



Women's Health Care Competencies for Medical Students

Taking Steps to Include Sex and Gender Differences in the Curriculum



Women's Health Care Competencies for Medical Students: Taking Steps to Include Sex and Gender Differences in the Curriculum

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Women's Healthcare Education Office (WHEO)

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Suggested Citation

APGO Women's Healthcare Education Office. *Women's Health Care Competencies for Medical Students: Taking Steps to Include Sex and Gender Differences in the Curriculum*. Crofton, MD: Association of Professors of Gynecology and Obstetrics, 2005.

Disclaimer

Readers should understand that the purpose of *Women's Health Care Competencies for Medical Students* is to identify those areas of medicine where, as of 2004, significant issues have been identified that are important to the appropriate health care and prevention of illness in women. It is not our intent to identify all issues — only those that exhibit known sex and/or gender differences, or have important health implications for women. The reader should also recognize that in this field of lively, ongoing research, additional significant issues are being identified daily. While the issues and topics are changing, the competencies are essential and enduring.

The identified references include hyperlinks to articles and home pages on the Internet that may have changed since release of this publication.

Contact Information

To learn more about the Association of Professors of Gynecology and Obstetrics (APGO) and the APGO Women's Healthcare Education Office, please visit the APGO Web site at www.apgo.org. For questions related to this resource or the online version found at www.apgo.org/wheocomp, please contact Roberta Rusch at rrusch@apgo.org.



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SECTION ONE: Introduction

Developing Women's Health Care Competencies for Medical Students

In November 2000, the Women's Healthcare Education Office (WHEO) of the Association of Professors of Gynecology and Obstetrics (APGO) held the APGO Interdisciplinary Women's Health Education Retreat, "Undergraduate Medical Education in Women's Health: Today and Tomorrow," in Chantilly, VA. During the retreat, attendees from many disciplines in the basic, clinical and social sciences worked to identify key knowledge and skills (competencies) pertaining to sex and gender differences in women's health and disease.

Using the information developed at the 2000 retreat, a newly formed Multidisciplinary Women's Health Education Task Force organized and edited the *Women's Health Care Competencies for Medical Students*¹ booklet. This document describes eight competencies and includes potential topics for instruction for each competency. The document's purpose is to address curricular gaps and redundancies in the current medical school curriculum and to provide the minimal standard to ensure that medical students, regardless of their future specialty, graduate with the knowledge and skill to competently care for women.

Following this publication, two working groups — the APGO Undergraduate Medical Education Committee (UMEC) and the National Centers of Excellence in Women's Health Professional Education Working Group (CoE PEWG) — were charged with developing a set of learning objectives for an assigned competency. The resultant tables were intended to serve as a model to guide medical schools as they adapt the competencies to suit their own programs. Each table included learning objectives, the levels of professional competency described by GE Miller, and the Accreditation Council for Graduate Medical Education (ACGME) Outcome Project Toolbox of Assessment Methods. In addition, the groups linked each objective to the ACGME core competencies, and identified reference materials for medical students and teachers. Their work is included in the document *Women's Health Care Competencies: Sample Learning Objectives for Undergraduate Medical Education*.²

A supplement issue to the *American Journal of Obstetrics and Gynecology* (AJOG), titled "Implementing Women's Health Competencies into the Undergraduate Medical School Curriculum," and dedicated to the outcomes of the APGO Interdisciplinary Women's Health Education Retreat 2000, was released in September 2002.

The success of these efforts led to another interdisciplinary retreat in 2003. "The Future of Women's Health: Performance-based Tools for Today's Medical Schools," was held June 13-15, 2003, again in Chantilly, VA. At the retreat, 64 health science educators from 14 specialties and numerous subspecialties gathered to work in small groups. Using the APGO UMEC and CoE PEWG model, each group wrote sets of learning objectives, as well as identified evaluation methods, ACGME competencies, and references for each objective for the remaining competencies. Their work, along with the updated learning objectives from *Women's Health Care Competencies: Sample Learning Objectives for Undergraduate Medical Education*, is included in this document.

Importance to Medical Education

The need for organizing contemporary science, sound medical education methods, and interdisciplinary educational partnerships to promote medical education is clear. The Institute of Medicine (IOM) has clearly stated that "sex and gender matter" in understanding the science and delivery of health care.³ The Strategic Plan of the Association of American Medical Colleges (AAMC) identified a need to better align educational content and goals with "evolving society needs, practice patterns, and scientific developments." The first phase of the AAMC's Medical School Objectives Project (MSOP)⁴ outlined important categories of learning objectives for medical students and added a challenge to develop learning objectives to reform medical school curricula. The authors recognized that "the learning objectives of an educational program are most valuable when the desired outcomes can be measured" and closed with a further challenge to develop assessment methods for the objectives identified in the MSOP report.

These activities, as well as the communication of expectations of learning and outcomes, are addressed in the Liaison Committee for Medical Education (LCME) standards for the Educational Program for the M.D. Degree.⁵ The APGO WHEO and its interdisciplinary colleagues in women's health education recognized these needs and have addressed many of these challenges in developing women's health competencies for medical student education.

These competencies were developed to address the need for models of well-designed interdisciplinary curricula that focus on the differences of sex and gender across the basic, clinical, and social sciences that provide the foundations of good medicine. Medical students must know the basic differences in sex and gender in health and disease by the time they graduate from medical school.

Our ultimate goal is to optimize women's health care by teaching medical students how to recognize and address sex- and gender-based differences as they relate to the health of individuals and of populations. We began this process by identifying a set of women's health care competencies and developing a comprehensive set of learning objectives based upon them. We believe the next logical step is the development and implementation of interdisciplinary curricula showcasing this material.

The learning objectives found in this resource are designed to enable faculty at the nation's medical schools to address conditions that are more common or present differently in women in a comprehensive and integrated fashion. The deliberate attention paid to cultural and socioeconomic concerns throughout the document transcends traditional medical education recognizing that variables, including age, culture, ethnicity, and sexual orientation also impact health and illness in critical ways. We hope that the impact of each of these, and other variables that we may not have considered, will be remembered by the educators who use these learning competencies.



SECTION ONE: Introduction

As the experts developed the learning objectives and as the APGO Multidisciplinary Women's Health Education Task Force edited the competencies tables, three important factors were considered:

1. health and illness are sex- and gender-specific in causation, response, and systems;
2. the historical focus on sex- and gender-“neutral” research and care contributed to disparities, especially among women; and
3. contemporary models of education are increasingly interdisciplinary with assessment of competency based upon observable outcomes.

This resource focuses on medical student education, but assists at all levels of professional education. This philosophy underlies the process, learning objectives, and competency-based approach employed throughout the APGO Women's Health Care Competencies project. As this project moves forward, APGO remains committed to the idea that by identifying and addressing gender inequalities throughout medical school curricula today, we will substantively improve women's health tomorrow. At baseline, APGO's learning objectives will help medical school faculties enhance teaching in traditional biomedical content areas such as anatomy and physiology. This, however, is only the beginning. Alongside such materials, educators will find tools that will help them teach and assess patient-clinician communication, physical exam, and counseling skills.

Thus, this resource brings to medical educators contemporary approaches in education with up-to-date knowledge of clinical practice and science. Teaching and assessing competency in women's health is, therefore, a critical step for changing the patterns of care practiced by tomorrow's physicians.

Women's Health Care Competencies: ONLINE

The APGO Women's Health Care Competencies are also available on the APGO Web site in a searchable format. The Women's Health Online Curriculum Builder will allow users to build specialized curricula using a tool called *MyCurriculum*

from learning objectives they select, similar to adding items to an online shopping cart. Users can search for learning objectives in a number of ways, including: a key word search; an advanced search; by selecting an area of competency from an outline format; or by selecting from a set of model curricula developed by women's health educators. Word matching will be done on the text of the learning objective and the references (if the user chooses to do so).

Each search method results in a set of learning objectives, along with their respective level of competence, suggested evaluation methods, related ACGME competencies and references. Users can select the checkbox next to any of the learning objectives they want to add to *MyCurriculum*. At any point, users can display, review, and edit their custom-built *MyCurriculum*. Users will be able to save and retrieve curricula they have built, as well as post newly created curricula on the Web site for others to review and use. New curricula can be printed and used to develop courses or to evaluate entire programs. The Women's Health Online Curriculum Builder is available at www.apgo.org/wheocomp.

¹Cain J, Donoghue G, Magrane D, Rusch R, Silver E, editors. Women's health care competencies for medical students. Washington, DC: Association of Professors of Gynecology and Obstetrics, 2001.

²Cain J, Donoghue G, Magrane D, Rusch R, Silver E, editors. Women's health care competencies: sample learning objectives for undergraduate medical education. Crofton, MD: Association of Professors of Gynecology and Obstetrics, 2002.

³Institute of Medicine (U.S.); Committee on Understanding the Biology of Sex and Gender Differences. Exploring the biological contributions to human health: does sex matter? Wizemann TM, Pardue ML, editors. Washington, DC: National Academies Press, 2001.

⁴The Medical School Objectives Writing Group. Learning Objectives for Medical School Education * Guidelines for Medical Schools: Report I of the Medical School Objectives Project. Available from: www.aamc.org/meded/msop. Accessed 12/13/04. Washington, DC: Association of American Medical Colleges, 1999.

⁵Liaison Committee for Medical Education (LCME). Educational Program for the M.D. Degree. Available from: <http://www.lcme.org/functionslist.htm#educational%20program>. Accessed 12/13/04. Chicago; Washington, DC: Liaison Committee for Medical Education, 2004.

TIMELINE

- 1996 — APGO hosts Interdisciplinary Women's Health Education Conference in September at the Westfields Marriott Conference Center in Chantilly, VA.
- 1997 — APGO Women's Healthcare Education Office (WHEO) is established.
- 1998 — Interdisciplinary Women's Health Care Education Special Interest Group is organized within the Women In Medicine (WIM) program at the AAMC Annual meeting.
- 2000 — APGO WHEO hosts the 2000 APGO Interdisciplinary Women's Health Education Retreat, "Undergraduate Medical Education in Women's Health: Today and Tomorrow," on November 10-12 at the Westfields Marriott Conference Center in Chantilly, VA.
- A special theme issue in *Academic Medicine*, titled "A New and Wider View: Women's Health as a Catalyst for Reform of Medical Education," is published. *Acad Med*. 2000 Nov;75(11).
- 2001 — *Women's Health Care Competencies for Medical Students* is published.
- 2002 — *Women's Health Care Competencies: Sample Learning Objectives for Undergraduate Medical Education* is published.
- A supplement issue to the *American Journal of Obstetrics and Gynecology* (AJOG), titled "Implementing Women's Health Competencies into the Undergraduate Medical School Curriculum," is published. *Am J Obstet Gynecol*. 2002 Sep;187(3 Suppl).
- 2003 — APGO WHEO hosts the 2003 APGO Interdisciplinary Women's Health Education Retreat, "The Future of Women's Health: Performance-based Tools for Today's Medical Schools," on June 13-15 at the Westfields Marriott Conference Center in Chantilly, VA.
- 2004 — Women's Health Online Curriculum Builder Web site is launched and available at www.apgo.org/wheocomp.
- 2005 — *Women's Health Care Competencies for Medical Students: Taking Steps to Include Sex and Gender Differences in the Curriculum* is published.

SECTION TWO: *Women's Health Care Competencies for Medical Students* (Topic Outline)

Graduates of medical schools will be able to:

- I. Explain sex and gender differences in normal development and pathophysiology as they apply to prevention and management of diseases.
 - A. Compare differences in biological functions, development, and pharmacologic response in males and females.
 1. Normal Physical and Psychological Differentiation and Development
 2. Anatomic Differences in the Adult
 3. Hormonal Variation over the Life Span
 4. Cognition and Behavior
 5. Sexual Response, Function, and Dysfunction
 6. Reproduction, Contraception, and Sterilization
 7. Pharmacology
 - B. Discuss the pathophysiology, etiology, differential diagnosis, and treatment options for conditions that are more common, more serious, or have interventions that are different in women.
 1. General
 2. Autoimmune Diseases
 3. Bone and Joint Disease
 4. Osteoporosis
 5. Soft Tissue Disorders
 6. Occupational/Environmental Health
 7. Breast Disease
(See also Comp. VI.2.(i) Breast Cancer and Comp. VI.12.g. Breast-feeding)
 8. Cardiovascular Diseases
 9. Endocrine
 10. Gastrointestinal (GI) Disorders
 11. Fecal Incontinence
 12. Urologic Conditions
 13. Pelvic Organ Prolapse
 14. Abdominal and Pelvic Pain
 15. Sexually Transmitted Diseases
 16. HIV
 17. Infertility
 18. Mental Health
(See also Comp. I.C.13. Perinatal Psychiatric Disorders and Comp. VI.7. Mental Health)
 19. Neurology
 - C. Discuss the pathophysiology, etiology, differential diagnosis, and treatment options for conditions and functions that are specific to women.
 1. Uterine Bleeding
 2. Amenorrhea/Oligomenorrhea
 3. Dysmenorrhea
 4. Premenstrual Syndrome/Premenstrual Dysphoria Disorder (PMS/PMDD)
 5. Endometriosis
 6. Induced Pregnancy Termination
 7. Normal Pregnancy and Birth
 8. Vaginal Bleeding - Third Trimester
 9. Preeclampsia-Eclampsia Syndrome
 10. Spontaneous Pregnancy Loss and Ectopic Pregnancy
 11. Preterm Labor
 12. Maternal and Newborn Mortality
 13. Perinatal Psychiatric Disorders
 14. Menopause and Possible Sequelae
(See also Comp. VI.15. Postmenopausal Hormone Replacement Therapy)
 15. Benign Vaginal and Vulvar Disease
 16. Gynecologic Cancers
 - (i) Cervical Neoplasia
 - (ii) Vulvar Neoplasms
 - (iii) Ovarian Neoplasms
 - (iv) Endometrial Cancer
 - (v) Gestational Trophoblastic Disease
- II. Effectively communicate with patients, demonstrating awareness of gender and cultural differences.
 - III. Perform a sex-, gender- and age-appropriate physical examination.
 - IV. Discuss the impact of gender-based societal and cultural roles and context on health care and on women.
 1. Social and Political Discrimination
 2. Poverty
 3. Family Caregiver Role
 4. Special Populations
 - (i) Lesbians
 - (ii) Women with Disabilities
 - (iii) Immigrants
 - (iv) Women of Color
 5. Allied Health Professionals
 6. Impact of Patient and Provider Beliefs and Practices



SECTION TWO: *Women's Health Care Competencies for Medical Students* (Topic Outline)

V. Identify and assist victims of physical, emotional, and sexual violence and abuse.

1. Background and Epidemiology
2. Acute and Chronic Clinical Manifestations
3. Screening and Assessment
4. Intervention Options
5. Prevention Strategies
6. Reporting Requirements

VI. Assess and counsel women for sex- and gender- appropriate reduction of risk, including lifestyle changes and genetic testing.

1. Cardiovascular Disease
2. Common Malignancies
 - (i) Breast Cancer
 - (ii) Cervical Cancer
(See Comp. I.C.16.(i) Gynecologic Cancers - Cervical Neoplasia)
 - (iii) Colon Cancer
 - (iv) Lung Cancer
 - (v) Skin Cancer
3. Osteoporosis
4. Diabetes
5. Vision and Hearing

6. Oral Health

7. Mental Health

- (i) Mood Disorders: Depression and Bipolar Disorders
(See also Comp. I.B.18. Mental Health)
- (ii) Anxiety
(See also Comp. I.B.18. Mental Health)
- (iii) Stress Management
- (iv) Eating Disorders

8. Substance Abuse

- (i) Illicit drugs
- (ii) Misuse of Legal Medications
- (iii) Tobacco
(See also Comp. I.B.18. Mental Health)
- (iv) Alcohol
(See also Comp. I.B.18. Mental Health)
- (v) Other Addictions

9. Immunization

10. Exercise

11. Nutrition

12. Preconception and Prenatal Screening

13. High-Risk Sexual Behavior and Sexually Transmitted Diseases (See also Comp. I.B.15. Sexually Transmitted Diseases)

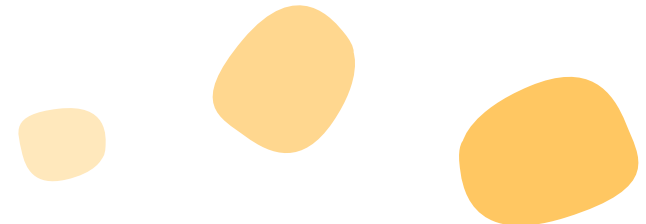
14. Contraceptive Practices, Family Planning, and Unintended Pregnancy

15. Postmenopausal Hormone Replacement Therapy (See also Comp. I.C.14. Menopause and Possible Sequelae)

VII. Access and critically evaluate new information and adopt best practices that incorporate knowledge of sex and gender differences in health and disease.

VIII. Discuss the impact of health care delivery systems on populations and individuals receiving health care.

1. Delivery of Health Services to Women
2. Access to Health Care for Women
3. Quality
4. Policy



SECTION THREE: Background Data

6

Definitions

Competency — Identified by members of work group on competency-based women's health education at APGO Interdisciplinary Women's Health Education Conference in September 1996, Chantilly, VA.

Competency is noted when a student is observed **performing** a task or function that has been established as a standard by the profession. The achievement of professional competency requires the articulation of learning objectives as observable, measurable **outcomes** for a specific level of student performance. Such specific detailing of performance expectations defines educational competencies. They are verified on the basis of **evidence** documenting student achievement, and must be clearly communicated to students, faculty and institutional leaders prior to assessment.

Women's Health — Adopted by the National Academy on Women's Health Medical Education (NAWHME) September 26, 1994.

Women's Health is devoted to facilitating the preservation of wellness and prevention of illness in women and includes screening, diagnosis, and management of conditions which are unique to women, are more common or more serious in women, or have manifestations, risk factors, or interventions that are different in women.

Women's Health is necessarily interdisciplinary, holistic, and woman-centered. It recognizes the importance of the study of gender differences, recognizes multidisciplinary team approaches, includes the values and knowledge of women and their own experience of health and illness, recognizes the diversity of women's health needs over the life cycle and how these needs reflect differences in class, ethnicity, culture, sexual preference, levels of education, and access to medical care. Women's health includes empowerment of women, as for all patients, to be informed participants in their own health care.

Sex and Gender Differences — Pinn VW. *Women's health research: progress and future directions.* Acad Med. 1999;74:1104-5.

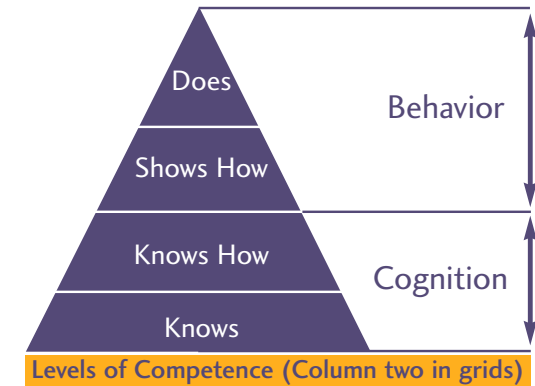
Sex refers to biologically-based differences (being male and female).

Gender denotes those qualities that are culturally-shaped variations between men and women, or that result from social processes or expectations of being male or female.

Understanding the Competencies Grids

Sample Grid

I. Explain sex and gender differences in normal development and pathophysiology as they apply to prevention and management of diseases.				
A. Compare differences in biological functions, development, and pharmacologic response in males and females.				
1. Normal Physical and Psychological Differentiation and Development				
Learning Objective	Level of Competence	Evaluation Method	ACGME Comp	References
h. Describe the effect of sex hormones on production of sex hormone binding globulin.	Knows	MCQ, Oral, KF	2b	Williams RH, Larsen PR. Williams textbook of endocrinology. 10th ed. Philadelphia: Saunders, 2003



The spreadsheets, or grids, contain five columns, with the learning objectives stated in the first column.

The information in the second column was derived from the work of George E. Miller,¹ and represents the desired level of competence an undifferentiated student should achieve for each stated objective. The first level, *Knows*, is achieved when the learner gathers facts. At the level of *Knows How*, facts are interpreted and applied to given situations.

Demonstrating that this is accomplished occurs at the competency level of *Shows How*. At the highest tier, *Does*, the student integrates his or her knowledge and skills into actual professional practice.

The third column lists assessment tools appropriate for evaluating a student's mastery of each objective. Most of these tools have been formally described as a part of the Accreditation Council for Graduate Medical Education (ACGME) Outcome Project and the American Board of Medical Specialties, *Toolbox of Assessment Methods*, and are accessible online at www.acgme.org/Outcome/assess/Toolbox.pdf.

These evaluation methods include the following (abbreviations in parentheses):

- 360° Global Rating
- Chart Stimulated Recall Oral Examination (CSR)
- Checklist Evaluation of Live or Recorded Performance (Checklist)
- Essay
- Global Rating of Live or Recorded Performance
- Key Features Exam (KF)
- Objective Structured Clinical Examination (OSCE)
- Patient Surveys
- Portfolios
- Procedure, Operative, or Case Logs
- Record Review
- Simulations and Models (Simulations)
- Standardized Oral Examination (Oral)
- Standardized Patient Examination (SP)
- Written Examination (Multiple Choice Questions - MCQ)

The Key Features (KF) evaluation method is not described in the ACGME Outcome Project and the *Toolbox of Assessment Methods*, so a definition is included below.

A Key Feature is defined as a critical step in the resolution of a clinical problem. A Key Features exam tests the steps in which examinees are most likely to make errors in the resolution of the problem, and assesses the difficult aspects in the identification and management of a problem in practice. It is particularly useful for assessing clinical decision-making skills. It is conceptually appealing, the problems are short and focus on a few critical elements in the resolution, it uses a short answer non-cueing format, and the construction offers flexibility in questioning, feature options, complexity, and scoring. The exam consists of clinical case scenarios and an exam question for each key feature of a given scenario. Test writers develop the case, questions, response format (usually short answer, fill-in-the-blank), and scoring key.²

The fourth column is similarly linked to the ACGME Outcome Project General Competencies.³ As part of this effort, the ACGME has defined the skills and behaviors to be expected from all graduating residents. Examples include interviewing, working with a team, and creating therapeutic relationships with patients. As many of these skills are initially taught in and can be evaluated in medical school, we were inspired to consider medical students as lifelong learners.

The residency program must require its residents to obtain competencies in the six areas below to the level of a new practitioner. Towards this end, programs must define the specific knowledge, skills, and attitudes required and provide educational experiences as needed in order for their residents to demonstrate:

1. **Patient Care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
 - a. Caring and respectful behaviors
 - b. Interviewing
 - c. Informed decision-making
 - d. Develop and carry out patient management plans
 - e. Counsel and educate patients and families
 - f. Performance of procedures
 - Routine physical exam
 - Medical procedures
 - g. Preventive health services
 - h. Work within a team
2. **Medical Knowledge** about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care
 - a. Investigatory and analytic thinking
 - b. Knowledge and application of basic sciences
3. **Practice-based Learning and Improvement** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care
 - a. Analyze own practice for needed improvements
 - b. Use of evidence from scientific studies
 - c. Application of research and statistical methods
 - d. Use of information technology
 - e. Facilitate learning of others
4. **Interpersonal and Communication Skills** that result in effective information exchange and teaming with patients, their families, and other health professionals
 - a. Creation of therapeutic relationship with patients
 - b. Listening skills
5. **Professionalism**, as manifested through a commitment to carrying out professional responsibilities,

adherence to ethical principles, and sensitivity to a diverse patient population

- a. Respectful, altruistic
 - b. Ethically sound practice
 - c. Sensitive to culture, age, gender, and disabilities
6. **Systems-based Practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value
- a. Understand interaction of their practices with the larger system
 - b. Knowledge of practice and delivery systems
 - c. Practice cost-effective care
 - d. Advocate for patients within the health care system.

ACGME General Competencies Key (Column four in grids)

In the interest of keeping the tables short, the ACGME Competencies were keyed as follows:

- 1.a. Patient Care — Caring and respectful behaviors;
 1.b. Patient Care — Interviewing;
 1.c. Patient Care — Informed decision-making, etc.

The final column, essentially a reference list, is included to facilitate the acquisition and dissemination of evidence-based knowledge on each topic. Whenever possible, we suggest sources that are continuously updated, and provide the most current information.

¹Miller, GE. The assessment of clinical skills/competence/performance. *Acad Med.*1990;65:S63-7.

²Page G, Bordage G, Allen T. Developing key-feature problems and examinations to assess clinical decision-making skills. *Acad Med.* 1995 Mar;70(3):194-201.

³Relevant residency level competency or skill as found in the ACGME Outcome Project and defined as the Minimum Program Requirements Language. Approved by the ACGME, September 28, 1999. www.acgme.org/outcome/comp/compFull.asp.

SECTION FOUR: Competencies Grid

Competency: **I. Explain sex and gender differences in normal development and pathophysiology as they apply to prevention and management of diseases.**

Learning Objective	Level of Competence *	Appropriate Evaluation Methods #	ACGME Competencies +	References
I. Explain sex and gender differences in normal development and pathophysiology as they apply to prevention and management of diseases.				
A. Compare differences in biological functions, development, and pharmacologic response in males and females.				
1. Normal Physical and Psychological Differentiation and Development				
a. Associate the male and female embryological urogenital structures with their adult counterparts.	Knows How	MCQ, Oral, KF	2b	Larsen WJ. Human embryology. 3rd ed. Serman LS, Potter SS, Scott WJ, editors. New York: Churchill Livingstone, 2001. Moore KL, Dalley AF, editors. Clinically oriented anatomy. 4th ed. Philadelphia: Lippincott Williams & Wilkins, 1999. Netter FH, Hansen JT. Atlas of human anatomy. 3rd ed. Hansen JT, consulting editor. Teterboro, NJ: Icon Learning Systems, 2003.
b. Compare male and female secondary sexual characteristics and their development.	Knows How	MCQ, Oral, KF	2a, 2b	Larsen WJ. Human embryology. 3rd ed. Serman LS, Potter SS, Scott WJ, editors. New York: Churchill Livingstone, 2001. Vander AJ, Sherman JH, Luciano DS. Human physiology: the mechanisms of body function. 8th ed. Boston: McGraw-Hill, 2001.
c. Compare changes in the male and female urogenital tracts from birth through senescence.	Knows How	MCQ, Oral, KF	2a, 2b	Larsen WJ. Human embryology. 3rd ed. Serman LS, Potter SS, Scott WJ, editors. New York: Churchill Livingstone, 2001. Vander AJ, Sherman JH, Luciano DS. Human physiology: the mechanisms of body function. 8th ed. Boston: McGraw-Hill, 2001.
d. Discuss the interrelationships among chronological age and social and physical development in males and females.	Knows How	MCQ, Oral, KF	2a, 2b	Bongiovanni AM, editor. Adolescent gynecology: a guide for clinicians. New York: Plenum Medical Book Co., 1983. Gordon S, Scales P, Everly K. The sexual adolescent: communicating with teenagers about sex. 2nd ed. North Scituate, MA: Duxbury Press, 1979.
e. Describe how sex chromosomes determine gonadal sex and compare the clinical manifestations of aberrant sex chromosome number or composition.	Knows How	MCQ, Oral, KF, Essay	2a, 2b	Larsen WJ. Human embryology. 3rd ed. Serman LS, Potter SS, Scott WJ, editors. New York: Churchill Livingstone, 2001. American College of Obstetricians and Gynecologists. ACOG Educational Bulletin Number 228. Maternal serum screening. Washington, DC: American College of Obstetricians and Gynecologists, Sep 1996. Int J Gynaecol Obstet. 1996 Dec;55(3):299-308.
f. Describe the role of androgens in the differentiation of the urogenital tract.	Knows	MCQ, Oral, KF	2b	Larsen WJ. Human embryology. 3rd ed. Serman LS, Potter SS, Scott WJ, editors. New York: Churchill Livingstone, 2001. Knobil E, Neill JD, editors. Encyclopedia of reproduction. San Diego: Academic Press, 1998. Vander AJ, Sherman JH, Luciano DS. Human physiology: the mechanisms of body function. 8th ed. Boston: McGraw-Hill, 2001.

Competency: **I. Explain sex and gender differences in normal development and pathophysiology as they apply to prevention and management of diseases.**

Learning Objective	Level of Competence ✳	Appropriate Evaluation Methods #	ACGME Competencies +	References
A. Compare differences in biological functions, development, and pharmacologic response in males and females.				
1. Normal Physical and Psychological Differentiation and Development				
g. Describe the effects of steroids on the brain, including differential effects on cognition and behavior.	Knows	MCQ, Oral, KF, Essay	2b	Larsen WJ. Human embryology. 3rd ed. Serman LS, Potter SS, Scott WJ, editors. New York: Churchill Livingstone, 2001. Kandel ER, Schwartz JH, Jessell TM, editors. Principles of neural science. 4th ed. New York: McGraw-Hill, Health Professions Division, 2000. Williams RH, Larsen PR. Williams textbook of endocrinology. 10th ed. Philadelphia: Saunders, 2003.
h. Describe the effect of sex hormones on production of sex hormone binding globulin.	Knows	MCQ, Oral, KF	2b	Williams RH, Larsen PR. Williams textbook of endocrinology. 10th ed. Philadelphia: Saunders, 2003.
2. Anatomic Differences in the Adult				
a. Describe the structure of the mammary gland, including lymphatic drainage and changes that occur during puberty, the menstrual cycle, pregnancy, and lactation.	Knows	MCQ, Oral, Simulations	2b	Moore KL, Dalley AF, editors. Clinically oriented anatomy. 4th ed. Philadelphia: Lippincott Williams & Wilkins, 1999. Netter FH, Hansen JT. Atlas of human anatomy. 3rd ed. Hansen JT, consulting editor. Teterboro, NJ: Icon Learning Systems, 2003. Young B, Heath JW. Wheater's functional histology: a text and colour atlas. 4th ed. Edinburgh: Churchill Livingstone, 2000. Junqueira LC, Carneiro J. Basic histology: text & atlas. 10th ed. New York: Lange Medical Books, McGraw-Hill Medical Publishing Division, 2003.
b. Compare the anatomic relationships and the neurovascular supply of the structures of the pelvis and perineum in the female and male.	Knows How	MCQ, Oral, KF, Simulations	2a, 2b	Moore KL, Dalley AF, editors. Clinically oriented anatomy. 4th ed. Philadelphia: Lippincott Williams & Wilkins, 1999. Netter FH, Hansen JT. Atlas of human anatomy. 3rd ed. Hansen JT, consulting editor. Teterboro, NJ: Icon Learning Systems, 2003.
c. Describe changes in anatomy during pregnancy.	Knows How	MCQ, Oral, KF	2b	Beckmann CRB, Ling FW, Barzansky BM, Herbert WNP, Laube DW. Obstetrics and gynecology. 4th ed. Baltimore: Lippincott Williams & Wilkins, 2002.
d. Compare the structure of the abdominal wall in females and males, including the potential for fascial defects.	Knows How	MCQ, Oral, KF	2a, 2b	Moore KL, Dalley AF, editors. Clinically oriented anatomy. 4th ed. Philadelphia: Lippincott Williams & Wilkins, 1999. Netter FH, Hansen JT. Atlas of human anatomy. 3rd ed. Hansen JT, consulting editor. Teterboro, NJ: Icon Learning Systems, 2003.

