



AMERICAN ACADEMY OF
FAMILY PHYSICIANS

Recommended Curriculum Guidelines for Family Medicine Residents

Women's Health and Gynecologic Care

*This document was endorsed by the American Academy of Family Physicians.
It is intended to be used in conjunction with the AAFP Pregnancy-Related Care
Curriculum Guideline.*

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.

Language Disclaimer

The AAFP recognizes that not every individual who becomes pregnant identifies as a woman. However, current research and data collection on preconception care has been primarily focused on individuals who identify as women. The AAFP encourages additional research and improved data collection methods that better reflect the diversity of individuals and families that may seek preconception care. Wherever possible, this paper will strive to remain gender-neutral in its considerations and recommendations. When citing specific literature, gendered language, such as woman or women, may be used to

represent research findings accurately. While we recognize a non-binary gender spectrum, this curriculum guideline addresses the care of patients who were assigned female at birth. Issues specifically related to caring for transgender and gender-diverse patients can be found under the Lesbian, Gay, Bisexual, Transgender, Queer/Questioning and Asexual Health Curriculum Guideline.

Preamble

Women's health care addresses the unique, multidisciplinary aspects of issues affecting women. In providing a wide range of medical services, family physicians can provide preventive and wellness care, diagnose general medical illnesses and disease processes unique to women and care for women and their families. The goal of these guidelines is to familiarize the family medicine resident with attitudes, knowledge and skills that are important for 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, family planning, the balance of family life and career and aging within the female patient's culture. Health promotion, including screening, counseling and vaccination, is a foundation of family medicine. For many women, it is important to prevent pregnancy during their reproductive years, so we highlight this aspect of care.

The psychological and physiologic changes of menarche, contraception, 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, treatment and appropriate referral that is safe and effective. Women are living to an advanced age more frequently than their male counterparts. Therefore, cognitive, affective and functional assessments, as well as end-of-life discussions, are important aspects of care.

This AAFP 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. For curricula focused on pregnancy, see the AAFP Pregnancy-Related Care Curriculum Guideline.

Patient Care

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

1. Diagnose and develop treatment plans for common conditions affecting female patients at different stages throughout the reproductive lifespan
2. Understand the risks and appropriately counsel patients about non-gynecologic medical problems that may manifest differently or more frequently in women, including heart disease, stroke, osteoporosis, anxiety/depression and intimate partner violence

3. Offer comprehensive contraceptive options
 - a. Counseling and prescribing for all forms of birth control, including all hormonal and non-hormonal methods, as described below
 - b. Intrauterine device insertion and removal
 - c. Implantable contraceptive insertion and removal
 - d. Diaphragm fitting
 - e. Prescription of emergency contraception
 - f. Quick-start approach to prescribing contraception, allowing most women with a negative pregnancy test to start a contraceptive method at any point in the menstrual cycle
4. Outpatient gynecologic procedures, interpretation and appropriate referral
 - a. Female breast exam, when indicated
 - b. Gynecologic exam, including atraumatic speculum and bimanual exams
 - c. Vaginal and cervical cytology collection, with human papillomavirus testing, as indicated
 - d. Endometrial biopsy
 - e. Interpretation of urinalysis, vaginal wet mount, potassium hydroxide preparation or KOH prep and vaginal cultures
 - f. Vaginal foreign body removal
 - g. Biopsy of vulvar lesions
 - h. Cervical polypectomy
5. Counseling
 - a. Results of cervical cytology, mammography, osteoporosis screening, sexually transmitted infection screening and other tests
 - b. Appropriate referrals
 - c. Family and relationship stresses
 - d. Intimate partner and family violence
 - e. Contraceptive choices
 - f. Pregnancy loss, ectopic pregnancy and molar pregnancy
 - g. Infertility
 - h. Healthy lifestyle choices
6. Pregnancy management (see also the Maternity Care AAFP Curriculum Guideline)
 - a. Prenatal counseling about aspects of normal pregnancy, delivery and family adaptation
 - b. Evaluation of gestational age and pregnancy risks in early pregnancy
 - c. Referral for first-trimester termination, if desired by the patient
 - d. Low-risk prenatal care
 - e. Identification of high-risk pregnancies
7. Labor and delivery management (see also the Maternity Care AAFP Curriculum Guideline)
8. Advanced skills in obstetrics and gynecology for family medicine residents who wish to include these in their practices:
 - a. Colposcopy, cervical biopsy and endocervical curettage
 - b. Cervical cryosurgery

