Health Report, August 2001
(v) Skin Cancer				
a. Educate women about known risk factors for skin cancer	SH	SP, OSCE	1h	www.ahrq.gov/clinic/prevnew.htm
b. Provide counseling regarding modification of lifestyle factors that may decrease risk (sun-avoidance, sun-protection)	SH	SP, OSCE	3b, 4a, 5c	
c. Educate women to remain alert for skin lesions with malignant features	SH	SP, OSCE	1h	
d. Identify high-risk women who may benefit from routine skin cancer screening using total-body skin examination	KH	SP, OSCE	3b, 4a, 5c	
C. OSTEOPOROSIS				
(i) Educate women about known risk factors for osteoporosis	SH	SP, OSCE	1h	www.nof.org
(ii) Provide counseling regarding modification of lifestyle factors (starting in youth) that may reduce risk (regular weight-bearing exercise, ingestion of at least 1200 mg of elemental calcium/day, vitamin D supplementation with 400-800 IU/day for women at risk for deficiency, moderation of alcohol intake, avoidance or cessation of smoking, prevention of falls)	SH	SP, OSCE	3b, 4a, 5c	www.ahrq.gov/clinic/usptf/uspsoste.htm
(iii) Identify high-risk women who may benefit from bone mineral density (BMD) testing	KH	SP, OSCE	3b, 4a, 5c	
(iv) Select an appropriate BMD testing modality	KH	Oral exam	2a	
(v) Interpret results of BMD testing correctly and coordinate appropriate follow-up when osteopenia or osteoporosis is found	KH	MCQ, Oral exam	1d, 2a	

Learning objective	Level of competence*	Appropriate evaluation methods#	ACGME competency/skill+	References
D. DIABETES				
(i) Recognize the classic symptoms of diabetes mellitus	K	MCQ	2b	Diabetes Care 2000 Jan; 23(1): S4-S19
(ii) Diagnose diabetes mellitus using accepted criteria	KH			www.guideline.gov
(iii) Interpret the laboratory results used to diagnose diabetes mellitus	KH	MCQ, Oral exam	1d, 2a	
(iv) Appropriately order and interpret the laboratory tests used to screen for diabetes mellitus	SH	MCQ, Oral exam	1h, 2b	
(v) Modify screening intervals based upon known risk factors, age, race and ethnicity	KH	SP, OSCE	3b, 4a, 5c	Chronic Conditions, www.agingsociety.org
(vi) Advise women on the potential long range side effects including those associated with pregnancy and appropriate management strategies for decreasing their likelihood	SH	SP, OSCE	3b, 4a, 5c	
E. VISION AND HEARING				
(i) Screen, as needed for hearing impairment by periodically asking questions about hearing ability and testing, and using national guidelines	SH	SP, OSCE	1b, 1h	www.ahrq.gov/clinic/uspstf Guide to Clinical Preventive Services, 2nd edition, Williams & Wilkins, Baltimore. www.guideline.gov
(ii) Appropriately make referrals for abnormalities	SH	SP, OSCE	1d	
(iii) Counsel individuals with hearing deficits about the availability of hearing aid devices	SH	SP, OSCE	1d	
(iv) Counsel women about the risk factors for congenital and perinatally acquired hearing loss and of the importance of screening newborns and infants for hearing deficits	SH	MCQ, Oral exam	2a, 2b	NIDCD and www.guideline.gov
(v) Counsel women about the risk factors for congenital and perinatally acquired visual impairment and for visual impairment in early childhood, and the importance of screening for visual impairment during childhood and adolescence	SH	MCQ, Oral exam	2a, 2b	Ped Eye Exam — www.guideline.gov
(vi) Obtain an ocular history including the patient's self-assessment of visual status and ocular symptoms, pertinent medical conditions and medication use	SH	SP, OSCE	1b, 1h	
(vii) Test visual acuity, examine lids and lashes, ocular alignment and motility, pupils, visual fields and fundus	SH	SP, OSCE	1b	Comp Adult Eye Exam – www.guideline.gov
(viii) Modify ocular examinations based on known risk factors such as diabetes and other chronic disorders, and age	KH	SP, OSCE	1b, 2b	
F. ORAL HEALTH				
(i) Obtain information about oral health and dental history, include examination of the mouth in the H & P, and utilize the findings as a source of information about general health and well-being	KH	SP, OSCE	1b, 1h	www.nidcr.nih.gov/sgr/execsumm.htm#majorFindings
(ii) Counsel women on the effects of estrogen deficiency and therapy on oral health	SH	MCQ, Oral exam	2a, 2b	Archives of Internal Medicine, 155(21), 1995, 2325-2329
(iii) Assess the potential contribution of chronic dental plaque on the development of other diseases, including heart disease and diabetes	KH	MCQ, SP, Oral exam	2b	Compendium of Continuing Education in Dentistry, Volume 22, 1, 2001. 13-21