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SECTION FOUR: Competencies Grid

Competency: **I. Explain sex and gender differences in normal development and pathophysiology as they apply to prevention and management of diseases.**

Learning Objective	Level of Competence ✳	Appropriate Evaluation Methods #	ACGME Competencies +	References
A. Compare differences in biological functions, development, and pharmacologic response in males and females.				
2. Anatomic Differences in the Adult				
e. Contrast the normal range of body mass index in females and males.	Knows How	MCQ, Oral, KF	2a, 2b	Wallis LA, Kasper AS, editors. Textbook of women's health. Philadelphia: Lippincott-Raven, 1998. Kasper DL, et al., editors. Harrison's principles of internal medicine. 16th ed. New York: McGraw-Hill, Medical Pub. Division, 2005.
3. Hormonal Variation over the Life Span				
a. Interpret the adrenal changes that occur during a lifetime.	Knows How	MCQ, Oral, KF	2a, 2b	Williams RH, Larsen PR. Williams textbook of endocrinology. 10th ed. Philadelphia: Saunders, 2003. Vander AJ, Sherman JH, Luciano DS. Human physiology: the mechanisms of body function. 8th ed. Boston: McGraw-Hill, 2001.
b. Contrast the average age of puberty for females and males.	Knows How	MCQ, Oral, KF	2a, 2b	Ryan KJ, Kistner RW, editors. Kistner's gynecology and women's health. 7th ed. St. Louis: Mosby, 1999. Behrman R, Kliegman R, Jenson HB, editors. Nelson textbook of pediatrics. 17th ed. Philadelphia: Saunders, 2004.
c. Compare the effects of hormonal changes at puberty on muscle mass and body fat in females and males.	Knows How	MCQ, Oral, KF	2a, 2b	Williams RH, Larsen PR. Williams textbook of endocrinology. 10th ed. Philadelphia: Saunders, 2003. Vander AJ, Sherman JH, Luciano DS. Human physiology: the mechanisms of body function. 8th ed. Boston: McGraw-Hill, 2001. Ryan KJ, Kistner RW, editors. Kistner's gynecology and women's health. 7th ed. St. Louis: Mosby, 1999. Behrman R, Kliegman R, Jenson HB, editors. Nelson textbook of pediatrics. 17th ed. Philadelphia: Saunders, 2004.
d. Describe the activation of the hypothalamic-pituitary-ovarian axis at puberty.	Knows	MCQ, Oral, KF	2b	Ryan KJ, Kistner RW, editors. Kistner's gynecology and women's health. 7th ed. St. Louis: Mosby, 1999. Williams RH, Larsen PR. Williams textbook of endocrinology. 10th ed. Philadelphia: Saunders, 2003. Vander AJ, Sherman JH, Luciano DS. Human physiology: the mechanisms of body function. 8th ed. Boston: McGraw-Hill, 2001.

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Learning Objective	Level of Competence *	Appropriate Evaluation Methods #	ACGME Competencies +	References
A. Compare differences in biological functions, development, and pharmacologic response in males and females.				
3. Hormonal Variation over the Life Span				
e. Describe the endocrine changes that occur at puberty and their effects on target organs and tissues.	Knows	MCQ, Oral, KF	2b	Ryan KJ, Kistner RW, editors. <i>Kistner's gynecology and women's health</i> . 7th ed. St. Louis: Mosby, 1999. Williams RH, Larsen PR. <i>Williams textbook of endocrinology</i> . 10th ed. Philadelphia: Saunders, 2003. Vander AJ, Sherman JH, Luciano DS. <i>Human physiology: the mechanisms of body function</i> . 8th ed. Boston: McGraw-Hill, 2001.
4. Cognition and Behavior				
a. List differences in cognitive functions between females and males.	Knows	MCQ, Oral, KF	2b	Kandel ER, Schwartz JH, Jessell TM, editors. <i>Principles of neural science</i> . 4th ed. New York: McGraw-Hill, Health Professions Division, 2000. Institute of Medicine (U.S.); Committee on Understanding the Biology of Sex and Gender Differences. <i>Exploring the biological contributions to human health: does sex matter?</i> Wizemann TM, Pardue ML, editors. Washington, DC: National Academies Press, 2001.
b. Describe the biological basis of behavioral differences in females and males.	Knows	MCQ, Oral, KF, Essay	2b	Kandel ER, Schwartz JH, Jessell TM, editors. <i>Principles of neural science</i> . 4th ed. New York: McGraw-Hill, Health Professions Division, 2000. Institute of Medicine (U.S.); Committee on Understanding the Biology of Sex and Gender Differences. <i>Exploring the biological contributions to human health: does sex matter?</i> Wizemann TM, Pardue ML, editors. Washington, DC: National Academies Press, 2001.
5. Sexual Response, Function, and Dysfunction				
a. Compare and contrast sexual function in females and males.	Knows How	MCQ, Oral, KF, Essay	2a, 2b	Maurice WL, Bowman MA. <i>Sexual medicine in primary care</i> . St. Louis: Mosby, 1999. Francoeur RT, editor. <i>The international encyclopedia of sexuality</i> . New York: Continuum, 1997.
b. Compare and contrast adolescent sexuality in females and males.	Knows How	MCQ, Oral, KF, Essay	2a, 2b	Maurice WL, Bowman MA. <i>Sexual medicine in primary care</i> . St. Louis: Mosby, 1999. Perrin EC. <i>Sexual orientation in child and adolescent health care</i> . New York: Kluwer Academic/Plenum Publishers, 2002.

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SECTION FOUR: Competencies Grid

Competency: **I. Explain sex and gender differences in normal development and pathophysiology as they apply to prevention and management of diseases.**

Learning Objective	Level of Competence ✳	Appropriate Evaluation Methods #	ACGME Competencies +	References
A. Compare differences in biological functions, development, and pharmacologic response in males and females.				
5. Sexual Response, Function, and Dysfunction				
c. Compare and contrast the sexual responses of females and males of advanced age.	Knows How	MCQ, Oral, KF, Essay	2a, 2b	<p>Maurice WL, Bowman MA. Sexual medicine in primary care. St. Louis: Mosby, 1999.</p> <p>Heath HBM, White I, editors. The challenge of sexuality in health care. Oxford: Blackwell Science, 2002.</p> <p>Wingood GM, DiClemente RJ, editors. Handbook of women's sexual and reproductive health. New York: Kluwer Academic/Plenum Publishers, 2002.</p> <p>Peate I. Men's sexual health. London: Whurr, 2003.</p> <p>Andrews G, editor. Women's sexual health. 2nd ed. Edinburgh: Baillire Tindall, 2001.</p>
d. Discuss the difference between genetic sex, gender identity, sexual orientation, and sexual behavior.	Knows How	MCQ, Oral, KF, Essay	2a, 2b	<p>Maurice WL, Bowman MA. Sexual medicine in primary care. St. Louis: Mosby, 1999.</p> <p>Francoeur RT, editor. The international encyclopedia of sexuality. New York: Continuum, 1997.</p> <p>Perrin EC. Sexual orientation in child and adolescent health care. New York: Kluwer Academic/Plenum Publishers, 2002.</p> <p>Heath HBM, White I, editors. The challenge of sexuality in health care. Oxford: Blackwell Science, 2002.</p>
e. Explain the impact of genes, hormones, and environment on gender identification, sexual orientation, and sexual behaviors.	Knows How	MCQ, Oral, Essay	2a, 2b	<p>Maurice WL, Bowman MA. Sexual medicine in primary care. St. Louis: Mosby, 1999.</p> <p>Francoeur RT, editor. The international encyclopedia of sexuality. New York: Continuum, 1997.</p> <p>Perrin EC. Sexual orientation in child and adolescent health care. New York: Kluwer Academic/Plenum Publishers, 2002.</p>
f. Describe the physical and psychological causes of sexual dysfunctions.	Knows	MCQ, Oral, KF	2b	<p>Maurice WL, Bowman MA. Sexual medicine in primary care. St. Louis: Mosby, 1999.</p> <p>Heath HBM, White I, editors. The challenge of sexuality in health care. Oxford: Blackwell Science, 2002.</p> <p>Wingood GM, DiClemente RJ, editors. Handbook of women's sexual and reproductive health. New York: Kluwer Academic/Plenum Publishers, 2002.</p> <p>Peate I. Men's sexual health. London: Whurr, 2003.</p> <p>Andrews G, editor. Women's sexual health. 2nd ed. Edinburgh: Baillire Tindall, 2001.</p>

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Learning Objective	Level of Competence *	Appropriate Evaluation Methods #	ACGME Competencies +	References
A. Compare differences in biological functions, development, and pharmacologic response in males and females.				
5. Sexual Response, Function, and Dysfunction				
g. Compare sexual attitudes and behaviors in women and men across the lifespan.	Knows How	MCQ, Oral, KF, Essay	2a, 2b	Maurice WL, Bowman MA. Sexual medicine in primary care. St. Louis: Mosby, 1999. Francoeur RT, editor. The international encyclopedia of sexuality. New York: Continuum, 1997.
6. Reproduction, Contraception, and Sterilization				
a. Describe the physiology of the hypothalamic-pituitary-ovarian axis and the effects on target organs and tissues.	Knows	MCQ, Oral, KF	2b	Vander AJ, Sherman JH, Luciano DS. Human physiology: the mechanisms of body function. 8th ed. Boston: McGraw-Hill, 2001. Knobil E, Neill JD, editors. Encyclopedia of reproduction. San Diego: Academic Press, 1998. Beckmann CRB, Ling FW, Barzansky BM, Herbert WNP, Laube DW. Obstetrics and gynecology. 4th ed. Baltimore: Lippincott Williams & Wilkins, 2002.
b. Differentiate between oogenesis and spermatogenesis.	Knows How	MCQ, Oral, KF	2a, 2b	Vander AJ, Sherman JH, Luciano DS. Human physiology: the mechanisms of body function. 8th ed. Boston: McGraw-Hill, 2001. Knobil E, Neill JD, editors. Encyclopedia of reproduction. San Diego: Academic Press, 1998. Young B, Heath JW. Wheater's functional histology: a text and colour atlas. 4th ed. Edinburgh: Churchill Livingstone, 2000. Larsen WJ. Human embryology. 3rd ed. Serman LS, Potter SS, Scott WJ, editors. New York: Churchill Livingstone, 2001.
c. Describe the sequence of events that occur during fertilization and implantation.	Knows	MCQ, Oral, KF	2b	Vander AJ, Sherman JH, Luciano DS. Human physiology: the mechanisms of body function. 8th ed. Boston: McGraw-Hill, 2001. Knobil E, Neill JD, editors. Encyclopedia of reproduction. San Diego: Academic Press, 1998. Larsen WJ. Human embryology. 3rd ed. Serman LS, Potter SS, Scott WJ, editors. New York: Churchill Livingstone, 2001.

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Competency: **I. Explain sex and gender differences in normal development and pathophysiology as they apply to prevention and management of diseases.**

Learning Objective	Level of Competence ✳	Appropriate Evaluation Methods #	ACGME Competencies +	References
A. Compare differences in biological functions, development, and pharmacologic response in males and females.				
6. Reproduction, Contraception, and Sterilization				
d. Describe the physiologic events that occur during lactation.	Knows	MCQ, Oral, KF	2b	Vander AJ, Sherman JH, Luciano DS. Human physiology: the mechanisms of body function. 8th ed. Boston: McGraw-Hill, 2001. Knobil E, Neill JD, editors. Encyclopedia of reproduction. San Diego: Academic Press, 1998. Beckmann CRB, Ling FW, Barzansky BM, Herbert WNP, Laube DW. Obstetrics and gynecology. 4th ed. Baltimore: Lippincott Williams & Wilkins, 2002.
e. Describe the normal physiologic changes that occur during pregnancy.	Knows	MCQ, Oral, KF	2b	Beckmann CRB, Ling FW, Barzansky BM, Herbert WNP, Laube DW. Obstetrics and gynecology. 4th ed. Baltimore: Lippincott Williams & Wilkins, 2002.
f. List contraceptive methods and the basis of action for each.	Knows	MCQ, Oral, KF	2b	Speroff L, Darney PD. A clinical guide for contraception. 3rd ed. Philadelphia: Lippincott Williams & Wilkins, 2001. Beckmann CRB, Ling FW, Barzansky BM, Herbert WNP, Laube DW. Obstetrics and gynecology. 4th ed. Baltimore: Lippincott Williams & Wilkins, 2002.
g. Assess the appropriateness of different methods of contraception for diverse patient populations.	Knows How	MCQ, Oral, KF, Essay	2a, 2b, 3b	Speroff L, Darney PD. A clinical guide for contraception. 3rd ed. Philadelphia: Lippincott Williams & Wilkins, 2001. Beckmann CRB, Ling FW, Barzansky BM, Herbert WNP, Laube DW. Obstetrics and gynecology. 4th ed. Baltimore: Lippincott Williams & Wilkins, 2002.
h. Describe the benefits and risks of female and male surgical sterilization.	Knows	MCQ, Oral, KF, Essay	2b	Speroff L, Darney PD. A clinical guide for contraception. 3rd ed. Philadelphia: Lippincott Williams & Wilkins, 2001. Beckmann CRB, Ling FW, Barzansky BM, Herbert WNP, Laube DW. Obstetrics and gynecology. 4th ed. Baltimore: Lippincott Williams & Wilkins, 2002.
7. Pharmacology				
a. Describe the general sequence of steroidogenic pathways and the clinical manifestations of enzymatic defects.	Knows	MCQ, Oral, KF	2b	Hardman JG, Limbird LE, editors; Goodman Gilman A, consulting editor. Goodman & Gilman's the pharmacological basis of therapeutics. 10th ed. New York: McGraw-Hill Medical Pub. Division, 2001. Nelson DL. Lehninger principles of biochemistry. 4th ed. New York: WH Freeman, 2005.
b. Predict side effects of estrogen, progesterone, and androgen drugs in females and their offspring.	Knows How	MCQ, Oral, KF	2a, 2b	Hardman JG, Limbird LE, editors; Goodman Gilman A, consulting editor. Goodman & Gilman's the pharmacological basis of therapeutics. 10th ed. New York: McGraw-Hill Medical Pub. Division, 2001. Centers for Disease Control and Prevention. DES Update: Health Care Providers - Resources and Educational Tools [homepage on the Internet]. Atlanta: Centers for Disease Control and Prevention [cited 2004 Oct 20]. Available from: http://www.cdc.gov/des/hcp/resources/index.html .

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Learning Objective	Level of Competence *	Appropriate Evaluation Methods #	ACGME Competencies +	References
A. Compare differences in biological functions, development, and pharmacologic response in males and females.				
7. Pharmacology				
c. Identify the effects of various drugs, both therapeutic and illicit, on the female reproductive organs.	Knows	MCQ, Oral, KF	2b	Hardman JG, Limbird LE, editors; Goodman Gilman A, consulting editor. Goodman & Gilman's the pharmacological basis of therapeutics. 10th ed. New York: McGraw-Hill Medical Pub. Division, 2001.
d. Describe how sex differences in drug metabolism and clearance affect the risk of toxicity and addiction.	Knows	MCQ, Oral, KF	2a, 2b	Hardman JG, Limbird LE, editors; Goodman Gilman A, consulting editor. Goodman & Gilman's the pharmacological basis of therapeutics. 10th ed. New York: McGraw-Hill Medical Pub. Division, 2001. Schatzberg AF, Nemeroff CB, editors. The American Psychiatric Publishing textbook of psychopharmacology. 3rd ed. Washington, DC: American Psychiatric Pub., 2004. Greenfield SF, O'Leary G. Sex differences in substance use disorders. Lewis-Hall F, et al., editors. Psychiatric illness in women: emerging treatments and research. 1st ed. Washington, DC: American Psychiatric Pub., 2002. p. 467-534.
e. Describe the effects of drugs, both therapeutic and illicit, on fertility.	Knows	MCQ, Oral, KF	2b	Hardman JG, Limbird LE, editors; Goodman Gilman A, consulting editor. Goodman & Gilman's the pharmacological basis of therapeutics. 10th ed. New York: McGraw-Hill Medical Pub. Division, 2001.
f. Describe the teratogenic effects of both therapeutic and illicit drugs.	Knows	MCQ, Oral, KF	2b	Hayes AW, editor. Principles and methods of toxicology. 4th ed. New York: Taylor & Francis, 2001.
g. Identify drugs that need dosage adjustment during pregnancy.	Knows	MCQ, Oral, KF	2b	Hardman JG, Limbird LE, editors; Goodman Gilman A, consulting editor. Goodman & Gilman's the pharmacological basis of therapeutics. 10th ed. New York: McGraw-Hill Medical Pub. Division, 2001. Beckmann CRB, Ling FW, Barzansky BM, Herbert WNP, Laube DW. Obstetrics and gynecology. 4th ed. Baltimore: Lippincott Williams & Wilkins, 2002.
h. Contrast the response to various analgesics and anesthetics in females and males.	Knows	MCQ, Oral, KF	2a, 2b	Fillingim RB, Jafri IH. Pain: gender differences, psychosocial factors, and medical management. In: Welner SL, Haseltine F, editors. Welner's guide to the care of women with disabilities. Philadelphia: Lippincott Williams & Wilkins, 2004. p. 357-72. Institute of Medicine (U.S.); Committee on Understanding the Biology of Sex and Gender Differences. Exploring the biological contributions to human health: does sex matter? Wizemann TM, Pardue ML, editors. Washington, DC: National Academies Press, 2001.

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Competency: **I. Explain sex and gender differences in normal development and pathophysiology as they apply to prevention and management of diseases.**

Learning Objective	Level of Competence ✳	Appropriate Evaluation Methods ⊕	ACGME Competencies +	References
B. Discuss the pathophysiology, etiology, differential diagnosis, and treatment options for conditions that are more common, more serious, or have interventions that are different in women.				
1. General				
<p>a. Describe the impact on chronic diseases with changes in endogenous hormones at puberty, during the menstrual cycle, and with menopause.</p>	Knows How	MCQ, Oral, KF, Essay	2a, 2b	<p>Backstrom T, Andersson A, Andree L, Birzniece V, Bixo M, Bjorn I, et al. Pathogenesis in menstrual cycle-linked CNS disorders. <i>Ann N Y Acad Sci.</i> 2003 Dec;1007:42-53.</p> <p>Moffat SD, Resnick, SM. Gonadal steroid influences on adult neuropsychological function. In: Lewis-Hall F, et al., editors. <i>Psychiatric illness in women: emerging treatments and research.</i> 1st ed. Washington, DC: American Psychiatric Pub., 2002. p. 403-26.</p> <p>Liporace J, D'Abreu A. Epilepsy and women's health: family planning, bone health, menopause, and menstrual-related seizures. <i>Mayo Clin Proc.</i> 2003 Apr;78(4):497-506.</p> <p>Johnson CJ. Headache in women. <i>Prim Care.</i> 2004 Jun;31(2):417-28.</p> <p>Safar ME, Smulyan H. Hypertension in women. <i>Am J Hypertens.</i> 2004 Jan;17(1):82-7.</p> <p>Baker L, Meldrum KK, Wang M, Sankula R, Vanam R, Raiesdana A, et al. The role of estrogen in cardiovascular disease. <i>J Surg Res.</i> 2003 Dec;115(2):325-44.</p> <p>Payne JL. The role of estrogen in mood disorders in women. <i>Int Rev Psychiatry.</i> 2003 Aug;15(3):280-90.</p> <p>Felson DT, Nevitt MC. The effects of estrogen on osteoarthritis. <i>Curr Opin Rheumatol.</i> 1998 May;10(3):269-72.</p> <p>Haggerty CL, Ness RB, Kelsey S, Waterer GW. The impact of estrogen and progesterone on asthma. <i>Ann Allergy Asthma Immunol.</i> 2003 Mar;90(3):284-91.</p>

Competency: **I. Explain sex and gender differences in normal development and pathophysiology as they apply to prevention and management of diseases.**

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B. Discuss the pathophysiology, etiology, differential diagnosis, and treatment options for conditions that are more common, more serious, or have interventions that are different in women.				
1. General				
b. Describe the impact of exogenous steroids, such as contraceptives and hormone replacement therapy, on chronic diseases.	Knows	MCQ, Oral, KF, Essay	2a, 2b	<p>Anderson GL, Judd HL, Kaunitz AM, Barad DH, Beresford SA, Pettinger M, et al. Effects of estrogen plus progestin on gynecologic cancers and associated diagnostic procedures: the Women's Health Initiative randomized trial. <i>JAMA</i>. 2003 Oct;290(13):1739-48.</p> <p>Chlebowski RT, Hendrix SL, Langer RD, Stefanick ML, Gass M, Lane D, et al. Influence of estrogen plus progestin on breast cancer and mammography in healthy postmenopausal women: the Women's Health Initiative randomized trial. <i>JAMA</i>. 2003 Jun;289(24):3243-53.</p> <p>Wassertheil-Smoller S, Hendrix SL, Limacher M, Heiss G, Kooperberg C, Baird A, et al. Effect of estrogen plus progestin on stroke in postmenopausal women: the Women's Health Initiative: a randomized trial. <i>JAMA</i>. 2003 May;289(20):2673-84.</p> <p>Shumaker SA, Legault C, Rapp SR, Thal L, Wallace RB, Ockene JK, et al. Estrogen plus progestin and the incidence of dementia and mild cognitive impairment in postmenopausal women: the Women's Health Initiative Memory Study: a randomized controlled trial. <i>JAMA</i>. 2003 May;289(20):2651-62.</p> <p>Voskuhl RR. Hormone-based therapies in MS. <i>Int MS J</i>. 2003 Jun;10(2):60-6.</p> <p>Devonshire V, Duquette P, Dwosh E, Guimond C. The immune system and hormones: review and relevance to pregnancy and contraception in women with MS. <i>Int MS J</i>. 2003 Jun;10(2):44-50.</p> <p>Gruber DM, Sator MO, Wieser F, Worda C, Huber JC. Progesterone and neurology. <i>Gynecol Endocrinol</i>. 1999 Jun;13 Suppl 4:S41-5.</p>
c. Discuss the impact of pregnancy on the course of chronic medical disorders.	Knows How	MCQ, Oral, KF, Essay	1d, 2a, 2b	<p>Cunningham FG, Williams JW. Medical and surgical complications in pregnancy. In: Cunningham FG, et al. <i>Williams obstetrics</i>. 21st ed. New York: McGraw-Hill, 2001. p.1141-514.</p> <p>Barron WM, Lindheimer MD. <i>Medical disorders during pregnancy</i>. 3rd ed. St. Louis: Mosby, 2000.</p>

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SECTION FOUR: Competencies Grid

Competency: **I. Explain sex and gender differences in normal development and pathophysiology as they apply to prevention and management of diseases.**

Learning Objective	Level of Competence ✳	Appropriate Evaluation Methods #	ACGME Competencies +	References
B. Discuss the pathophysiology, etiology, differential diagnosis, and treatment options for conditions that are more common, more serious, or have interventions that are different in women.				
1. General				
d. Discuss disorders that are unique to, present differently during, or are managed differently during pregnancy.	Knows How	MCQ, Oral, KF, Essay	2a, 2b	Cunningham FG, Williams JW. Medical and surgical complications in pregnancy. In: Cunningham FG, et al. Williams obstetrics. 21st ed. New York: McGraw-Hill, 2001. p.1141-514. Barron WM, Lindheimer MD. Medical disorders during pregnancy. 3rd ed. St. Louis: Mosby, 2000.
2. Autoimmune Diseases				
a. List factors that influence the development and treatment of autoimmune disease in women.	Knows	MCQ, Oral, KF	2b	Russell LA, Paget SA. Immune system health and disorders of women over the life phases. In: Wallis LA, Kasper AS, editors. Textbook of women's health. Philadelphia: Lippincott-Raven, 1998. p. 481-93.
b. List examples of autoimmune disease in women.	Knows	MCQ, Oral, KF	2a, 2b	Lewis Alexander L, LaRosa JL, Bader H. New dimensions in women's health. 2nd ed. Sudbury, MA: Jones and Bartlett Publishers, 2001. p. 472-6. American Autoimmune Related Diseases Association. Autoimmune Disease in Women - The Facts [homepage on the Internet]. Washington, DC: American Autoimmune Related Diseases Association [cited 2004 Oct 21]. Available from: http://www.aarda.org/women.html .
c. Describe a counseling strategy for the pregnant patient with autoimmune disease.	Knows How	Oral, Essay	1e, 2b	Kanik KS, Wilder RL. Hormonal alterations in rheumatoid arthritis, including the effects of pregnancy. Rheum Dis Clin North Am. 2000 Nov;26(4):805-23.
d. Describe how sex hormones modulate the incidence, course, and treatment of autoimmune diseases in women.	Knows	MCQ, Oral, KF	2a, 2b	Chrousos GP, Torpy DJ, Gold PW. Interactions between the hypothalamic-pituitary-adrenal axis and the female reproductive system: clinical implications. Ann Intern Med. 1998 Aug;129(3):229-40.
e. Evaluate the need for contraception and recommend contraceptive methods for women with autoimmune disease.	Shows How	SP, OSCE	1c, 1e, 2b	Spector TD, Roman E, Silman AJ. The pill, parity, and rheumatoid arthritis. Arthritis Rheum. 1990 Jun; 33(6):782-9.

Competency: **I. Explain sex and gender differences in normal development and pathophysiology as they apply to prevention and management of diseases.**

Learning Objective	Level of Competence ✱	Appropriate Evaluation Methods #	ACGME Competencies +	References
B. Discuss the pathophysiology, etiology, differential diagnosis, and treatment options for conditions that are more common, more serious, or have interventions that are different in women.				
3. Bone and Joint Disease				
a. Identify patterns of arthritis that are more common in, or have unique effects on, women and their impact on activities of daily living.	Knows	MCQ, Oral, KF	2b	<p>Acheson LS, Goulder Abelson A. Osteoarthritis. In: Rosenfeld JA, Alley N, Acheson LS, Admire JB, editors. <i>Women's health in primary care</i>. 1st ed. Baltimore: Williams & Wilkins, 1997. p. 851-61.</p> <p>Seton M. Approach to the woman with rheumatic disease. In: Carlson KJ, Eisenstat SA, editors. <i>Primary care of women</i>. 2nd ed. St. Louis: Mosby, 2002. p. 252-7.</p> <p>Shmerling RH, Liang MH. Arthralgias, fibromyalgia, and Raynaud's syndrome. In: Carlson KJ, Eisenstat SA, editors. <i>Primary care of women</i>. 2nd ed. St. Louis: Mosby, 2002. p. 258-66.</p> <p>Anderson RJ. Osteoarthritis. In: Carlson KJ, Eisenstat SA, editors. <i>Primary care of women</i>. 2nd ed. St. Louis: Mosby, 2002. p. 267-73.</p> <p>Bermas BL. Rheumatoid arthritis. In: Carlson KJ, Eisenstat SA, editors. <i>Primary care of women</i>. 2nd ed. St. Louis: Mosby, 2002. p. 282-8.</p>
b. List risk factors for fractures in women across age groups.	Knows	MCQ, Oral, KF	2b	<p>National Osteoporosis Foundation [homepage on the Internet]. Washington, DC: National Osteoporosis Foundation [cited 2004 Oct 21]. Available from: http://www.nof.org.</p> <p>U.S. Preventive Services Task Force. Osteoporosis - Screening [recommendations on the Internet]. Rockville, MD: Agency for Healthcare Research and Quality [cited 2004 Oct 21]. Available from: http://www.ahrq.gov/clinic/uspstf/uspstfoste.htm.</p> <p>Dugan SA. Sports injuries. In: Carlson KJ, Eisenstat SA, editors. <i>Primary care of women</i>. 2nd ed. St. Louis: Mosby, 2002. p. 301-7.</p> <p>Zillmer DA. Domestic violence: the role of the orthopaedic surgeon in identification and treatment. <i>J Am Acad Orthop Surg</i>. 2000 Mar-Apr;8(2):91-6.</p>
c. Describe the relationship between exercise, menstrual cycle, and musculoskeletal health.	Knows	MCQ, Oral, KF, Essay	2a, 2b	<p>Hale DB, Hale RW. Exercise. In: Seltzer VL, Pearse WH, editors. <i>Women's primary health care: office practice and procedures</i>. 2nd ed. New York: McGraw-Hill, 2000. p. 99-104.</p>
d. Identify the relationship between shoe design and development of foot deformity and back pain.	Knows	MCQ	2a, 2b	<p>Lillich JS, Baxter DE. Bunionectomies and related surgery in the elite female middle-distance and marathon runner. <i>Am J Sports Med</i>. 1986 Nov;14(6):491-3.</p> <p>Teitz CC. <i>The female athlete</i>. 1st ed. Rosemont, IL: American Academy of Orthopaedic Surgeons, 1997. p. 63-73.</p>

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Competency: **I. Explain sex and gender differences in normal development and pathophysiology as they apply to prevention and management of diseases.**

Learning Objective	Level of Competence ✳	Appropriate Evaluation Methods #	ACGME Competencies +	References
B. Discuss the pathophysiology, etiology, differential diagnosis, and treatment options for conditions that are more common, more serious, or have interventions that are different in women.				
4. Osteoporosis				
a. Describe sex and gender differences in risk factors, presentation, and management of osteoporosis.	Knows	MCQ, Oral, KF, Essay	1 d, 2b	<p>Slovik DM. Osteoporosis. In: Carlson KJ, Eisenstat SA, editors. Primary care of women. 2nd ed. St. Louis: Mosby, 2002. p. 80-9.</p> <p>Johnson BE. Osteoporosis. In: Johnson BE, et al., editors. Women's health care handbook. 2nd ed. Philadelphia: Hanley & Belfus, 2000. p. 432-42.</p> <p>National Osteoporosis Foundation [homepage on the Internet]. Washington, DC: National Osteoporosis Foundation [cited 2004 Oct 21]. Available from: http://www.nof.org.</p> <p>U.S. Preventive Services Task Force. Osteoporosis - Screening [recommendations on the Internet]. Rockville, MD: Agency for Healthcare Research and Quality [cited 2004 Oct 21]. Available from: http://www.ahrq.gov/clinic/uspstf/uspsooste.htm.</p>
5. Soft Tissue Disorders				
a. Discuss soft tissue injury patterns that are more common and have different treatment outcomes in women.	Knows How	MCQ, Oral, KF	2a, 2b	<p>Griffin LY, Agel J, Albohm MJ, Arendt EA, Dick RW, Garrett WE, et al. Noncontact anterior cruciate ligament injuries: risk factors and prevention strategies. J Am Acad Orthop Surg. 2000 May-Jun;8(3):141-50.</p> <p>Ireland ML, Nattiv A. The female athlete. Philadelphia: Saunders, 2002.</p>
b. Identify endocrine, occupational, ergonomic, and weight disorders in women that affect nerve function.	Knows	MCQ, Oral, KF	2a, 2b	<p>Frazier LM. Occupational health. In: Rosenfeld JA, Alley N, Acheson LS, Admire JB, editors. Women's health in primary care. 1st ed. Baltimore: Williams & Wilkins, 1997. p.117-42.</p>
c. Identify sex differences in types and prevention of recreational sports injuries.	Knows	MCQ, Oral, KF	2a, 2b	<p>Ireland ML, Nattiv A. The female athlete. Philadelphia: Saunders, 2002.</p> <p>Hale DB, Hale RW. Exercise. In: Seltzer VL, Pearse WH, editors. Women's primary health care: office practice and procedures. 2nd ed. New York: McGraw-Hill, 2000. p. 99-104.</p>

