



AMERICAN ACADEMY OF
FAMILY PHYSICIANS

Recommended Curriculum Guidelines for Family Medicine Residents

Men's Health

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

Introduction

Each family medicine residency program is responsible for its own curriculum. The AAFP Commission on Education's Subcommittee on Graduate Curriculum has created this guide as an outline for curriculum development, and it should be tailored to the needs of the program. Through a series of structured and/or longitudinal experiences, the curricula below will support the overall achievement of the core educational competencies defined by the Accreditation Council for Graduate Medical Education and provide guideposts to program requirements specific to family medicine. For updates and details, please refer to the ACGME website at www.acgme.org/. 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.

Preamble

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

The leading causes of death for men are heart disease, cancer, unintentional injuries, chronic lower respiratory disease and stroke. Family physicians can positively impact men's quality and quantity of life by addressing contributing factors to cardiovascular disease. Family physicians should be comfortable engaging men in shared decision-making to promote age-appropriate screening.

Urologic issues, including benign prostatic hyperplasia, erectile dysfunction and prostate cancer, are leading reasons why men seek medical care. Most of these concerns can be diagnosed and treated by family physicians.

For cultural and social reasons, men may avoid seeking medical care in many cases. Family physicians should advocate for their patients and create a welcoming and inclusive environment to promote men's health.

This curriculum guideline outlines the competency-based goals and objectives that should be included in family medicine training. It provides a framework to assist family medicine residents in acquiring the knowledge, skills and attitudes to provide high-quality health care to all men.

Patient Care

At the completion of residency, residents should be able to:

1. Collect a comprehensive medical history, including family, occupational, behavioral and sexual history
2. Perform a comprehensive male physical examination, including a urogenital, rectal and prostate examination
3. Interpretate appropriate point-of-care testing, such as urinalysis
4. Place a Foley catheter
5. Perform a vasectomy, including appropriate counseling and post-procedure care

Medical Knowledge

Family medicine residents should demonstrate the ability to apply knowledge of the following:

1. Display a working knowledge of the incidence of, predisposition to and impact of diseases affecting men of different ages, demographics and geographic distributions
2. Normal growth and development (see AAFP Curriculum Guideline on Adolescent Health)
3. Health promotion and disease prevention (see AAFP Curriculum Guideline on Health Promotion and Disease Prevention)
 - a. Healthful diet and physical activity
 - b. Prevention of sports and exercise-related injuries
 - c. Substance use disorder
 - d. Safe sexual practices, sexually transmitted infection prevention and issues affecting LGBTQ+ individuals (see AAFP Curriculum Guideline on Lesbian, Gay, Bisexual, Transgender, Queer/Questioning and Asexual Health)
 - e. Motor vehicle and bicycle safety
 - f. Prevention of coronary artery disease and stroke
 - g. Cancer screening options (lung, prostate, colon)

4. Mental health (see AAFP Curriculum Guideline on Human Behavioral and Mental Health)
 - a. Anxiety and stress disorders
 - b. Depression and other mood disorders
 - c. Attention deficit/hyperactivity disorders
 - d. Suicide risk
 - e. Post-traumatic stress disorder
 - f. Psychosocial and community issues
 - g. Domestic violence
 - h. Disability and unemployment
 - i. Family stress
 - j. Bereavement
 - k. Adverse childhood events
5. General medical issues
 - a. Renal diseases and conditions: chronic kidney disease, acute kidney injury, hypertension, nephrolithiasis
 - b. Cardiovascular diseases and conditions: coronary artery disease, heart failure, dysrhythmias, abdominal aortic aneurysm, peripheral vascular disease
 - c. Gastrointestinal diseases and conditions: inflammatory bowel disease, gastroesophageal reflux disease, hepatitis, diverticulitis, colitis, hemorrhoids, irritable bowel syndrome
 - d. Pulmonary diseases and conditions: asthma, chronic obstructive pulmonary disease
 - e. Rheumatologic diseases and conditions: arthritis, musculoskeletal disorders
 - f. Oncologic diseases and conditions
 - g. Endocrine diseases and conditions: diabetes, thyroid disorders, dyslipidemia, obesity, metabolic syndrome, osteoporosis
 - h. Neurologic diseases and conditions: stroke, cognitive impairment, dementia, Parkinson's disease, headaches, peripheral neuropathy
 - i. Infectious diseases and conditions: pneumonia, urinary tract infection/pyelonephritis, sexually transmitted infection, cellulitis, influenza, HIV/AIDS
 - j. Urologic diseases and conditions: prostatitis, erectile dysfunction, hypogonadism, pelvic floor dysfunction, benign prostatic hyperplasia, urinary incontinence
 - k. Unintentional injuries (accidents)
 - l. End-of-life care

Interpersonal and Communication Skills

At the completion of residency, residents should be able to:

1. Communicate in a sensitive and respectful manner with the patient and others involved in the patient's care, regarding diagnosis and treatment options
2. Communicate recommendations regarding screening guidelines, preventive services and health system access in a way that is appropriate for male patients

