This document was endorsed by the American Academy of Family Physicians (AAFP) to be used in conjunction with the recommended AAFP Curriculum Guideline No. 261 – Maternity Care.

Introduction

This Curriculum Guideline defines a recommended training strategy for family medicine residents. Topic competencies, attitudes, knowledge, and skills that are critical to family medicine should be attained through longitudinal experience that promotes educational competencies defined by the Accreditation Council for Graduate Medical Education (ACGME), www.acgme.org. The curriculum must include structured experience in several specified areas. Most of the resident’s knowledge will be gained by caring for ambulatory patients who visit the family medicine center. Structured didactic lectures, conferences, journal clubs, and workshops must be included in the curriculum, with an emphasis on outcomes-oriented, evidence-based studies that delineate common and chronic diseases affecting patients of all ages. Targeted techniques of health promotion and disease prevention are hallmarks of family medicine. Appropriate referral patterns and provision of cost-effective care should also be part of the curriculum.

Program requirements specific to family medicine residencies may be found on the ACGME website. Current AAFP Curriculum Guidelines may be found online at www.aafp.org/cg. These guidelines are periodically updated and endorsed by the AAFP and, in many instances, other specialty societies, as indicated on each guideline.
Each residency program is responsible for its own curriculum. This guideline provides a useful strategy to help residency programs form their curricula for educating family physicians.

Preamble

Women’s health care addresses the unique, multidisciplinary aspects of issues affecting women. In providing a wide range of medical services, the family physician can provide preventive and wellness care, diagnose general medical illnesses and disease processes unique to women, and care for women and their families.

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

Family physicians must be trained to care for women throughout the life cycle and must appreciate challenges such as adolescence, sexuality, balance of family life and career, parenting, relationships, and aging within the female patient’s culture. Health promotion—including screening, counseling, vaccination, and chemoprophylaxis—is a foundation of family medicine. The psychological and physiologic changes of menstruation, pregnancy, lactation, and menopause impact women in many aspects of their lives, requiring clinical skills on the family physician’s part to provide education, diagnostic testing (when appropriate), and treatment that is safe and effective.

Throughout the life cycle, female patients’ medical problems often present differently than men’s medical problems. Lifelong learning of the unique features of women’s health issues must be an integral part of training for all family physicians. Women are living to an advanced age more frequently than their male counterparts so cognitive, affective, and functional assessments, as well as end-of-life discussions, are important aspects of care.

This Curriculum Guideline provides an outline of the attitudes, knowledge, and skills that family physicians should attain during residency training to provide high quality care to their female patients. Please also see AAFP Curriculum Guideline No. 261 – Maternity Care.

Competencies

At the completion of residency training, a family medicine resident should be able to:
- Communicate effectively with female patients of all ages, demonstrating active listening skills, a respectful approach to sensitive issues, and collaborative care planning with the patient (Interpersonal and Communication Skills, Professionalism)
- Perform a comprehensive pelvic examination with appropriate screening tests and wellness counseling based on the patient’s age and risk factors (Patient Care, Medical Knowledge)
- Perform routine gynecologic procedures (Patient Care, Medical Knowledge)
- Develop treatment plans for common conditions affecting female patients, including reproductive issues, and utilize community resources when indicated (Medical Knowledge, Systems-based Practice, Practice-based Learning and Improvement)
- Understand the risks of heart disease and stroke in the female patient compared with the male patient (Patient Care, Medical Knowledge)
- Counsel and understand appropriate exercise during adolescence, reproductive years, pregnancy, and the postmenopausal period (Patient Care, Interpersonal and Communication Skills, Medical Knowledge)
- Understand appropriate screening guidelines for osteoporosis and be able to develop treatment plans for patients with decreased bone density (Patient Care, Medical Knowledge)
- Demonstrate effective primary care counseling skills for psychosocial, behavioral, and reproductive problems in women (Patient Care, Interpersonal and Communication Skills)
- Consult with obstetrician-gynecologists (OB-GYNs), other physician specialists, and allied health care professionals to provide optimum health services for women (Medical Knowledge, Systems-based Practice)
- Act as patient advocate and coordinator of care for female patients across the continuum of outpatient, inpatient, and institutional care (Systems-based Practice)