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Learning Objective	Level of Competence *	Appropriate Evaluation Methods #	ACGME Competencies +	References
B. Discuss the pathophysiology, etiology, differential diagnosis, and treatment options for conditions that are more common, more serious, or have interventions that are different in women.				
5. Soft Tissue Disorders				
d. Identify factors that adversely affect fitness and functional capacity in women across the lifespan.	Knows	MCQ, Oral, KF	2a, 2b	<p>National Osteoporosis Foundation [homepage on the Internet]. Washington, DC: National Osteoporosis Foundation [cited 2004 Oct 21]. Available from: http://www.nof.org.</p> <p>Griffin LY, Agel J, Albohm MJ, Arendt EA, Dick RW, Garrett WE, et al. Noncontact anterior cruciate ligament injuries: risk factors and prevention strategies. <i>J Am Acad Orthop Surg</i>. 2000 May-Jun;8(3):141-50.</p> <p>Zillmer DA. Domestic violence: the role of the orthopaedic surgeon in identification and treatment. <i>J Am Acad Orthop Surg</i>. 2000 Mar-Apr;8(2):91-6.</p> <p>Marion GS. Preventive health care and medical problems of older women. In: Rosenfeld JA, Alley N, Acheson LS, Admire JB, editors. <i>Women's health in primary care</i>. 1st ed. Baltimore: Williams & Wilkins, 1997. p. 801-31.</p> <p>Roth ME. Psychological issues: independence and interdependence. In: Rosenfeld JA, Alley N, Acheson LS, Admire JB, editors. <i>Women's health in primary care</i>. 1st ed. Baltimore: Williams & Wilkins, 1997. p. 833-50.</p> <p>Hamilton MA, Nonas C. Nutrition and maintaining a healthy weight. In: Seltzer VL, Pearse WH, editors. <i>Women's primary health care: office practice and procedures</i>. 2nd ed. New York: McGraw-Hill, 2000. p. 83-98.</p> <p>Hale DB, Hale RW. Exercise. In: Seltzer VL, Pearse WH, editors. <i>Women's primary health care: office practice and procedures</i>. 2nd ed. New York: McGraw-Hill, 2000. p. 99-104.</p>

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Competency: **I. Explain sex and gender differences in normal development and pathophysiology as they apply to prevention and management of diseases.**

Learning Objective	Level of Competence *	Appropriate Evaluation Methods ‡	ACGME Competencies +	References
B. Discuss the pathophysiology, etiology, differential diagnosis, and treatment options for conditions that are more common, more serious, or have interventions that are different in women.				
5. Soft Tissue Disorders				
e. Describe the impact of musculoskeletal disorders on disability and institutionalization of women, and the impact of operative and non-operative treatment.	Knows How	MCQ, Oral, KF, Essay	2a, 6b	<p>Jacobs Institute of Women's Health; Henry J. Kaiser Family Foundation. The women's health data book: a profile of women's health in the United States. 3rd ed. Misra D, editor. Washington, DC; Menlo Park, CA: Jacobs Institute of Women's Health; The Henry J. Kaiser Family Foundation, 2001.</p> <p>Marion GS. Preventive health care and medical problems of older women. In: Rosenfeld JA, Alley N, Acheson LS, Admire JB, editors. Women's health in primary care. 1st ed. Baltimore: Williams & Wilkins, 1997. p. 801-31.</p> <p>Roth ME. Psychological issues: independence and interdependence. In: Rosenfeld JA, Alley N, Acheson LS, Admire JB, editors. Women's health in primary care. 1st ed. Baltimore: Williams & Wilkins, 1997. p. 833-50.</p> <p>Acheson LS, Goulder Abelson A. Osteoarthritis. In: Rosenfeld JA, Alley N, Acheson LS, Admire JB, editors. Women's health in primary care. 1st ed. Baltimore: Williams & Wilkins, 1997. p. 851-61.</p> <p>Seton M. Approach to the women with rheumatic disease. In: Carlson KJ, Eisenstat SA, editors. Primary care of women. 2nd ed. St. Louis: Mosby, 2002. p. 252-7.</p> <p>Shmerling RH, Liang MH. Arthralgias, fibromyalgia, and Raynaud's syndrome. In: Carlson KJ, Eisenstat SA, editors. Primary care of women. 2nd ed. St. Louis: Mosby, 2002. p. 258-66.</p> <p>Anderson RJ. Osteoarthritis. In: Carlson KJ, Eisenstat SA, editors. Primary care of women. 2nd ed. St. Louis: Mosby, 2002. p. 267-73.</p> <p>Costenbader KH, Katz JN. Regional musculoskeletal diseases. In: Carlson KJ, Eisenstat SA, editors. Primary care of women. 2nd ed. St. Louis: Mosby, 2002. p. 274-81.</p> <p>Bermas BL. Rheumatoid arthritis. In: Carlson KJ, Eisenstat SA, editors. Primary care of women. 2nd ed. St. Louis: Mosby, 2002. p. 282-8.</p>
6. Occupational/Environmental Health				
a. Describe sex differences in potential exposure to occupational and environmental health hazards, including biological, physical, and chemical exposures and hazards.	Knows	MCQ, Oral, KF, Essay	2a, 2b	LaDou J, editor. Current occupational and environmental medicine. 3rd ed. New York: Lange Medical Books/McGraw-Hill, 2004.
b. Identify resources for determining the risks of specific environmental and occupational health hazards.	Knows	MCQ, Oral, KF	2b	LaDou J, editor. Current occupational and environmental medicine. 3rd ed. New York: Lange Medical Books/McGraw-Hill, 2004.

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B. Discuss the pathophysiology, etiology, differential diagnosis, and treatment options for conditions that are more common, more serious, or have interventions that are different in women.				
6. Occupational/Environmental Health				
c. Describe the direct and indirect physical and emotional consequences of sexual harassment.	Knows	MCQ, Oral, KF, Essay	2b, 5c	LaDou J, editor. Current occupational and environmental medicine. 3rd ed. New York: Lange Medical Books/McGraw-Hill, 2004.
7. Breast Disease (See also Comp. VI.2.(i) Breast Cancer and Comp VI.12.g. Breast-feeding)				
a. Develop a differential diagnosis for common breast diseases, including mastalgia, palpable masses, and nipple discharge.	Knows How	MCQ, Oral, KF	1d, 2b	Smith BL. Benign breast disease. In: Carlson KJ, Eisenstat SA, editors. Primary care of women. 2nd ed. St. Louis: Mosby, 2002. p. 441-7. Vail BA, Peterson M. Mastalgia. In: Johnson BE, et al., editors. Women's health care handbook. 2nd ed. Philadelphia: Hanley & Belfus, 2000. p. 313-5. Vail BA, Ebbert D. Nipple discharge. In: Johnson BE, et al., editors. Women's health care handbook. 2nd ed. Philadelphia: Hanley & Belfus, 2000. p. 316-20. Vail BA, Peterson M. Breast lumps. In: Johnson BE, et al., editors. Women's health care handbook. 2nd ed. Philadelphia: Hanley & Belfus, 2000. p. 320-4.
b. Describe the optimal approach to the evaluation and management of common breast problems.	Knows How	MCQ, Oral, KF	1d	Smith BL. Benign breast disease. In: Carlson KJ, Eisenstat SA, editors. Primary care of women. 2nd ed. St. Louis: Mosby, 2002. p. 441-7. Vail BA, Peterson M. Mastalgia. In: Johnson BE, et al., editors. Women's health care handbook. 2nd ed. Philadelphia: Hanley & Belfus, 2000. p. 313-5. Vail BA, Ebbert D. Nipple discharge. In: Johnson BE, et al., editors. Women's health care handbook. 2nd ed. Philadelphia: Hanley & Belfus, 2000. p. 316-20. Vail BA, Peterson M. Breast lumps. In: Johnson BE, et al., editors. Women's health care handbook. 2nd ed. Philadelphia: Hanley & Belfus, 2000. p. 320-4.

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B. Discuss the pathophysiology, etiology, differential diagnosis, and treatment options for conditions that are more common, more serious, or have interventions that are different in women.				
8. Cardiovascular Diseases				
a. Contrast sex differences in the risk factors, symptoms, and signs of atherosclerotic cardiovascular disease.	Knows How	MCQ, Oral, KF, Essay	2a, 2b	Wilson PW, D'Agostino RB, Levy D, Belanger AM, Silbershatz H, Kannel WB. Prediction of coronary heart disease using risk factor categories. <i>Circulation</i> . 1998 May;97(18):1837-47. Mosca L, Grundy SM, Judelson D, King K, Limacher M, Oparil S, et al. Guide to preventive cardiology for women. AHA/ACC Scientific Statement Consensus panel statement. <i>Circulation</i> . 1999 May;99(18):2480-4. Smith SC Jr, Blair SN, Bonow RO, Brass LM, Cerqueira MD, Dracup K, et al. AHA/ACC Scientific Statement: AHA/ACC guidelines for preventing heart attack and death in patients with atherosclerotic cardiovascular disease: 2001 update: A statement for healthcare professionals from the American Heart Association and the American College of Cardiology. <i>Circulation</i> . 2001 Sep;104(13):1577-9.
b. Describe appropriate tests for ascertaining the presence of coronary artery disease in women.	Knows	MCQ, Oral, KF	1d, 2b	Zipes DP, Braunwald E. <i>Braunwald's heart disease: a textbook of cardiovascular medicine</i> . 7th ed. Philadelphia: W.B. Saunders, 2005. American Heart Association [homepage on the Internet]. Dallas: American Heart Association [cited 2004 Oct 21]. Available from: http://www.americanheart.org .
c. Describe an age- and sex-specific evaluation and management plan for acute coronary syndrome.	Knows How	MCQ, Oral, KF	1d, 2b	Zipes DP, Braunwald E. <i>Braunwald's heart disease: a textbook of cardiovascular medicine</i> . 7th ed. Philadelphia: W.B. Saunders, 2005.
d. Describe sex and gender differences in cardiovascular morbidity and mortality.	Knows	MCQ, Oral, KF	2a, 2b	Zipes DP, Braunwald E. <i>Braunwald's heart disease: a textbook of cardiovascular medicine</i> . 7th ed. Philadelphia: W.B. Saunders, 2005.
e. List sex and gender differences in the etiology and presentation of heart failure.	Knows	MCQ, Oral, KF	2a, 2b	Zipes DP, Braunwald E. <i>Braunwald's heart disease: a textbook of cardiovascular medicine</i> . 7th ed. Philadelphia: W.B. Saunders, 2005. Masoudi FA, Havranek EP, Smith G, Fish RH, Steiner JF, Ordin DL, et al. Gender, age, and heart failure with preserved left ventricular systolic function. <i>J Am Coll Cardiol</i> . 2003 Jan;41(2):217-23. Hunt SA, Baker DW, Chin MH, Cinquegrani MP, Feldman AM, Francis GS, et al. ACC/AHA guidelines for the evaluation and management of chronic heart failure in the adult: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Committee to Revise the 1995 Guidelines for the Evaluation and Management of Heart Failure) [guidelines on the Internet], 2001. Bethesda, MD: American College of Cardiology [cited 2004 Oct 21]. Available from: http://www.acc.org/clinical/guidelines/failure/hf_index.htm .
f. Discuss how the etiology of heart failure affects treatment in men and women.	Knows How	MCQ, Oral, KF	2b, 3b	Zipes DP, Braunwald E. <i>Braunwald's heart disease: a textbook of cardiovascular medicine</i> . 7th ed. Philadelphia: W.B. Saunders, 2005.

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B. Discuss the pathophysiology, etiology, differential diagnosis, and treatment options for conditions that are more common, more serious, or have interventions that are different in women.				
8. Cardiovascular Diseases				
g. Describe sex and gender differences in the etiology and presentation of arrhythmias.	Knows	MCQ, Oral, KF	2a, 2b	<p>Topol EJ, Califf RM, editors. Textbook of cardiovascular medicine. 2nd ed. Philadelphia: Lippincott Williams & Wilkins, 2002.</p> <p>Makkar RR, Fromm BS, Steinman RT, Meissner MD, Lehmann MH. Female gender as a risk factor for torsades de pointes associated with cardiovascular drugs. JAMA. 1993 Dec;270(21):2590-7.</p>
h. Describe the sex differences in the interaction between drug therapy and QT interval.	Knows	MCQ, Oral, KF	2a, 2b	<p>Topol EJ, Califf RM, editors. Textbook of cardiovascular medicine. 2nd ed. Philadelphia: Lippincott Williams & Wilkins, 2002.</p> <p>Anthony M, Berg MJ. Biologic and molecular mechanisms for sex differences in pharmacokinetics, pharmacodynamics, and pharmacogenetics: Part I. J Womens Health Gen Based Med. 2002 Sep;11(7):601-15.</p> <p>De Ponti F, Poluzzi E, Cavalli A, Recanatini M, Montanaro N. Safety of non-antiarrhythmic drugs that prolong the QT interval or induce torsade de pointes: an overview. Drug Saf. 2002;25(4):263-86.</p>
i. Describe sex differences in the risk factors for venous thrombosis.	Knows	MCQ, Oral, KF	2a, 2b	<p>Topol EJ, Califf RM, editors. Textbook of cardiovascular medicine. 2nd ed. Philadelphia: Lippincott Williams & Wilkins, 2002.</p> <p>Heit JA, Silverstein MD, Mohr DN, Petterson TM, Lohse CM, O'Fallon WM, et al. The epidemiology of venous thromboembolism in the community. Thromb Haemost. 2001 Jul;86(1):452-63.</p> <p>Peverill RE. Hormone therapy and venous thromboembolism. Best Pract Res Clin Endocrinol Metab. 2003 Mar;17(1):149-64.</p> <p>Drife J. Oral contraception and the risk of thromboembolism: what does it mean to clinicians and their patients? Drug Saf. 2002;25(13):893-902.</p>
j. Describe sex differences in valvular heart disease.	Knows	MCQ, Oral, KF	2a, 2b	<p>Kasper DL, Harrison TR, editors. Harrison's principles of internal medicine. 16th ed. New York: McGraw-Hill, Medical Pub. Division, 2005.</p> <p>Zipes DP, Braunwald E. Braunwald's heart disease: a textbook of cardiovascular medicine. 7th ed. Philadelphia: W.B. Saunders, 2005.</p>

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SECTION FOUR: Competencies Grid

Competency: **I. Explain sex and gender differences in normal development and pathophysiology as they apply to prevention and management of diseases.**

Learning Objective	Level of Competence *	Appropriate Evaluation Methods #	ACGME Competencies +	References
B. Discuss the pathophysiology, etiology, differential diagnosis, and treatment options for conditions that are more common, more serious, or have interventions that are different in women.				
9. Endocrine				
a. List sex and gender differences in the incidence of and risk factors for diabetes mellitus.	Knows	MCQ, Oral, KF	2b	Jaffe LS, Solomon CG, Seely EW. Diabetes. In: Carlson KJ, Eisenstat SA, editors. Primary care of women. 2nd ed. St. Louis: Mosby, 2002. p. 71-9. Jovanovic L, Peterson CM. Diabetes mellitus in women over the life phases and in pregnancy. In: Wallis LA, Kasper A, editors. Textbook of women's health. Philadelphia: Lippincott-Raven, 1998. p. 533-44.
b. Describe specific management plans for diabetes mellitus based on a patient's age, sex, and pregnancy status.	Knows How	MCQ, Oral, KF	1 d, 2b	Jaffe LS, Solomon CG, Seely EW. Diabetes. In: Carlson KJ, Eisenstat SA, editors. Primary care of women. 2nd ed. St. Louis: Mosby, 2002. p. 71-9.
c. Describe the pathophysiology, clinical features of, and therapeutic options for a woman with polycystic ovarian syndrome (PCOS).	Knows	MCQ, Oral, KF	1 d, 2b	Taylor AE. Hirsutism and ovarian endocrine disorders. In: Carlson KJ, Eisenstat SA, editors. Primary care of women. 2nd ed. St. Louis: Mosby, 2002. p. 98-104. Gilchrist V, Johnson BE. Hirsutism. In: Johnson BE, et al., editors. Women's health care handbook. 2nd ed. Philadelphia: Hanley & Belfus, 2000. p. 427-32.
d. Develop a differential diagnosis for hirsutism and virilization in women.	Knows How	MCQ, Oral, KF	1 d, 2b	Taylor AE. Hirsutism and ovarian endocrine disorders. In: Carlson KJ, Eisenstat SA, editors. Primary care of women. 2nd ed. St. Louis: Mosby, 2002. p. 98-104. Gilchrist V, Johnson BE. Hirsutism. In: Johnson BE, et al., editors. Women's health care handbook. 2nd ed. Philadelphia: Hanley & Belfus, 2000. p. 427-32.
e. Describe sex and gender differences in incidence, presentation, and management of thyroid disease.	Knows How	MCQ, Oral, KF	1 d, 2b	Ross DS. Thyroid disease. In: Carlson KJ, Eisenstat SA, editors. Primary care of women. 2nd ed. St. Louis: Mosby, 2002. p. 90-7. Ross DS. Thyroid disease in pregnancy. In: Carlson KJ, Eisenstat SA, editors. Primary care of women. 2nd ed. St. Louis: Mosby, 2002. p. 548-9. American College of Obstetricians and Gynecologists. ACOG Practice Bulletin Number 37. Thyroid disease in pregnancy. Washington, DC: American College of Obstetricians and Gynecologists, Aug 2002. Obstet Gynecol. 2002 Aug;100(2):387-96.
10. Gastrointestinal (GI) Disorders				
a. Discuss sex and gender differences in the incidence and presentation of gastroesophageal reflux disease (GERD).	Knows How	MCQ, Oral, KF	2a, 2b	Lin M, Gerson LB, Lascar R, Davila M, Triadafilopoulos G. Features of gastroesophageal reflux disease in women. Am J Gastroenterol. 2004 Aug;99(8):1442-7. Ter RB. Gender differences in gastroesophageal reflux disease. J Gend Specif Med. 2000 Mar-Apr;3(2):42-4. Borum ML. Gastrointestinal diseases in women. Med Clin North Am. 1998 Jan;82(1):21-50.

Competency: **I. Explain sex and gender differences in normal development and pathophysiology as they apply to prevention and management of diseases.**

Learning Objective	Level of Competence *	Appropriate Evaluation Methods #	ACGME Competencies +	References
B. Discuss the pathophysiology, etiology, differential diagnosis, and treatment options for conditions that are more common, more serious, or have interventions that are different in women.				
10. Gastrointestinal (GI) Disorders				
b. Describe sex and gender differences in incidence and presentation of anorectal disease.	Knows	MCQ, Oral, KF	2b	Diamant NE, Kamm MA, Wald A, Whitehead WE. AGA technical review on anorectal testing techniques. <i>Gastroenterology</i> . 1999 Mar;116(3):735-60. Gopal DV. Diseases of the rectum and anus: a clinical approach to common disorders. <i>Clin Cornerstone</i> . 2002;4(4):34-48. Wald A. Functional anorectal and pelvic pain. <i>Gastroenterol Clin North Am</i> . 2001 Mar;30(1):243-51. Hulme-Moir M, Bartolo DC. Hemorrhoids. <i>Gastroenterol Clin North Am</i> . 2001 Mar;30(1):183-97.
c. List sex and gender differences in the incidence and presentation of irritable bowel syndrome (IBS).	Knows	MCQ, Oral, KF	2b	Naliboff BD, Berman S, Chang L, Derbyshire SW, Suyenobu B, Vogt BA, et al. Sex-related differences in IBS patients: central processing of visceral stimuli. <i>Gastroenterology</i> . 2003 Jun;124(7):1738-47. Lee OY, Mayer EA, Schmulson M, Chang L, Naliboff B. Gender-related differences in IBS symptoms. <i>Am J Gastroenterol</i> . 2001 Jul;96(7):2184-93.
d. Discuss the causes of constipation and how they affect treatment strategies.	Knows How	MCQ, Oral, KF	1d, 2b	Locke GR 3rd, Pemberton JH, Phillips SF. American Gastroenterological Association Medical Position Statement: guidelines on constipation. <i>Gastroenterology</i> . 2000 Dec;119(6):1761-6. Locke GR 3rd, Pemberton JH, Phillips SF. AGA technical review on constipation. American Gastroenterological Association. <i>Gastroenterology</i> . 2000 Dec;119(6):1766-78. Rao SS. Constipation: evaluation and treatment. <i>Gastroenterol Clin North Am</i> . 2003 Jun;32(2):659-83. Borum ML. Constipation: evaluation and management. <i>Prim Care</i> . 2001 Sep;28(3):577-90. Leroi AM, Berkelmans I, Denis P, Hemond M, Devroede G. Anismus as a marker of sexual abuse. Consequences of abuse on anorectal motility. <i>Dig Dis Sci</i> . 1995 Jul;40(7):1411-6.
e. List sex and gender differences in the incidence and presentation of inflammatory bowel disease (IBD).	Knows	MCQ, Oral, KF	2b	Loftus EV Jr, Sandborn WJ. Epidemiology of inflammatory bowel disease. <i>Gastroenterol Clin North Am</i> . 2002 Mar;31(1):1-20.

* Levels of Competence as defined by George E. Miller. GE Miller. The assessment of clinical skills/competence/performance. *Acad Med* 1990 65: 63S-67S.

Potential evaluation methods as described in the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Medical Specialties (ABMS) *Toolbox of Assessment Methods*. Version 1.1 September 2000. <http://www.acgme.org/Outcome/assess/Toolbox.pdf>.

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SECTION FOUR: Competencies Grid

Competency: **I. Explain sex and gender differences in normal development and pathophysiology as they apply to prevention and management of diseases.**

Learning Objective	Level of Competence *	Appropriate Evaluation Methods #	ACGME Competencies +	References
B. Discuss the pathophysiology, etiology, differential diagnosis, and treatment options for conditions that are more common, more serious, or have interventions that are different in women.				
10. Gastrointestinal (GI) Disorders				
f. Discuss sex and gender differences in the incidence and risk factors for hepatobiliary diseases.	Knows How	MCQ, Oral, KF	2b	Borum ML. Hepatobiliary diseases in women. <i>Med Clin North Am.</i> 1998 Jan;82(1):51-75. Lowe RC. Liver disease. In: Carlson KJ, Eisenstat SA, editors. <i>Primary care of women.</i> 2nd ed. St. Louis: Mosby, 2002. p. 126-32.
11. Fecal Incontinence				
a. Discuss sex and gender differences in the incidence and etiology of fecal incontinence.	Knows	MCQ, Oral, KF	2b	Cheetham MJ, Malouf AJ, Kamm MA. Fecal incontinence. <i>Gastroenterol Clin North Am.</i> 2001 Mar;30(1):115-30. Jackson SL, Hull TL. Fecal incontinence in women. <i>Obstet Gynecol Surv.</i> 1998 Dec;53(12):741-7. Rao SS. Pathophysiology of adult fecal incontinence. <i>Gastroenterology.</i> 2004 Jan;126(1 Suppl 1):S14-22.
b. Describe an age- and sex-specific evaluation and management plan for fecal incontinence.	Knows How	MCQ, Oral, KF	1 d, 2b	Hinninghofen H, Enck P. Fecal incontinence: evaluation and treatment. <i>Gastroenterol Clin North Am.</i> 2003 Jun;32(2):685-706. Cooper ZR, Rose S. Fecal incontinence: a clinical approach. <i>Mt Sinai J Med.</i> 2000 Mar;67(2):96-105.
12. Urologic Conditions				
a. Describe sex and gender differences in the etiology and presentation of urinary tract infection (UTI).	Knows	MCQ, Oral, KF	2b	Stamm WE. Urinary tract infection and pyelonephritis. In: Kasper DL, Harrison TR, editors. <i>Harrison's principles of internal medicine.</i> 16th ed. New York: McGraw-Hill, Medical Pub. Division, 2005. p. 1715-21. Harrington RD, Hooton TM. Urinary tract infection risk factors and gender. <i>J Gen Specif Med.</i> 2000 Nov-Dec;3(8):27-34. Fihn SD. Clinical practice. Acute uncomplicated urinary tract infection in women. <i>N Engl J Med.</i> 2003 Jul;349(3):259-66.
b. Develop a differential diagnosis and sex- and gender-appropriate evaluation strategy for dysuria and/or urinary frequency.	Knows How	MCQ, Oral, KF	1 d, 2b	Fihn SD. Clinical practice. Acute uncomplicated urinary tract infection in women. <i>N Engl J Med.</i> 2003 Jul;349(3):259-66.
c. Develop a sex- and gender-appropriate evaluation and treatment strategy for recurrent urinary tract infection (UTI).	Knows How	MCQ, Oral, KF	1 d, 2b	Hooton TM. Recurrent urinary tract infection in women. <i>Int J Antimicrob Agents.</i> 2001 Apr;17(4):259-68. Gupta K, Hooton TM, Roberts PL, Stamm WE. Patient-initiated treatment of uncomplicated recurrent urinary tract infections in young women. <i>Ann Intern Med.</i> 2001 Jul;135(1):9-16.

Competency: **I. Explain sex and gender differences in normal development and pathophysiology as they apply to prevention and management of diseases.**

Learning Objective	Level of Competence *	Appropriate Evaluation Methods #	ACGME Competencies +	References
B. Discuss the pathophysiology, etiology, differential diagnosis, and treatment options for conditions that are more common, more serious, or have interventions that are different in women.				
12. Urologic Conditions				
d. Discuss sex and gender differences in the incidence and etiology of urinary incontinence.	Knows How	MCQ, Oral, KF	2b	<p>Association of Professors of Gynecology and Obstetrics. APGO Educational Series on Women's Health Issues. Urinary incontinence. Crofton, MD: Association of Professors of Gynecology and Obstetrics, 2003.</p> <p>American Urogynecologic Society [homepage on the Internet]. Washington, DC: American Urogynecologic Society [cited 2004 Oct 21]. Available from: http://www.augs.org.</p> <p>Romanzi LJ. Urinary incontinence in women and men. <i>J Gend Specif Med.</i> 2001;4(3):14-20.</p>
e. Classify the types of urinary incontinence prevalent in women.	Knows	MCQ, Oral, KF	2b	<p>Association of Professors of Gynecology and Obstetrics. APGO Educational Series on Women's Health Issues. Urinary incontinence. Crofton, MD: Association of Professors of Gynecology and Obstetrics, 2003.</p> <p>American Urogynecologic Society [homepage on the Internet]. Washington, DC: American Urogynecologic Society [cited 2004 Oct 21]. Available from: http://www.augs.org.</p>
f. Describe an age- and sex-specific evaluation and management plan for urinary incontinence.	Knows How	MCQ, Oral, KF	1d, 2b	<p>Holroyd-Leduc JM, Straus SE. Management of urinary incontinence in women: scientific review. <i>JAMA.</i> 2004 Feb;291(8):986-95.</p> <p>Brubaker L. Surgical treatment of urinary incontinence in women. <i>Gastroenterology.</i> 2004 Jan;126(1 Suppl 1):S71-6.</p> <p>Burgio KL. Behavioral treatment options for urinary incontinence. <i>Gastroenterology.</i> 2004 Jan;126(1 Suppl 1):S82-9.</p> <p>Schuessler B, Baessler K. Pharmacologic treatment of stress urinary incontinence: expectations for outcome. <i>Urology.</i> 2003 Oct;62(4 Suppl 1):S31-8.</p>

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Competency: **I. Explain sex and gender differences in normal development and pathophysiology as they apply to prevention and management of diseases.**

Learning Objective	Level of Competence ✳	Appropriate Evaluation Methods ⊕	ACGME Competencies +	References
B. Discuss the pathophysiology, etiology, differential diagnosis, and treatment options for conditions that are more common, more serious, or have interventions that are different in women.				
13. Pelvic Organ Prolapse				
a. Discuss the risk factors and etiology for pelvic organ prolapse in women.	Knows How	MCQ, Oral, KF	2b	Handa VL, Garrett E, Hendrix S, Gold E, Robbins J. Progression and remission of pelvic organ prolapse: a longitudinal study of menopausal women. <i>Am J Obstet Gynecol.</i> 2004 Jan;190(1):27-32. Muir TW, Stepp KJ, Barber MD. Adoption of the pelvic organ prolapse quantification system in peer-reviewed literature. <i>Am J Obstet Gynecol.</i> 2003 Dec;189(6):1632-5. Swift SE, Tate SB, Nicholas J. Correlation of symptoms with degree of pelvic organ support in a general population of women: what is pelvic organ prolapse? <i>Am J Obstet Gynecol.</i> 2003 Aug;189(2):372-7.
b. Describe an age- and sex-specific evaluation and management plan for pelvic organ prolapse in women.	Knows How	MCQ, Oral, KF	1 d, 2b	Heit M, Rosenquist C, Culligan P, Graham C, Murphy M, Shott S. Predicting treatment choice for patients with pelvic organ prolapse. <i>Obstet Gynecol.</i> 2003 Jun;101(6):1279-84. Cundiff GW, Addison WA. Management of pelvic organ prolapse. <i>Obstet Gynecol Clin North Am.</i> 1998 Dec;25(4):907-21.
14. Abdominal and Pelvic Pain				
a. Develop a sex- and gender-appropriate differential diagnosis of acute abdominal/pelvic pain.	Knows How	MCQ, Oral, KF	1 d, 2b	Knight SK, Lipscomb GH, Ling FW. Pelvic pain. In: Noble J, editor. <i>Textbook of primary care medicine.</i> St. Louis: Mosby, 2001. p. 323-8.
b. Describe an age- and sex-specific evaluation and management plan for a patient with a surgical abdomen.	Knows How	MCQ, Oral, KF, Simulations	1 d, 2b	Knight SK, Lipscomb GH, Ling FW. Pelvic pain. In: Noble J, editor. <i>Textbook of primary care medicine.</i> St. Louis: Mosby, 2001. p. 323-8.
c. Perform an appropriate abdominal and pelvic exam on a women presenting with an acute abdomen.	Shows How	SP, OSCE	1 f	Knight SK, Lipscomb GH, Ling FW. Pelvic pain. In: Noble J, editor. <i>Textbook of primary care medicine.</i> St. Louis: Mosby, 2001. p. 323-8.
d. List the criteria for a sex- and gender-appropriate diagnosis of chronic pelvic pain.	Knows	MCQ, Oral, KF	2b	Knight SK, Lipscomb GH, Ling FW. Pelvic pain. In: Noble J, editor. <i>Textbook of primary care medicine.</i> St. Louis: Mosby, 2001. p. 323-8. Association of Professors of Gynecology and Obstetrics. <i>APGO Educational Series on Women's Health Issues. Chronic pelvic pain: an integrated approach.</i> Washington, DC: Association of Professors of Gynecology and Obstetrics, 2000.
e. Describe the clinical manifestations of and differential diagnosis for chronic pelvic pain and chronic abdominal pain.	Knows How	MCQ, Oral, KF	1 d, 2b	Knight SK, Lipscomb GH, Ling FW. Pelvic pain. In: Noble J, editor. <i>Textbook of primary care medicine.</i> St. Louis: Mosby, 2001. p. 323-8. Association of Professors of Gynecology and Obstetrics. <i>APGO Educational Series on Women's Health Issues. Chronic pelvic pain: an integrated approach.</i> Washington, DC: Association of Professors of Gynecology and Obstetrics, 2000.