3. Be aware of the individual physician's attitudes, history and experiences related to the care of men and the potential impact these may have on the physician-patient relationship
4. Facilitate partnerships between the patient, their family physician and subspecialist physicians to promote optimal health
5. Promote a safe environment where patients and others involved in their care can actively engage in their care decisions
6. Demonstrate sensitivity to cultural beliefs and values, language diversity, family dynamics and social support
7. Display respect and compassion for psychosocial dynamics that influence human behavior and the patient's relationships
8. Assist the patient and others involved in their care in locating reputable medical information on the internet and other sources
9. Discuss internet safety and protection of health information

Systems-Based Practice

At the completion of residency, residents should be able to:

1. Identify local resources that are available to assist in ensuring that male patients receive appropriate services
2. Coordinate care across ambulatory, inpatient and therapeutic services
3. Optimize treatment plans based on patient preferences, available guidelines and local resources
4. Implement programs promoting wellness and prevention for men within the health care system in which the physician practices

Practice-Based Learning

At the completion of residency, residents should be able to:

1. Use self-directed learning to improve patient care in men's health
2. Be aware of the importance of a multidisciplinary approach to the care of men while recognizing the contribution of all team members

Professionalism

At the completion of residency, residents should be able to:

1. Demonstrate sensitivity to and knowledge of the medical, mental, emotional and professional impacts of acute and chronic conditions affecting men
2. Create a warm and supporting environment that allows men to feel comfortable sharing sensitive and personal information
3. Advocate for men's health concerns at the local and regional level

Implementation

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

Resources

Gessain A, Nakoune E, Yazdanpanah Y. Monkeypox. *N Engl J Med*. 2022;387(19):1783-1793.

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Heidelbaugh JJ, Hadj-Moussa M. Men's Health: Prostate Cancer Screening. *FP Essent*. 2021;503:11-17.

Irwin GM, Mayans L (eds). *Primary Care: Clinics in Office Practice. Urology*. Philadelphia, PA: Elsevier. 2019.

Kwon M, Lawn S, Kaine C. Understanding men's engagement and disengagement when seeking support for mental health. *Am J Mens Health*. 2023;17(2):15579883231157971.

Lerner LB, McVary, KT, Barry MJ, et al. Management of lower urinary tract symptoms attributed to benign prostatic hyperplasia: AUA Guideline Part I, Initial Work-up and Medical Management. *J Urol*. 2021;206:806.

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Wei JT, Barocas D, Carlsson S, et al. Early detection of prostate cancer: AUA/SUO Guideline Part I: Prostate Cancer Screening. *J Urol*. 2023;210(1):46-53.

Wei JT, Barocas D, Carlsson S, et al. Early Detection of Prostate Cancer: AUA/SUO Guideline Part II: Considerations for a Prostate Biopsy. *J Urol*. 2023;210(1):54-63.

Workowski KA, Bachmann LH, Chan PA, et al. Sexually transmitted infections treatment guidelines, 2021. *MMWR Recomm Rep.* 2021;70(4):1-187.

Online Resources

American Academy of Family Physicians. Men's health clinical recommendations and guidelines. <https://www.aafp.org/family-physician/patient-care/clinical-recommendations/recommendations-by-topic/mens-health-clinical-recommendations-guidelines.html>

Centers for Disease Control and Prevention. Men's health. <https://www.cdc.gov/nchs/fastats/mens-health.htm>.

CDC. Gay and bisexual men's health. <https://www.cdc.gov/msmhealth/>

Men's Health Network. <https://menshealthnetwork.org/>

U.S. Department of Health and Human Services. Men's Health Month. <https://www.minorityhealth.hhs.gov/mens-health/#:~:text=Throughout%20June%2C%20Men%E2%80%99s%20Health%20Month%20aims%20to%20encourage,a%20lower%20life%20expectancy%20than%20non-Hispanic%20white%20men.>

U.S. Preventive Services Task Force. Abdominal aortic aneurysm screening. <https://uspreventiveservicestaskforce.org/uspstf/recommendation/abdominal-aortic-aneurysm-screening>

USPSTF. Colorectal cancer screening. <https://uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening>

USPSTF. Lung cancer screening. <https://uspreventiveservicestaskforce.org/uspstf/recommendation/lung-cancer-screening>

USPSTF. Prevention of acquisition of HIV: preexposure prophylaxis. <https://uspreventiveservicestaskforce.org/uspstf/recommendation/prevention-of-human-immunodeficiency-virus-hiv-infection-pre-exposure-prophylaxis>

USPSTF. Prostate cancer screening. <https://uspreventiveservicestaskforce.org/uspstf/recommendation/prostate-cancer-screening>

USPSTF. Testicular cancer screening. <https://uspreventiveservicestaskforce.org/uspstf/recommendation/testicular-cancer-screening>

Revisions

Revised 01/04

Revised 01/08

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Revised 06/12 by Swedish Family Medicine Residency, Littleton, CO (Denver)

Revised 06/14 by Mayo Clinic Family Medicine Residency, Jacksonville, FL

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Revised 07/18 by St. Luke's Family Medicine Residency/Sacred Heart Campus, Allentown, PA

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