**Attitudes**

The resident should develop attitudes that encompass:
- A caring, compassionate, and respectful approach to the female patient’s role as an informed participant in her own health care decisions and those affecting her family
- Recognition of the need to empower the female patient in the decision-making process and provide information to enable the female patient to make decisions
- Awareness that many medical disorders manifest differently or exclusively in women
- Recognition that a woman’s health is affected not only by medical problems, but also by family, career, life cycle, relationships, and community
Appreciation of the role that many women play in the health of the family by selecting health care professionals, providing family care, and making lifestyle decisions for the family, including meal and activity selections

Awareness that many research studies previously excluded women and awareness of current research studies that are addressing medical issues that present differently in women or are unique to women

Awareness of effects of the public perception of women and body image (e.g., media representation, breast implants, liposuction) on female patients

Awareness of issues facing heterosexual, lesbian, bisexual, and transgender patients

Awareness of the widespread and complex health effects of sexual abuse on women

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

Knowledge

In the appropriate setting, the resident should demonstrate the ability to apply knowledge of (Please also see AAFP Curriculum Guideline No. 261 – Maternity Care):

I. Women’s Health

A. Health promotion, disease prevention, and periodic health evaluation
   1. Basic aspects of normal growth and development of females from puberty to adulthood (and variants of normal)
   2. Normal physiology of reproduction in healthy women from puberty to menopause
   3. Normal physiological sexual responses and diagnosis of sexual dysfunction (including initial treatment and referral to appropriate resources)
   4. Recommendations on breastfeeding
   5. Recommendations for human papillomavirus (HPV) vaccination
   6. Appropriate evaluation and counseling using evidence-based guidelines for:
      a. Nutritional needs through the female life cycle
      b. Cancer screening guidelines, including HPV
      c. Vaccination
      d. Exercise
      e. Osteoporosis prevention
      f. Smoking cessation
g. Complementary therapies
h. Oral health in pregnant and non-pregnant women
i. Risks and unique presentations of cardiovascular disease in women (including appropriate testing and treatment strategies for symptomatic women)

7. Women’s unique risks in the community (including poverty, violence, access to health care for pregnant and non-pregnant women, and teen pregnancy) and the impact of these factors on infant morbidity and mortality

B. Diseases of the reproductive tract (Please also see AAFP Curriculum Guideline No. 261 – Maternity Care)

1. Methods of prevention, screening, colposcopic evaluation, and treatment of HPV infection and cervical dysplasia
2. Presenting symptoms of endometriosis, and diagnostic testing and initial management of the condition with consideration of the reproductive goals of the patient
3. Evaluation of pelvic masses in women of different ages
4. Risk factors, presenting symptoms, and office diagnosis of endometrial pathology (including hormonal effects on the uterus)
5. Epidemiology and presenting symptoms of uterine fibroids (including evaluation and treatment options)
6. Presenting symptoms, evaluation, and initial treatment of polycystic ovary syndrome (including the association with type 2 diabetes)
7. Differential diagnosis of chronic pelvic pain (including infection, endometriosis, tumors, and common underlying issues of sexual abuse)

C. Infectious disease

1. Epidemiology of, screening for, and treatment of reproductive tract infections, including sexually transmitted infections and pelvic inflammatory disease
2. Risk factors, presenting symptoms, and evaluation of types of vaginitis, as well as their specific treatments
3. Risks of, screening tests for, and presentations of HIV in women, as well as initial evaluation, counseling, and referral to resources in the community for both pregnant and non-pregnant female patients who have HIV
D. Menstruation
   1. Physiology of normal menstruation and problems of amenorrhea and abnormal uterine bleeding (including office evaluation and treatment for these conditions)

E. Gynecology in older women
   1. Menopause, including:
      a. Diagnosis
      b. Physical, emotional, and sexual impact of the climacteric
      c. Risks and benefits of hormone replacement therapy
      d. Other appropriate symptomatic treatments
   2. Presenting symptoms of pelvic floor dysfunction (including types of urinary incontinence and pelvic floor prolapse, as well as medical and surgical treatment options)