- c. Bartholin duct cyst management
- d. Vulvovaginal biopsy
- e. Breast cyst aspiration
- f. Loop electrosurgical excision procedure with paracervical block
- g. First-trimester termination: surgical or medical
- h. Bilateral tubal ligation
- i. Uterine aspiration for incomplete or missed first-trimester abortion
- j. Pessary fitting
- k. Dilation and curettage
- 9. Gynecologic surgery
 - a. Assisting with common major surgical procedures, including hysterectomy
 - b. Post-operative management following gynecologic or obstetric surgery

Medical Knowledge

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

1. Health promotion, disease prevention and periodic health evaluation
 - a. Basic aspects of normal growth and development of females from puberty to adulthood (and variants of normal)
 - b. Normal physiology of reproduction in healthy women from puberty to menopause
 - c. Normal physiological sexual responses and diagnosis of sexual dysfunction, including initial treatment and referral to appropriate resources
 - d. Cervical dysplasia screening guidelines (including HPV), colposcopic evaluation, biopsy, treatment and referral
 - e. Appropriate evaluation and counseling using evidence-based guidelines for:
 - i. Nutritional needs through the female life cycle
 - ii. Vaccination
 - iii. Exercise prescription
 - iv. Osteoporosis prevention and treatment
 - v. Smoking cessation
 - vi. Weight management
 - vii. Risks and unique presentations of cardiovascular disease in women, including appropriate testing and treatment strategies for symptomatic women
 - viii. Mental health and substance abuse screening recommendations
 - f. Women's unique risks, both pregnant and non-pregnant, in the community, including poverty, violence, access to health care and other social determinants of health, and the impact of these factors on infant and peripartum morbidity and mortality
 - g. Basic understanding of complementary/integrative therapies and traditional healing practices

2. Menstruation
 - a. Physiology of puberty, menarche and menstrual cycles, including normal variations
 - b. Evaluation and treatment for conditions of abnormal menstruation
 - i. Amenorrhea: evaluation and management of both primary and secondary etiologies
 - ii. Abnormal uterine bleeding
 - iii. Postcoital bleeding
 - iv. Dysmenorrhea
3. Family planning
 - a. Preconception counseling for women of all reproductive age groups
 - b. Appropriate evaluation and counseling using evidence-based guidelines for contraception for women in all reproductive age groups
 - i. Permanent
 - ii. Reversible: oral, injectable, patches, intravaginal contraceptive ring, long-acting reversible contraception, natural family planning, barrier methods and postcoital (emergency) contraception
4. Early pregnancy evaluation and management
 - a. Dating of early pregnancy
 - b. Counseling for unintended pregnancy, including options of adoption, abortion (medication and aspiration) and continuing the pregnancy to term
 - c. Assessment and management of first-trimester bleeding, including ectopic pregnancy diagnosis and management
 - d. Assessment and management of early pregnancy loss, including expectant, medication and aspiration options
 - e. Assessment and management of post-miscarriage and post-abortion symptoms and complications, including mental health implications
5. Diagnosis of infertility and appropriate referral/management options
6. General gynecologic pathology
 - a. Benign and malignant neoplasms of the external and internal genitalia
 - b. Uterine and adnexal pathology, evaluation, treatment and appropriate referral of fibroids, endometrial hyperplasia, postmenopausal vaginal bleeding, malignant uterine lesions and adnexal masses.
 - c. Pelvic pain: evaluation and differential diagnosis of acute and chronic pelvic pain, including recognition of emergencies (e.g., ovarian torsion), awareness of the association between historical or ongoing sexual or domestic abuse and indications for referral (e.g., infection, endometriosis, tumors)
 - d. Polycystic ovary syndrome: presenting symptoms, evaluation and initial treatment, as well as association with type 2 diabetes mellitus
 - e. Female sexual dysfunction: evaluation, counseling and management, including problems of libido, dyspareunia and anorgasmia
 - f. Trauma: patient-centered, sensitive evaluation of both accidental trauma to the genital region and trauma in victims of intimate partner violence and sexual assault