Competency: **I. Explain sex and gender differences in normal development and pathophysiology as they apply to prevention and management of diseases.**

Learning Objective	Level of Competence *	Appropriate Evaluation Methods #	ACGME Competencies +	References
B. Discuss the pathophysiology, etiology, differential diagnosis, and treatment options for conditions that are more common, more serious, or have interventions that are different in women.				
14. Abdominal and Pelvic Pain				
f. Discuss the relationship between chronic pelvic and/or abdominal pain resulting from adult or childhood abuse.	Knows How	MCQ, Oral, KF, Essay	2b, 5c	<p>Knight SK, Lipscomb GH, Ling FW. Pelvic pain. In: Noble J, editor. Textbook of primary care medicine. St. Louis: Mosby, 2001. p. 323-8.</p> <p>Association of Professors of Gynecology and Obstetrics. APGO Educational Series on Women's Health Issues. Chronic pelvic pain: an integrated approach. Washington, DC: Association of Professors of Gynecology and Obstetrics, 2000.</p> <p>Lampe A, Solder E, Ennemoser A, Schubert C, Rumpold G, Sollner W. Chronic pelvic pain and previous sexual abuse. <i>Obstet Gynecol.</i> 2000 Dec;96(6):929-33.</p>
15. Sexually Transmitted Diseases				
a. List sex and gender differences in the incidence of and risk factors for sexually transmitted diseases (STDs).	Knows	MCQ, Oral, KF	1g, 2b	<p>Felsenstein D. Sexually transmitted disease. In: Carlson KJ, Eisenstat SA, editors. Primary care of women. 2nd ed. St. Louis: Mosby, 2002. p. 164-75.</p> <p>Sheets EE. Cervical cancer and human papillomavirus. In: Carlson KJ, Eisenstat SA, editors. Primary care of women. 2nd ed. St. Louis: Mosby, 2002. p. 686-91.</p> <p>American Society for Colposcopy and Cervical Pathology [homepage on the Internet]. Hagerstown, MD: American Society for Colposcopy and Cervical Pathology [cited 2004 Oct 21]. Available from: http://www.asccp.org.</p> <p>Institute of Medicine (U.S.); Committee on Prevention and Control of Sexually Transmitted Diseases. The hidden epidemic: confronting sexually transmitted diseases. Eng TR, Butler WT, editors. Washington, DC: National Academies Press, 1997.</p> <p>CDC National Center for HIV, STD and TB Prevention; Division of Sexually Transmitted Diseases. Sexually Transmitted Diseases Treatment Guidelines [guidelines on the Internet]. Atlanta: Centers for Disease Control, 2002 [cited 2004 Oct 21]. Available from: http://www.cdc.gov/std/treatment.</p> <p>The American Medical Women's Association (AMWA) Reproductive Health Initiative. RHI Model Curriculum, 2nd ed. Module 4 (Sexually Transmitted Disease) [module on the Internet]. Alexandria, VA: American Medical Women's Association, 2004. Available from: http://www.amwa-doc.org/RHI.</p>

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Competency: **I. Explain sex and gender differences in normal development and pathophysiology as they apply to prevention and management of diseases.**

Learning Objective	Level of Competence *	Appropriate Evaluation Methods #	ACGME Competencies +	References
B. Discuss the pathophysiology, etiology, differential diagnosis, and treatment options for conditions that are more common, more serious, or have interventions that are different in women.				
15. Sexually Transmitted Diseases				
b. Describe sex and gender differences in the symptoms and signs of sexually transmitted diseases (STDs).	Knows	MCQ, Oral, KF	2b	<p>Felsenstein D. Sexually transmitted disease. In: Carlson KJ, Eisenstat SA, editors. Primary care of women. 2nd ed. St. Louis: Mosby, 2002. p. 164-75.</p> <p>Sheets EE. Cervical cancer and human papillomavirus. In: Carlson KJ, Eisenstat SA, editors. Primary care of women. 2nd ed. St. Louis: Mosby, 2002. p. 686-91.</p> <p>American Society for Colposcopy and Cervical Pathology [homepage on the Internet]. Hagerstown, MD: American Society for Colposcopy and Cervical Pathology [cited 2004 Oct 21]. Available from: http://www.asccp.org.</p> <p>Institute of Medicine (U.S.); Committee on Prevention and Control of Sexually Transmitted Diseases. The hidden epidemic: confronting sexually transmitted diseases. Eng TR, Butler WT, editors. Washington, DC: National Academies Press, 1997.</p> <p>CDC National Center for HIV, STD and TB Prevention; Division of Sexually Transmitted Diseases. Sexually Transmitted Diseases Treatment Guidelines [guidelines on the Internet]. Atlanta: Centers for Disease Control, 2002 [cited 2004 Oct 21]. Available from: http://www.cdc.gov/std/treatment.</p> <p>The American Medical Women's Association (AMWA) Reproductive Health Initiative. RHI Model Curriculum, 2nd ed. Module 4 (Sexually Transmitted Disease) [module on the Internet]. Alexandria, VA: American Medical Women's Association, 2004. Available from: http://www.amwa-doc.org/RHI.</p>

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Learning Objective	Level of Competence *	Appropriate Evaluation Methods #	ACGME Competencies +	References
B. Discuss the pathophysiology, etiology, differential diagnosis, and treatment options for conditions that are more common, more serious, or have interventions that are different in women.				
15. Sexually Transmitted Diseases				
c. Describe an age- and sex-specific evaluation and management plan for sexually transmitted diseases (STDs).	Knows How	MCQ, Oral, KF	1 d, 2b	<p>Felsenstein D. Sexually transmitted disease. In: Carlson KJ, Eisenstat SA, editors. Primary care of women. 2nd ed. St. Louis: Mosby, 2002. p. 164-75.</p> <p>Sheets EE. Cervical cancer and human papillomavirus. In: Carlson KJ, Eisenstat SA, editors. Primary care of women. 2nd ed. St. Louis: Mosby, 2002. p. 686-91.</p> <p>American Society for Colposcopy and Cervical Pathology [homepage on the Internet]. Hagerstown, MD: American Society for Colposcopy and Cervical Pathology [cited 2004 Oct 21]. Available from: http://www.asccp.org.</p> <p>Institute of Medicine (U.S.); Committee on Prevention and Control of Sexually Transmitted Diseases. The hidden epidemic: confronting sexually transmitted diseases. Eng TR, Butler WT, editors. Washington, DC: National Academies Press, 1997.</p> <p>CDC National Center for HIV, STD and TB Prevention; Division of Sexually Transmitted Diseases. Sexually Transmitted Diseases Treatment Guidelines [guidelines on the Internet]. Atlanta: Centers for Disease Control, 2002 [cited 2004 Oct 21]. Available from: http://www.cdc.gov/std/treatment.</p> <p>The American Medical Women's Association (AMWA) Reproductive Health Initiative. RHI Model Curriculum, 2nd ed. Module 4 (Sexually Transmitted Disease) [module on the Internet]. Alexandria, VA: American Medical Women's Association, 2004. Available from: http://www.amwa-doc.org/RHI.</p>

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B. Discuss the pathophysiology, etiology, differential diagnosis, and treatment options for conditions that are more common, more serious, or have interventions that are different in women.				
15. Sexually Transmitted Diseases				
d. Describe long-term sex-specific complications for patients with sexually transmitted diseases (STDs), including fetal risks and fertility.	Knows How	MCQ, Oral, KF	2b	<p>Felsenstein D. Sexually transmitted disease. In: Carlson KJ, Eisenstat SA, editors. Primary care of women. 2nd ed. St. Louis: Mosby, 2002. p. 164-75.</p> <p>Sheets EE. Cervical cancer and human papillomavirus. In: Carlson KJ, Eisenstat SA, editors. Primary care of women. 2nd ed. St. Louis: Mosby, 2002. p. 686-91.</p> <p>American Society for Colposcopy and Cervical Pathology [homepage on the Internet]. Hagerstown, MD: American Society for Colposcopy and Cervical Pathology [cited 2004 Oct 21]. Available from: http://www.asccp.org.</p> <p>Institute of Medicine (U.S.); Committee on Prevention and Control of Sexually Transmitted Diseases. The hidden epidemic: confronting sexually transmitted diseases. Eng TR, Butler WT, editors. Washington, DC: National Academies Press, 1997.</p> <p>CDC National Center for HIV, STD and TB Prevention; Division of Sexually Transmitted Diseases. Sexually Transmitted Diseases Treatment Guidelines [guidelines on the Internet]. Atlanta: Centers for Disease Control, 2002 [cited 2004 Oct 21]. Available from: http://www.cdc.gov/std/treatment.</p> <p>The American Medical Women's Association (AMWA) Reproductive Health Initiative. RHI Model Curriculum, 2nd ed. Module 4 (Sexually Transmitted Disease) [module on the Internet]. Alexandria, VA: American Medical Women's Association, 2004. Available from: http://www.amwa-doc.org/RHI.</p>
16. HIV				
a. List sex and gender differences in the incidence of and risk factors for HIV.	Knows	MCQ, Oral, KF	2a, 2b	<p>Klein RS, Kazanjian PH, Eisenstat SA. Human immunodeficiency virus. In: Carlson KJ, Eisenstat SA, editors. Primary care of women. 2nd ed. St. Louis: Mosby, 2002. p.151-63.</p> <p>CDC National Center for HIV, STD and TB Prevention, Divisions of HIV/AIDS Prevention [homepage on the Internet]. Atlanta: Centers for Disease Control and Prevention [cited 2004 Oct 21]. Available from: http://www.cdc.gov/hiv.</p>
b. Describe an age- and sex-specific presentation and progression of HIV.	Knows How	MCQ, Oral, KF	2b	<p>Klein RS, Kazanjian PH, Eisenstat SA. Human immunodeficiency virus. In: Carlson KJ, Eisenstat SA, editors. Primary care of women. 2nd ed. St. Louis: Mosby, 2002. p.151-63.</p> <p>CDC National Center for HIV, STD and TB Prevention, Divisions of HIV/AIDS Prevention [homepage on the Internet]. Atlanta: Centers for Disease Control and Prevention [cited 2004 Oct 21]. Available from: http://www.cdc.gov/hiv.</p>

Competency: **I. Explain sex and gender differences in normal development and pathophysiology as they apply to prevention and management of diseases.**

Learning Objective	Level of Competence *	Appropriate Evaluation Methods #	ACGME Competencies +	References
B. Discuss the pathophysiology, etiology, differential diagnosis, and treatment options for conditions that are more common, more serious, or have interventions that are different in women.				
16. HIV				
c. Describe specific evaluation and management plans for HIV based on a patient's age, sex, and pregnancy status.	Knows How	MCQ, Oral, KF	1 d, 2a, 2b	Klein RS, Kazanjian PH, Eisenstat SA. Human immunodeficiency virus. In: Carlson KJ, Eisenstat SA, editors. Primary care of women. 2nd ed. St. Louis: Mosby, 2002. p.151-63. CDC National Center for HIV, STD and TB Prevention, Divisions of HIV/AIDS Prevention [homepage on the Internet]. Atlanta: Centers for Disease Control and Prevention [cited 2004 Oct 21]. Available from: http://www.cdc.gov/hiv .
d. Describe the risks and current recommendations for breast-feeding in HIV positive women.	Knows	MCQ, Oral, KF	1 d, 2b	Klein RS, Kazanjian PH, Eisenstat SA. Human immunodeficiency virus. In: Carlson KJ, Eisenstat SA, editors. Primary care of women. 2nd ed. St. Louis: Mosby, 2002. p.151-63. CDC National Center for HIV, STD and TB Prevention, Divisions of HIV/AIDS Prevention [homepage on the Internet]. Atlanta: Centers for Disease Control and Prevention [cited 2004 Oct 21]. Available from: http://www.cdc.gov/hiv .
17. Infertility				
a. Discuss sex and gender differences in the incidence of and risk factors for infertility.	Knows How	MCQ, Oral, KF	2b	American Society for Reproductive Medicine. Practice Committee Report. Optimal evaluation of the infertile female. Birmingham, AL: American Society for Reproductive Medicine, 2004. Newkirk GR. Infertility and fertility choices. In: Johnson BE, et al., editors. Women's health care handbook. 2nd ed. Philadelphia: Hanley & Belfus, 2000. p.127-37. Illions EH, Thompson RJ. Office evaluation of the infertile couple. In: Seltzer VL, Pearse WH, editors. Women's primary health care: office practice and procedures. 2nd ed. New York: McGraw-Hill, 2000. p. 365-74. Centers for Disease Control and Prevention. DES Update: Health Care Providers - Resources and Educational Tools [homepage on the Internet]. Atlanta: Centers for Disease Control and Prevention [cited 2004 Oct 20]. Available from: http://www.cdc.gov/des/hcp/resources/index.html .

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SECTION FOUR: Competencies Grid

Competency: **I. Explain sex and gender differences in normal development and pathophysiology as they apply to prevention and management of diseases.**

Learning Objective	Level of Competence *	Appropriate Evaluation Methods #	ACGME Competencies +	References
B. Discuss the pathophysiology, etiology, differential diagnosis, and treatment options for conditions that are more common, more serious, or have interventions that are different in women.				
17. Infertility				
b. Describe an age- and sex-specific approach to the evaluation and management of infertility.	Knows How	MCQ, Oral, KF	1d, 2b	<p>American Society for Reproductive Medicine. Practice Committee Report. Optimal evaluation of the infertile female. Birmingham, AL: American Society for Reproductive Medicine, 2004.</p> <p>Newkirk GR. Infertility and fertility choices. In: Johnson BE, et al., editors. Women's health care handbook. 2nd ed. Philadelphia: Hanley & Belfus, 2000. p.127-37.</p> <p>Illions EH, Thompson RJ. Office evaluation of the infertile couple. In: Seltzer VL, Pearse WH, editors. Women's primary health care: office practice and procedures. 2nd ed. New York: McGraw-Hill, 2000. p. 365-74.</p> <p>Centers for Disease Control and Prevention. DES Update: Health Care Providers - Resources and Educational Tools [homepage on the Internet]. Atlanta: Centers for Disease Control and Prevention [cited 2004 Oct 20]. Available from: http://www.cdc.gov/des/hcp/resources/index.html.</p>
18. Mental Health (See also Comp. I.C.13. Perinatal Psychiatric Disorders and Comp. VI.7. Mental Health)				
a. Discuss sex and gender differences in the etiology and presentation of mood disorders, including bipolar disorder and depression.	Knows	MCQ, Oral, KF	2b	<p>Burt VK. Women and depression: special considerations in assessment and management. In: Lewis-Hall F, et al., editors. Psychiatric illness in women: emerging treatments and research. 1st ed. Washington, DC: American Psychiatric Pub., 2002. p. 101-2.</p> <p>Leibenluft E. Gender differences in mood and anxiety disorders: from bench to bedside. Washington, DC: American Psychiatric Press, 1999.</p> <p>McElroy SL. Bipolar disorders: special diagnostic and treatment considerations in women. CNS Spectr. 2004 Aug;9(8 Suppl 7):5-18.</p> <p>Sit D. Women and bipolar disorder across the life span. J Am Med Womens Assoc. 2004 Spring;59(2):91-100.</p>
b. Develop a differential diagnosis for women presenting with mood disorders that vary with the menstrual cycle.	Knows How	MCQ, Oral, KF	1d, 2b	<p>Jensvold MF, Dan CED. Psychological aspects of the menstrual cycle. In: Stotland NL, Stewart DE, editors. Psychological aspects of women's health care: the interface between psychiatry and obstetrics and gynecology. 2nd ed. Washington, DC: American Psychiatric Press, 2001. p.177-204.</p> <p>Steiner M, Born L. Premenstrual syndromes. In: Lewis-Hall F, et al., editors. Psychiatric illness in women: emerging treatments and research. 1st ed. Washington, DC: American Psychiatric Pub., 2002. p. 157-88.</p>

Competency: **I. Explain sex and gender differences in normal development and pathophysiology as they apply to prevention and management of diseases.**

Learning Objective	Level of Competence *	Appropriate Evaluation Methods #	ACGME Competencies +	References
B. Discuss the pathophysiology, etiology, differential diagnosis, and treatment options for conditions that are more common, more serious, or have interventions that are different in women.				
18. Mental Health (See also Comp. I.C.13. Perinatal Psychiatric Disorders and Comp. VI.7. Mental Health)				
c. Describe sex and gender differences in the risk factors and presentation of anxiety and post-traumatic stress disorder (PTSD).	Knows	MCQ, Oral, KF	2a, 2b	Yonkers KA, Kidner CL. Sex differences in anxiety disorders (chapter 1). Smith LC, Friedman S, Paradis C. Panic disorder with agoraphobia: women's issues (chapter 2). Wong CM, Yehuda R. Sex differences in post-traumatic stress disorder (chapter 3). In: Lewis-Hall F, et al., editors. <i>Psychiatric illness in women: emerging treatments and research</i> . 1st ed. Washington, DC: American Psychiatric Pub., 2002. p. 5-96.
d. Describe sex and gender differences in the incidence and presentation of personality disorders.	Knows	MCQ, Oral, KF	2a, 2b	American Psychiatric Association. Work Group on Borderline Personality Disorder. Practice guidelines for the treatment of patients with borderline personality disorder. 1st ed. Washington, DC: American Psychiatric Association, 2001.
e. Specify sex differences in the etiology, symptoms, signs, and treatment of alcohol and substance abuse.	Knows How	MCQ, Oral, KF	1 d, 2b	Blume SB, Russell M. Alcohol and substance abuse in obstetrics and gynecology practice. In: Stotland NL, Stewart DE, editors. <i>Psychological aspects of women's health care: the interface between psychiatry and obstetrics and gynecology</i> . 2nd ed. Washington, DC: American Psychiatric Press, 2001. p. 421-41.
f. Contrast sex differences in the vulnerability to nicotine addiction.	Knows How	MCQ, Oral, Essay	2a, 2b	Blume SB, Russell M. Alcohol and substance abuse in obstetrics and gynecology practice. In: Stotland NL, Stewart DE, editors. <i>Psychological aspects of women's health care: the interface between psychiatry and obstetrics and gynecology</i> . 2nd ed. Washington, DC: American Psychiatric Press, 2001. p. 421-41.
g. Discuss the legal and ethical challenges in treating alcohol and substance abuse in pregnant women.	Knows How	Oral, KF, Essay	5b, 6a	Blume SB, Russell M. Alcohol and substance abuse in obstetrics and gynecology practice. In: Stotland NL, Stewart DE, editors. <i>Psychological aspects of women's health care: the interface between psychiatry and obstetrics and gynecology</i> . 2nd ed. Washington, DC: American Psychiatric Press, 2001. p. 421-41. Miller LJ. Psychiatric disorders during pregnancy. In: Stotland NL, Stewart DE, editors. <i>Psychological aspects of women's health care: the interface between psychiatry and obstetrics and gynecology</i> . 2nd ed. Washington, DC: American Psychiatric Press, 2001. p. 51-66.
h. Describe sex and gender differences in the etiology and presentation of somatoform disorders.	Knows	MCQ, Oral, KF	2a, 2b	Phillips KA, editor. <i>Somatoform and factitious disorders</i> . Washington, DC: American Psychiatric Pub., 2001.
19. Neurology				
a. Identify sex and gender differences in risk factors and types of strokes.	Knows	MCQ, Oral, KF	2b	Dworetzky BA, Sorond FA, Dawson DM. Stroke. In: Carlson KJ, Eisenstat SA, editors. <i>Primary care of women</i> . 2nd ed. St. Louis: Mosby, 2002. p. 30-7.
b. List sex and gender differences in the etiology and presentation of multiple sclerosis.	Knows	MCQ, Oral, KF	2b	Coyle PK. Multiple sclerosis. In: Kaplan PW, editor. <i>Neurologic disease in women</i> . New York: Demos, 1998. p. 251-64. Voskuhl RR. Gender issues and multiple sclerosis. <i>Curr Neurol Neurosci Rep</i> . 2002 May;2(3):277-86.

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SECTION FOUR: Competencies Grid

Competency: **I. Explain sex and gender differences in normal development and pathophysiology as they apply to prevention and management of diseases.**

Learning Objective	Level of Competence ✳	Appropriate Evaluation Methods ⊕	ACGME Competencies +	References
B. Discuss the pathophysiology, etiology, differential diagnosis, and treatment options for conditions that are more common, more serious, or have interventions that are different in women.				
19. Neurology				
c. Describe the pathophysiology of multiple sclerosis and other autoimmune disorders of the central nervous system.	Knows	MCQ, Oral, KF	2a, 2b	Coyle PK. Multiple sclerosis. In: Kaplan PW, editor. Neurologic disease in women. New York: Demos, 1998. p. 251-64.
d. Develop the differential diagnosis for headache in women.	Knows How	MCQ, Oral, KF	1d, 2b	Kanner R. Office assessment and management of pain (Headache and Facial Pain sections). In: Seltzer VL, Pearse WH, editors. Women's primary health care: office practice and procedures. 2nd ed. New York: McGraw-Hill, 2000. p.1009-13. Association of Professors of Gynecology and Obstetrics. APGO Educational Series on Women's Health. Strategies for the management of headache. Washington, DC: Association of Professors of Gynecology and Obstetrics, 1998.
e. Discuss the public health impact of dementia in women.	Knows How	MCQ, Oral, KF, Essay	6b	Dal Forno G, Maki PM, Kawas CH. Alzheimer disease in women and the role of estrogens. In: Kaplan PW, editor. Neurologic disease in women. New York: Demos, 1998. p.161-72. Barrett AM. Probable Alzheimer's disease: gender-related issues. J Gend Specif Med. 1999 Jan-Feb;2(1):55-60. Schneider LS. Estrogen and dementia: insights from the Women's Health Initiative Memory Study. JAMA. 2004 Jun 23;291(24):3005-7.
f. Describe sex and gender differences in the etiology and presentation of dementia.	Knows	MCQ, Oral, KF	1d, 2a	Dal Forno G, Maki PM, Kawas CH. Alzheimer disease in women and the role of estrogens. In: Kaplan PW, editor. Neurologic disease in women. New York: Demos, 1998. p.161-72. Barrett AM. Probable Alzheimer's disease: gender-related issues. J Gend Specif Med. 1999 Jan-Feb;2(1):55-60.
g. Identify the types of seizure disorders that are more common in women.	Knows	MCQ, Oral, KF	2b	Morrell MJ. Seizures and epilepsy in women. In: Kaplan PW, editor. Neurologic disease in women. New York: Demos, 1998. p.189-206. Liporace J, D'Abreu A. Epilepsy and women's health: family planning, bone health, menopause, and menstrual-related seizures. Mayo Clin Proc. 2003 Apr;78(4):497-506.

Competency: **I. Explain sex and gender differences in normal development and pathophysiology as they apply to prevention and management of diseases.**

Learning Objective	Level of Competence *	Appropriate Evaluation Methods #	ACGME Competencies +	References
B. Discuss the pathophysiology, etiology, differential diagnosis, and treatment options for conditions that are more common, more serious, or have interventions that are different in women.				
19. Neurology				
h. Identify causes of sleep disorders that are specific to women.	Knows	MCQ, Oral, KF	2b	<p>Association of Professors of Gynecology and Obstetrics. APGO Educational Series on Women's Health. Managing insomnia and sleep disorders in women. Washington, DC: Association of Professors of Gynecology and Obstetrics, 2000.</p> <p>Owens JF, Matthews KA. Sleep disturbance in healthy middle-aged women. <i>Maturitas</i>. 1998 Sep;30(1):41-50.</p> <p>Jordan AS, McEvoy RD. Gender differences in sleep apnea: epidemiology, clinical presentation and pathogenic mechanisms. <i>Sleep Med Rev</i>. 2003 Oct;7(5):377-89.</p> <p>Moline M, Broch L, Zak R. Sleep problems across the life cycle in women. <i>Curr Treat Options Neurol</i>. 2004 Jul;6(4):319-30.</p>
C. Discuss the pathophysiology, etiology, differential diagnosis, and treatment options for conditions and functions that are specific to women.				
1. Uterine Bleeding				
a. Describe the physiology of the normal menstrual cycle.	Knows	MCQ, Oral, KF	2b	<p>Speroff L, Glass RH, Kase NG. Regulation of the menstrual cycle. In: Speroff L, Glass RH, Kase NG. <i>Clinical gynecologic endocrinology and infertility</i>. 6th ed. Philadelphia: Lippincott Williams & Wilkins, 1999. p. 201-46.</p> <p>Hammond CB, Riddick DH. Menstruation and disorders of menstrual function. In: Scott JR, et al., editors. <i>Danforth's obstetrics and gynecology</i>. 8th ed. Philadelphia: Lippincott Williams & Wilkins, 1999. p. 601-14.</p>
b. Define common patterns of abnormal and dysfunctional uterine bleeding.	Knows	MCQ, Oral, KF	2b	<p>Speroff L, Glass RH, Kase NG. Dysfunctional uterine bleeding. In: Speroff L, Glass RH, Kase NG. <i>Clinical gynecologic endocrinology and infertility</i>. 6th ed. Philadelphia: Lippincott Williams & Wilkins, 1999. p. 575-94.</p> <p>American College of Obstetricians and Gynecologists. ACOG Practice Bulletin Number 14. Management of anovulatory bleeding. Washington, DC: American College of Obstetricians and Gynecologists, Mar 2000. <i>Int J Gynaecol Obstet</i>. 2001 Mar;72(3):263-71.</p>
c. Describe the differential diagnosis and management of abnormal and dysfunctional uterine bleeding.	Knows How	MCQ, Oral, KF	1 d, 2b	<p>Speroff L, Glass RH, Kase NG. Dysfunctional uterine bleeding. In: Speroff L, Glass RH, Kase NG. <i>Clinical gynecologic endocrinology and infertility</i>. 6th ed. Philadelphia: Lippincott Williams & Wilkins, 1999. p. 575-94.</p> <p>American College of Obstetricians and Gynecologists. ACOG Practice Bulletin Number 14. Management of anovulatory bleeding. Washington, DC: American College of Obstetricians and Gynecologists, Mar 2000. <i>Int J Gynaecol Obstet</i>. 2001 Mar;72(3):263-71.</p>

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Learning Objective	Level of Competence ✳	Appropriate Evaluation Methods ⊕	ACGME Competencies +	References
C. Discuss the pathophysiology, etiology, differential diagnosis, and treatment options for conditions and functions that are specific to women.				
2. Amenorrhea/Oligomenorrhea				
a. Describe the differential diagnosis and management of amenorrhea and oligomenorrhea.	Knows How	MCQ, Oral, KF	1 d, 2b	Speroff L, Glass RH, Kase NG. Amenorrhea. In: Speroff L, Glass RH, Kase NG. Clinical gynecologic endocrinology and infertility. 6th ed. Philadelphia: Lippincott Williams & Wilkins, 1999. p. 421-86. Speroff L, Glass RH, Kase NG. Anovulation and the polycystic ovary. In: Speroff L, Glass RH, Kase NG. Clinical gynecologic endocrinology and infertility. 6th ed. Philadelphia: Lippincott Williams & Wilkins, 1999. p. 487-522.
3. Dysmenorrhea				
a. Describe the differential diagnosis and management of dysmenorrhea.	Knows How	MCQ, Oral, KF	1 d, 2b	Speroff L, Glass RH, Kase NG. Menstrual disorders. In: Speroff L, Glass RH, Kase NG. Clinical gynecologic endocrinology and infertility. 6th ed. Philadelphia: Lippincott Williams & Wilkins, 1999. p. 557-75.
4. Premenstrual Syndrome/Premenstrual Dysphoria Disorder (PMS/PMDD)				
a. Describe the differential diagnosis and management of premenstrual syndrome (PMS), premenstrual dysphoria disorder (PMDD), and depression.	Knows How	MCQ, Oral, KF	1 d, 2b	Ciotti MC. Premenstrual dysphoria disorder, premenstrual syndrome. In: Association of Professors of Gynecology and Obstetrics. Women's health: a teaching guide to psychosocial issues. Washington, DC: Association of Professors of Gynecology and Obstetrics, 2000. American College of Obstetricians and Gynecologists. ACOG Practice Bulletin Number 15. Premenstrual syndrome. Washington, DC: American College of Obstetricians and Gynecologists, Apr 2000. Association of Professors of Gynecology and Obstetrics. APGO Educational Series on Women's Health Issues. Premenstrual Syndrome and Premenstrual Dysphoric Disorder: scope, diagnosis, and treatment. Washington, DC: Association of Professors of Gynecology and Obstetrics, 1998.
5. Endometriosis				
a. Describe the theories of the pathogenesis of endometriosis.	Knows	Oral, KF, Essay	2a, 2b	American College of Obstetricians and Gynecologists. ACOG Practice Bulletin Number 11. Medical management of endometriosis. Washington, DC: American College of Obstetricians and Gynecologists, Dec 1999. Int J Gynaecol Obstet. 2000 Nov;71(2):183-96.
b. Describe the differential diagnosis and management of chronic pelvic pain in females.	Knows How	MCQ, Oral, KF	1 d, 2b	American College of Obstetricians and Gynecologists. ACOG Practice Bulletin Number 11. Medical management of endometriosis. Washington, DC: American College of Obstetricians and Gynecologists, Dec 1999. Int J Gynaecol Obstet. 2000 Nov;71(2):183-96. Association of Professors of Gynecology and Obstetrics. APGO Educational Series on Women's Health Issues. Chronic pelvic pain: an integrated approach. Washington, DC: Association of Professors of Gynecology and Obstetrics, 2000.