Learning objective	Level of competence*	Appropriate evaluation methods#	ACGME competency/skill+	References
(iv) Advise patients on the suspected associations between periodontal disease and preterm delivery and osteoporosis	SH	MCQ, SP, Oral exam	2b	Compendium of Continuing Education in Dentistry, Volume 22, 1, 2001. 22-27
(v) Counsel patients on the effects of disorders such as anorexia and bulimia on the oral cavity	SH	MCQ, SP, Oral exam	2b	Compendium of Continuing Education in Dentistry, Volume XIV, 12, December, 1993. 1594-1609
(vi) Address the disparities in oral health for underserved populations, which disproportionately include women	KH	MCQ, SP, Oral exam	2b, 5c	JAMWA, 2001; 56,3: 118-119
2. The student will demonstrate the ability to apply current recommendations for:				
A. IMMUNIZATION				
(i) Create an immunization schedule for women patients which complies with the current recommendations concerning tetanus-diphtheria, measles-mumps-rubella, Hepatitis A and B, pneumococcus, influenza and varicella	KH	SP, OSCE	1h	www.nfid.org/ncai/schedules/adult/
(ii) Advise women patients that there are no specific recommendations for women that differ from those for men except for the contraindication for LIVE vaccine during pregnancy	SH	SP, OSCE	1h	MMWR, Vol 46/No RR-12
(iii) Counsel women, who constitute the majority of elderly patients, on the particular importance of those vaccines that protect persons over 65 years of age, such as pneumococcal and influenza vaccines	SH	MCQ, SP, OSCE	2b, 5c	
(iv) Advise patients regarding current knowledge about the safety of vaccinations for adults	SH	MCQ, SP, OSCE	2b, 3b	www.partnersforimmunization.org/guidebook.html Safety Issues
(v) Assess whether women patients of color, for whom immunization rates lag behind the majority population, need special attention to their immunization status	KH	SP, OSCE	5c	www.health.gov/healthypeople/Document/html/uih/uih_bw/uih_4.htm#immuniz
B. EXERCISE				
Screen for physical activity and formulate a treatment plan that:				
(i) recognizes the screening and treatment plan is the same for women and men	SH	MCQ, SP, OSCE	1b, 1d, 1h, 2b, 3b, 4a, 5c, 6c	JAMA, 1996; 276:241-246. American Heart Association. 2001 Heart and Stroke Statistical Update. Dallas, TX: American Heart Association, 2000
(ii) recognizes that the nature of women's work both in the workplace and in the home should be included in the assessment of daily activity				
(iii) emphasize the importance of strength training in women as a means of preventing osteoporosis				
(iv) recognize that African American, Hispanic, and Native American girls and women are more sedentary than Caucasian girls and women				