F. Breast health
   1. Anatomy and physiology of benign diseases of the breast (including cysts, adenomas, and fibrocystic changes through the menstrual cycle)
   2. Types, risks, and psychological impact of breast implants
   3. Recommendations and controversies related to screening for breast cancer using clinical examination, self-examinations, and imaging and genetic testing
   4. Initial recommendations for treatment modalities, referral resources, and primary care follow-up for patients who have breast cancer

G. Family planning and early pregnancy evaluation and management
   1. Recommendations for preconception counseling for women of all reproductive age groups
2. Appropriate evaluation and counseling using evidence-based guidelines for contraception for women in all reproductive age groups, including perimenopause
   a. Permanent
   b. Reversible
      i. Oral
      ii. Injectable
      iii. Patches
      iv. Long-acting reversible contraception (LARC)
         1) Intrauterine devices (IUDs)
         2) Implants
      v. Intravaginal contraceptive ring
      vi. Natural family planning
      vii. Barrier methods
      viii. Postcoital (emergency) contraception

3. Counseling for unintended pregnancy (including options of adoption and termination of pregnancy)

4. Counseling for medication and aspiration options for elective abortion

5. Assessment and management of early pregnancy loss, including expectant, medication, and aspiration options

6. Assessment and management of post-miscarriage and post-abortion symptoms and complications

7. Etiologies of female infertility, as well as a family-centered approach to evaluation, testing, counseling, and referral resources (including counseling regarding assisted reproductive technology and adoption)

H. Mental health
   1. Unique risks and presentations of mental health problems in women, including:
      a. Major depressive disorder and postpartum depression
      b. Anxiety disorders and stress management
      c. Problems with self-esteem
      d. Eating disorders and obesity
      e. Alcohol and substance abuse
      f. Chronic pain and disability
   2. Physiology and diagnostic criteria of premenstrual syndrome (PMS) and premenstrual dysphoric disorder (PMDD), and available treatments for each
I. Domestic and sexual violence  
   1. Epidemiology, risk factors, and red flags for identifying intimate partner violence or sexual harassment, and resources available to assist affected women  
   2. Components of the evaluation and treatment of victims of rape and sexual assault (including psychosocial and legal issues)  

J. Family-centered maternity care (Please also see AAFP Curriculum Guideline No. 261 – Maternity Care)  

II. Gynecology  

A. Health promotion, disease prevention, and periodic health evaluation  

B. Family planning, contraception, and infertility  

C. Menstruation  
   1. Physiology of puberty, menarche, and menstrual cycles, including normal variations  
   2. Abnormal menstruation  
      a. Amenorrhea: evaluation and management of both primary and secondary  
      b. Anovulatory bleeding  
      c. Dysfunctional uterine bleeding  
      d. Postcoital bleeding  
      e. Dysmenorrhea and menorrhagia (office evaluation and treatment options)  

3. PMDD and PMS  

D. Infections of the genital tract  
   1. Vaginitis and vulvitis: presenting symptoms, evaluation, and treatment for both acute and recurrent  
   2. Cervicitis and pelvic inflammatory disease (presentation, evaluation, and outpatient versus inpatient management; complications including tubo-ovarian abscess)  

E. Diseases of the reproductive tract  
   1. Benign and malignant neoplasms of the external and internal genitalia  
   2. HPV disease: methods of prevention; current screening recommendations; and colposcopic evaluation, biopsy, and treatment of cervical dysplasia  
   3. Endometriosis: presenting symptoms, diagnosis, and initial management, including appropriate counseling, prognosis, and referral
4. Identification and evaluation of pelvic masses in women of different ages
5. Uterine pathology, evaluation, and treatment: fibroids, endometrial hyperplasia, postmenopausal vaginal bleeding, and other benign or malignant uterine lesions
6. Pelvic pain: evaluation and differential diagnosis of acute and chronic pelvic pain, including recognition of emergencies (e.g., ovarian torsion) and awareness of association between historical or ongoing sexual or domestic abuse and chronic pelvic pain
7. Female sexual dysfunction: evaluation, counseling, and management, including problems of libido, dyspareunia, and anorgasmia
8. Trauma: patient-centered, sensitive evaluation of both accidental trauma to the genital region and trauma in victims of intimate partner violence and sexual assault