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C. Discuss the pathophysiology, etiology, differential diagnosis, and treatment options for conditions and functions that are specific to women.				
6. Induced Pregnancy Termination				
a. Describe methods of pregnancy termination.	Knows	MCQ, Oral, KF	1 d, 1 f, 2 b	Trupin SR. Induced abortion. In: Scott JR, et al., editors. Danforth's obstetrics and gynecology. 9th ed. Philadelphia: Lippincott Williams & Wilkins, 2003. p. 561-80. Stubblefield PG. Family planning. In: Berek JS, editor. Novak's gynecology. 13th ed. Philadelphia: Lippincott Williams & Wilkins, 2002. p. 231-94. The National Abortion Federation. Early Options. A Provider's Guide to Medical Abortion. Mifepristone Overview [homepage on the Internet]. Washington, DC: The National Abortion Federation [cited 2004 Oct 21]. Available from: http://www.earlyoptions.org/mifepristone.html .
b. Discuss complications of induced abortion.	Knows How	MCQ, Oral, KF	1 c, 2 a, 2 b	Trupin SR. Induced abortion. In: Scott JR, et al., editors. Danforth's obstetrics and gynecology. 9th ed. Philadelphia: Lippincott Williams & Wilkins, 2003. p. 561-80. Stubblefield PG. Family planning. In: Berek JS, editor. Novak's gynecology. 13th ed. Philadelphia: Lippincott Williams & Wilkins, 2002. p. 231-94. The National Abortion Federation. Early Options. A Provider's Guide to Medical Abortion. Mifepristone Overview [homepage on the Internet]. Washington, DC: The National Abortion Federation [cited 2004 Oct 21]. Available from: http://www.earlyoptions.org/mifepristone.html .
c. Demonstrate non-directive counseling to patients with unintended pregnancies.	Shows How	SP, OSCE	1 a, 1 e, 4 a, 4 b, 5 a, 5 b	Trupin SR. Induced abortion. In: Scott JR, et al., editors. Danforth's obstetrics and gynecology. 9th ed. Philadelphia: Lippincott Williams & Wilkins, 2003. p. 561-80. Stubblefield PG. Family planning. In: Berek JS, editor. Novak's gynecology. 13th ed. Philadelphia: Lippincott Williams & Wilkins, 2002. p. 231-94. Breitbart V. Counseling for medical abortion. Am J Obstet Gynecol. 2000 Aug;183(2 Suppl):S26-33.
7. Normal Pregnancy and Birth				
a. Describe the components of preconceptional planning in healthy women and in women with medical problems or poor prior pregnancy outcomes.	Knows How	MCQ, Oral, KF, Essay	1 b, 1 e, 2 b	American College of Obstetricians and Gynecologists. ACOG Technical Bulletin Number 205. Preconceptional care. Washington, DC: American College of Obstetricians and Gynecologists, May 1995. Int J Gynaecol Obstet. 1995 Aug;50(2):201-7.
b. Diagnose pregnancy and calculate the estimated due date.	Shows How	SP, OSCE	1 f, 2 b	Ettner FM. The obstetrical care of young women. Clinics in Family Practice. 2000 Dec;2(4):1017-35.

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Competency: **I. Explain sex and gender differences in normal development and pathophysiology as they apply to prevention and management of diseases.**

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C. Discuss the pathophysiology, etiology, differential diagnosis, and treatment options for conditions and functions that are specific to women.				
7. Normal Pregnancy and Birth				
c. Describe healthy lifestyle choices throughout pregnancy.	Knows	MCQ, Oral, KF	2b	Johnson TRB, Niebyl JR. Preconception and prenatal care: part of the continuum. In: Gabbe SG, Niebyl JR, Simpson JL, editors. <i>Obstetrics: normal and problem pregnancies</i> . 4th ed. New York: Churchill Livingstone, 2002. p. 139-60. American College of Obstetricians and Gynecologists. ACOG Technical Bulletin Number 189. Exercise in pregnancy and during postpartum period. Washington, DC: American College of Obstetricians and Gynecologists, Feb 1994.
d. Differentiate between normal pregnancy-related changes and disease processes that may occur during pregnancy.	Knows How	MCQ, Oral, KF, Simulations	2b	Johnson TRB, Niebyl JR. Preconception and prenatal care: part of the continuum. In: Gabbe SG, Niebyl JR, Simpson JL, editors. <i>Obstetrics: normal and problem pregnancies</i> . 4th ed. New York: Churchill Livingstone, 2002. p. 139-60.
e. Describe the components of routine prenatal care.	Knows	MCQ, Oral, KF	1g, 2b	Johnson TRB, Niebyl JR. Preconception and prenatal care: part of the continuum. In: Gabbe SG, Niebyl JR, Simpson JL, editors. <i>Obstetrics: normal and problem pregnancies</i> . 4th ed. New York: Churchill Livingstone, 2002. p. 139-60.
f. Diagnose labor.	Shows How	SP, OSCE	1b, 1f	Norwitz ER, Robinson JN, Repke JT. Labor and delivery. In: Gabbe SG, Niebyl JR, Simpson JL, editors. <i>Obstetrics: normal and problem pregnancies</i> . 4th ed. New York: Churchill Livingstone, 2002. p. 353-94.
g. Differentiate between normal and abnormal labor patterns.	Knows How	Oral, KF, Simulations	2b	Norwitz ER, Robinson JN, Repke JT. Labor and delivery. In: Gabbe SG, Niebyl JR, Simpson JL, editors. <i>Obstetrics: normal and problem pregnancies</i> . 4th ed. New York: Churchill Livingstone, 2002. p. 353-94.
h. Describe the steps of a vaginal delivery.	Knows	MCQ, Oral, KF	1d, 2b	Norwitz ER, Robinson JN, Repke JT. Labor and delivery. In: Gabbe SG, Niebyl JR, Simpson JL, editors. <i>Obstetrics: normal and problem pregnancies</i> . 4th ed. New York: Churchill Livingstone, 2002. p. 353-94.
i. Describe the indications and contraindications for the different modes of delivery.	Knows How	MCQ, Oral, KF, Essay	1c, 1d, 2b	Norwitz ER, Robinson JN, Repke JT. Labor and delivery. In: Gabbe SG, Niebyl JR, Simpson JL, editors. <i>Obstetrics: normal and problem pregnancies</i> . 4th ed. New York: Churchill Livingstone, 2002. p. 353-94.
j. Describe the differential diagnosis and management of common puerperal complications.	Knows How	MCQ, Oral, KF, Essay	1d, 2b	Bowes WA, Katz, VL. Postpartum care. In: Gabbe SG, Niebyl JR, Simpson JL, editors. <i>Obstetrics: normal and problem pregnancies</i> . 4th ed. New York: Churchill Livingstone, 2002. p. 701-28.
8. Vaginal Bleeding - Third Trimester				
a. Describe the differential diagnosis and management of third trimester bleeding.	Knows How	MCQ, Oral, KF	1d, 2b	Cunningham FG, Williams JW. Obstetrical hemorrhage. In: Cunningham FG, et al. <i>Williams obstetrics</i> . 21st ed. New York: McGraw-Hill, 2001. p. 619-70. American College of Obstetricians and Gynecologists. ACOG Technical Bulletin Number 187. Ultrasonography in pregnancy. Washington, DC: American College of Obstetricians and Gynecologists, Dec 1993. <i>Int J Gynaecol Obstet</i> . 1994 Feb;44(2):173-83.
b. Outline the initial management plan for shock secondary to acute blood loss.	Knows How	MCQ, Oral, KF	1d, 2b	Cunningham FG, Williams JW. Obstetrical hemorrhage. In: Cunningham FG, et al. <i>Williams obstetrics</i> . 21st ed. New York: McGraw-Hill, 2001. p. 619-70.

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Learning Objective	Level of Competence *	Appropriate Evaluation Methods #	ACGME Competencies +	References
C. Discuss the pathophysiology, etiology, differential diagnosis, and treatment options for conditions and functions that are specific to women.				
8. Vaginal Bleeding - Third Trimester				
c. List the indications for and potential complications of transfusion of blood products.	Knows	MCQ, Oral, KF	2b	Cunningham FG, Williams JW. Obstetrical hemorrhage. In: Cunningham FG, et al. Williams obstetrics. 21st ed. New York: McGraw-Hill, 2001. p. 619-70.
9. Preeclampsia-Eclampsia Syndrome				
a. Describe the differential diagnosis and management of hypertension in pregnancy.	Knows How	MCQ, Oral, KF	1 d, 2b	Cunningham FG, Williams JW. Hypertensive disorders in pregnancy. In: Cunningham FG, et al. Williams obstetrics. 21st ed. New York: McGraw-Hill, 2001. p. 567-618. American College of Obstetricians and Gynecologists. ACOG Practice Bulletin Number 29. Chronic hypertension in pregnancy. Washington, DC: American College of Obstetricians and Gynecologists, Jul 2001. Obstet Gynecol. 2001 Jul;98(1):177-92.
b. Describe the pathophysiology of preeclampsia-eclampsia syndrome.	Knows	MCQ, Oral, KF	2b	Cunningham FG, Williams JW. Hypertensive disorders in pregnancy. In: FG Cunningham, et al. Williams obstetrics. 21st ed. New York: McGraw-Hill, 2001. p. 567-618. American College of Obstetricians and Gynecologists. ACOG Practice Bulletin Number 33. Diagnosis and management of preeclampsia and eclampsia. Washington, DC: American College of Obstetricians and Gynecologists, Jan 2002. Int J Gynaecol Obstet. 2002 Apr;77(1):67-75.
c. Outline the differential diagnosis and management of preeclampsia-eclampsia syndrome.	Knows How	MCQ, Oral, KF, Essay	1 d, 2b	Cunningham FG, Williams JW. Hypertensive disorders in pregnancy. In: Cunningham FG, et al. Williams obstetrics. 21st ed. New York: McGraw-Hill, 2001. p. 567-618. American College of Obstetricians and Gynecologists. ACOG Practice Bulletin Number 33. Diagnosis and management of preeclampsia and eclampsia. Washington, DC: American College of Obstetricians and Gynecologists, Jan 2002. Int J Gynaecol Obstet. 2002 Apr;77(1):67-75.
10. Spontaneous Pregnancy Loss and Ectopic Pregnancy				
a. Describe the differential diagnosis and management of bleeding and abdominal pain in the first trimester.	Knows How	MCQ, Oral, KF	1 d, 2b	Mishell DR Jr. Ectopic pregnancy: etiology, pathology, diagnosis, management, fertility prognosis. In: Stenchever MA, et al. Comprehensive gynecology. 4th ed. St. Louis: Mosby, 2001. p. 443-78. Yao MWM, Hill JA. Vaginal bleeding in pregnancy and ectopic pregnancy. In: Carlson KJ, Eisenstat SA, editors. Primary care of women. 2nd ed. St. Louis: Mosby, 2002. p. 474-80.
b. List the complications of spontaneous abortion.	Knows	MCQ, Oral, KF	2b	Mishell DR Jr. Spontaneous and recurrent abortion: etiology, diagnosis, treatment. In: Stenchever MA, et al. Comprehensive gynecology. 4th ed. St. Louis: Mosby, 2001. p. 414-42.

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Competency: **I. Explain sex and gender differences in normal development and pathophysiology as they apply to prevention and management of diseases.**

Learning Objective	Level of Competence ⊛	Appropriate Evaluation Methods ⊕	ACGME Competencies ⊕	References
C. Discuss the pathophysiology, etiology, differential diagnosis, and treatment options for conditions and functions that are specific to women.				
10. Spontaneous Pregnancy Loss and Ectopic Pregnancy				
c. Define recurrent abortion.	Knows	MCQ, Oral, KF	2b	Mishell DR Jr. Spontaneous and recurrent abortion: etiology, diagnosis, treatment. In: Stenchever MA, et al. Comprehensive gynecology. 4th ed. St. Louis: Mosby, 2001. p. 414-42.
d. List risk factors for ectopic pregnancy.	Knows	MCQ, Oral, KF	2b	Mishell DR Jr. Ectopic pregnancy: etiology, pathology, diagnosis, management, fertility prognosis. In: Stenchever MA, et al. Comprehensive gynecology. 4th ed. St. Louis: Mosby, 2001. p. 443-78. Stovall TG. Early pregnancy loss and ectopic pregnancy. In: Berek JS, editor. Novak's gynecology. 13th ed. Philadelphia: Lippincott Williams & Wilkins, 2002. p. 507-42.
11. Preterm Labor				
a. Describe the biomolecular basis of preterm labor.	Knows	MCQ, Oral, KF	2b	Cunningham FG, Williams JW. Preterm birth. In: Cunningham FG, et al. Williams obstetrics. 21st ed. New York: McGraw-Hill, 2001. p. 696-9.
b. List clinical risk factors for preterm labor.	Knows	MCQ, Oral, KF	2b	American College of Obstetricians and Gynecologists. ACOG Practice Bulletin Number 31. Assessment of risk factors for preterm birth. Washington, DC: American College of Obstetricians and Gynecologists, Oct 2001. Obstet Gynecol. 2001 Oct;98(4):709-16. Cunningham FG, Williams JW. Preterm birth. In: Cunningham FG, et al. Williams obstetrics. 21st ed. New York: McGraw-Hill, 2001. p. 704.
c. Describe the differential diagnosis and management of preterm labor.	Knows How	MCQ, Oral, KF	1d, 1f, 2b	Cunningham FG, Williams JW. Preterm birth. In: Cunningham FG, et al. Williams obstetrics. 21st ed. New York: McGraw-Hill, 2001. p. 708-18.
12. Maternal and Newborn Mortality				
a. Define and estimate the maternal death rate in various countries.	Knows	MCQ, Oral, KF	2b, 6b	United Nations Population Fund. Maternal Mortality in 2000: Estimates developed by WHO, UNICEF, and UNFPA. UNFPA [report on the Internet]. New York: United Nations Population Fund [cited 2004 Oct 21]. Available from: http://www.unfpa.org/upload/lib_pub_file/237_filename_maternal_mortality_2000.pdf .
b. List common causes of maternal death in developed and developing countries.	Knows	MCQ, Oral, KF	2b, 6b	Poole JH, Long J. Maternal mortality--a review of current trends. Crit Care Nurs Clin North Am. 2004 Jun;16(2):227-30.
c. Differentiate between fetal, neonatal, and perinatal death rates.	Knows How	MCQ, Oral, KF	2b	Beckmann CRB, Ling FW, Barzansky BM, Herbert WNP, Laube DW. Antepartum. In: Beckmann CRB, et al. Obstetrics and gynecology. 4th ed. Baltimore: Lippincott Williams & Wilkins, 2002. p. 95-6.
d. Describe the common causes of fetal death in each trimester.	Knows	MCQ, Oral, KF	2b	Silver RM, Branch DW. Sporadic and recurrent pregnancy loss. In: Reece EA, Hobbins JC, editors. Medicine of the fetus and mother. 2nd ed. Philadelphia: Lippincott-Raven, 1999. p. 195-216.
e. Describe the symptoms, physical findings, and diagnostic methods to confirm the diagnosis of fetal death.	Knows How	MCQ, Oral, KF	1d, 2b	Beckmann CRB, Ling FW, Barzansky BM, Herbert WNP, Laube DW. Antepartum. In: Beckmann CRB, et al. Obstetrics and gynecology. 4th ed. Baltimore: Lippincott Williams & Wilkins, 2002. p. 95-6.

Competency: **I. Explain sex and gender differences in normal development and pathophysiology as they apply to prevention and management of diseases.**

Learning Objective	Level of Competence *	Appropriate Evaluation Methods #	ACGME Competencies +	References
C. Discuss the pathophysiology, etiology, differential diagnosis, and treatment options for conditions and functions that are specific to women.				
12. Maternal and Newborn Mortality				
f. Describe the maternal complications of fetal death, including disseminated intravascular coagulopathy.	Knows	MCQ, Oral, KF	2b	Beckmann CRB, Ling FW, Barzansky BM, Herbert WNP, Laube DW. Antepartum. In: Beckmann CRB, et al. <i>Obstetrics and gynecology</i> . 4th ed. Baltimore: Lippincott Williams & Wilkins, 2002. p. 95-6.
13. Perinatal Psychiatric Disorders				
a. Describe the differential diagnosis and management of depression during pregnancy.	Knows How	MCQ, Oral, KF	1 d, 2b	Kornstein SG. The evaluation and management of depression in women across the life span. <i>J Clin Psychiatry</i> . 2001;62 Suppl 24:11-7.
b. List risk factors for postpartum depression and psychosis.	Knows	MCQ, Oral, KF	2b	Stowe ZN, Nemeroff CB. Women at risk for postpartum-onset major depression. <i>Am J Obstet Gynecol</i> . 1995 Aug;173(2):639-45.
c. Describe the differential diagnosis and management of postpartum depression and psychosis.	Knows How	MCQ, Oral, KF	1 d, 2b	Ciotti MC. Postpartum depression. In: Association of Professors of Gynecology and Obstetrics. <i>Women's health: A teaching guide to psychosocial issues</i> . Washington, DC: Association of Professors of Gynecology and Obstetrics, 2000. p.189-206. Hostetter AL, Stowe ZN. Postpartum mood disorders: identification and treatment. In: Lewis-Hall F, et al. <i>Psychiatric illness in women: emerging treatments and research</i> . 1st ed. Washington, DC: American Psychiatric Pub., 2002. p.133-56. Burt VK, Suri R, Altshuler L, Stowe Z, Hendrick VC, Muntean E. The use of psychotropic medications during breast-feeding. <i>Am J Psychiatry</i> . 2001 Jul;158(7):1001-9.
14. Menopause and Possible Sequelae (See also Comp. VI.15. Postmenopausal Hormone Replacement Therapy)				
a. Describe the changes in the hypothalamic-pituitary-ovarian axis associated with perimenopause/menopause.	Knows	MCQ, Oral, Essay	2b	Speroff L. Menopause and the perimenopausal transition. In: Speroff L, Glass RH, Kase NG. <i>Clinical gynecologic endocrinology and infertility</i> . 6th ed. Philadelphia: Lippincott Williams & Wilkins, 1999. p. 643-724.

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Competency: **I. Explain sex and gender differences in normal development and pathophysiology as they apply to prevention and management of diseases.**

Learning Objective	Level of Competence ✳	Appropriate Evaluation Methods ⊕	ACGME Competencies ⊕	References
C. Discuss the pathophysiology, etiology, differential diagnosis, and treatment options for conditions and functions that are specific to women.				
14. Menopause and Possible Sequelae (See also Comp. VI.1 5. Postmenopausal Hormone Replacement Therapy)				
b. Describe the evaluation and management of common menopausal and perimenopausal symptoms.	Knows How	MCQ, Oral, KF	1 d, 2b	<p>Speroff L. Menopause and the perimenopausal transition. In: Speroff L, Glass RH, Kase NG. Clinical gynecologic endocrinology and infertility. 6th ed. Philadelphia: Lippincott Williams & Wilkins, 1999. p. 643-724.</p> <p>Lobo RA, editor. Treatment of the postmenopausal woman: basic and clinical aspects. 2nd ed. Philadelphia: Lippincott Williams & Wilkins, 1999.</p> <p>American College of Obstetricians and Gynecologists. ACOG Technical Bulletin Number 210. Health maintenance for perimenopausal women. Washington, DC: American College of Obstetricians and Gynecologists, Aug 1995. Int J Gynaecol Obstet. 1995 Nov;51(2):171-81.</p> <p>Association of Professors of Gynecology and Obstetrics. APGO Educational Series on Women's Health. Improving quality of life during menopause: the role for hormone replacement therapy. Crofton, MD: Association of Professors of Gynecology and Obstetrics, 2002.</p> <p>Hormone Therapy. Obstet Gynecol. 2004 Oct;104(4) Suppl.</p>
c. List long-term changes associated with menopause.	Knows	MCQ, Oral, KF	2b	<p>Mishell DR Jr. Menopause: endocrinology, consequences of estrogen deficiency, effects of hormonal replacement therapy, treatment regimens. In: Stenchever MA, et al. Comprehensive gynecology. 4th ed. St. Louis: Mosby, 2001. p. 1217-58.</p>
15. Benign Vaginal and Vulvar Disease				
a. Describe the differential diagnosis and management of vaginitis.	Knows	MCQ, Oral, KF	1 d, 2b	<p>American College of Obstetricians and Gynecologists. ACOG Technical Bulletin Number 226. Vaginitis. Washington, DC: American College of Obstetricians and Gynecologists, Jul 1996. Int J Gynaecol Obstet. 1996 Sep;54(3):293-302.</p> <p>Wakamatsu MM. Vaginitis. In: Carlson KJ, Eisenstat SA, editors. Primary care of women. 2nd ed. St. Louis: Mosby, 2002. p. 375-82.</p> <p>Association of Professors of Gynecology and Obstetrics. APGO Educational Series on Women's Health Issues. Diagnosis of vaginitis. Washington, DC: Association of Professors of Gynecology and Obstetrics, 1996.</p>
b. Perform and interpret a wet mount microscopic examination.	Shows How	OSCE	1f	<p>American College of Obstetricians and Gynecologists. ACOG Technical Bulletin Number 226. Vaginitis. Washington, DC: American College of Obstetricians and Gynecologists, Jul 1996. Int J Gynaecol Obstet. 1996 Sep;54(3):293-302.</p> <p>Association of Professors of Gynecology and Obstetrics. APGO Educational Series on Women's Health Issues. Diagnosis of vaginitis. Washington, DC: Association of Professors of Gynecology and Obstetrics, 1996.</p>
c. Differentiate between normal and abnormal anatomy of the vagina.	Knows How	MCQ, Oral, KF, Simulations	2b	<p>Anderson JR, Genadry R. Anatomy and embryology. In: Berek JS, editor. Novak's gynecology. 13th ed. Philadelphia: Lippincott Williams & Wilkins, 2002. p. 69-121.</p>

Competency: **I. Explain sex and gender differences in normal development and pathophysiology as they apply to prevention and management of diseases.**

Learning Objective	Level of Competence *	Appropriate Evaluation Methods #	ACGME Competencies +	References
C. Discuss the pathophysiology, etiology, differential diagnosis, and treatment options for conditions and functions that are specific to women.				
15. Benign Vaginal and Vulvar Disease				
d. Describe the differential diagnosis and management of common vulvar complaints.	Knows How	MCQ, Oral, KF	1d, 2b	Adams Hillard PJ. Benign diseases of the female reproductive tract: symptoms and signs. In: Berek JS, editor. <i>Novak's gynecology</i> 13th ed. Philadelphia: Lippincott Williams & Wilkins, 2002. p. 351-420. Michlewitz H. Benign vulvar disorders. In: Carlson KJ, Eisenstat SA, editors. <i>Primary care of women</i> . 2nd ed. St. Louis: Mosby, 2002. p. 336-40. National Vulvar Association [homepage on the Internet]. Silver Spring, MD: National Vulvar Association [cited 2004 Oct 21]. Available from: http://www.nva.org .
16. (i) Gynecologic Cancers - Cervical Neoplasia				
a. Describe the pathogenesis of cervical neoplasia.	Knows	MCQ, Oral, KF	2b	American College of Obstetricians and Gynecologists. ACOG Technical Bulletin Number 193. Genital human papillomavirus infections. Washington, DC: American College of Obstetricians and Gynecologists, Jun 1994. <i>Int J Gynaecol Obstet</i> . 1994 Sep;46(3):339-45. DiSaia PJ, Creasman WT. Preinvasive disease of the cervix. In: DiSaia PJ, Creasman WT. <i>Clinical gynecologic oncology</i> . 6th ed. St. Louis: Mosby, 2002. p. 1-32.
b. Describe the symptoms and physical findings of cervicitis and cervical neoplasia.	Knows	MCQ, Oral, KF	2b	American College of Obstetricians and Gynecologists. ACOG Technical Bulletin Number 183. Cervical cytology: evaluation and management of abnormalities. Washington, DC: American College of Obstetricians and Gynecologists, Aug 1993. <i>Int J Gynaecol Obstet</i> . 1993 Nov;43(2):212-9. DiSaia PJ, Creasman WT. Preinvasive disease of the cervix. In: DiSaia PJ, Creasman WT. <i>Clinical gynecologic oncology</i> . 6th ed. St. Louis: Mosby, 2002. p. 1-32.
c. Describe current guidelines for cervical cancer screening.	Knows	MCQ, Oral, KF	1g, 2b	American College of Obstetricians and Gynecologists. ACOG Practice Bulletin. Number 45. Cervical cytology screening. Washington, DC: American College of Obstetricians and Gynecologists, Aug 2003. <i>Int J Gynaecol Obstet</i> . 2003 Nov;83(2):237-47. American College of Obstetricians and Gynecologists. ACOG Committee Opinion Number 247. Routine cancer screening. Washington, DC: American College of Obstetricians and Gynecologists, Dec 2000. <i>Int J Gynaecol Obstet</i> . 2003 Aug;82(2):241-5. National Cervical Cancer Coalition [homepage on the Internet]. Berkeley, CA: National Cervical Cancer Coalition [cited 2004 Oct 21]. Available from: http://www.nccc-online.org/ .

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Learning Objective	Level of Competence *	Appropriate Evaluation Methods #	ACGME Competencies +	References
C. Discuss the pathophysiology, etiology, differential diagnosis, and treatment options for conditions and functions that are specific to women.				
16. (i) Gynecologic Cancers - Cervical Neoplasia				
d. Perform an adequate pap smear.	Shows How	SP, OSCE	1f	Johnson CA. Papanicolaou smear. In: Johnson BE, et al., editors. Women's health care handbook. 2nd ed. Philadelphia: Hanley & Belfus, Inc, 2000. p. 584-90.
e. Outline a management plan for a patient with an abnormal pap smear.	Shows How	SP, OSCE	1c, 1d, 1h, 2b	American College of Obstetricians and Gynecologists. ACOG Technical Bulletin Number 183. Cervical cytology: evaluation and management of abnormalities. Washington, DC: American College of Obstetricians and Gynecologists, Aug 1993. Int J Gynaecol Obstet. 1993 Nov;43(2):212-9. Spitzer M. Colposcopy and the evaluation and treatment of abnormal Pap smears. In: Seltzer VL, Pearse WH, editors. Women's primary health care: office practice and procedures. 2nd ed. New York: McGraw-Hill, 2000. p. 477-92.
f. Describe the management and prognosis of invasive cervical cancer by histology and stage.	Knows How	MCQ, Oral	1d, 2b	National Cancer Institute. Cervical Cancer (PDQ): Treatment option overview [monograph on the Internet]. Bethesda, MD: National Cancer Institute [cited 2004 Oct 21]. Available from: http://www.cancer.gov/cancertopics/pdq/treatment/cervical/HealthProfessional/page4 . DiSaia PJ, Creasman WT. Invasive cervical cancer. In: DiSaia PJ, Creasman WT. Clinical gynecologic oncology. 6th ed. St. Louis: Mosby, 2002. p. 51-106. American College of Obstetricians and Gynecologists. ACOG Practice Bulletin. Number 35. Diagnosis and treatment of cervical carcinomas. Washington, DC: American College of Obstetricians and Gynecologists, May 2002. Int J Gynaecol Obstet. 2002 Jul;78(1):79-91.
16. (ii) Gynecologic Cancers - Vulvar Neoplasms				
a. List the risk factors for vulvar neoplasia.	Knows	MCQ, Oral, KF	2b	DiSaia PJ, Creasman WT. Preinvasive disease of the vagina and vulva. In: DiSaia PJ, Creasman WT. Clinical gynecologic oncology. 6th ed. St. Louis: Mosby, 2002. p. 33-50. American College of Obstetricians and Gynecologists. ACOG Technical Bulletin Number 186. Vulvar cancer. Washington, DC: American College of Obstetricians and Gynecologists, Nov 1993. Int J Gynaecol Obstet. 1994 Jan;44(1):79-85.
b. Describe the differential diagnosis and management of vulvar neoplasms.	Knows How	MCQ, Oral, KF	1d, 2b	American College of Obstetricians and Gynecologists. ACOG Technical Bulletin Number 186. Vulvar cancer. Washington, DC: American College of Obstetricians and Gynecologists, Nov 1993. Int J Gynaecol Obstet. 1994 Jan;44(1):79-85. DiSaia PJ, Creasman WT. Invasive cancer of the vulva. In: DiSaia PJ, Creasman WT. Clinical gynecologic oncology. 6th ed. St. Louis: Mosby, 2002. p. 202-32. National Cancer Institute. Vulvar Cancer [homepage on the Internet]. Bethesda, MD: National Cancer Institute [cited 2004 Oct 21]. Available from: http://cancer.gov/cancertopics/types/vulvar .

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Learning Objective	Level of Competence *	Appropriate Evaluation Methods #	ACGME Competencies +	References
C. Discuss the pathophysiology, etiology, differential diagnosis, and treatment options for conditions and functions that are specific to women.				
16. (iii) Gynecologic Cancers - Ovarian Neoplasms				
a. Describe the clinical presentation, differential diagnosis, and management of adnexal masses.	Knows How	MCQ, Oral, KF	1 d, 2b	American College of Obstetricians and Gynecologists. ACOG Educational Bulletin Number 250. Ovarian cancer. Washington, DC: American College of Obstetricians and Gynecologists, Aug 1998. <i>Int J Gynaecol Obstet.</i> 1998 Dec;63(3):301-10. DiSaia PJ, Creasman WT. The adnexal mass and early ovarian tumors. In: DiSaia PJ, Creasman WT. <i>Clinical gynecologic oncology.</i> 6th ed. St. Louis: Mosby, 2002. p. 253-81.
b. List the risk factors for ovarian cancer.	Knows	MCQ, Oral, KF	2b	American College of Obstetricians and Gynecologists. ACOG Educational Bulletin Number 250. Ovarian cancer. Washington, DC: American College of Obstetricians and Gynecologists, Aug 1998. <i>Int J Gynaecol Obstet.</i> 1998 Dec;63(3):301-10. DiSaia PJ, Creasman WT. The adnexal mass and early ovarian tumors. In: DiSaia PJ, Creasman WT. <i>Clinical gynecologic oncology.</i> 6th ed. St. Louis: Mosby, 2002. p. 253-81.
c. Describe the management and prognosis of ovarian cancer by histology and stage.	Knows How	MCQ, Oral, KF	1 d, 2b	American College of Obstetricians and Gynecologists. ACOG Educational Bulletin Number 250. Ovarian cancer. Washington, DC: American College of Obstetricians and Gynecologists, Aug 1998. <i>Int J Gynaecol Obstet.</i> 1998 Dec;63(3):301-10. DiSaia PJ and Creasman WT. Epithelial ovarian cancer. Germ cell, stromal, and other ovarian tumors. In: DiSaia PJ and Creasman WT. <i>Clinical gynecologic oncology.</i> 6th ed. St Louis: Mosby, 2002. p. 282-374. National Cancer Institute. Ovarian Cancer [homepage on the Internet]. Bethesda, MD: National Cancer Institute [cited 2004 Oct 21]. Available from: http://cancer.gov/cancertopics/types/ovarian/ .
16. (iv) Gynecologic Cancers - Endometrial Cancer				
a. List the risk factors for endometrial neoplasia.	Knows	MCQ, Oral, KF	2b	American College of Obstetricians and Gynecologists. ACOG Technical Bulletin Number 162. Carcinoma of the endometrium. Washington, DC: American College of Obstetricians and Gynecologists, Dec 1991. <i>Int J Gynaecol Obstet.</i> 1993 Mar;40(3):255-61.