Learning objective	Level of competence*	Appropriate evaluation methods#	ACGME competency/skill+	References
C. NUTRITION				
(i) Assess whether women are obtaining the recommended daily allowances of essential nutrients, with the knowledge that surveys show that many women do not consume the RDI for iron, zinc, vitamin B ₁₂ , vitamin B ₆ or protein	SH	SP, OSCE	1b, 2b	www.utexas.edu/courses/ntr311/nutinfo/RDIchart.html J Women's Health and Gender-Based Medicine, 10:5, 2001, 429-431
(ii) Advise patients on the adequacy of their current diet and exercise patterns for maintaining health	SH	SP, OSCE	1d, 2b	USDA "Dietary Guidelines for Americans: Aim for Fitness, Build a Healthy Base, Choose Sensibly" Fifth Edition, 2001, USDHHS, Washington, DC
(iii) Advise patients on the contribution of poor nutrition (such as excess salt or saturated fat) may be making to existing health problems (hypertension, diabetes, anemia, etc.) or to the risk of developing disease in the future (colon and breast cancer, heart disease, etc.)	SH	SP, OSCE	1d, 2b	
(iv) Advise patients on the potential health-protective effects of certain dietary components, such as fiber, calcium, etc.	SH	SP, OSCE	1d, 2b	Textbook of Women's Health, Lippincott-Raven, Philadelphia, PA,1998
(v) Counsel patients on the risks to emotional, reproductive and physical health of severe nutritional imbalance associated with eating disorders and/or excessive exercise	SH	SP, OSCE	1d, 2b	Textbook of Women's Health, Lippincott-Raven, Philadelphia, PA,1998
D. PRECONCEPTION AND PRENATAL SCREENING				
(i) Identify pregnancy risks through assessment of reproductive, family, and medical history, nutritional status, drug and tobacco exposure and social concerns	KH	SP, OSCE	1b, 2b	
(ii) Provide education based upon the risk assessment	KH	SP, OSCE	1d, 2b	
(iii) Discuss the effects of pregnancy upon existing medical conditions and vice versa	K	SP, OSCE	1d, 2b	
(iv) Discuss genetic concerns and refer for counseling if appropriate	K	SP, OSCE	1d, 2b	www.ngc.comp; ACOG Technical Bulletin #27
(v) Discuss screening and preventive measures for fetal malformation	K	SP, OSCE	1d, 2b	
(vi) Determine rubella immunity and recommend immunization if appropriate	KH	SP, OSCE	1b, 2b	MMWR, May 22, 1998
(vii) Determine hepatitis status and recommend immunization if appropriate	KH	SP, OSCE	1b, 2b	www.ngc.commpp
(viii) Provide nutritional counseling	SH	SP, OSCE	1d, 2b	
(ix) Discuss the importance of early prenatal care	K	SP, OSCE	1d, 2b	
(x) Screen for domestic violence	KH	SP, OSCE	1b, 2b, 5c	
(xi) Perform a pelvic examination and pap smear	SH	SP	1g	
(xii) Discuss and counsel women regarding the benefits of breast feeding	KH	SP, OSCE	1d, 2b	

Learning objective	Level of competence*	Appropriate evaluation methods#	ACGME competency/skill+	References
a. Establish rapport with new mother and discern her current knowledge, beliefs and attitude about breastfeeding	SH	SP, OSCE	4b, 5c	www.la lecheleague.org
b. Screen for possible contraindications based on the women’s health status and medications	KH	MCQ, SP, OSCE	1b	Pediatrics, 2001; 108(3):776-789 www.aap.org/policy/0063.html
c. Discuss the breastfeeding recommendations of the American Academy of Pediatrics	K	SP, OSCE	1d, 2b	Pediatrics, 100(6):1035-39 www.aap.org/policy/re9729.html
d. Counsel the mother on the known benefits of breast feeding, including risk reduction of pre-menopausal breast cancer, cervical cancer and osteoporosis	SH	SP, OSCE	1d, 2b	HHS Blueprint for Action on Breastfeeding. DHHS Office on Women’s Health, 2000. Epidemiologic Review, 7 (1986): 178-203. Medical Journal of Australia, 160 (1989): 125-130
E. HIGH-RISK SEXUAL BEHAVIOR AND STDs				
(i) Recognize strategies for effective communication skills in discussing sexual issues with patients	KH	SP, OSCE	4b, 5c	J Pediatr Adolesc Gynecol, 1999;12(4):185-93 Am Fam Physician, 1999; 60(2):660-2 Journal of Women’s Health & Gender-Based Medicine, 2000;9(S1):S1-38
(ii) Be able to take a comprehensive sexual history from a patient, including sexual orientation, sexual activity, sexual partner(s), sexual satisfaction or sexual dysfunction	SH	SP, OSCE	1b, 1h	Journal of Women’s Health & Gender-Based Medicine, 2000; 9(S1):S1-38
(iii) Screen for patient knowledge about precautions to prevent injury or transmission of infection	SH	SP, OSCE	1b, 1h	
(iv) List current age-appropriate screening guidelines recommended by professional organizations	K	MCQ, SP, OSCE	2b	Healthy People 2010 – Sexually Transmitted Diseases www.health.gov/healthypeople/document/html/volume2/25stds.htm
(v) Describe the complex interplay of education, race, and socioeconomic status as they relate to each other and the compilation of risk factors for sexually transmitted diseases	K	SP, OSCE	5c	Healthy People 2010 – Sexually Transmitted Diseases www.health.gov/healthypeople/document/html/volume2/25stds.htm
F. CONTRACEPTIVE PRACTICES, FAMILY PLANNING AND UNINTENDED PREGNANCY				
(i) Know the effectiveness of various available forms of contraception	K	MCQ, SP, OSCE	2b	Am J Obstet Gynecol, 01-Nov-1999; 181(5 Pt 1): 1263-9 Am J Obstet Gynecol, 2001 Aug; 185(2); 4-12
(ii) Assess most appropriate method of contraception for different patient populations	KH	SP, OSCE	1b, 5c	Pediatrics, 01-Mar-2001; 107(3): 562-73; Am J Obstet Gynecol, 2001 Aug; 185(2); 32-37
(iii) Discuss the barriers to effective contraceptive use among adolescents	K	SP, OSCE	1b, 3a	Pediatrics, 01-Nov-1999; 104(5 Pt 1): 1161-6 JAMWA, 1999; 54(3):109-114
(iv) Understand the effective strategies for preventing teenage pregnancy	K	SP, OSCE	1b	Pediatrics, 1999; 103(2):516-520 J Pediatr Adolesc Gynecol, 01-Nov-1999; 12(4): 185-93

