

Women's Health Curriculum

Goal

Women's health embraces the spectrum of health-related issues for women, from screening and prevention to management of acute and chronic illness. The focus is on specific risk factors, physiologic variables, and therapeutic options that apply to women across the life cycle, and care of these patients requires working knowledge from the fields of gynecology, endocrinology, nutrition, psychiatry, and general internal medicine.

Rotation on the medical ward service, in general medical clinic and on the women's health rotation will provide training for the resident to develop the unique competencies necessary to diagnose and manage common clinical problems unique to, more common in, or more serious in women. He or she should be able to (1) identify diseases whose manifestations, risk factors, or interventions differ in women, (2) demonstrate proficiency in the management of medical conditions in pregnancy, (3) demonstrate the ability to perform a breast and pelvic examination, (4) demonstrate an understanding of the work-up of an abnormal breast mass, including the indications for mammography, ultrasound and breast biopsy, (5) demonstrate an understanding of the work-up of an abnormal screening mammogram, (6) demonstrate knowledge of risk assessment and current recommendations for breast cancer screening, (7) demonstrate knowledge of the evaluation of amenorrhea and dysfunctional uterine bleeding, (8) demonstrate knowledge of the evaluation and treatment of STDs and vaginitis, and (9) demonstrate an ability to counsel patients regarding contraception, STDs and current controversies in hormone replacement therapy.

Objectives

Patient Care

- I. Provide patient care that is compassionate, appropriate and effective for the treatment of women.

Medical Knowledge

- I. Develop the knowledge and skills to obtain an appropriate history on women with a wide variety of chief complaints.
 - a. Elicit risk factors for common outpatient conditions including asthma and COPD, cancer, cardiovascular disease, depression, diabetes, DVT, HIV, hypertension, obesity, osteoporosis, STDs and sleep apnea.
 - b. Elicit concerns regarding sexuality and life-phase issues.
 - c. Screen for addictive behaviors including alcohol abuse, tobacco abuse and recreational and prescription drug abuse.
 - d. Screen for domestic violence.
 - e. Survey for preventative health behaviors including seat belt and helmet use, dental care, immunizations, and STD prevention.
- II. Develop the knowledge and skills for performing and interpreting a focused,

efficient physical exam on women with systemic illness.

III. Develop an approach to women that present with the following common complaints:

- abnormal menstruation or vaginal bleeding
- abnormal Papanicolaou smear
- anemia
- abdominal or bladder pain
- anxiety, depression or panic
- breast symptoms (lump, tenderness, nipple discharge)
- chest pain
- constipation or diarrhea
- contraception needs
- dyspareunia
- edema
- fatigue
- hirsutism
- history of incest or physical/emotional abuse
- incontinence (urinary and fecal)
- infertility
- menopausal symptoms
- pelvic pain or mass
- pre- or postconception counseling
- rape
- vaginal symptoms (discharge, itching, odor, dryness)
- weight gain

IV. Recognize risk factors, symptoms and signs, differential diagnosis and management of the following diseases:

- a. anorexia nervosa or bulimia
- b. anxiety disorder
- c. cancer – breast, cervical, ovarian, uterine
- d. chlamydia, gonorrhea, and syphilis
- e. coronary artery disease
- f. cystocele, rectocele, enterocele, uterine prolapse
- g. dysfunctional uterine bleeding
- h. dysthymia or depression
- i. genital warts and ulcers
- j. hemorrhoids
- k. hypo- and hyperthyroidism
- l. obesity
- m. osteoporosis
- n. post-traumatic stress disorder
- o. panic attacks
- p. premenstrual syndrome