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C. Discuss the pathophysiology, etiology, differential diagnosis, and treatment options for conditions and functions that are specific to women.				
16. (iv) Gynecologic Cancers - Endometrial Cancer				
b. Describe the differential diagnosis, management, and prognosis of endometrial hyperplasia and carcinoma across the lifecycle.	Knows How	MCQ, Oral, KF	1d, 2b, 5c	DiSaia PJ, Creasman WT. Endometrial hyperplasia/Estrogen therapy. In: DiSaia PJ, Creasman WT. Clinical gynecologic oncology. 6th ed. St. Louis: Mosby, 2002. p. 107-33. American College of Obstetricians and Gynecologists. ACOG Technical Bulletin Number 162. Carcinoma of the endometrium. Washington, DC: American College of Obstetricians and Gynecologists, Dec 1991. Int J Gynaecol Obstet. 1993 Mar;40(3):255-61. National Cancer Institute. Endometrial Cancer [homepage on the Internet]. Bethesda, MD: National Cancer Institute [cited 2004 Oct 21]. Available from: http://cancer.gov/cancertopics/types/endometrial .
16. (v) Gynecologic Cancers - Gestational Trophoblastic Disease				
a. Describe the biomolecular findings in gestational trophoblastic disease.	Knows	MCQ, Oral, KF	2b	DiSaia PJ, Creasman WT. Gestational trophoblastic neoplasia. In: DiSaia PJ, Creasman WT. Clinical gynecologic oncology. 6th ed. St. Louis: Mosby, 2002. p. 185-210. Fulop V, Mok SC, Berkowitz RS. Molecular biology of gestational trophoblastic neoplasia: a review. J Reprod Med. 2004 Jun;49(6):415-22. Matsuda T, Wake N. Genetics and molecular markers in gestational trophoblastic disease with special reference to their clinical application. Best Pract Res Clin Obstet Gynaecol. 2003 Dec;17(6):827-36.
b. List the signs and symptoms in a patient with gestational trophoblastic disease.	Knows	MCQ, Oral, KF	2a, 2b	American College of Obstetricians and Gynecologists. ACOG Technical Bulletin Number 178. Management of gestational trophoblastic disease. Washington, DC: American College of Obstetricians and Gynecologists, Mar 1993. Int J Gynaecol Obstet. 1993 Sep;42(3):308-15. Leveno KL, et al. Gestational trophoblastic disease. In: Leveno KL, et al. Williams manual of obstetrics. 21st ed. New York: McGraw-Hill, 2003. p. 454-62.

Competency: **I. Explain sex and gender differences in normal development and pathophysiology as they apply to prevention and management of diseases.**

Learning Objective	Level of Competence *	Appropriate Evaluation Methods #	ACGME Competencies +	References
C. Discuss the pathophysiology, etiology, differential diagnosis, and treatment options for conditions and functions that are specific to women.				
16. (v) Gynecologic Cancers - Gestational Trophoblastic Disease				
c. Describe the differential diagnosis, management, and prognosis of gestational trophoblastic disease.	Knows How	MCQ, Oral, KF	1d, 2b	<p>American College of Obstetricians and Gynecologists. ACOG Technical Bulletin Number 178. Management of gestational trophoblastic disease. Washington, DC: American College of Obstetricians and Gynecologists, Mar 1993. Int J Gynaecol Obstet. 1993 Sep;42(3):308-15.</p> <p>Leveno KL, et al. Gestational trophoblastic disease. In: Leveno KL, et al. Williams manual of obstetrics. 21st ed. New York: McGraw-Hill, 2003. p. 454-62.</p> <p>National Cancer Institute. Gestational Trophoblastic Tumor [homepage on the Internet]. Bethesda, MD: National Cancer Institute [cited 2004 Oct 21]. Available from: http://cancer.gov/cancertopics/types/gestationaltrophoblastic.</p> <p>Hancock BW, Tidy JA. Current management of molar pregnancy. J Reprod Med. 2002 May;47(5):347-54.</p>

II. Effectively communicate with patients, demonstrating awareness of gender and cultural differences.

a. Describe how the patient's ideas, feelings, beliefs, expectations, and experience of illness affect health outcomes.	Knows How	MCQ, Oral, Essay	5c	<p>Stewart M, Brown JB, Donner A, McWhinney IR, Oates J, Weston WW, et al. The impact of patient-centered care on outcomes. J Fam Pract. 2000 Sep;49(9):796-804.</p> <p>Kleinman A, Eisenberg L, Good B. Culture, illness, and care: clinical lessons from anthropologic and cross-cultural research. Ann Intern Med. 1978 Feb;88(2):251-8.</p> <p>Gabbard-Alley AS. Explaining illness: an examination of message strategies and gender. In: Whaley BB, editor. Explaining illness: research, theory, and strategies. Mahwah, NJ: Lawrence Erlbaum, 2000. p.147-70.</p> <p>Rosenfeld AG, Gilkeson J. Meaning of illness for women with coronary heart disease. Heart Lung. 2000 Mar-Apr;29(2):105-12.</p>
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SECTION FOUR: Competencies Grid

Competency: **II. Effectively communicate with patients, demonstrating awareness of gender and cultural differences.**

Learning Objective	Level of Competence ✳	Appropriate Evaluation Methods #	ACGME Competencies +	References
b. Describe the correlation between specific communication skills and clinical outcomes.	Knows How	MCQ, Oral, Essay	4a, 5c	<p>Stewart M, Brown JB, Boon H, Galajda J, Meredith L, Sangster M. Evidence on patient-doctor communication. <i>Cancer Prev Control</i>. 1999 Feb;3(1):25-30.</p> <p>Stewart MA. Effective physician-patient communication and health outcomes: a review. <i>CMAJ</i>. 1995 May;152(9):1423-33.</p> <p>Beck RS, Daughtridge R, Sloane PD. Physician-patient communication in the primary care office: a systematic review. <i>J Am Board Fam Pract</i>. 2002 Jan-Feb;15(1):25-38.</p> <p>Teutsch C. Patient-doctor communication. <i>Med Clin North Am</i>. 2003 Sep;87(5):1115-45.</p>

Competency: **II. Effectively communicate with patients, demonstrating awareness of gender and cultural differences.**

Learning Objective	Level of Competence *	Appropriate Evaluation Methods #	ACGME Competencies +	References
c. Describe how sex, sexuality, gender, and sociocultural factors affect communication by and with female patients.	Knows How	MCQ, Oral, Essay	4a, 5c	<p>Roter DL, Hall JA, Aoki Y. Physician gender effects in medical communication: a meta-analytic review. <i>JAMA</i>. 2002 Aug;288(6):756-64.</p> <p>Elderkin-Thompson V, Waitzkin H. Differences in clinical communication by gender. <i>J Gen Intern Med</i>. 1999 Feb;14(2):112-21.</p> <p>Hall JA, Roter DL. Do patients talk differently to male and female physicians? A meta-analytic review. <i>Patient Educ Couns</i>. 2002 Dec;48(3):217-24.</p> <p>Alexander LL. Personal and sexual dimensions of women's health. In: Alexander LL, et al. <i>New dimensions in women's health</i>. 3rd ed. Sudbury, MA: Jones and Bartlett Publishers, 2004. p. 233-67.</p> <p>Apker J, Berlin Ray E. Stress and social support in health care organizations. In: Thompson TL, et al., editors. <i>Handbook of health communication</i>. Mahwah, NJ: Lawrence Erlbaum Associates, 2003. p. 347-68.</p> <p>Guttman N. Ethics in health communication interventions. In: Thompson TL, et al., editors. <i>Handbook of health communication</i>. Mahwah, NJ: Lawrence Erlbaum Associates, 2003. p. 651-79.</p> <p>Platt FW, Gordon GH. <i>Field guide to the difficult patient interview</i>. Philadelphia: Lippincott Williams & Wilkins, 1999.</p> <p>Novack DH, Suchman AL, Clark W, Epstein RM, Najberg E, Kaplan C. Calibrating the physician. Personal awareness and effective patient care. Working Group on Promoting Physician Personal Awareness, American Academy on Physician and Patient. <i>JAMA</i>. 1997 Aug;278(6):502-9.</p> <p>Birdwell BC, Herbers JE, Kroenke K. Evaluating chest pain. The patient's presentation style alters the physician's diagnostic approach. <i>Arch Intern Med</i>. 1993 Sep;153(17):1991-5.</p> <p>Schmittziel J, Grumbach K, Selby JV, Quesenberry CP Jr. Effect of physician and patient gender concordance on patient satisfaction and preventive care practices. <i>J Gen Intern Med</i>. 2000 Nov;15(11):761-9.</p> <p>Khoury AJ, Weisman CS. Thinking about women's health: the case for gender sensitivity. <i>Womens Health Issues</i>. 2002 Mar-Apr;12(2):61-5.</p>
d. Describe how sex and gender differences affect the power differential and the formation of a therapeutic relationship between the clinician and patient.	Knows How	MCQ, Oral, Essay	4a, 5a, 5b, 5c	<p>Gabbard-Alley AS. Explaining illness: an examination of message strategies and gender. In: Whaley BB, editor. <i>Explaining illness: research, theory, and strategies</i>. Mahwah, NJ: Lawrence Erlbaum, 2000. p. 150-1.</p>

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SECTION FOUR: Competencies Grid

Competency: II. Effectively communicate with patients, demonstrating awareness of gender and cultural differences.

Learning Objective	Level of Competence *	Appropriate Evaluation Methods #	ACGME Competencies +	References
e. Demonstrate how to gather comprehensive information regarding issues that are unique to or manifest differently in women, including menstrual and reproductive history, body image, substance abuse, mental health, sexual history, personal violence, contraception, and incontinence.	Shows How	SP, OSCE	1a, 1b, 4a, 4b, 5a, 5b	<p>Lipkin M, Putnam SM, Lazare A, editors. The medical interview: clinical care, education, and research. New York: Springer-Verlag, 1995.</p> <p>Coulehan JL, Block MR, editors. The medical interview: a primer for students of the art. 2nd ed. Philadelphia: F.A. Davis, 1992.</p> <p>Miller WR, Rollnick S. Motivational interviewing: preparing people for change. 2nd ed. New York: Guilford Press, 2002.</p> <p>Rollnick S, Mason P, Butler C. Health behavior change: a guide for practitioners. Edinburgh; New York: Churchill Livingstone, 1999.</p> <p>The American Medical Women's Association (AMWA) Reproductive Health Initiative. RHI Model Curriculum, 2nd ed. Module 2 (Psychosocial Factors - Substance Abuse, Intimate Partner Violence and Sexual Assault, Gender Issues and Health Care); Module 3 (Communication); Module 6 (Contraception) [modules on the Internet]. Alexandria, VA: American Medical Women's Association, 2004. Available from: http://www.amwa-doc.org/RHI.</p>
f. Integrate appropriate screening questions for the identification of substance abuse, high-risk sexual activity, and interpersonal violence or abuse in a manner that demonstrates empathy, respect, and cultural sensitivity.	Shows How	SP, OSCE	1a, 1b, 4a, 4b, 5c	<p>Bradley KA, Boyd-Wickizer J, Powell SH, Burman ML. Alcohol screening questionnaires in women: a critical review. JAMA. 1998 Jul;280(2):166-71.</p> <p>Alpert EJ, Massachusetts Medical Society Committee on Violence. Partner violence: how to recognize and treat victims of abuse. A guide for physicians and other health care professionals. Waltham, MA: Massachusetts Medical Society, 1999.</p> <p>American Medical Association. AMA (Violence) Physician Guidelines. Diagnostic and treatment guidelines on violence and domestic abuse. Chicago: American Medical Association, 2004.</p> <p>The American Medical Women's Association (AMWA) Reproductive Health Initiative. RHI Model Curriculum, 2nd ed. Module 2 (Psychosocial Factors - Substance Abuse, Intimate Partner Violence and Sexual Assault, Race/Ethnicity and Health Disparities Overview); Module 3 (Communication); Module 4 (Sexually Transmitted Diseases/Sexual History Taking) [modules on the Internet]. Alexandria, VA: American Medical Women's Association, 2004. Available from: http://www.amwa-doc.org/RHI.</p>
g. Demonstrate the ability to perform a danger assessment in a woman who discloses violence or abuse.	Shows How	SP, OSCE	1b, 4a, 4b, 5a, 5c	<p>Family Violence Prevention Fund. The National Consensus Guidelines on Identifying and Responding to Domestic Violence Victimization in Health Care Settings. Consensus Guidelines on Domestic Violence, 2nd ed. [guidelines on the Internet]. San Francisco, CA: Family Violence Prevention Fund, 2004 [cited 2004 Oct 15]. Available from: http://endabuse.org/programs/healthcare/files/Consensus.pdf.</p> <p>The American Medical Women's Association (AMWA) Reproductive Health Initiative. RHI Model Curriculum, 2nd ed. Module 2 (Psychosocial Factors - Intimate Partner Violence and Sexual Assault) [module on the Internet]. Alexandria, VA: American Medical Women's Association, 2004. Available from: http://www.amwa-doc.org/RHI.</p>

Competency: **II. Effectively communicate with patients, demonstrating awareness of gender and cultural differences.**

Learning Objective	Level of Competence *	Appropriate Evaluation Methods #	ACGME Competencies +	References
h. Demonstrate skills that build trust by addressing contextual factors, such as culture, ethnicity, gender, language/literacy, socioeconomic class, spirituality/religion, age, sexual orientation, disability, and care-giving responsibilities.	Shows How	SP, OSCE	4a, 4b, 5c	<p>Nunez AE. Transforming cultural competence into cross-cultural efficacy in women's health education. <i>Acad Med</i>. 2000 Nov;75(11):1071-80.</p> <p>Betancourt JR, Green AR, Carrillo JE, Ananeh-Firempong O. Defining cultural competence: a practical framework for addressing racial/ethnic disparities in health and health care. <i>Public Health Rep</i>. 2003 Jul-Aug;118(4):293-302.</p> <p>Betancourt JR, Green AR, Carrillo JE. The challenges of cross-cultural healthcare--diversity, ethics, and the medical encounter. <i>Bioethics Forum</i>. 2000 Fall;16(3):27-32.</p> <p>Green AR, Betancourt JR, Carrillo JE. Integrating social factors into cross-cultural medical education. <i>Acad Med</i>. 2002 Mar;77(3):193-7.</p> <p>Carrillo JE, Green AR, Betancourt JR. Cross-cultural primary care: a patient-based approach. <i>Ann Intern Med</i>. 1999 May;130(10):829-34.</p> <p>Williams MV, Davis T, Parker RM, Weiss BD. The role of health literacy in patient-physician communication. <i>Fam Med</i>. 2002 May;34(5):383-9.</p> <p>Ferguson WJ, Candib LM. Culture, language, and the doctor-patient relationship. <i>Fam Med</i>. 2002 May;34(5):353-61.</p> <p>Lo B, Ruston D, Kates LW, Arnold RM, Cohen CB, Faber-Langendoen K, et al. Discussing religious and spiritual issues at the end of life: a practical guide for physicians. <i>JAMA</i>. 2002 Feb;287(6):749-54.</p> <p>White JC, Levinson W. Lesbian health care. What a primary care physician needs to know. <i>West J Med</i>. 1995 May;162(5):463-6.</p> <p>Parks SM, Novielli KD. A practical guide to caring for caregivers. <i>Am Fam Physician</i>. 2000 Dec;62(12):2613-22.</p> <p>Hall JA, Roter DL. Patient gender and communication with physicians: results of a community-based study. <i>Womens Health</i>. 1995 Spring;1(1):77-95.</p> <p>Roter DL, Hall JA, Kern DE, Barker LR, Cole KA, Roca RP. Improving physicians' interviewing skills and reducing patients' emotional distress. A randomized clinical trial. <i>Arch Intern Med</i>. 1995 Sep;155(17):1877-84.</p> <p>Scholle SH, Weisman CS, Anderson RT, Camacho F. The development and validation of the primary care satisfaction survey for women. <i>Womens Health Issues</i>. 2004 Mar-Apr;14(2):35-50.</p>

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SECTION FOUR: Competencies Grid

Competency: II. Effectively communicate with patients, demonstrating awareness of gender and cultural differences.

Learning Objective	Level of Competence *	Appropriate Evaluation Methods #	ACGME Competencies +	References
i. Respond to patients' emotions using nonverbal and verbal skills, including reflecting, legitimizing/validating, expressing support, expressing partnership, and expressing respect.	Shows How	SP, OSCE	1 a, 4a, 4b	<p>Cole SA, Bird J. The medical interview: the three-function approach. 2nd ed. St. Louis: Mosby, 2000.</p> <p>Smith RC. Patient-centered interviewing: an evidence-based method. 2nd ed. Philadelphia: Lippincott Williams & Wilkins, 2002.</p> <p>Hojat M, Gonnella JS, Nasca TJ, Mangione S, Vergare M, Magee M. Physician empathy: definition, components, measurement, and relationship to gender and specialty. <i>Am J Psychiatry</i>. 2002 Sep;159(9):1563-9.</p> <p>More ES, Milligan MA, editors. The empathic practitioner: empathy, gender, and medicine. New Brunswick, NJ: Rutgers University Press, 1994.</p> <p>Griffith CH 3rd, Wilson JF, Langer S, Haist SA. House staff nonverbal communication skills and standardized patient satisfaction. <i>J Gen Intern Med</i>. 2003 Mar;18(3):170-4.</p> <p>Street RL Jr. Gender differences in health care provider-patient communication: are they due to style, stereotypes, or accommodation? <i>Patient Educ Couns</i>. 2002 Dec;48(3):201-6.</p> <p>Beck RS, Daughtridge R, Sloane PD. Physician-patient communication in the primary care office: a systematic review. <i>J Am Board Fam Pract</i>. 2002 Jan-Feb;15(1):25-38.</p>
j. Demonstrate how to share control of the interview by using facilitative nonverbal behavior, using language the patient can understand, eliciting the patient's concerns and expectations for the encounter, and negotiating a consensual agenda for the encounter.	Shows How	SP, OSCE	1 a, 1 b, 4a, 5a, 5c	<p>Weinberger M, Greene JY, Mamlin JJ. The impact of clinical encounter events on patient and physician satisfaction. <i>Soc Sci Med [E]</i>. 1981 Aug;15(3):239-44.</p> <p>Marvel MK, Epstein RM, Flowers K, Beckman HB. Soliciting the patient's agenda: have we improved? <i>JAMA</i>. 1999 Jan;281(3):283-7.</p> <p>Barry CA, Bradley CP, Britten N, Stevenson FA, Barber N. Patients' unvoiced agendas in general practice consultations: qualitative study. <i>BMJ</i>. 2000 May;320(7244):1246-50.</p> <p>Barry CA, Stevenson FA, Britten N, Barber N, Bradley CP. Giving voice to the lifeworld. More humane, more effective medical care? A qualitative study of doctor-patient communication in general practice. <i>Soc Sci Med</i>. 2001 Aug;53(4):487-505.</p> <p>Cegala DJ, Broz SL. Provider and patient communication skills training. In: Thompson TL, et al., editors. <i>Handbook of health communication</i>. Mahwah, NJ: Lawrence Erlbaum Associates, 2003. p. 95-120.</p>

Competency: **II. Effectively communicate with patients, demonstrating awareness of gender and cultural differences.**

Learning Objective	Level of Competence ✳	Appropriate Evaluation Methods #	ACGME Competencies +	References
k. Demonstrate a strategy to provide counseling about family planning and safe sex methods.	Shows How	SP, OSCE	1e, 5a, 5c	<p>Hatcher RA, Trussell J, Stewart F, et al. <i>Contraceptive Technology</i>. 18th ed. New York: Ardent Media, Inc., 2004.</p> <p>Hatcher RA, et al. <i>A Pocket Guide to Managing Contraception</i> [pocket guide on the Internet]. Dawsonville, GA: Bridging the Gap Publications, 2004 [cited 2004 Oct 22]. Available from: http://www.managingcontraception.com/managingcontraception.pdf.</p> <p>Weisman CS, Maccannon DS, Henderson JT, Shortridge E, Orso CL. Contraceptive counseling in managed care: preventing unintended pregnancy in adults. <i>Womens Health Issues</i>. 2002 Mar-Apr;12(2):79-95.</p> <p>The American Medical Women's Association (AMWA) Reproductive Health Initiative. RHI Model Curriculum, 2nd ed. Module 3 (Communication); Module 4 (Sexually Transmitted Diseases - Sexual History Taking); Module 6 (Contraception). [modules on the Internet]. Alexandria, VA: American Medical Women's Association, 2004. Available from: http://www.amwa-doc.org/RHI.</p> <p>Haist SA, Griffith III CH, Hoellein AR, Talente G, Montgomery T, Wilson JF. Improving students' sexual history inquiry and HIV counseling with an interactive workshop using standardized patients. <i>J Gen Intern Med</i>. 2004 May;19(5 Pt 2):549-53.</p> <p>Piper JM, Shain RN, Korte JE, Holden AE. Behavioral interventions for prevention of sexually transmitted diseases in women: a physician's perspective. <i>Obstet Gynecol Clin North Am</i>. 2003 Dec;30(4):659-69.</p>

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SECTION FOUR: Competencies Grid

Competency: **II. Effectively communicate with patients, demonstrating awareness of gender and cultural differences.**

Learning Objective	Level of Competence ✳	Appropriate Evaluation Methods #	ACGME Competencies +	References
<p>l. Demonstrate shared responsibility for health decisions by identifying and negotiating areas of agreement and disagreement, and by identifying gender and cultural barriers and enablers to adherence.</p>	Shows How	SP, OSCE	4a	<p>Kaplan SH, Gandek B, Greenfield S, Rogers W, Ware JE. Patient and visit characteristics related to physicians' participatory decision-making style. Results from the Medical Outcomes Study. <i>Med Care</i>. 1995 Dec;33(12):1176-87.</p> <p>Gillotti CM. Medical disclosure and decision-making: excavating the complexities of physician-patient information exchange. In: Thompson TL, et al., editors. <i>Handbook of health communication</i>. Mahwah, NJ: Lawrence Erlbaum Associates, 2003. p. 163-81.</p> <p>Towle A, Godolphin W. Framework for teaching and learning informed shared decision making. <i>BMJ</i>. 1999 Sep;319(7212):766-71.</p> <p>Charles C, Gafni A, Whelan T. How to improve communication between doctors and patients. Learning more about the decision making context is important. <i>BMJ</i>. 2000 May;320(7244):1220-1.</p> <p>Charles C, Whelan T, Gafni A. What do we mean by partnership in making decisions about treatment? <i>BMJ</i>. 1999 Sep;319(7212):780-2.</p> <p>Charles C, Gafni A, Whelan T. Shared decision-making in the medical encounter: what does it mean? (or it takes at least two to tango). <i>Soc Sci Med</i>. 1997 Mar;44(5):681-92.</p> <p>Nekhlyudov L, Ross-Degnan D, Fletcher SW. Beliefs and expectations of women under 50 years old regarding screening mammography: a qualitative study. <i>J Gen Intern Med</i>. 2003 Mar;18(3):182-9.</p>
<p>m. Propose a plan to explain both normal and abnormal results in a sensitive manner, and to educate the patient about the follow-up process using words and written information the patient can understand.</p>	Shows How	SP, OSCE	1d, 1e, 5b, 5c	<p>Buckman R, Kason Y. <i>How to break bad news: a guide for health care professionals</i>. Baltimore: Johns Hopkins University Press, 1992.</p> <p>Ngo-Metzger Q, Massagli MP, Clarridge BR, Manocchia M, Davis RB, Iezzoni LI, et al. Linguistic and cultural barriers to care. <i>J Gen Intern Med</i>. 2003 Jan;18(1):44-52.</p> <p>Institute of Medicine (U.S.); Committee on Health Literacy. <i>Health literacy: a prescription to end confusion</i>. Nielsen-Bohlman L, Panzer AM, Kindig DA, editors. Washington, DC: National Academies Press, 2004.</p> <p>Zorn M, Allen MP, Horowitz AM. <i>Understanding health literacy and its barriers</i>. Washington, DC: National Library of Medicine (U.S.), 2004.</p>

Competency: **III. Perform a sex-, gender-, and age-appropriate physical examination.**

Learning Objective	Level of Competence *	Appropriate Evaluation Methods #	ACGME Competencies +	References
a. List contextual factors (e.g. history of personal violence, sexual orientation, body image, gender, cultural expectations, language, and literacy) that affect the clinician's and patient's perceptions and the quality of the physical exam.	Knows	MCQ, Oral, KF	1a, 4b, 5a, 5b, 5c	Seidel HM. Mosby's guide to physical examination. 5th ed. St. Louis: Mosby, 2003. Swartz MH. Female genitalia. In: Textbook of physical diagnosis: history and examination. 4th ed. Philadelphia: Saunders, 2002. p. 495-526. Potter J. Virtual Patient Reference Library. Virtual patient 09 - A woman at midlife [tutorial on the Internet]. Boston, MA: The Carl J. Shapiro for Education and Research, Harvard Medical School and Beth Israel Deaconess Medical Center, 2004 [cited 2004 Oct 15]. Available from: http://research.bidmc.harvard.edu/VPtutorials/midlife/ .
b. Describe techniques for setting the stage and building rapport during the exam.	Knows How	MCQ, Oral, Essay	2b, 5a	Goldberg DB, Jacobson JS. A framework for doctor-patient interactions. In: Wallis LA, Kasper A, editors. Textbook of women's health. Philadelphia: Lippincott-Raven, 1998. p. 47-51.
c. Describe techniques to ensure a woman's comfort and the accuracy of the exam in all settings and lifecycle stages, and with any illness or disability (e.g. positioning, draping, and selection and use of instruments).	Knows How	MCQ, Oral, Essay	1a, 1f, 4a, 5a, 5b, 5c	Wallis LA. Comprehensive examination, health evaluation, and assessment of the woman patient. Diaz A. Comprehensive examination of the adolescent girl. Galindo DJ, Mintzer MJ. Comprehensive geriatric assessment of the frail older woman. In: Wallis LA, Kasper A, editors. Textbook of women's health. Philadelphia: Lippincott-Raven, 1998. p. 161-84.
d. Describe the variations of normal appearance of the breast, vulva, vagina, and cervix.	Knows	MCQ, Oral, Simulations	2b	Seltzer V, Petrek J. The breast. In: Seltzer VL, Pearse WH, editors. Women's primary health care: office practice and procedures. 2nd ed. New York: McGraw-Hill, 2000. p. 793-8. Benjamin F. Anatomy, physiology, growth and development. In: Seltzer VL, Pearse WH, editors. Women's primary health care: office practice and procedures. 2nd ed. New York: McGraw-Hill, 2000. p. 177-88. Swartz MH. Female genitalia. In: Textbook of physical diagnosis: history and examination. 4th ed. Philadelphia: Saunders, 2002. p. 495-526.
e. Perform a sex-, gender-, and age-appropriate physical exam.	Shows How	SP, OSCE	1f, 5c	Wallis LA. Comprehensive examination, health evaluation, and assessment of the woman patient. Diaz A. Comprehensive examination of the adolescent girl. Galindo DJ, Mintzer MJ. Comprehensive geriatric assessment of the frail older woman. In: Wallis LA, Kasper A, editors. Textbook of women's health. Philadelphia: Lippincott-Raven, 1998. p. 161-84.

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Potential evaluation methods as described in the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Medical Specialties (ABMS) *Toolbox of Assessment Methods*. Version 1.1 September 2000. <http://www.acgme.org/Outcome/assess/Toolbox.pdf>.Abbreviations used in this column are as follows: **MCQ** = Multiple Choice Questions **OSCE** = Objective Structured Clinical Exam **SP** = Standardized Patients **KF** = Key Features Exam+ Relevant residency level competency or skill as found in the ACGME Outcome Project and defined as the Minimum Program Requirements Language. Approved by the ACGME, September 28, 1999. <http://www.acgme.org/outcome/comp/compFull.asp>. Refer to Key on page 9 for assigned ACGME general competencies.

SECTION FOUR: Competencies Grid

Competency: **III. Perform a sex-, gender-, and age-appropriate physical examination.**

Learning Objective	Level of Competence *	Appropriate Evaluation Methods #	ACGME Competencies +	References
f. Perform an accurate breast exam.	Shows How	SP, OSCE, Simulations	1f, 5c	Reichman BS. Clinical breast examination and instruction of patients in breast self-examination. In: Wallis LA, Kasper A, editors. Textbook of women's health. Philadelphia: Lippincott-Raven, 1998. p. 195-201. Barton MB, Harris R, Fletcher SW. The rational clinical examination. Does this patient have breast cancer? The screening clinical breast examination: should it be done? How? JAMA. 1999 Oct;282(13):1270-80.
g. Perform an accurate pelvic exam and describe the size, shape, and position of the uterus.	Shows How	SP, OSCE, Simulations	1f, 5a, 5b, 5c	Wallis LA. Painless pelvic exam. In: Wallis LA, Kasper A, editors. Textbook of women's health. Philadelphia, PA: Lippincott-Raven, 1998. p. 185-93.
h. Explain how to obtain samples for microbiologic assessment in appropriate circumstances.	Knows How	MCQ, Oral	1f, 2b	Herbst AL. The pap smear. In: Seltzer VL, Pearse WH, editors. Women's primary health care: office practice and procedures. 2nd ed. New York: McGraw-Hill, 2000. p. 197-205.

IV. Discuss the impact of gender-based societal and cultural roles, and context on health care and on women.

1. Social and Political Discrimination

a. Discuss how gender bias has influenced women's roles in the health care professions.	Knows How	MCQ, Oral, Essay	5c, 6b	Weisman CS. Women and healthcare delivery: providers and organizations. In: Weisman CS. Women's health care: activist traditions and institutional change. Baltimore: Johns Hopkins University Press, 1998. p. 142-87.
b. Describe the health consequences of sex or gender discrimination.	Knows	MCQ, Oral, Essay	5c, 6a	Krieger N. Discrimination and health. In: Berkman LF, Ichiro Kawachi I, editors. Social epidemiology. New York: Oxford University Press, 2000. p. 36-75.

2. Poverty

a. Discuss the impact of poverty on key public health indicators used to track health care quality.	Knows How	MCQ, Oral, KF, Essay	2b, 5c	Phipps S. The impact of poverty on health: a scan of research literature [report on the Internet]. Ottawa, ON: Canadian Population Health Initiative, Canadian Institute for Health Information, Jun 2003 [cited 2004 Oct 25]. Available from: http://dsp-psd.communication.gc.ca/Collection/H118-11-2003-1E.pdf .
b. Compare behaviors and conditions that affect health risks for women above and below the poverty level.	Knows How	MCQ, Oral, KF, Essay	2b, 6b	Wyn R, Solis B. Women's health issues across the lifespan. Womens Health Issues. 2001 May-Jun;11(3):148-59. The Commonwealth Fund 1998 Survey of Women's Health. Womens Health Issues. 2000 Jan-Feb;10(1):35-8. Mead H, Witkowski K, Gault B, Hartmann H. The influence of income, education and work status on women's well being. Womens Health Issues. 2001 May-Jun;11(3):160-72.