Learning objective	Level of competence*	Appropriate evaluation methods#	ACGME competency/skill+	References
(v) Describe the types of emergency contraception available and the legal issues surrounding their use	K	SP, OSCE	1b	A Closer Look at Emergency Contraception Fact Sheet – ACOG Website www.acog.com/from_home/departments/dept_notice.cfm?recno=11&bulletin=1571
(vi) List pregnancy options available to adult women, adolescents, and the legal issues tied to confidentiality	K	SP, OSCE	1b	Clinics in Family Practice, 2000; 2(4)
G. POSTMENOPAUSAL HORMONE REPLACEMENT THERAPY				
(i) Educate midlife women about menopausal symptoms and diseases that increase in incidence after menopause	SH	MCQ, SP, OSCE	1d, 2b	N Engl J Med, 2001; 345:34-40
(ii) Determine whether a postmenopausal woman has a clear indication for initiating hormone replacement therapy (HRT) or a contraindication to receiving it	KH	SP, OSCE, Oral exam	1b, 3b	N Engl J Med, 2001; 345:34-40
(iii) Review the benefits and risks of HRT with the patient, emphasizing the lack of certainty regarding many of these issues	KH	SP, OSCE, Oral exam	2b, 3b	N Engl J Med, 2001; 345:34-40
(iv) Discuss possible side effects, particularly the risk of vaginal bleeding in women with an intact uterus, since these women should take estrogen-progestin therapy	K	SP, OSCE, Oral exam	2b, 3b	N Engl J Med, 2001; 345:34-40
(v) Review alternative approaches for the management of menopausal symptoms and prevention of osteoporosis and cardiovascular disease	K	MCQ, SP, OSCE	2b	
(vi) Ask about and incorporate a woman's personal preferences in the selection of an optimal menopause-management and preventive health strategy	KH	OSCE	5a, 5c	
H. MENTAL HEALTH				
(i) Depression				
a. Determine the risk for depression, taking into account family history, reproductive history, including incidence of post-partum depression or mood changes, personal violence, substance abuse history, major life changes and family situation stressors	KH	SP, OSCE	1b, 1h	J Clin Psychiatry, 1998; 59 suppl 2:29-33 J Clin Psychiatry, 1997; 58 suppl 15:12-18 J Gender-Specific Medicine, 1998; 1(2):33-36 Harvard Review of Psychiatry, 1996; 4(4):200-207
b. Assess for indicators of current depressed mood, using the Beck's Depression scale	KH	SP, OSCE	1b, 2b	Community Mental Health J, 1999; 35(5):401-419 Medical Clinics of North America, 1998; 82(2):359-389
c. Advise women on the recommended management strategies for depression, including pharmacologic and nonpharmacologic strategies	SH	SP, OSCE	1d, 2b	Depression in Primary Care: Detection, Diagnosis and Treatment – Clinical Practice Guideline and Quick Reference (1994)
d. Assess danger of suicide or violence associated with the level of depression demonstrated	KH	SP, OSCE	1b, 2b	J Clin Psychiatry, 1998; 59 suppl 2:34-40
e. Determine the woman's risk of depression in association with infertility, poor pregnancy outcome, menstrual problems and menopause	KH	SP, OSCE	1b, 2b	
f. List which groups of women are at higher risk for depression	K	MCQ, SP, OSCE	2b	
(ii) Anxiety				
a. Determine the risk for anxiety disorders taking into account family history, personal violence, substance abuse, and family stressors	KH	SP, OSCE	1b, 1h	J Clin Psychiatry, 1999; 60 suppl 18:4-15 J Clin Psychiatry, 1997; 58 suppl 3:62-67, Discussion 68-69
b. Recognize the presentations of anxiety disorders in women	K	SP, OSCE	1b, 2b	J Clin Psychiatry, 1996; 57 suppl 7:3-8
c. Classify anxiety disorders in women and counsel women regarding stress and anxiety alleviating behaviors and techniques	K	SP, OSCE	1d, 2b	J Psychopharmacology, 2000;14(1):70-76 J Clin Psychiatry, 1999; 60 suppl 9:9-13

