OB/Gyn
Critical Thinking Cards

Active Learning & Developing Critical Thinking: Illness Scripts

1) What is the chief complaint?
2) What is the differential diagnosis for the chief complaint?
3) What are important questions to ask during the HPI and why?
   Pertinent positives and negatives?
4) What is important in the medical history and why?
5) What exam should you do and why? What might you expect to see on exam and why?

Illness Scripts Continued

6) What labs or imaging or other diagnostic tests will you order to make a diagnosis and why?
7) You have made a diagnosis of X, now what are the treatment options available to the patient?
8) What are the risks/benefits/goals/expected outcomes of your treatment?
9) Why would you choose treatment X over treatment Y for a particular patient? (Shared Decision Making)
10) How will you educate the patient about her diagnosis and the treatment plan?
Ectopic Pregnancy

An ectopic pregnancy is an extrauterine pregnancy. Almost all ectopic pregnancies occur in the fallopian tube (98 percent), but other possible sites include: cervical, interstitial, hysterotomy scar, intramural, ovarian, or abdominal. In addition, in rare cases, a multiple gestation may be heterotopic.

Spontaneous Abortion

Spontaneous abortion, or miscarriage, is defined as a clinically recognized pregnancy loss before the 20th week of gestation. The World Health Organization (WHO) defines it as expulsion or extraction of an embryo or fetus weighing 500g or less.

Preeclampsia-Eclampsia

Preeclampsia is a multi-system disorder characterized by the new onset of hypertension and either proteinuria or end-organ dysfunction in the last half of pregnancy. Although most affected pregnancies deliver at term or near term with good maternal and fetal outcomes, these pregnancies are at increased risk for maternal and/or fetal mortality or serious morbidity.

Eclampsia refers to the occurrence of new-onset, generalized, tonic-clonic seizures or coma in a woman with preeclampsia. It is the convulsive manifestation of preeclampsia and one of several clinical manifestations at the severe end of the preeclampsia spectrum. Despite advances in detection and management, preeclampsia/eclampsia remains a common cause of maternal morbidity and death.
Ectopic Pregnancy  Topic Objective #15

*Common Chief Complaints*

"I missed my period"
"Pelvic pain"
"Irregular bleeding"

Spontaneous Abortion  Topic Objective #16

*Common Chief Complaints*

"I missed my period"
"Pelvic pain"
"Irregular Bleeding"
"I started passing tissue"

Preeclampsia-Eclampsia  Topic Objective #18

*Common Chief Complaints*

"I have a headache"
"I am having blurry vision"
"I have RUQ pain"
"My feet are really swollen"
**Alloimmunization**

*Rhesus (Rh) negative women who deliver an Rh positive baby or who are otherwise exposed to Rh positive red blood cells are at risk of developing anti-Rh antibodies. Rh positive fetuses/neonates of these mothers are at risk of developing hemolytic disease of the fetus and newborn, which can be lethal or associated with serious morbidity.*

**Abnormal Labor**

*Labor refers to uterine contractions resulting in progressive dilation and effacement of the cervix, accompanied by descent and expulsion of the fetus. "Abnormal labor," "dystocia," and "failure to progress" are traditional but imprecise terms that have been used to describe a labor pattern deviating from that observed in the majority of women who have spontaneous vaginal deliveries. These labor abnormalities are best described as protraction disorders (ie, slower than normal progress) or arrest disorders (ie, complete cessation of progress).*

**Bleeding in Pregnancy**

*Vaginal bleeding is a common event at all stages of pregnancy. The source is virtually always maternal, rather than fetal. Bleeding may result from disruption of blood vessels in the decidua (ie, pregnancy endometrium) or from patient's gestational age and the character of her bleeding (light or heavy, associated with pain or painless, intermittent or constant). Laboratory and imaging tests are then used to confirm or revise the initial diagnosis.*
**Alloimmunization**

**Topic Objective #19**

**Common Chief Complaints**
No common chief complaints. Generally a diagnosis made on prenatal labs or found on OB history.