Competency: **IV. Discuss the impact of gender-based societal and cultural roles, and context on health care and on women.**

Learning Objective	Level of Competence *	Appropriate Evaluation Methods #	ACGME Competencies +	References
3. Family Caregiver Role				
a. Describe how the traditional caregiver role of women carries unique physical, social, and emotional demands.	Knows How	MCQ, Oral, KF, Essay	2b, 5c	Martire LM, Stephens MA, Townsend AL. Centrality of women's multiple roles: beneficial and detrimental consequences for psychological well-being. <i>Psychol Aging</i> . 2000 Mar;15(1):148-56. Norton TR, Stephens MA, Martire LM, Townsend AL, Gupta A. Change in the centrality of women's multiple roles: effects of role stress and rewards. <i>J Gerontol B Psychol Sci Soc Sci</i> . 2002 Jan;57(1):S52-62. Stephens MA, Franks MM, Townsend AL. Stress and rewards in women's multiple roles: the case of women in the middle. <i>Psychol Aging</i> . 1994 Mar;9(1):45-52.
4. (i) Special Populations - Lesbians				
a. Discuss the effects of discrimination on the health status of lesbians.	Knows How	MCQ, Oral, KF, Essay	2b, 5b, 5c, 6b	Diamant AL, Wold C, Spritzer K, Gelberg L. Health behaviors, health status, and access to and use of health care: a population-based study of lesbian, bisexual, and heterosexual women. <i>Arch Fam Med</i> . 2000 Nov-Dec;9(10):1043-51. Institute of Medicine (U.S.); Committee on Lesbian Health Research Priorities. <i>Lesbian health: current assessment and directions for the future</i> . Solarz AL, editor. Washington, DC: National Academies Press, 1999.
b. Describe risk factors and health conditions that are more prevalent in lesbians.	Knows	MCQ, Oral, KF	2b, 5c	Valanis BG, Bowen DJ, Bassford T, Whitlock E, Charney P, Carter RA. Sexual orientation and health: comparisons in the women's health initiative sample. <i>Arch Fam Med</i> . 2000 Sep-Oct;9(9):843-53. Rankow L. <i>Women's health issues: planning for diversity. A curriculum guide for trainers on lesbian health and cultural sensitivity</i> . Durham, NC: Duke University Medical Center, 1995. Institute of Medicine (U.S.); Committee on Lesbian Health Research Priorities. <i>Lesbian health: current assessment and directions for the future</i> . Solarz AL, editor. Washington, DC: National Academies Press, 1999.
4. (ii) Special Populations - Women with Disabilities				
a. Describe the effects of discrimination on the health status of women with disabilities.	Knows	MCQ, Oral, KF, Essay	2b, 5c, 6a	National Women's Health Information Center. <i>Women with Disabilities</i> [homepage on the Internet]. Washington, DC: U.S. Department of Health and Human Services, Office on Women's Health [cited 2004 Oct 25]. Available from: http://www.4woman.gov/wwd/ .

* Levels of Competence as defined by George E. Miller. GE Miller. The assessment of clinical skills/competence/performance. *Acad Med* 1990 65: 63S-67S.# Potential evaluation methods as described in the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Medical Specialties (ABMS) *Toolbox of Assessment Methods*. Version 1.1 September 2000. <http://www.acgme.org/Outcome/assess/Toolbox.pdf>.Abbreviations used in this column are as follows: **MCQ** = Multiple Choice Questions **OSCE** = Objective Structured Clinical Exam **SP** = Standardized Patients **KF** = Key Features Exam+ Relevant residency level competency or skill as found in the ACGME Outcome Project and defined as the Minimum Program Requirements Language. Approved by the ACGME, September 28, 1999. <http://www.acgme.org/outcome/comp/compFull.asp>. Refer to Key on page 9 for assigned ACGME general competencies.

SECTION FOUR: Competencies Grid

Competency: **IV. Discuss the impact of gender-based societal and cultural roles, and context on health care and on women.**

Learning Objective	Level of Competence *	Appropriate Evaluation Methods #	ACGME Competencies +	References
4. (ii) Special Populations - Women with Disabilities				
b. Describe the health conditions for which women with disabilities are at greater risk than men with disabilities.	Knows	MCQ, Oral, KF	2b	National Women's Health Information Center. Abuse of People with Disabilities [homepage on the Internet]. Washington, DC: U.S. Department of Health and Human Services, Office on Women's Health [cited 2004 Oct 25]. Available from: http://www.4woman.gov/wwd/wwd.cfm?page=24 . Herr RD, Cydulka RK, editors. Emergency care of the compromised patient. Philadelphia: J.B. Lippincott, 1994.
c. Discuss issues of competency and informed consent in the care of women with mental disabilities.	Knows How	MCQ, Oral, Essay	2b, 5b, 6b	Marson D, Dynek G. Informed consent, competency and the neurologist. <i>Neurology</i> . 2001;7(6):317-26. Dymek MP, Atchison P, Harrell L, Marson DC. Competency to consent to medical treatment in cognitively impaired patients with Parkinson's disease. <i>Neurology</i> . 2001 Jan 9;56(1):17-24. Marson DC, Chatterjee A, Ingram KK, Harrell LE. Toward a neurologic model of competency: cognitive predictors of capacity to consent in Alzheimer's disease using three different legal standards. <i>Neurology</i> . 1996 Mar;46(3):666-72. Michels R. Research on persons with impaired decision making and the public trust. <i>Am J Psychiatry</i> . 2004 May;161(5):777-9. Mirza I, Phelan M. Managing physical illness in people with severe mental illness. <i>Hosp Med</i> . 2002 Sep;63(9):535-9.
4. (iii) Special Populations - Immigrants				
a. Identify risk factors and disease profiles associated with changing lifestyles after immigration.	Knows	MCQ, Oral, KF	2b, 5b, 5c, 6a	Kramer EJ, Ivey SL, Ying YW. Immigrant women's health: problems and solutions. San Francisco: Jossey-Bass, 1998. Campbell CC. Care of women with female circumcision. <i>J Midwifery Womens Health</i> . 2004 Jul-Aug;49(4):364-5. Singh GK, Miller BA. Health, life expectancy, and mortality patterns among immigrant populations in the United States. <i>Can J Public Health</i> . 2004 May-Jun;95(3):114-21.
b. Discuss the effects of discrimination on the health status of immigrant women.	Knows How	MCQ, Oral, KF, Essay	2b, 5c	Kramer EJ, Ivey SL, Ying YW. Immigrant women's health: problems and solutions. San Francisco: Jossey-Bass, 1998.

Competency: **IV. Discuss the impact of gender-based societal and cultural roles, and context on health care and on women.**

Learning Objective	Level of Competence *	Appropriate Evaluation Methods #	ACGME Competencies +	References
4. (iii) Special Populations - Immigrants				
c. Describe risk factors and health conditions that are more prevalent in immigrant women than in immigrant men.	Knows	MCQ, Oral, KF	2a, 2b, 5c	Kramer EJ, Ivey SL, Ying YW. Immigrant women's health: problems and solutions. San Francisco: Jossey-Bass, 1998. Gavagan T, Brodyaga L. Medical care for immigrants and refugees. Am Fam Phys. 1998 Mar;57(5):1061-8. Iglesias E, Robertson E, Johansson SE, Engfeldt P, Sundquist J. Women, international migration and self-reported health. A population-based study of women of reproductive age. Soc Sci Med. 2003 Jan;56(1):111-24. Williams DR. Racial/ethnic variations in women's health: the social embeddedness of health. Am J Public Health. 2002 Apr;92(4):588-97.
4. (iv) Special Populations - Women of Color				
a. Discuss the effects of discrimination on the health status of women of color.	Knows How	MCQ, Oral, KF, Essay	2b, 5c	Bigby J, editor. Cross-cultural medicine. Philadelphia: American College of Physicians, 2003.
b. Describe risk factors and health conditions that are more prevalent in women of color.	Knows	MCQ, Oral, KF	2a, 2b, 5c	National Women's Health Information Center. Minority Women's Health [homepage on the Internet]. Washington, DC: U.S. Department of Health and Human Services, Office on Women's Health [cited 2004 Oct 25]. Available from: http://www.4woman.gov/minority/index.htm .
5. Allied Health Professionals				
a. Describe the role of allied health professionals (including nurses, physician assistants, lactation consultants, and domestic violence counsellors) in providing care specifically for women.	Knows	MCQ, Oral, Essay	1h, 5b, 6a, 6b	Keeling J. A community-based perspective on living with domestic violence. Nurs Times. 2004 Mar 16-22;100(11):28-9. Hilton LW, Jennings-Dozier K, Bradley PK, Lockwood-Rayermann S, Dejesus Y, Stephens DL, et al. The role of nursing in cervical cancer prevention and treatment. Cancer. 2003 Nov 1;98(9 Suppl):2070-4. Lawrence RA, Howard CR. The role of lactation specialists. A guide for physicians. Pediatr Clin North Am. 2001 Apr;48(2):517-23i.
b. Describe mechanisms to identify and utilize community resources for conditions unique to women.	Knows	MCQ, Oral, Essay	1e, 6a, 6b	Bybee DI, Sullivan CM. The process through which an advocacy intervention resulted in positive change for battered women over time. Am J Community Psychol. 2002 Feb;30(1):103-32. Mosher WD, Deang LP, Bramlett MD. Community environment and women's health outcomes: contextual data. Vital Health Stat. 2003 Apr;(23):1-72.
c. Discuss the role of patient support networks in clinical decision making.	Knows How	MCQ, Oral	1h, 6a, 6b, 6d	Hurdle DE. Social support: a critical factor in women's health and health promotion. Health Soc Work. 2001 May;26(2):72-9.

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SECTION FOUR: Competencies Grid

Competency: **IV. Discuss the impact of gender-based societal and cultural roles, and context on health care and on women.**

Learning Objective	Level of Competence ✱	Appropriate Evaluation Methods #	ACGME Competencies +	References
6. Impact of Patient and Provider Beliefs and Practices				
a. Describe the impact of differing belief systems between patient and provider on care for women.	Knows How	Oral, Essay	1e, 5a, 6a, 6c	Nunez AE, Robertson C. Multicultural considerations in women's health. <i>Med Clin North Am.</i> 2003 Sep;87(5):939-54. Punales-Morejon D. Genetic counseling and prenatal diagnosis: a multicultural perspective. <i>J Am Med Womens Assoc.</i> 1997 Winter;52(1):30-2.
b. Discuss the effect of patient choice of provider gender.	Knows How	MCQ, Oral, Essay	5c, 6a, 6d	Adams KE. Patient choice of provider gender. <i>J Am Med Womens Assoc.</i> 2003 Spring;58(2):117-9.
c. Describe how religion and spirituality influence provider practice and patient decision making.	Knows How	Oral, Essay	1c, 4a, 5c	Hage M. Religious beliefs and women's health. In: Association of Professors of Gynecology and Obstetrics. <i>Women's health: a teaching guide to psychosocial issues.</i> Washington, DC: Association of Professors of Gynecology and Obstetrics, 2000. p. 13-24. Ramondetta LM, Sills D. Spirituality in gynecological oncology: a review. <i>Int J Gynecol Cancer.</i> 2004 Mar-Apr;14(2):183-201. The American Medical Women's Association (AMWA) Reproductive Health Initiative. RHI Model Curriculum, 2nd ed. Module 2 (Psychosocial Factors/Sociocultural Factors - Religion and Spirituality) [module on the Internet]. Alexandria, VA: American Medical Women's Association, 2004. Available from: http://www.amwa-doc.org/RHI .

Competency: **V. Identify and assist victims of physical, emotional, and sexual violence and abuse.**

Learning Objective	Level of Competence *	Appropriate Evaluation Methods #	ACGME Competencies +	References
V. Identify and assist victims of physical, emotional, and sexual violence and abuse.				
1. Background and Epidemiology				
a. Define intimate partner violence, elder mistreatment, and sexual violence.	Knows	MCQ, Oral, KF, Essay	2b	<p>General Reference for Competency V: The American Medical Women's Association (AMWA). Reproductive Health Initiative. RHI Model Curriculum, 2nd ed. Module 2 (Psychosocial Factors/Interpersonal Violence). [module on the Internet]. Alexandria, VA: American Medical Women's Association, 2004. Available from: http://www.amwa-doc.org/RHI.</p> <p>Alpert EJ, Massachusetts Medical Society Committee on Violence. Partner violence: how to recognize and treat victims of abuse. A guide for physicians and other health care professionals. Waltham, MA: Massachusetts Medical Society, 1999.</p> <p>American Medical Association. AMA (Violence) Physician Guidelines. Diagnostic and treatment guidelines on violence and domestic abuse. Chicago: American Medical Association, 2004.</p> <p>American Medical Association. Strategies for the treatment and prevention of sexual assault. Chicago: American Medical Association, 1995.</p> <p>Family Violence Prevention Fund. The National Consensus Guidelines on Identifying and Responding to Domestic Violence Victimization in Health Care Settings. Consensus Guidelines on Domestic Violence, 2nd ed. [guidelines on the Internet]. San Francisco: Family Violence Prevention Fund, 2004 [cited 2004 Oct 15]. Available from: http://endabuse.org/programs/healthcare/files/Consensus.pdf.</p> <p>Reading AE, Bragonier JR. Human sexuality and sexual assault. In: Hacker NF, Moore JG, editors. Essentials of obstetrics and gynecology. 3rd ed. Philadelphia: W.B. Saunders, 1998. p. 532-42.</p> <p>National Center on Elder Abuse [homepage on the Internet]. Washington, DC: National Center on Elder Abuse [cited 2004 Oct 15]. Available from: http://www.elderabusecenter.org.</p>

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SECTION FOUR: Competencies Grid

Competency: V. Identify and assist victims of physical, emotional, and sexual violence and abuse.

Learning Objective	Level of Competence *	Appropriate Evaluation Methods #	ACGME Competencies +	References
<p>General Reference for Competency V: The American Medical Women's Association (AMWA). Reproductive Health Initiative. RHI Model Curriculum, 2nd ed. Module 2 (Psychosocial Factors/Interpersonal Violence). [module on the Internet]. Alexandria, VA: American Medical Women's Association, 2004. Available from: http://www.amwa-doc.org/RHI.</p>				
1. Background and Epidemiology				
<p>b. Describe characteristics of abusive relationships, including intimate partner violence, elder mistreatment, and sexual violence.</p>	Knows	MCQ, Oral, KF, Essay	2b	<p>Alpert EJ, Massachusetts Medical Society Committee on Violence. Partner violence: how to recognize and treat victims of abuse. A guide for physicians and other health care professionals. Waltham, MA: Massachusetts Medical Society, 1999.</p> <p>American Medical Association. AMA (Violence) Physician Guidelines. Diagnostic and treatment guidelines on violence and domestic abuse. Chicago: American Medical Association, 2004.</p> <p>Family Violence Prevention Fund. The National Consensus Guidelines on Identifying and Responding to Domestic Violence Victimization in Health Care Settings. Consensus Guidelines on Domestic Violence, 2nd ed. [guidelines on the Internet]. San Francisco: Family Violence Prevention Fund, 2004 [cited 2004 Oct 15]. Available from: http://endabuse.org/programs/healthcare/files/Consensus.pdf.</p> <p>Polsky SS, Markowitz J. Color atlas of domestic violence. St. Louis: Mosby, 2004.</p>
<p>c. Describe guiding principles of care for victims of violence and abuse.</p>	Knows How	MCQ, Oral, Essay	1 d, 2b	<p>Alpert EJ, Massachusetts Medical Society Committee on Violence. Partner violence: how to recognize and treat victims of abuse. A guide for physicians and other health care professionals. Waltham, MA: Massachusetts Medical Society, 1999.</p> <p>American Medical Association. AMA (Violence) Physician Guidelines. Diagnostic and treatment guidelines on violence and domestic abuse. Chicago: American Medical Association, 2004.</p> <p>Family Violence Prevention Fund. The National Consensus Guidelines on Identifying and Responding to Domestic Violence Victimization in Health Care Settings. Consensus Guidelines on Domestic Violence, 2nd ed. [guidelines on the Internet]. San Francisco: Family Violence Prevention Fund, 2004 [cited 2004 Oct 15]. Available from: http://endabuse.org/programs/healthcare/files/Consensus.pdf.</p> <p>Moore M. Reproductive health and intimate partner violence. Fam Plann Perspect. 1999 Nov-Dec;31(6):302-6.</p> <p>Eisenstat SA. Domestic violence. In: Carlson KJ, Eisenstat SA, editors. Primary care of women. 2nd ed. St. Louis: Mosby, 2002. p. 624-32.</p> <p>Institute for Clinical Systems Improvement. Health care guideline: domestic violence. 9th ed. Bloomington, MN: Institute for Clinical Systems Improvement, Nov 2004.</p>

Competency: **V. Identify and assist victims of physical, emotional, and sexual violence and abuse.**

Learning Objective	Level of Competence *	Appropriate Evaluation Methods #	ACGME Competencies +	References
<p>General Reference for Competency V: The American Medical Women's Association (AMWA). Reproductive Health Initiative. RHI Model Curriculum, 2nd ed. Module 2 (Psychosocial Factors/Interpersonal Violence). [module on the Internet]. Alexandria, VA: American Medical Women's Association, 2004. Available from: http://www.amwa-doc.org/RHI.</p>				
1. Background and Epidemiology				
d. Summarize the incidence and prevalence of violence against, and abuse of women using available national/local data sources and published literature.	Knows How	MCQ, Oral, Essay	2a, 2b, 3b	<p>Family Violence Prevention Fund. The National Consensus Guidelines on Identifying and Responding to Domestic Violence Victimization in Health Care Settings. Consensus Guidelines on Domestic Violence, 2nd ed. [guidelines on the Internet]. San Francisco: Family Violence Prevention Fund, 2004 [cited 2004 Oct 15]. Available from: http://endabuse.org/programs/healthcare/files/Consensus.pdf.</p> <p>Rennison C, Welchans S. Intimate partner violence. Bureau of Justice Statistic Special Report [report on the Internet]. Washington, DC: U.S. Department of Justice, Office of Justice Programs, May 2000 [cited 2004 Oct 15]. Available from: http://www.ojp.usdoj.gov/bjs/pub/pdf/ipv.pdf.</p> <p>Tjaden P, Thoennes N. Full report of the prevalence, incidence, and consequences of violence against women: research report. Findings from the National Violence Against Women Survey [report on the Internet]. Washington, DC: U.S. Department of Justice, National Institute of Justice, Nov 2000 [cited 2004 Oct 15]. Available from: http://www.ncjrs.org/pdffiles1/nij/183781.pdf.</p> <p>Warshaw C. Domestic violence: changing theory, changing practice. J Am Med Womens Assoc. 1996 May-Jul;51(3):87-91, 100.</p>

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SECTION FOUR: Competencies Grid

Competency: **V. Identify and assist victims of physical, emotional, and sexual violence and abuse.**

Learning Objective	Level of Competence *	Appropriate Evaluation Methods #	ACGME Competencies +	References
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<p>1. Background and Epidemiology</p>				
<p>e. Describe the personal and health care system challenges that health care providers may face when caring for patients who are victims of violence and abuse.</p>	<p>Knows How</p>	<p>MCQ, Oral, Essay</p>	<p>6b</p>	<p>American Medical Association. AMA (Violence) Physician Guidelines. Diagnostic and treatment guidelines on violence and domestic abuse. Chicago: American Medical Association, 2004.</p> <p>American Medical Association. Strategies for the treatment and prevention of sexual assault. Chicago: American Medical Association, 1995.</p> <p>National Advisory Council on Violence Against Women and the Violence Against Women Office. Toolkit To End Violence Against Women [toolkit on the Internet]. Rockville, MD: National Criminal Justice Reference Service, 2001 [cited 2004 Oct 15]. Available from: http://toolkit.ncjrs.org/.</p> <p>Waalén J, Goodwin MM, Spitz AM, Petersen R, Saltzman LE. Screening for intimate partner violence by health care providers. Barriers and interventions. <i>Am J Prev Med.</i> 2000 Nov;19 (4):230-7.</p> <p>Warshaw C. Domestic violence: challenges to medical practice. In: Dan AJ, editor. <i>Reframing women's health: multidisciplinary research and practice.</i> Thousand Oaks, CA: Sage Publications, 1994. p. 201-18.</p> <p>Warshaw C. Intimate partner abuse: developing a framework for change in medical education. <i>Acad Med.</i> 1997 Jan;72(1 Suppl):S26-37.</p>

Competency: **V. Identify and assist victims of physical, emotional, and sexual violence and abuse.**

Learning Objective	Level of Competence *	Appropriate Evaluation Methods #	ACGME Competencies +	References
				General Reference for Competency V: The American Medical Women's Association (AMWA). Reproductive Health Initiative. RHI Model Curriculum, 2nd ed. Module 2 (Psychosocial Factors/Interpersonal Violence). [module on the Internet]. Alexandria, VA: American Medical Women's Association, 2004. Available from: http://www.amwa-doc.org/RHI .
2. Acute and Chronic Clinical Manifestations				
a. Describe the signs and symptoms of violence and abuse with regard to physical trauma, psychological manifestations, obstetrical complications, and medical problems.	Knows	MCQ, Oral, KF, Essay	2b	<p>Hampton HL. Care of the woman who has been raped. <i>N Engl J Med</i>. 1995 Jan;332(4):234-7.</p> <p>Family Violence Prevention Fund. The National Consensus Guidelines on Identifying and Responding to Domestic Violence Victimization in Health Care Settings. Consensus Guidelines on Domestic Violence, 2nd ed. [guidelines on the Internet]. San Francisco: Family Violence Prevention Fund, 2004 [cited 2004 Oct 15]. Available from: http://endabuse.org/programs/healthcare/files/Consensus.pdf.</p> <p>Moore M. Reproductive health and intimate partner violence. <i>Fam Plann Perspect</i>. 1999 Nov-Dec;31(6):302-6.</p> <p>Reading AE, Bragonier JR. Human sexuality and sexual assault. In: Hacker NF, Moore JG, editors. <i>Essentials of obstetrics and gynecology</i>. 3rd ed. Philadelphia: W.B. Saunders, 1998. p. 532-42.</p> <p>Campbell J, Jones AS, Dienemann J, Kub J, Schollenberger J, O'Campo P, et al. Intimate partner violence and physical health consequences. <i>Arch Intern Med</i>. 2002 May;162(10):1157-63.</p> <p>Campbell JC. Health consequences of intimate partner violence. <i>Lancet</i>. 2002 Apr;359(9314):1331-6.</p>
b. Describe common behaviors of the abused and the abuser in a clinical encounter.	Knows	MCQ, Oral, KF, Essay	2b	American Medical Association. <i>Strategies for the treatment and prevention of sexual assault</i> . Chicago: American Medical Association, 1995.

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SECTION FOUR: Competencies Grid

Competency: V. Identify and assist victims of physical, emotional, and sexual violence and abuse.

Learning Objective	Level of Competence *	Appropriate Evaluation Methods #	ACGME Competencies +	References
<p>General Reference for Competency V: The American Medical Women's Association (AMWA). Reproductive Health Initiative. RHI Model Curriculum, 2nd ed. Module 2 (Psychosocial Factors/Interpersonal Violence). [module on the Internet]. Alexandria, VA: American Medical Women's Association, 2004. Available from: http://www.amwa-doc.org/RHI.</p>				
<p>2. Acute and Chronic Clinical Manifestations</p>				
<p>c. Discuss the long-term sequelae of violence and abuse on a woman's health.</p>	<p>Knows How</p>	<p>MCQ, Oral, KF, Essay</p>	<p>2b</p>	<p>Family Violence Prevention Fund. The National Consensus Guidelines on Identifying and Responding to Domestic Violence Victimization in Health Care Settings. Consensus Guidelines on Domestic Violence, 2nd ed. [guidelines on the Internet]. San Francisco: Family Violence Prevention Fund, 2004 [cited 2004 Oct 15]. Available from: http://endabuse.org/programs/healthcare/files/Consensus.pdf.</p> <p>Moore M. Reproductive health and intimate partner violence. Fam Plann Perspect. 1999 Nov-Dec;31(6):302-6.</p> <p>Campbell J, Jones AS, Dienemann J, Kub J, Schollenberger J, O'Campo P, et al. Intimate partner violence and physical health consequences. Arch Intern Med. 2002 May;162(10):1157-63.</p> <p>Campbell JC. Health consequences of intimate partner violence. Lancet. 2002 Apr;359(9314):1331-6.</p>
<p>3. Screening and Assessment</p>				
<p>a. Describe the components and process of routine screening for violence and abuse across the lifespan.</p>	<p>Knows How</p>	<p>MCQ, Oral, KF, Essay</p>	<p>1b, 2b, 5c</p>	<p>Alpert EJ, Massachusetts Medical Society Committee on Violence. Partner violence: how to recognize and treat victims of abuse. A guide for physicians and other health care professionals. Waltham, MA: Massachusetts Medical Society, 1999.</p> <p>Family Violence Prevention Fund. The National Consensus Guidelines on Identifying and Responding to Domestic Violence Victimization in Health Care Settings. Consensus Guidelines on Domestic Violence, 2nd ed. [guidelines on the Internet]. San Francisco: Family Violence Prevention Fund, 2004 [cited 2004 Oct 15]. Available from: http://endabuse.org/programs/healthcare/files/Consensus.pdf.</p> <p>Waalén J, Goodwin MM, Spitz AM, Petersen R, Saltzman LE. Screening for intimate partner violence by health care providers. Barriers and interventions. Am J Prev Med. 2000 Nov;19(4):230-7.</p> <p>Liebschutz JM, Frayne SM, Saxe GN, editors. Violence against women: a physician's guide to identification and management. Philadelphia: American College of Physicians, 2003.</p> <p>Warshaw C, Alpert E. Integrating routine inquiry about domestic violence into daily practice. Ann Intern Med. 1999 Oct;131(8):619-20.</p>

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3. Screening and Assessment				
b. List the red flag indicators that should raise suspicion for violence and abuse.	Knows	MCQ, Oral, KF, Essay	2b	Family Violence Prevention Fund. The National Consensus Guidelines on Identifying and Responding to Domestic Violence Victimization in Health Care Settings. Consensus Guidelines on Domestic Violence, 2nd ed. [guidelines on the Internet]. San Francisco: Family Violence Prevention Fund, 2004 [cited 2004 Oct 15]. Available from: http://endabuse.org/programs/healthcare/files/Consensus.pdf .
c. Describe appropriate settings for screening and indicate who should be screened for violence and abuse.	Knows How	MCQ, Oral, KF, Essay	1 d, 2b, 6b	Alpert EJ, Massachusetts Medical Society Committee on Violence. Partner violence: how to recognize and treat victims of abuse. A guide for physicians and other health care professionals. Waltham, MA: Massachusetts Medical Society, 1999. Family Violence Prevention Fund. The National Consensus Guidelines on Identifying and Responding to Domestic Violence Victimization in Health Care Settings. Consensus Guidelines on Domestic Violence, 2nd ed. [guidelines on the Internet]. San Francisco: Family Violence Prevention Fund, 2004 [cited 2004 Oct 15]. Available from: http://endabuse.org/programs/healthcare/files/Consensus.pdf . Campbell JC, Campbell DW. Cultural competence in the care of abused women. J Nurse Midwifery. 1996 Nov-Dec;41 (6):457-62.
d. Discuss patient barriers to disclosure of violence and abuse.	Knows How	MCQ, Oral, KF, Essay	2b, 5c	American Medical Association. AMA (Violence) Physician Guidelines. Diagnostic and treatment guidelines on violence and domestic abuse. Chicago: American Medical Association, 2004.
4. Intervention Options				
a. List the basic elements of safety planning for women who are currently in violent or abusive relationships.	Knows	MCQ, Oral, KF, Essay	1 d	Alpert EJ, Massachusetts Medical Society Committee on Violence. Partner violence: how to recognize and treat victims of abuse. A guide for physicians and other health care professionals. Waltham, MA: Massachusetts Medical Society, 1999. American Medical Association. AMA (Violence) Physician Guidelines. Diagnostic and treatment guidelines on violence and domestic abuse. Chicago: American Medical Association, 2004. Family Violence Prevention Fund. The National Consensus Guidelines on Identifying and Responding to Domestic Violence Victimization in Health Care Settings. Consensus Guidelines on Domestic Violence, 2nd ed. [guidelines on the Internet]. San Francisco: Family Violence Prevention Fund, 2004 [cited 2004 Oct 15]. Available from: http://endabuse.org/programs/healthcare/files/Consensus.pdf .

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4. Intervention Options				
b. Describe a strategy for identifying national, state, and local resources that can address the social, emotional, and legal needs of a woman who has been in a violent or abusive situation.	Knows How	Oral, Essay, OSCE	1 h, 6b	Family Violence Prevention Fund. The National Consensus Guidelines on Identifying and Responding to Domestic Violence Victimization in Health Care Settings. Consensus Guidelines on Domestic Violence, 2nd ed. [guidelines on the Internet]. San Francisco: Family Violence Prevention Fund, 2004 [cited 2004 Oct 15]. Available from: http://endabuse.org/programs/healthcare/files/Consensus.pdf .