Learning objective	Level of competence*	Appropriate evaluation methods#	ACGME competency/skill+	References
d. Advise women on the recommended management strategies for anxiety disorders, including pharmacologic & nonpharmacologic strategies	SH	SP, OSCE	1d, 2b	
(iii) Stress management				
a. Effectively counsel women regarding stress management	SH	SP, OSCE	1d, 2b	
(iv) Eating disorders				
a. List the prevalence of eating disorders in women throughout the life-span, their physical manifestations, complications and comorbidities	K	MCQ, SP, OSCE	2b	Depression & Anxiety, 1998; 8 suppl 1:96-104 Obstetrics & Gynecology Clinics of North Amer, 2000; 27(1):1-18 International J of Eating Disorders, 1994; 16(1):1-34 Amer Family Physician, 1998; 57(11):2743-2750
b. Differentiate eating disorders from dietary habits	K	SP, OSCE	1b, 2b	
c. Identify medical clues to eating disorders, including the life-threatening presentations of anorexia nervosa and bulimia	K	SP, OSCE	1b, 2b	
d. Advise women on the recommended management strategies for eating disorders, including pharmacologic and nonpharmacologic strategies, and referral resources	SH	SP, OSCE	1d, 2b	
I. SUBSTANCE ABUSE				
(i) Illicit drugs				
a. Assess the likelihood that a woman is using illicit drugs using standard screening methods that have been tested in women	KH	SP, OSCE	1b	Medical Clinics of North America, 1998; 82(2):359-389 Am J on Addictions, 1997; 6(4):273-283 Primary Care Clinics in Office Practice, 2000 ;27(1):1-12 Clinics in Perinatology, 1993; 20(1):29-45 Women's Health Issues, 1998; 8(4):208-217 Int'l J of Gynaecology and Obstetrics, 1998; 63 suppl 1:S25-31 J Clin Psychiatry, 1999; 60 suppl 2:63-69 Annual Rev of Psychology, 1999; 50:387-418 J Substance Abuse, TX, 1999; 16(3):195-219 J Amer Medical Womens Assn, 1999; 54(2):71-78 Milbank Quarterly, 1999; 77(4):531-570 Psychiatry Clinics of North America, 1999; 22(2):241-252
b. Provide the woman with treatment options that have been shown to be effective in women	SH	MCQ, SP, OSCE	1d, 2b, 3b	
c. Identify risk factors for substance abuse and methods of primary prevention of substance abuse	K	MCQ, SP, OSCE	1b	
d. Describe the epidemiology of alcohol abuse and substance abuse in homeless women with children and the impact on other socially deviant behaviors (child neglect, child abuse, child abandonment, sexual promiscuity, prostitution and criminal behavior)	K	MCQ, SP, OSCE	2b	
e. Assess the prenatal and perinatal effects of illicit drugs on the mother and infant	KH	SP, OSCE	1b	
(ii) Misuse of legal medications				
a. Identify risk factors for misuse of prescription drugs and other legal medications and treatment options for this abuse	K	MCQ, SP, OSCE	1b	
(iii) Tobacco				
a. Identify risk factors for tobacco abuse and methods of primary prevention of tobacco abuse	K	SP, OSCE	1b, 2b	J Natl Cancer Institute, 1999; 9(16):1365-1375 Psychiatric Clinics of North America, 1999; 22(2):241-259 MMWR, 1994; 43(RR-2):1-18 MMWR, 1994; 43(RR-4):1-10 Postgraduate Medicine, 1997; 102(3):135-7, 140-145, 149-150 Schizophrenia Research, 1999; 33(1-2):1-26 Clinical Practice Guideline: Treating Tobacco Use and Dependence, 2000
b. Recognize the consequences of tobacco abuse during the reproductive years	K	SP, OSCE	1b, 2b	
c. Recognize the consequences of tobacco abuse in association with other medical illnesses (cardiovascular disease, diabetes, lung disease, cancer, peptic ulcer disease, osteoporosis)	K	SP, OSCE	1b, 2b	
d. Recognize the factors predictive of successful smoking cessation during pregnancy and at other times in the life-span	K	SP, OSCE	1b, 2b	
e. Effectively use the National Cancer Institute's basic model for smoking cessation in counseling patients to stop smoking	KH	SP, OSCE	1d, 2b	
(iv) Alcohol				
a. Identify risk factors for alcohol abuse and methods of primary prevention of alcohol abuse	K	SP, OSCE	1b, 2b	Indian J of Pediatrics, 1998; 65(2):283-289 Postgraduate Medicine, 1997; 102(3):135-137, 140-145, 149-150