- g. Urogynecology
 - i. Urinary tract infections: diagnosis and management of uncomplicated acute UTI, as well as recurrent or complicated UTI; indications for and management of prophylactic antibiotics
 - ii. Incontinence: screening, evaluation and treatment options for stress incontinence and overactive bladder, including medications, pelvic floor therapies, behavioral modifications and referral for surgery
 - iii. Interstitial cystitis: presenting symptoms, evaluation, management and referral
 - iv. Pelvic organ prolapse: recognition, diagnosis, management and referral
- 7. Infections of the genital tract
 - a. Sexually transmitted infections, cervicitis and pelvic inflammatory disease: epidemiology, screening, presentation, evaluation and treatment (outpatient versus inpatient management)
 - b. Vaginitis: risk factors, presenting symptoms, evaluation and treatment
 - c. Risk factors and 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
- 8. Breast health
 - a. Anatomy and physiology of benign diseases of the breast, including cysts, adenomas and fibrocystic changes through the menstrual cycle
 - b. Evaluation and management of breast disease, including mastodynia, galactorrhea and nipple discharge
 - c. Counseling and indications for referral for breast reduction surgery
 - d. Recommendations based on evidence and controversies related to screening for breast cancer using clinical breast examination, breast self-examinations, imaging and genetic testing
 - e. Initial recommendations for treatment modalities, referral resources and primary care follow-up for patients who have breast cancer
 - f. Types, risks and psychological impact of breast implants
- 9. Mental health
 - a. Unique risks and presentations of mental health problems in women, including:
 - i. Major depressive disorder
 - ii. Peripartum blues, anxiety, depression and psychosis
 - iii. Anxiety disorders and stress management
 - iv. Problems with self-esteem
 - v. Eating disorders
 - vi. Obesity
 - vii. Alcohol and substance abuse
 - viii. Chronic pain and disability
 - b. Physiology and diagnostic criteria of premenstrual syndrome and premenstrual dysphoric disorder and available treatments for each
- 10. Physical, emotional, sexual and intimate partner violence

- a. Epidemiology, risk factors and red flags for identifying intimate partner violence and resources available to assist affected women and children
 - b. Components of the evaluation and treatment of survivors of rape, sexual assault and sexual harassment, including psychosocial and legal issues, as well as mandatory reporting regulations
11. Menopause
- a. Diagnosis of menopause
 - b. Physical, emotional and sexual impact of the transition
 - c. Risks/benefits of hormone replacement therapy
 - d. Complementary/integrative treatment options or alternatives
 - e. Pelvic floor dysfunction: presenting symptoms (i.e., urinary incontinence and pelvic floor prolapse), medical and surgical treatment options, appropriate referral
 - f. Postmenopausal bleeding: workup, management and referral
12. Care of older women
- a. Cognitive, affective and functional assessment
 - b. End-of-life planning

Interpersonal Communication

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

1. Establish trusting, compassionate and therapeutic relationships with female patients and their families to facilitate proper communication of medical diagnoses and appropriate treatment recommendations in a caring and nonjudgmental way
2. Counsel patients on prenatal, perinatal and postnatal time periods with a goal of seamless transitions between these phases of life
3. Support patients and effectively counsel them on communicating with their significant others and family members about sensitive topics such as, but not limited to, abortion, birth control, sexually transmitted infections, etc.
4. Utilize an individualized shared decision-making model of care to empower female patients as informed participants in their own health care decisions and that of their families
5. Recognize the effects of public perception and media representation of women and body image on female patients
6. Effectively utilize a trauma-informed approach to the care of patients