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**Abnormal Labor**

**Topic Objective #22**

**Common Chief Complaints**
"I am having contractions"
“I can't feel the baby move"
"I think I broke my bag of water"
"I am having some vaginal spotting"
"I am having some vaginal discharge"

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**Bleeding in Pregnancy**

**Topic Objective #23**

**Common Chief Complaints**
"I am 11 weeks and having bleeding"
"I am 23 weeks and having bleeding"
"I am 35 weeks and having bleeding"
"I am bleeding and I can't feel the baby move"
"I am having painless bleeding"
"I am having painful bleeding with contractions"
Preterm Labor

Preterm labor precedes about 50 percent of preterm births, but approximately 30 percent of preterm labor spontaneously resolves, less than 10 percent of women presenting with preterm contractions give birth within seven days, and 50 percent of patients hospitalized for preterm labor give birth at term. For patients with true preterm labor, tocolytic therapy often abolishes contractions temporarily, but does not remove the underlying stimulus that initiated the process of parturition or reverse parturitional changes in the uterus. The net result is that a single course of tocolytics may delay delivery by hours to days, but not weeks or months.

Preterm Rupture of Membranes

Premature rupture of membranes (PROM) refers to membrane rupture before the onset of uterine contractions (also known as prelabor rupture of membranes); preterm PROM (PPROM) refers to PROM before 37 weeks of gestation.

Postterm Pregnancy

The timely onset of labor and delivery is an important determinant of perinatal outcome. Both preterm and postterm births are associated with higher rates of perinatal morbidity and mortality than pregnancies delivering at term. Postterm pregnancy refers to a pregnancy that is greater than or equal to 42 weeks of gestation or greater than or equal to 294 days from the first day of the last menstrual period. Accurate pregnancy dating is critical to the diagnosis.
Preterm Labor  

**Topic Objective #24**

**Common Chief Complaints**
"I am having contractions"
"I can't feel the baby move"
"I think I broke my bag of water"
"I am having some vaginal spotting"
"I am having some vaginal discharge"

Preterm Rupture of Membranes  

**Topic Objective #25**

**Common Chief Complaints**
"I am having contractions"
"I can't feel the baby move"
"I think I broke my bag of water"
"I am having some vaginal spotting"
"I am having some vaginal discharge"

Postterm Pregnancy  

**Topic Objective #30**

**Common Chief Complaints**
"I am having contractions"
"I can't feel the baby move"
"I think I broke my bag of water"
"I am having some vaginal spotting"
"I am having some vaginal discharge"
Topic Objective #31

Fetal Growth Abnormalities

Fetal Growth Restriction: A major focus of prenatal care is to determine whether a fetus is at risk for growth restriction and to identify the growth restricted fetus. Fetal growth is important because there is an inverse relationship between the fetal/neonatal weight percentile and adverse perinatal outcome, with the greatest risk at weights below the third percentile for gestational age. In addition, fetal growth restriction appears to be an antecedent to some cases of hypertension, hyperlipidemia, coronary heart disease, and diabetes mellitus in the adult. Prenatal screening for fetal growth restriction (FGR) in general obstetrical populations involves identifying risk factors for impaired fetal growth and physically assessing fetal size.

Macrosomia: Despite major progress in obstetrics over the last 100 years, the delivery of large fetuses remains a source of anxiety among caregivers because these pregnancies are at increased risk of several perinatal complications, including: Maternal Risks - Protracted or arrested labor, Operative vaginal delivery, Cesarean delivery, Genital tract lacerations, Postpartum hemorrhage, Uterine rupture. Fetal & Neonatal Risks - Shoulder dystocia leading to birth trauma (brachial plexus injury, fracture) or asphyxia, Neonatal hypoglycemia. Long-term Risks in offspring - Development of impaired glucose tolerance and obesity, Development of metabolic syndrome, Increase in aorta intima-media thickness, left ventricular mass, and abnormal lipid profile.