F. Gynecology in older women

G. Breast disease: evaluation and management of problems including:
   1. Mastodynia
   2. Galactorrhea and nipple discharge
   3. Benign breast disease (fibroadenoma, fibrocystic disease)
   4. Counseling and indications for referral for breast reduction surgery and breast implants
   5. Counseling, referral, and primary care follow-up for patients who have breast cancer

H. Urogynecology
   1. Urinary tract infections (UTIs): diagnosis and management of uncomplicated acute UTI, as well as recurrent or complicated UTI; indications and management of prophylactic antibiotics
   2. Incontinence: screening, evaluation, and treatment options for stress incontinence and overactive bladder, including medications, pelvic floor therapies, behavioral modifications, and referral for surgery
   3. Interstitial cystitis: presenting symptoms, evaluation, and referral

Skills

In the appropriate setting, the resident should demonstrate the ability to independently perform or appropriately refer the following (Please also see AAFP Curriculum Guideline No. 261 – Maternity Care):

I. Women’s health
A. Control of fertility
   1. Counseling for all forms of birth control (including use of oral contraceptives and other hormonal contraception, and natural family planning)
   2. IUD insertion and removal
   3. Diaphragm fitting
   4. Implantation devices (including removal)
   5. Emergency contraception

B. Diagnostic
   1. Microscopic diagnosis of urine
   2. Vaginal wet mount preparation
   3. Obtaining cervical cytology, HPV tests, and cultures
   4. Gynecologic and breast examination, including atraumatic (patient-centered) speculum and bimanual exam

C. Counseling
   1. Pregnancy options (including adoption, abortion, and parenting)
   2. Pregnancy loss and infertility
   3. Contraceptive choices
   4. Results of cervical cytology, mammography, osteoporosis screening, and other tests
   5. Family and relationship stresses
   6. Intimate partner and family violence

D. Advanced skills (Please also see AAFP Curriculum Guideline No. 261 – Maternity Care)

E. Pregnancy management
   1. Prenatal counseling about aspects of normal pregnancy, delivery, and family adaptation
   2. Evaluation of gestational age and pregnancy risks in early pregnancy
   3. Low-risk prenatal care

F. Labor and delivery management (Please also see AAFP Curriculum Guideline No. 261 – Maternity Care)

II. Gynecology

A. General
1. Screening examination of the female breast and reproductive tract
2. Obtaining vaginal and cervical cytology (with HPV testing, as indicated)
3. Colposcopy, cervical biopsy, and endocervical curettage
4. Cervical polypectomy
5. Endometrial biopsy
6. Cervical cryosurgery
7. Cautery for benign disease
8. Microscopic diagnosis of urine and vaginal smears
9. Bartholin duct cyst management
10. Vulvovaginal biopsy
11. Vaginal foreign body removal
12. Breast cyst aspiration
13. Uterine aspiration for incomplete first trimester abortion

B. Family planning and contraception
   1. IUD insertion and removal
   2. Diaphragm counseling and fitting
   3. Subcutaneous implant insertion and removal

C. Gynecologic surgery
   1. Assistance with common major surgical procedures, including hysterectomy and bilateral tubal ligation
   2. Post-operative management following gynecologic or obstetric surgery

D. Advanced skills in gynecology
   1. Loop electrosurgical excision procedure with paracervical block
   2. Culdocentesis

E. Advanced skills in family planning and contraception
   1. Voluntary interruption of pregnancy up to 10 weeks of gestation
   2. Bilateral tubal ligation
   3. Hysteroscopic sterilization

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

Faculty role models and family physicians who provide maternity care should be available to teach residents and observe their interactions with female patients. Residents of both genders should care for an adequate number of female patients of all ages (along with their families) to learn the full spectrum of issues affecting women. Low-risk maternity care is an important part of family medicine training. Family medicine residents are encouraged to make family-centered maternity care a significant part of their practice (see AAFP Curriculum Guideline No. 261 – Maternity Care).

Resources


**Website Resources**

4Woman. [www.4woman.org/](http://www.4woman.org/)


Centers for Disease Control and Prevention (CDC). [www.cdc.gov](http://www.cdc.gov)

National Osteoporosis Foundation. [www.nof.org](http://www.nof.org)


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