- q. urinary tract infection
 - r. vaginitis – yeast, trichomonas, bacterial vaginosis, and atrophic vaginitis
 - s. venous disease, including varicose veins
- V. Understand the indications for, contraindications for and use of the available options for contraception.
- VI. Understand the management of systemic diseases during pregnancy, including asthma, diabetes, hypertension, depression, thyroid disease, and urinary tract infection.
- VI. Understand appropriate use and interpretation of diagnostic studies, including:
- a. aspiration of breast mass
 - b. bladder function tests
 - c. bone densitometry
 - d. *Chlamydia* culture
 - e. colposcopy and biopsy
 - f. CT of the abdomen and pelvis
 - g. dilatation and curettage
 - h. endometrial biopsy
 - i. fertility studies
 - j. incision and drainage of breast abscess
 - k. laparoscopy
 - l. mammography
 - m. Papanicolaou smear
 - n. pelvic ultrasound
 - o. sex hormone assays
 - p. thyroid function tests
 - q. urine pregnancy test
- VII. Develop competence in the following procedures:
- a. administration of contraceptives
 - b. administration of hormone replacement therapy
 - c. anoscopy
 - d. breast exam
 - e. colposcopy (optional)
 - f. diaphragm fitting
 - g. EKG interpretation
 - h. endometrial biopsy (optional)
 - i. insertion and removal of intrauterine devices (optional)
 - j. office urodynamics (optional)
 - k. pelvic exam with Papanicolaou smear, KOH and saline preps
 - l. rape protocol
 - m. removal of foreign body from vagina
 - n. STD culture technique
 - o. stool guaiac

- p. urinalysis

Practice-Based Learning and Improvement

- I. Be able to access clinical practice guidelines to help improve patient care.
- II. Perform independent research for evidence-based practice to answer specific clinical questions arising from patient care.
- III. Review patient care errors with attention to changes in systems to prevent recurrence.
- IV. Utilize information technology to enhance patient education.
- V. Use appropriate clinical consultation to improve patient care.
- VI. Develop strategies for effective time management in the ambulatory setting.

Interpersonal and Communication Skills

- I. Communicate in an effective, compassionate, culturally sensitive and patient-centered manner to improve understanding and compliance.
- II. Develop skills to counsel patients on the following issues:
 - a. advanced directives/Living wills
 - b. cholesterol screening
 - c. contraception
 - d. cosmetic/reconstructive surgery
 - e. domestic violence
 - f. drug use
 - g. health maintenance and promotion, including dental care and prophylaxis, nutrition, exercise, and immunizations
 - h. hormone replacement therapy
 - i. prenatal counseling
 - j. smoking cessation
 - k. weight loss
- III. Ensure charting is legible, thoughtful, complete and timely to facilitate communication within the health care team.
- III. Communicate with consultants to ensure appropriate and complete care and follow-up.

Professionalism

- I. Act as a patient advocate.
- II. Understand impact of gender, age, culture, religion, and socioeconomic status on patient choices regarding their care.
- IV. Develop a respectful, compassionate approach to counseling patients on the natural history of their disease and risks and benefits of various therapies.
- IV. Work efficiently in clinic, making an effort to see patients in a timely fashion.
- VI. Provide meaningful feedback to colleagues and students regarding performance and behavior.

Systems-Based Practice

- I. Apply evidence-based, cost-conscious strategies to prevention, diagnosis, and disease management.
- II. Interact with nurses, subspecialists, social workers, public health nurses, and billing coordinators to optimize care.
- III. Develop skills in identifying opportunities for quality improvement, risk management and cost-effectiveness within a practice.

Teaching Methods

- I. Attending supervision of resident activities in patient care
- II. Teaching rounds
- III. Conferences
 - a. morning report
 - b. noon conference
 - c. journal club
- IV. Recommended reading
- V. ACP Clinical Skills Series Videos
 - Clinical Breast Exam
 - Pelvic Exam
 - Counseling for Behavior Change

Resident Evaluation

- I. Attending feedback to residents on strengths and weaknesses throughout the rotation
- II. Attending written evaluation of residents at the end of the rotation
- III. Mini-CEX bedside evaluation tool

Resources

MKSAP

Wallis's *Textbook of Women's Health*, 1st Ed. Lippincott Williams & Wilkins Publishers, 1998.

On-line Resources

- UptoDate
- MDConsult
- <http://www.4woman.gov/owh/>

Residents should review Annals of Internal Medicine for recent Updates in Women's Health section as well as ACP journal club for pertinent articles.