Topic Objective #33

Family Planning

Individuals choose to use contraception for many reasons: All contraceptives provide control over the timing of pregnancy and avoidance of unintended pregnancy. Condoms provide protection from sexually transmitted infections, Hormonal contraceptives provide noncontraceptive health benefits. A high rate of unintended pregnancy despite contraception highlights the importance of understanding contraceptive efficacy in terms of typical, rather than perfect, use.

Topic Objective #34

Pregnancy Termination

Uterine evacuation is an integral part of obstetric and gynecologic care, not only for elective pregnancy termination, but also in the management of spontaneous abortion, intrauterine fetal demise, retained products of conception, and gestational trophoblastic neoplasia. The choice of technique for uterine evacuation depends more upon uterine volume and operator experience than the underlying indication for the procedure.
Fetal Growth Abnormalities  

**Common Chief Complaints**

No common chief complaints.  
Generally a diagnosis made on US.

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Family Planning  

**Common Chief Complaints**

No common chief complaints.  
Generally a request to discuss.

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Pregnancy Termination  

**Common Chief Complaints**

No common chief complaints.  
Generally a request to discuss.
Vulvar & Vaginal Disease

Vulvar intraepithelial neoplasia (VIN) is a premalignant condition of the vulva. VIN refers to squamous lesions, which comprise the great majority of vulvar neoplasia. There is no routine screening for VIN or vulvar carcinoma.

Sexually Transmitted Infections & Urinary Tract Infections

Sexually transmitted infections (STIs) are a major public health problem in developed and developing countries. Complications of untreated STIs include upper genital tract infections, infertility, cervical cancer, and enhanced transmission and acquisition of herpesviruses, hepatitis viruses, and the human immunodeficiency virus (HIV). The approach to STI diagnosis and management is based upon disease or symptom-specific syndromes, including vaginal discharge, urethral discharge, ulcerative genital disease, nonulcerative genital disease, nonulcerative genital disease, and pelvic pain.

Urinary tract infections: Acute cystitis refers to infection of the bladder (lower urinary tract); it can occur alone or in conjunction with pyelonephritis (infection of the kidney - the upper urinary tract). Most episodes of cystitis and pyelonephritis are generally considered to be uncomplicated in otherwise healthy nonpregnant adult women. A complicated urinary tract infection, whether localized to the lower or upper tract, is associated with an underlying condition that increases the risk of infection or of failing therapy (such as obstruction, anatomic abnormality, urologic dysfunction, or a multiply-resistant uropathogen).

Pelvic Floor Disorders

Pelvic organ prolapse (POP), the herniation of the pelvic organs to or beyond the vaginal walls, is a common condition. Many women with prolapse experience symptoms that impact daily activities, sexual function, and exercise. The presence of POP can have a detrimental impact on body image and sexuality.
Vulvar & Vaginal Disease   

**Common Chief Complaints**

"I have vulvar itching"
"I have vaginal itching"
"I have a new vaginal discharge"
"I have noticed a new vaginal odor"
"I felt a lump"
"I had some bleeding, cracking of the skin"

Sexually Transmitted Infections & Urinary Tract Infections

**Common Chief Complaints**

"I have vulvar itching" - "I have vaginal itching"
"I have a new vaginal discharge"
"I have noticed a new vaginal odor"
"I felt a lump, lesion, blister" - "I had some spotting after sex"
"I had some bleeding, cracking of the skin"
"I have pain when I pee" - "I pee every 30 minutes"
"I don't empty my bladder, and have to pee again right after"
"I had some blood in my urine"
"My urine is a different color, different odor"
"I had a fever, chills, flu-like symptoms"

Pelvic Floor Disorders   

**Common Chief Complaints**

"Something is falling out of the vagina"
"I feel like I am sitting on a golf ball, tennis ball"
"I don't empty my bladder all the way"
"When I stand up after peeing, more urine falls out"
"When I get constipated, I feel like the stool gets stuck"
Topic Objective #38 & 39

Endometriosis & Chronic Pelvic Pain

Endometriosis: According to the Practice Committee of the American Society for Reproductive Medicine, "endometriosis should be viewed as a chronic disease that requires a life-long management plan with the goal of maximizing the use of medical treatment and avoiding repeated surgical procedures"

Chronic Pelvic Pain (CPC) refers to pain of at least six months' duration that occurs below the umbilicus and is severe enough to cause functional disability or require treatment.