Learning objective	Level of competence*	Appropriate evaluation methods#	ACGME competency/skill+	References
b. Identify differences in presentation of alcohol abuse throughout the lifespan and counsel patients appropriately using pharmacologic and nonpharmacologic treatment methods	K	SP, OSCE	1b, 2b	Medical Clinics of North America, 1998; 82(1):127-144 J Obstetric, Gynecologic & Neonatal Nursing, 1997; 26(5):S77-84 Medical Clinics of North America, 1997; 81(4):979-998 J Psychoactive Drugs, 1996; 28(4):319-343
c. Recognize the consequences of alcohol abuse during the reproductive years	K	SP, OSCE	1b, 2b	
d. Describe the epidemiology of alcohol abuse and use in culturally divergent populations (Caucasian versus African-American versus Mexican-American, versus American-Indian women)	K	MCQ, SP, OSCE	2b	
e. Effectively use screening questions (CAGE and CAGE with added questions for women) in assessing alcohol abuse in women	SH	SP, OSCE	1d, 2b	
f. Screen appropriately for alcohol abuse in the presence of other illnesses (depression, illicit drug abuse, suicide attempt, personal violence)	SH	SP, OSCE	1d, 2b	
(v) Other Addictions – Compulsive gambling, eating disorders, sexual behavior				
a. Recognize that individuals who engage in one addiction are at risk for another	K	SP, OSCE	1d, 2b	Psychological Reports, 80(3 Pt 1):1051-7, 1997
J. PERSONAL SAFETY				
(i) State the prevalence, risk factors, morbidity, and mortality associated with adult domestic violence in clinical and non-clinical populations	K	MCQ, SP, OSCE	2b	JAMWA, 1999;54(3):144-148 JAMWA, 1996;51(3):77-82 http://endabuse.org/programs/display.php3?DocID=25 www.ojp.usdoj.gov/vawo/
(ii) Discuss the physician's role in screening, diagnosing, managing, documenting, reporting and referring adult domestic violence	K	SP, OSCE	1d, 5c	NEJM, 1999; 341(12):886-892. Women's Health Issues, 1995; 5(4):158-170
(iii) List and explain the barriers to identification of domestic violence	K	MCQ, SP, OSCE	2b, 5c	
(iv) Describe how to structure an interview with possible victims to maximize the possibility of obtaining information	K	SP, OSCE	4b, 5c	Alpert E, Freund K, Park C, Patel J, Sovak M. Partner violence: How to treat victims of abuse. Massachusetts Medical Society, 1992

* Levels of Competence as defined by GE Miller in *The assessment of clinical skills / competence / performance*. (Acad Med 1990;65:S63-7.) Abbreviations used in this column are as follows:
K = knows KH = knows how SH = shows how D = does

Potential evaluation methods as described in the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Medical Specialties (ABMS) *Toolbox of Assessment Methods*. Version 1.1. September 2000. www.acgme.org. Abbreviations used in this column are as follows:

MCQ's = Multiple Choice Examinations OSCE = Objective Structured Clinical Exam SP = Standardized Patients KF = Key Features Exam

+ Relevant residency level competency or skill as found in the Accreditation Council for Graduate Medical Education (ACGME) Outcome Project and defined as the Minimum Program Requirements Language. Approved by the ACGME, September 28, 1999. www.acgme.org. They are also summarized on pages 6-7 of this document. The abbreviations used in this column are fully defined in the table on page 7.

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SECTION SEVEN: Acknowledgements

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