Systems-Based Practice

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

1. Communicate respectfully and effectively with women of all ages to act as a patient advocate and coordinator of care for female patients across the continuum of outpatient, inpatient and assisted care

2. Consult with obstetrician-gynecologists, other physician specialists and allied health care professionals to improve and advocate for the best care of patients
3. Recognize the social determinants of health and that a woman's health is affected not only by medical problems but also by family, career, life cycle, relationships and community
4. Locate and coordinate care with local community resources for female patients based on their individualized treatment plan, including family planning and pregnancy support
5. Locate state and federal laws regarding women's health care, confidentiality and reproductive rights

Practice-Based Learning

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

1. Use self-directed and case-based learning to augment knowledge and remain up to date regarding conditions, diagnostic approaches and therapeutic modalities for the care of women
2. Practice lifelong learning and allow each patient to provide insight and feedback about their journey of navigating their health
3. Keep up to date with and provide appropriate screening for female patients
4. Incorporate the use of common evidence-based tools, such as the American Society for Colposcopy and Cervical Pathology or ASCCP app, for risk stratification and evaluation of the abnormal pap smear

Professionalism

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

1. Establish clinical rapport based on respect with female patients during office visits and create a safe and respectful environment
2. Implement strategies to ensure that the needs of patients, teams and systems are met
3. Demonstrates professional behavior when interacting with patients, families and colleagues in all situations
4. Demonstrate sensitivity toward the Lesbian, Gay, Bisexual, Transgender, Queer/Questioning and Asexual+ community and gender-nonconforming individuals, diverse/nontraditional sexual relationships and varying family dynamics
5. Demonstrate sensitivity toward diverse cultural beliefs and practices, including awareness of issues, such as female circumcision/female genital cutting when caring for females from cultures that carry out such practices
6. Demonstrate awareness of implicit bias, particularly in relationship to race and ethnicity

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 and can be taught in both continuity clinics and high-volume specialty clinics. Workshops in gynecologic procedures, didactics and communication seminars can enhance clinical experience.

Faculty role models and family physicians who provide comprehensive reproductive health care should be available to teach residents and observe their interactions with female patients. Residents of all 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.

Resources

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Berek JS. *Berek and Novak's Gynecology*. 15th ed. Philadelphia, Pa.: Lippincott Williams & Wilkins; 2012.

Carlson KJ, Eisenstat SA, Frigoletto FD, Schiff I. *Primary Care of Women*. 2nd ed. Philadelphia, Pa.: Mosby; 2002.

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Lippincott Williams and Wilkins; 2012.

Melmed S, Polonsky KS, Larsen PR, Kronenberg HM. *Williams Textbook of Endocrinology*. 13th ed. Philadelphia, Pa.: Elsevier; 2016.

Website Resources

American Society for Colposcopy and Cervical Pathology. www.asccp.org

Bone Health & Osteoporosis Foundation. www.bonehealthandosteoporosis.org

Center for Reproductive Rights. <https://reproductiverights.org/maps/abortion-laws-by-state/>

Centers for Disease Control and Prevention. www.cdc.gov

CDC. US Medical Eligibility Criteria for Contraceptive Use, 2016 (US MEC). www.cdc.gov/reproductivehealth/contraception/mmwr/mec/summary.html

Reproductive Health Access Project. www.reproductiveaccess.org

Training in Early Abortion for Comprehensive Healthcare. <https://teachtraining.org/>

Trauma-Informed Care Implementation Resource Center. www.traumainformedcare.chcs.org/what-is-trauma-informed-care/

U.S. Department of Health and Human Services Office on Women's Health. www.womenshealth.gov/

U.S. Preventive Services Task Force Recommendations. www.uspreventiveservicestaskforce.org/uspstf/topic_search_results?topic_status=P

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