Topic Objective #42

Puberty

Adolescents experience several types of maturation, including cognitive (the development of formal operational thought), psychosocial (the stages of adolescence), and physical. This complex series of physical transitions is known as puberty, and these changes may impact psychosocial factors. The most visible changes during puberty and growth in stature and development of secondary sexual characteristics. Equally profound are changes in body composition; the achievement of fertility; and changes in most body systems, such as the neuroendocrine axis, and bone size and mineralization; and the cardiovascular system.

Topic Objective #44

Hirsutism & Virilization

Hirsutism: defined as excessive male-pattern hair growth, affects between 5 and 10 percent of women of reproductive age. It may be the initial, and possibly only, sign of an underlying androgen disorder, the cutaneous manifestations of which may also include acne and male-pattern balding (androgenetic alopecia). The most common cause of hirsutism is polycystic ovary syndrome (PCOS). In some cases, hirsutism is mild and requires only reassurance and local (nonsystemic) therapy, while in others it causes significant psychological distress and requires more extensive therapy.

Virilization: The adrenal glands are a prominent source of androgen, particularly in children and women. Excess adrenal androgen secretion is an occasional cause of hirsutism and virilization in women.
Common Chief Complaints

"I have painful periods"
"I have pain with intercourse"
"I have been trying to get pregnant but I can’t"
"I have pelvic pain"

Puberty

Common Chief Complaints

No common chief complains.
Generally a request to discuss.
Know what normal puberty is and how to identify abnormal changes.

Hirsutism & Virilization

Common Chief Complaints

"I have hair on my face"
"I am losing hair on my head"
"I have hair on my abdomen"
"My voice is deepening"
"I have acne and I am 34 years old!"
Menopause

Natural menopause is defined as the permanent cessation of menstrual periods, determined retrospectively after a woman has experienced 12 months of amenorrhea without any other obvious pathological or physiological cause. It occurs at a median age of 51.4 years in normal women, and is a reflection of complete, or near complete, ovarian follicular depletion, with resulting hypoestrogenemia and high FSH concentrations.

Infertility

Infertility is a common condition with important psychological, economic, demographic, and medical implications.

Amenorrhea

Amenorrhea (absence of menses) can be a transient, intermittent, or permanent condition resulting from dysfunction of the hypothalamus, pituitary, ovaries, uterus, or vagina. It is often classified as either primary (absence of menarche by age 15 years) or secondary (absence of menses for more than three cycles or six months in women who previously had menses). The menstrual cycle is susceptible to outside influences; thus, missing a single menstrual period is rarely important. In contrast, prolonged amenorrhea may be the earliest sign of a decline in general health or signal an underlying condition such as hypothyroidism.
Menopause

**Common Chief Complaints**

"I have not flashes"
"I have night sweats"
"I have decreased libido"
"I have vaginal dryness"
"I have pain with intercourse"
"My periods are irregular"

Infertility

**Common Chief Complaints**

"I have been trying to get pregnant for over 6 months, over a year"
"I have had 3 miscarriages"
"I have chronic pelvic pain"

Amenorrhea

**Common Chief Complaints**

"I am 15yo and I don't have my period yet and other girls do"
"My periods are irregular"
"I haven't had a period in 3 or 6 months"
Abnormal uterine bleeding (AUB) (a term which refers to menstrual bleeding of abnormal quantity, duration, or schedule) is a common gynecologic complaint, accounting for one-third of outpatient visits to gynecologists. AUB can be caused by a wide variety of local and systemic diseases or related to medications. The most common etiologies in nonpregnant women are structural uterine pathology (eg, fibroids, endometrial polyps, adenomyosis), anovulation, disorders of hemostasis, or neoplasia.

Dysmenorrhea

Primary dysmenorrhea refers to the presence of recurrent, crampy, lower abdominal pain occurring during menses and in the absence of demonstrable disease.

Gestational Trophoblastic Neoplasia

Gestational trophoblastic neoplasia (GTN) refers to a group of malignant neoplasms that consist of abnormal proliferation of trophoblastic tissue, and may follow a hydatiform mole or a nonmolar pregnancy. GTN is comprised of the following histologic types: Invasive mole, Choriocarcinoma, Placental site trophoblastic tumor (PSTT), Epithelioid trophoblastic tumor (ETT).
Normal & Abnormal Uterine Bleeding  

**Common Chief Complaints**
"I have really heavy periods"
"My periods are really irregular"
"My periods last 15 days"
"I bleed in between cycles"

**Dysmenorrhea**  

**Common Chief Complaints**
"I have painful periods"
"I have pain with intercourse"
"I have heavy periods"
"I have pelvic pain"

Gestational Trophoblastic Neoplasia  

**Common Chief Complaints**
"I feel pregnant"
"I missed my period"
"I am having vaginal bleeding"
"I felt a mass"
"I am having severe N/V"
Vulvar Neoplasms

Vulvar intraepithelial neoplasia (VIN) is a premalignant condition of the vulva. VIN refers to squamous lesions, which comprise the great majority of vulvar neoplasia. There is no routine screening for VIN or vulvar carcinoma.

Cervical Disease & Neoplasia

Cancer of the uterine cervix is the third most common gynecologic cancer diagnosis and cause of death among gynecologic cancers in the United States. Human papillomavirus (HPV) is central to the development of cervical neoplasia and can be detected in 99.7 percent of cervical cancers. The most common histologic types of cervical cancer are squamous cell (69 percent of cervical cancers) and adenocarcinoma (25 percent).

Uterine Leiomyomas

Uterine leiomyomas (fibroids or myomas) are benign tumors. Since histologic confirmation of the clinical diagnosis is not necessary in most cases, and there is both growth and regression of fibroids, asymptomatic uterine leiomyomas can usually be followed without intervention. Evidence-based guidelines support not treating asymptomatic fibroids.
Vulvar Neoplasms

**Common Chief Complaints**

"I have vulvar itching"
"I have vaginal itching"
"I have a new vaginal discharge"
"I have noticed a new vaginal odor"
"I felt a lump"
"I had some bleeding, cracking of the skin"

Cervical Disease & Neoplasia

**Common Chief Complaints**

"I am having bleeding after sex"
"I have really heavy periods"
"My periods are really irregular"
"My periods last 15 days"
"I bleed in between cycles"

Uterine Leiomyomas

**Common Chief Complaints**

"I have really heavy periods"
"My periods are really irregular"
"My periods last 15 days"
"I bleed in between cycles"
Endometrial Hyperlasia & Carcinoma

Endometrial hyperplasia is characterized by a proliferation of endometrial glands (the lining of the uterine cavity) that may progress to or coexist with endometrial cancer. The majority of cases of endometrial hyperplasia result from chronic exposure of the endometrium to estrogen unopposed by a progestin. The majority of women present with abnormal uterine bleeding.

Ovarian Neoplasms

In gynecology, the adnexa refers to the region adjoining the uterus that contains the ovary and fallopian tube, as well as associated vessels, ligaments, and connective tissue. Pathology in this area may also arise from the uterus, bowel, retroperitoneum, or metastatic disease from another site, such as the breast or stomach. A mass in the adnexa may be symptomatic or discovered incidentally. Some will regress spontaneously; others require a surgical procedure for histologic diagnosis and treatment.

Pap Smear

Cervical cancer screening has decreased the incidence of and mortality from cervical cancer. Methods for screening include evaluation with the Papanicolaou (Pap) test cytology and testing for high-risk types of human papilloma virus (HPV). This discussion will focus on recommendations for screening in developed countries, including appropriate ages for the initiation and discontinuation, frequency, and screening methods.
Endometrial Hyperlasia & Carcinoma

**Common Chief Complaints**

"I have really heavy periods"
"My periods are really irregular"
"My periods last 15 days"
"I bleed between cycles"
"I stopped my periods years ago and now I am bleeding again"

Ovarian Neoplasms

**Common Chief Complaints**

"I am having RLQ, LLQ pelvic pain"
"I have a pelvic fullness"
"I am having pain with sex"
"I have pressure on my bladder or rectum"

Pap Smear

**Common Chief Complaints**

“I had an abnormal pap in the past”
“They froze my cervix”
“They took some abnormal cells off my cervix (Leep, or cold knife cone)”
Usually no CC.
Topic Objective #17

Medical Complications of Pregnancy

Many pregnant patients will have pre-existing medical conditions such as asthma, hypertension, thyroid disease, etc. that can be exacerbated by pregnancy and the surveillance and treatment of these chronic illnesses may need to be adjusted during pregnancy. In addition, pregnancy can predispose women to developing a medical issue such as a DVT/PE, or UTIs or thyroid disease, or gallbladder disease, etc. Physicians need to be aware of the common medical complications that can arise in pregnancy and know how to recognize the symptoms and treat the condition.

Topic Objective #20

Multifetal Gestation

Multiple births are increasing in the United States and contribute disproportionately to perinatal and neonatal mortality and morbidity.

Topic Objective #21

Fetal Death

Almost one-half of late fetal deaths occur in apparently uncomplicated pregnancies, usually before labor begins; thus, most parents are unprepared when told that the fetus has died. The family's anticipation of a joyous birth is supplanted by sadness, despair, confusion, and loss, including loss of a desired child, loss of self-esteem as a parent, and loss of confidence in the ability to produce a healthy child. Psychological sequelae include depression, posttraumatic stress disorder, and anxiety, which may adversely affect a subsequent pregnancy.
Medical Complications of Pregnancy  Topic Objective #17

**Common Chief Complaints**

Depends on the medical illness  
**Neuro:** Blurred vision, headache  
**Pulmonary:** SOB  
**Cardiac:** Chest pain, tachycardia  
**Heme:** Leg swelling, SOB  
**GI:** N/V, RUQ pain, rash, pruritis  
**GU:** frequency, urgency, fever, dysuria

Multifetal Gestation  Topic Objective #20

**Common Chief Complaints**

None.  
These patients are at higher risk for preterm labor, preeclampsia, and other pregnancy complications.

Fetal Death  Topic Objective #21

**Common Chief Complaints**

“I can’t feel the baby move”  
“Baby is moving a lot less”  
“I have been having some vaginal bleeding”  
“I am having contractions”
Topic Objective #27

Postpartum Hemorrhage

PPH is described as primary or secondary: Primary PPH occurs in the first 24 hours after delivery (also called early PPH) and secondary PPH occurs 24 hours to 12 weeks after delivery (also called late or delayed PPH).

PPH is classically defined by the volume of blood loss. The most common definition is estimated blood loss ≥500 mL after vaginal birth or ≥1000 mL after cesarean delivery.

Topic Objective #28

Postpartum Infection

Common sites of postpartum infection include the breast (mastitis), wound infection at the C-section site, episiotomy/laceration site infection, pneumonia, urinary tract infection, the endometrium (endometritis).

Topic Objective #29

Anxiety & Depression

Patients may have pre-existing anxiety and depression prior to pregnancy and pregnancy can alter the disease course and the provider may need to adjust treatment during pregnancy. In addition, anxiety and depression may develop during or after pregnancy. Many new moms experience the "postpartum baby blues", which commonly include mood swings, crying spells, anxiety and difficulty sleeping. Baby blues typically begin within the first two to three days after delivery, and may last for up to two weeks.

But some new moms experience a more severe, long-lasting form of depression known as postpartum depression. Rarely, an extreme mood disorder called postpartum psychosis also may develop after childbirth.
Postpartum Hemorrhage  Topic Objective #27

*Common Chief Complaints*

“I am soaking through a pad an hour”
“I feel dizzy and lightheaded”
“My heart is racing”

Postpartum Infection  Topic Objective #28

*Common Chief Complaints*

“I feel hot like I have a fever”
“My breast is warm and red”
“My incision is warm and red”
“I have a cough and green sputum”
“I have frequency, urgency, dysuria”
“I have back pain”
“I have suprapubic pain”

Anxiety & Depression  Topic Objective #29

*Common Chief Complaints*

“I don’t feel like eating”
“I don’t feel like doing anything”
“I don’t have any energy”
“I am sad and cry a lot”
“I am not sleeping well”
Disorders of the Breast

Most women experience breast changes at some time. Age, hormone levels, and medicines may cause lumps, bumps, and nipple discharges.

Minor and serious breast problems have similar symptoms. Although many women fear cancer, most breast problems are not cancer.

Disorders of the breast include disorders in breast development, breast pain, breast cysts/lumps, breast precancer and cancer, and nipple disorders including nipple inversion, nipple discharge (clear, bloody, milky), clogged ducts, difficulty with breast feeding.

Premenstrual Syndrome & Premenstrual Dysphoric Disorder

The premenstrual syndrome (PMS) is characterized by the presence of both physical and behavioral symptoms that occur repetitively in the second half of the menstrual cycle and interfere with some aspects of the woman's life. The American Psychiatric Association defines premenstrual dysphoric disorder (PMDD) as a severe form of PMS in which symptoms of anger, irritability, and internal tension are prominent.

Sexuality & Modes of Sexual Expression

Human sexuality is a broad concept that embodies interaction among anatomy, hormones, and physiology, psychology, interpersonal relationships, and sociocultural influences. Approaching sexuality as a paradigm of intersecting factors between gender and sex can help providers begin to appreciate the complexities of sexuality.
Disorders of the Breast  

**Common Chief Complaints**

“I have breast pain”
“I have a breast lump”
“I have bloody nipple discharge”
“I have clear nipple discharge”
“I have a milky nipple discharge?”
“The skin over my breast is red, warm, puckered”

Premenstrual Syndrome & Premenstrual Dysphoric Disorder  

**Common Chief Complaints**

“I don’t feel like eating”
“I don’t feel like doing anything”
“I don’t have any energy”
“I am sad and cry a lot”
“I am not sleeping well”
“I am angry and irritable”

Sexuality & Modes of Sexual Expression  

**Common Chief Complaints**

“I don’t feel like I fit in”
“I don’t feel or act like a girl”
“I don’t feel or act like a boy”
“I don’t feel like eating”
“I don’t feel like doing anything”
“I don’t have any energy”
“I am sad and cry a lot”
“I am not sleeping well”
Sexual Assault

Sexual assault is defined as any sexual act performed by one person on another without consent. It may result from the use of force, the threat of force, or from the victim's inability to give consent. Sexual assault victims do not "entice" their assailants; sexual assault is an act of conquest and control.

The assessment of sexual assault victims includes several domains:
- Assessment and treatment of physical injury with special focus on the genitalia
- Psychological assessment and support
- Pregnancy assessment and prevention
- Evaluation, treatment, and prevention of sexually transmitted disease
- Forensic evaluation

Domestic Violence

The term "intimate partner violence" describes actual or threatened psychological, physical, or sexual harm by a current or former partner or spouse. IPV can occur among heterosexual or same-sex couples and does not require sexual intimacy. Care of the patient experiencing IPV requires a team approach involving medical, institutional, and community resources. The clinician’s role is to make the diagnosis, provide ongoing medical care and emotional support, assess patient safety, counsel the patient about the nature and course of domestic violence, educate the patient about the range of available support services, document findings, make appropriate referrals, and assure follow-up.
**Sexual Assault**  
Topic Objective #57

*Common Chief Complaints*

“Multiple trips to ER”
“Depression symptoms”
“Lacerations, bruises and a story that doesn’t account for the injuries”

**Domestic Violence**  
Topic Objective #58

*Common Chief Complaints*

“Multiple trips to ER”
“Depression symptoms”
“Lacerations, bruises and a story that doesn’t account for the injuries”