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4. Intervention Options

c. Discuss appropriate medical care and follow-up for a woman who has been sexually assaulted.	Knows How	MCQ, Oral, KF, Essay	1d, 2b	<p>Alpert EJ, Massachusetts Medical Society Committee on Violence. Partner violence: how to recognize and treat victims of abuse. A guide for physicians and other health care professionals. Waltham, MA: Massachusetts Medical Society, 1999.</p> <p>American College of Obstetricians and Gynecologists. ACOG Educational Bulletin Number 242. Sexual assault. Washington, DC: American College of Obstetricians and Gynecologists, Nov 1997. Int J Gynaecol Obstet. 1998 Mar;60(3):297-304.</p> <p>American College of Obstetricians and Gynecologists. ACOG Educational Bulletin Number 252. Adolescent victims of sexual assault. Washington, DC: American College of Obstetricians and Gynecologists, Oct 1998. Int J Gynaecol Obstet. 1999 Feb;64(2):195-9.</p> <p>American Medical Association. Strategies for the treatment and prevention of sexual assault. Chicago: American Medical Association, 1995.</p> <p>Amey AL, Bishai D. Measuring the quality of medical care for women who experience sexual assault with data from the National Hospital Ambulatory Medical Care Survey. Ann Emerg Med. 2002 Jun;39(6):631-8.</p> <p>Eisenstat SA. Sexual assault. In: Carlson KJ, Eisenstat SA, editors. Primary care of women. 2nd ed. St. Louis: Mosby, 2002. p. 633-9.</p> <p>Family Violence Prevention Fund. The National Consensus Guidelines on Identifying and Responding to Domestic Violence Victimization in Health Care Settings. Consensus Guidelines on Domestic Violence, 2nd ed. [guidelines on the Internet]. San Francisco: Family Violence Prevention Fund, 2004 [cited 2004 Oct 15]. Available from: http://endabuse.org/programs/healthcare/files/Consensus.pdf.</p> <p>Hampton HL. Care of the woman who has been raped. N Engl J Med. 1995 Jan;332(4):234-7.</p> <p>American Public Health Association. APHA Policy Statement 2003-16. Providing access to emergency contraception for survivors of sexual assault [statement on the Internet]. Washington, DC: American Public Health Association, 2003 [cited 2004 Oct 15]. Available from: http://www.apha.org/legislative/policy/2003/2003-016.pdf.</p> <p>Stewart FH, Trussell J. Prevention of pregnancy resulting from rape: a neglected preventive health measure. Am J Prev Med. 2000 Nov;19(4):228-9.</p>
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5. Prevention Strategies				
a. Describe strategies for prevention of violence and abuse.	Knows	MCQ, Oral, KF, Essay	1g, 6b	American Medical Association. Strategies for the treatment and prevention of sexual assault. Chicago: American Medical Association, 1995. National Advisory Council on Violence Against Women and the Violence Against Women Office. Toolkit To End Violence Against Women [toolkit on the Internet]. Rockville, MD: National Criminal Justice Reference Service, 2001 [cited 2004 Oct 15]. Available from: http://toolkit.ncjrs.org/ .
6. Reporting Requirements				
a. Describe state and local standards and requirements for reporting and documenting violence and abuse.	Knows	MCQ, Oral, KF, Essay	6b	Family Violence Prevention Fund. The National Consensus Guidelines on Identifying and Responding to Domestic Violence Victimization in Health Care Settings. Consensus Guidelines on Domestic Violence, 2nd ed. [guidelines on the Internet]. San Francisco: Family Violence Prevention Fund, 2004 [cited 2004 Oct 15]. Available from: http://endabuse.org/programs/healthcare/files/Consensus.pdf . Isaac, NE, Enos VP. National Institute of Justice Research in Brief. Documenting domestic violence: how health care providers can help victims [report on the Internet]. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Sept 2001 [cited 2004 Oct 15]. Available from: http://www.ncjrs.org/pdffiles1/nij/188564.pdf .
VI. Assess and counsel women for sex- and gender- appropriate reduction of risk, including lifestyle changes and genetic testing.				
1. Cardiovascular Disease				
a. Demonstrate how to assess lipid profiles and formulate a management plan that applies current recommendations as stated in the National Cholesterol Education Program (NCEP) expert panel.	Shows How	MCQ, Oral, OSCE	1d, 2b	Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults. Executive Summary of The Third Report of The National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol In Adults (Adult Treatment Panel III). JAMA. 2001 May 16;285(19):2486-97. Association of Professors of Gynecology and Obstetrics. APGO Educational Series on Women's Health Issues. Managing hyperlipidemia in women. Washington, DC: Association of Professors of Gynecology and Obstetrics, 1999.
b. Demonstrate how to screen for hypertension and formulate a management plan that follows the Sixth Joint National protocols.	Shows How	MCQ, Oral, OSCE	1d, 2b	The sixth report of the Joint National Committee on prevention, detection, evaluation, and treatment of high blood pressure. Arch Intern Med. 1997 Nov;157(21):2413-46. Johnson BE. Hypertension. In: Johnson BE, et al., editors. Women's health care handbook. 2nd ed. Philadelphia: Hanley & Belfus, 2000. p. 520-8.

Competency: **VI. Assess and counsel women for sex- and gender- appropriate reduction of risk, including lifestyle changes and genetic testing.**

Learning Objective	Level of Competence *	Appropriate Evaluation Methods #	ACGME Competencies +	References
1. Cardiovascular Disease				
c. Demonstrate how to screen for obesity and formulate a treatment plan.	Shows How	MCQ, Oral, OSCE	1 d, 2b	National Institutes of Health; National Heart, Lung, and Blood Institute. Clinical guidelines on the identification, evaluation, and treatment of overweight and obesity in adults: the evidence report [guidelines on the Internet]. Washington, DC: U.S. Department of Health and Human Services, 1998 [cited 2004 Oct 26]. Available from: http://www.nhlbi.nih.gov/guidelines/obesity/ob_home.htm . American Obesity Association [homepage on the Internet]. Washington, DC: American Obesity Association [cited 2004 Oct 17]. Available from: http://www.obesity.org/ . Liese BS, Johnson BE. Obesity. In: Johnson BE, et al., editors. Women's health care handbook. 2nd ed. Philadelphia: Hanley & Belfus, 2000. p. 528-36.
d. Demonstrate how to screen for diabetes, physical inactivity, and tobacco dependence and create a management plan for each.	Shows How	MCQ, Oral, OSCE	1 d, 2b	Manson JE, Spelsberg A. Risk modification in the diabetic patient. In: Manson JE, et al., editors. Prevention of myocardial infarction. New York: Oxford University Press, 1996. p. 241-73. Brown AJ. Diabetes: prevention, treatment, and follow-up. In: Rosenfeld JA, editor. Women's health in primary care. 1st ed. Baltimore: Williams & Wilkins, 1997. p. 597-615. U.S. Department of Health and Human Services, Office of the Surgeon General. Treating Tobacco Use and Dependence. A How-To Guide For Implementing the Public Health Service Clinical Practice Guideline (Clinician's Packet) [guideline on the Internet]. Washington, DC: U.S. Department of Health and Human Services, Jun 2000 [cited 2004 Oct 18]. Available from: http://www.surgeongeneral.gov/tobacco/ . Johnson BE. Exercise. In: Johnson BE, et al., editors. Women's health care handbook. 2nd ed. Philadelphia: Hanley & Belfus, 2000. p. 36-47.
2. (i) Common Malignancies - Breast Cancer				
a. Educate women about known risk factors for breast cancer and assess risk using the Gail Model.	Shows How	SP, OSCE	1 e, 1 g	Armstrong K, Eisen A, Weber B. Assessing the risk of breast cancer. N Engl J Med. 2000 Feb;342(8):564-71. Quillin JM, Fries E, McClish D, Shaw de Paredes E, Bodurtha J. Gail model risk assessment and risk perceptions. J Behav Med. 2004 Apr;27(2):205-14.

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Competency: **VI. Assess and counsel women for sex- and gender- appropriate reduction of risk, including lifestyle changes and genetic testing.**

Learning Objective	Level of Competence *	Appropriate Evaluation Methods #	ACGME Competencies +	References
2. (i) Common Malignancies - Breast Cancer				
b. Provide counseling regarding modification of lifestyle factors that may reduce breast cancer risk.	Shows How	SP, OSCE	1e	Chlebowski RT. Reducing the risk of breast cancer. <i>N Engl J Med.</i> 2000 Jul;343(3):191-8. Johnson BE. Breast cancer. In: Johnson BE, et al., editors. <i>Women's health care handbook.</i> 2nd ed. Philadelphia: Hanley & Belfus, 2000. p. 547-54. Couzi RJ, Davidson NE. Breast cancer and prevention. In: Rosenfeld JA, editor. <i>Women's health in primary care.</i> 1st ed. Baltimore: Williams & Wilkins, 1997. p. 683-702.
c. Discuss and implement age- and risk-appropriate recommendations for mammographic screening and clinical breast exams.	Shows How	SP, OSCE	1d, 1e, 1g	U.S. Preventive Services Task Force (USPSTF). <i>The Guide to Clinical Preventive Services: Screening for Breast Cancer [recommendations on the Internet].</i> Rockville, MD: Agency for Healthcare Research and Quality, Feb 2002 [cited 2004 Oct 17]. Available from: http://www.ahrq.gov/clinic/uspstf/uspshrca.htm . Institute of Medicine (U.S.); National Research Council; Committee on New Approaches to Early Detection and Diagnosis of Breast Cancer. <i>Saving women's lives: strategies for improving breast cancer detection and diagnosis.</i> Joy JE, Penhoet EE, Petitti DB, editors. Washington, DC: National Academies Press, 2004. Johnson BE. Breast cancer; Johnson CA. Breast examination. In: Johnson BE, et al., editors. <i>Women's health care handbook.</i> 2nd ed. Philadelphia: Hanley & Belfus, 2000. p. 547-54; 641-3.
d. Identify high-risk women who may benefit from intensive screening and referral to a high-risk clinic for consideration of genetic testing, chemoprevention, and prophylactic mastectomy.	Shows How	MCQ, Oral, OSCE	1g, 2b	Smith RA, Saslow D, Sawyer KA, Burke W. <i>American Cancer Society Guidelines for Breast Cancer Screening: Update 2003 [guidelines on the Internet].</i> Atlanta: American Cancer Society, 2003 [cited 2004 Oct 18]. Available from: http://caonline.amcancersoc.org/cgi/content/full/53/3/141 .
2. (ii) Common Malignancies - Cervical Cancer (See Comp. I.C.16.(i) Gynecologic Cancers - Cervical Neoplasia)				
2. (iii) Common Malignancies - Colon Cancer				
a. Educate women about the risk factors for colon cancer and provide counseling regarding modification of lifestyle factors that may reduce colon cancer risk.	Shows How	SP, OSCE	1e, 1g	Terry PD, Miller AB, Rohan TE. Obesity and colorectal cancer risk in women. <i>Gut.</i> 2002 Aug;51(2):191-4. Nakaji S, Umeda T, Shimoyama T, Sugawara K, Tamura K, Fukuda S, et al. Environmental factors affect colon carcinoma and rectal carcinoma in men and women differently. <i>Int J Colorectal Dis.</i> 2003 Nov;18(6):481-6. Robb KA, Miles A, Wardle J. Demographic and psychosocial factors associated with perceived risk for colorectal cancer. <i>Cancer Epidemiol Biomarkers Prev.</i> 2004 Mar;13(3):366-72.
b. Discuss and implement age- and risk- appropriate recommendations for colon cancer screening.	Shows How	SP, OSCE	1d, 1e, 1g	U.S. Preventive Services Task Force (USPSTF). <i>The Guide to Clinical Preventive Services: Screening for Colorectal Cancer [recommendations on the Internet].</i> Rockville, MD: Agency for Healthcare Research and Quality, Jul 2002 [cited 2004 Oct 18]. Available from: http://www.ahrq.gov/clinic/uspstf/uspshcolo.htm .

Competency: **VI. Assess and counsel women for sex- and gender- appropriate reduction of risk, including lifestyle changes and genetic testing.**

Learning Objective	Level of Competence *	Appropriate Evaluation Methods #	ACGME Competencies +	References
2. (iv) Common Malignancies - Lung Cancer				
a. Discuss risk factors for lung cancer and the increasing incidence of smoking and lung cancer deaths among women.	Knows	MCQ, KF	1e, 1g	<p>Bain C, Feskanich D, Speizer FE, Thun M, Hertzmark E, Rosner BA, et al. Lung cancer rates in men and women with comparable histories of smoking. <i>J Natl Cancer Inst.</i> 2004 Jun 2;96(11):826-34.</p> <p>American Cancer Society. <i>Cancer Facts and Figures 2004</i>. Atlanta: American Cancer Society, 2004.</p> <p>Tobacco Information and Prevention Source; National Center for Chronic Disease Prevention and Health Promotion. <i>Women and Smoking: A Report of the Surgeon General - 2001</i>. Atlanta: Centers for Disease Control and Prevention, 2001 [cited 2004 Oct 18]. Available from: www.cdc.gov/tobacco/sgr/sgr_forwomen/index.htm.</p> <p>The National Women's Health Information Center. <i>Why It's Important for Women to Quit</i>. Washington, DC: U.S. Department of Health and Human Services, Office on Women's Health, 2004 [cited 2004 Oct 18]. Available from: www.4women.gov/QuitSmoking/important.cfm.</p> <p>U.S. Preventive Services Task Force (USPSTF). <i>The Guide to Clinical Preventive Services: Screening for Lung Cancer [recommendations on the Internet]</i>. Rockville, MD: Agency for Healthcare Research and Quality, May 2004 [cited 2004 Oct 18]. Available from: http://www.ahrq.gov/clinic/uspstf/uspplung.htm.</p>
2. (v) Common Malignancies - Skin Cancer				
a. Identify high-risk women who may benefit from routine skin cancer screening using total-body skin examination.	Knows How	MCQ, Oral, KF	1g, 2b	<p>U.S. Preventive Services Task Force (USPSTF). <i>The Guide to Clinical Preventive Services: Screening for Skin Cancer [recommendations on the Internet]</i>. Rockville, MD: Agency for Healthcare Research and Quality, Apr 2001 [cited 2004 Oct 18]. Available from: http://www.ahrq.gov/clinic/uspstf/uspsskca.htm.</p>
3. Osteoporosis				
a. Educate women about risk factors for osteoporosis.	Shows How	SP, OSCE	1e, 1g	<p>National Osteoporosis Foundation [homepage on the Internet]. Washington, DC: National Osteoporosis Foundation [cited 2004 Oct 18]. Available from: http://www.nof.org.</p> <p>Association of Professors of Gynecology and Obstetrics. <i>APGO Educational Series on Women's Health Issues. Current strategies for managing osteoporosis</i>. Crofton, MD: Association of Professors of Gynecology and Obstetrics, 2003.</p>

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Competency: **VI. Assess and counsel women for sex- and gender- appropriate reduction of risk, including lifestyle changes and genetic testing.**

Learning Objective	Level of Competence *	Appropriate Evaluation Methods #	ACGME Competencies +	References
3. Osteoporosis				
b. Provide counseling regarding modification of lifestyle factors (starting in youth) that may reduce osteoporosis risk.	Shows How	SP, OSCE	1e	<p>U.S. Preventive Services Task Force (USPSTF). The Guide to Clinical Preventive Services - Osteoporosis Screening [recommendations on the Internet]. Rockville, MD: Agency for Healthcare Research and Quality, Sep 2002 [cited 2004 Oct 18]. Available from: http://www.ahrq.gov/clinic/uspstf/uspstoste.htm.</p> <p>Association of Professors of Gynecology and Obstetrics. APGO Educational Series on Women's Health Issues. Current strategies for managing osteoporosis. Crofton, MD: Association of Professors of Gynecology and Obstetrics, 2003.</p>
c. Identify high-risk women who may benefit from bone mineral density (BMD) testing and select an appropriate BMD testing modality.	Knows	MCQ, Essay	1e, 1g, 2b	<p>U.S. Preventive Services Task Force (USPSTF). The Guide to Clinical Preventive Services - Osteoporosis Screening [recommendations on the Internet]. Rockville, MD: Agency for Healthcare Research and Quality, Sep 2002 [cited 2004 Oct 18]. Available from: http://www.ahrq.gov/clinic/uspstf/uspstoste.htm.</p> <p>Association of Professors of Gynecology and Obstetrics. APGO Educational Series on Women's Health Issues. Current strategies for managing osteoporosis. Crofton, MD: Association of Professors of Gynecology and Obstetrics, 2003.</p>
4. Diabetes				
a. Recommend modification of screening intervals for diabetes based upon known risk factors, including sex, age, race, and ethnicity.	Knows How	MCQ, Oral	1d, 2b	<p>National Academy on an Aging Society. Diabetes: a drain on U.S. resources [monograph on the Internet]. Washington, DC: National Academy on an Aging Society, Apr 2000 [cited 2004 Oct 18]. Available from: http://www.agingsociety.org/agingsociety/pdf/diabetes.pdf.</p> <p>American Diabetes Association. Screening for type 2 diabetes. Diabetes Care. 2004 Jan;27(Suppl 1):S11-14.</p>
b. Provide appropriate preconception counseling to diabetic women.	Shows How	SP, OSCE	1e, 1g, 2b	<p>American Diabetes Association. Preconception care of women with diabetes. Diabetes Care. 2004 Jan;27(Suppl 1):S76-S78.</p>
5. Vision and Hearing				
a. Recommend appropriate ocular screening based on risk factors for eye disease including sex, age, diabetes, and other chronic disorders.	Knows How	MCQ, Oral, KF	1d, 2b	<p>Rowe S, MacLean CH, Shekelle PG. Preventing visual loss from chronic eye disease in primary care: scientific review. JAMA. 2004 Mar 24;291(12):1487-95.</p> <p>Goldzweig CL, Rowe S, Wenger NS, MacLean CH, Shekelle PG. Preventing and managing visual disability in primary care: clinical applications. JAMA. 2004 Mar 24;291(12):1497-502.</p> <p>Hudgins SJ. Eye disorders. In: Seltzer VL, Pearse WH, editors. Women's primary health care: office practice and procedures. 2nd ed. New York: McGraw-Hill, 2000. p. 1097-110.</p>

Competency: **VI. Assess and counsel women for sex- and gender- appropriate reduction of risk, including lifestyle changes and genetic testing.**

Learning Objective	Level of Competence *	Appropriate Evaluation Methods #	ACGME Competencies +	References
5. Vision and Hearing				
b. Describe an age- and risk-appropriate screening strategy for hearing loss.	Knows	MCQ, Oral, KF	1 d, 2b	Nemes J. Gender and hearing: new studies find auditory differences between the sexes. <i>Hearing Journal</i> . 1999 Apr;52(4): 21-2, 24-6, 28. U.S. Preventive Services Task Force (USPSTF). Screening Hearing Impairment [recommendations on the Internet]. Rockville, MD: Agency for Healthcare Research and Quality, 1996 [cited 2004 Oct 18]. Available from: http://www.ahrq.gov/clinic/uspstf/uspshhear.htm .
6. Oral Health				
a. Describe the effects of estrogen deficiency and therapy on oral health.	Knows	MCQ, Oral, KF	1e	Paganini-Hill A. The benefits of estrogen replacement therapy on oral health. The Leisure World cohort. <i>Arch Intern Med</i> . 1995 Nov 27;155(21):2325-9.
b. Discuss the association of periodontal disease with preterm delivery and osteoporosis.	Knows	MCQ, Oral, KF	1e, 1g	Jeffcoat MK, Hauth JC, Geurs NC, Reddy MS, Cliver SP, Hodgkins PM, et al. Periodontal disease and preterm birth: results of a pilot intervention study. <i>J Periodontol</i> . 2003 Aug;74(8):1214-8. Carta G, Persia G, Falciglia K, Iovenitti P. Periodontal disease and poor obstetrical outcome. <i>Clin Exp Obstet Gynecol</i> . 2004;31(1):47-9. Mychajliw PA, Sciubba S. Dental and medical interrelationships. In: Seltzer VL, Pearse WH, editors. <i>Women's primary health care: office practice and procedures</i> . 2nd ed. New York: McGraw-Hill, 2000. p. 1111-6.
c. Describe the effects of disorders such as anorexia and bulimia on the oral cavity.	Knows	MCQ, Oral, KF	1e	Brown S, Bonifazi DZ. An overview of anorexia and bulimia nervosa, and the impact of eating disorders on the oral cavity. <i>Compendium</i> . 1993 Dec;14(12):1594, 1596-1602, 1604-8.
d. Describe disparities in oral health among underserved populations.	Knows	MCQ, Oral	2b, 5c	Jones WK. Women living long, living well: community driven women's health priorities. <i>J Am Med Womens Assoc</i> . 2001 Summer;56(3):118-9.
7. (i) Mental Health - Mood Disorders: Depression and Bipolar Disorders (See also Comp. I.B.18. Mental Health)				
a. List risk factors for depression in women.	Knows	MCQ, Oral, KF	1b, 2b	Spinelli MG. Antepartum and postpartum depression. <i>J Gend Specif Med</i> . 1998 Oct -Nov;1(2):33-6. Hendrick V, Altshuler LL, Burt VK. Course of psychiatric disorders across the menstrual cycle. <i>Harv Rev Psychiatry</i> . 1996 Nov-Dec;4(4):200-7. Freeman EW, Sammel MD, Liu L, Gracia CR, Nelson DB, Hollander L. Hormones and menopausal status as predictors of depression in women in transition to menopause. <i>Arch Gen Psychiatry</i> . 2004 Jan;61(1):62-70.

* Levels of Competence as defined by George E. Miller. GE Miller. The assessment of clinical skills/competence/performance. *Acad Med* 1990 65: 63S-67S.# Potential evaluation methods as described in the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Medical Specialties (ABMS) *Toolbox of Assessment Methods*. Version 1.1 September 2000. <http://www.acgme.org/Outcome/assess/Toolbox.pdf>.Abbreviations used in this column are as follows: **MCQ** = Multiple Choice Questions **OSCE** = Objective Structured Clinical Exam **SP** = Standardized Patients **KF** = Key Features Exam+ Relevant residency level competency or skill as found in the ACGME Outcome Project and defined as the Minimum Program Requirements Language. Approved by the ACGME, September 28, 1999. <http://www.acgme.org/outcome/comp/compFull.asp>. Refer to Key on page 9 for assigned ACGME general competencies.

SECTION FOUR: Competencies Grid

Competency: **VI. Assess and counsel women for sex- and gender- appropriate reduction of risk, including lifestyle changes and genetic testing.**

Learning Objective	Level of Competence *	Appropriate Evaluation Methods #	ACGME Competencies +	References
7. (i) Mental Health - Mood Disorders: Depression and Bipolar Disorders (See also Comp. I.B.18. Mental Health)				
b. Assess for indicators of current depressed mood, using diagnostic criteria such as DSM-IV.	Shows How	SP, OSCE	1d, 1e, 2b	Bromberger JT. A psychosocial understanding of depression in women: for the primary care physician. <i>J Am Med Womens Assoc.</i> 2004 Summer;59(3):198-206. Burt VK. Women and depression: special considerations in assessment and management. In: Lewis-Hall F, et al. <i>Psychiatric illness in women: emerging treatments and research.</i> 1st ed. Washington, DC: American Psychiatric Pub., 2002. p. 101-12.
c. Describe recommended management strategies for depression, including pharmacologic and nonpharmacologic strategies.	Knows How	MCQ, Oral, Essay	1d, 1e, 2b	Larson M. Depression. In: Johnson BE, et al., editors. <i>Women's health care handbook.</i> 2nd ed. Philadelphia: Hanley & Belfus, 2000. p. 381-9. McElroy SL. Bipolar disorders: special diagnostic and treatment considerations in women. <i>CNS Spectr.</i> 2004 Aug;9(8 Suppl 7):5-18.
7. (ii) Mental Health - Anxiety (See also Comp. I.B.18. Mental Health)				
a. List the types and presentations of anxiety disorders in women.	Knows	MCQ, Oral, KF	2b	Piggott TA. Gender differences in the epidemiology and treatment of anxiety disorders. <i>J Clin Psychiatry.</i> 1999;60 Suppl 18:4-15.
b. Describe recommended management strategies for anxiety disorders, including pharmacologic and nonpharmacologic interventions.	Knows How	MCQ, Oral, Essay	1d, 1e, 2b	Hidalgo RB, Davidson JR. Selective serotonin reuptake inhibitors in post-traumatic stress disorder. <i>J Psychopharmacol.</i> 2000 Mar;14(1):70-6. Weinstock LS. Gender differences in the presentation and management of social anxiety disorder. <i>J Clin Psychiatry.</i> 1999;60 Suppl 9:9-13.
7. (iii) Mental Health - Stress Management				
a. Demonstrate how to effectively counsel women regarding stress management.	Shows How	SP, OSCE	1e, 2b	Avey H, Matheny KB, Robbins A, Jacobson TA. Health care providers' training, perceptions, and practices regarding stress and health outcomes. <i>J Natl Med Assoc.</i> 2003 Sep;95(9):833, 836-45. Hubbs Ulman K. Stress management. In: Carlson KJ, Eisenstat SA, editors. <i>Primary care of women.</i> 2nd ed. St. Louis: Mosby, 2002. p. 658-64.
7. (iv) Mental Health - Eating Disorders				
a. List the prevalence of eating disorders in women across the life-span, and describe their presentation and complications.	Knows	MCQ, Oral, KF	2b	Walsh BT, Klein DA. Eating disorders. <i>Int Rev Psychiatry.</i> 2003 Aug;15(3):205-16.
b. List factors that differentiate eating disorders from dietary habits.	Knows	MCQ, Oral	2b	Golden, NH. The recognition and management of eating disorders. In: Seltzer VL, Pearse WH, editors. <i>Women's primary health care: office practice and procedures.</i> 2nd ed. New York: McGraw-Hill, 2000 p. 633-47.
c. Describe recommended management options for eating disorders, including pharmacologic and nonpharmacologic strategies.	Knows How	MCQ, Oral, Essay	1d, 1e, 2b	Rigotti NA. Eating disorders. In: Carlson KJ, Eisenstat SA, editors. <i>Primary care of women.</i> 2nd ed. St. Louis: Mosby, 2002. p. 596-602. Murray JL. Eating disorders. In: Johnson BE, et al., editors. <i>Women's health care handbook.</i> 2nd ed. Philadelphia: Hanley & Belfus, 2000. p. 396-400.

Competency: VI. Assess and counsel women for sex- and gender- appropriate reduction of risk, including lifestyle changes and genetic testing.

Learning Objective	Level of Competence *	Appropriate Evaluation Methods #	ACGME Competencies +	References
8. (i) Substance Abuse - Illicit drugs				
a. Demonstrate how to assess the likelihood that a woman is using illicit drugs using standard screening methods that have been tested in women.	Shows How	SP, OSCE	1 b, 2b	Liese BS. Illicit drug use. In: Johnson BE, et al., editors. Women's health care handbook. 2nd ed. Philadelphia: Hanley & Belfus, 2000. p. 418-25.
b. Describe treatment options for substance abuse that have been shown to be effective in women.	Knows	MCQ, Oral, KF	1 d, 1 f, 2b	Liese BS. Illicit drug use. In: Johnson BE, et al., editors. Women's health care handbook. 2nd ed. Philadelphia: Hanley & Belfus, 2000. p. 418-25.
c. Describe the prenatal and perinatal effects of illicit drugs on the mother and infant.	Knows	MCQ, Oral, KF	2b	Lieberman LD. Overview of substance abuse prevention and treatment approaches in urban, multicultural settings: the Center for Substance Abuse Prevention programs for pregnant and postpartum women and their infants. <i>Womens Health Issues</i> . 1998 Jul-Aug;8(4):208-17. Bishai R, Koren G. Maternal and obstetric effects of prenatal drug exposure. <i>Clin Perinatol</i> . 1999 Mar;26(1):75-86
8. (ii) Substance Abuse - Misuse of Legal Medications				
a. Identify risk factors for misuse of prescription drugs and other legal medications.	Knows	MCQ, Oral, KF	2b	Simoni-Wastila L, Ritter G, Strickler G. Gender and other factors associated with the nonmedical use of abusable prescription drugs. <i>Subst Use Misuse</i> . 2004 Jan;39(1):1-23. Daaleman TP. Women and prescription drug abuse. In: Johnson BE, et al., editors. Women's health care handbook. 2nd ed. Philadelphia: Hanley & Belfus, 2000. p. 406-10
b. Describe prevention strategies and treatment options for prescription drug abuse.	Knows	MCQ, Oral, KF	1 e, 1 g, 2b	Daaleman TP. Women and prescription drug abuse. In: Johnson BE, et al., editors. Women's health care handbook. 2nd ed. Philadelphia: Hanley & Belfus, 2000. p. 406-10.
8. (iii) Substance Abuse - Tobacco (See also Comp. I.B.18. Mental Health)				
a. List factors that make it more difficult for women to quit smoking than men and list resources to help women quit.	Knows	MCQ, Oral, KF	2b	Tobacco Information and Prevention Source; National Center for Chronic Disease Prevention and Health Promotion. Women and Smoking: A Report of the Surgeon General - 2001. Atlanta: Centers for Disease Control and Prevention, 2001 [cited 2004 Oct 18]. Available from: www.cdc.gov/tobacco/sgr/sgr_forwomen/index.htm .
b. List the known adverse effects of tobacco use by women and girls.	Knows	MCQ, Oral, KF	2b	Rigotti NA. Tobacco use. In: Carlson KJ, Eisenstat SA, editors. Primary care of women. 2nd ed. St. Louis: Mosby, 2002. p. 640-7.

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SECTION FOUR: Competencies Grid

Competency: **VI. Assess and counsel women for sex- and gender- appropriate reduction of risk, including lifestyle changes and genetic testing.**

Learning Objective	Level of Competence *	Appropriate Evaluation Methods #	ACGME Competencies +	References
8. (iii) Substance Abuse - Tobacco (See also Comp. I.B.18. Mental Health)				
c. Describe the factors predictive of successful smoking cessation during pregnancy and at other times in the life-span.	Knows	MCQ, Oral, KF	2b, 5c	<p>The National Partnership to Help Pregnant Smokers Quit [homepage on the Internet]. Chapel Hill, NC: The National Partnership to Help Pregnant Smokers Quit [cited 2004 Oct 18]. Available from: http://helppregnant smokersquit.org.</p> <p>Ershoff D, Ashford TH, Goldenberg R. Helping pregnant women quit smoking: an overview. <i>Nicotine Tob Res.</i> 2004 Apr;6 Suppl 2:S101-5.</p> <p>U.S. Department of Health and Human Services, Office of the Surgeon General. Treating Tobacco Use and Dependence. A How-To Guide For Implementing the Public Health Service Clinical Practice Guideline (Clinicians Packet) [guideline on the Internet]. Washington, DC: U.S. Department of Health and Human Services, Jun 2000 [cited 2004 Oct 18]. Available from: http://www.surgeongeneral.gov/tobacco/.</p>
8. (iv) Substance Abuse - Alcohol (See also Comp. I.B.18. Mental Health)				
a. Describe sex and gender differences in the epidemiology and presentation of alcohol abuse.	Knows	MCQ, Oral, KF	1b, 2b	Cyr MG, McGarry KA. Alcohol abuse. In: Carlson KJ, Eisenstat SA, editors. <i>Primary care of women.</i> 2nd ed. St. Louis: Mosby, 2002. p. 648-53.
b. Demonstrate how to use screening questions (CAGE and CAGE with added questions for women) effectively in assessing alcohol abuse in women.	Shows How	SP, OSCE	1e, 2b	Cyr MG, McGarry KA. Alcohol use disorders in women. Screening methods and approaches to treatment. <i>Postgrad Med.</i> 2002 Dec;112(6):31-2, 39-40, 43-7.
c. List the known consequences of alcohol abuse during the reproductive years.	Knows	MCQ, Oral, KF	2b, 5c	<p>Cyr MG, McGarry KA. Alcohol abuse. In: Carlson KJ, Eisenstat SA, editors. <i>Primary care of women.</i> 2nd ed. St. Louis: Mosby, 2002. p. 648-53.</p> <p>Blume SB, Russell M. Alcohol and substance abuse in obstetrics and gynecology practice. In: Stotland NL, Stewart DE, editors. <i>Psychological aspects of women's health care: the interface between psychiatry and obstetrics and gynecology.</i> 2nd ed. Washington, DC: American Psychiatric Press, 2001. p. 421-41.</p>
d. Describe the impact of alcohol and other substance abuse in women with children on behaviors, including child neglect, child abuse, child abandonment, sexual promiscuity, prostitution, and criminal activity.	Knows	MCQ, Oral, Essay	2b	Redgrave GW, Swartz KL, Romanoski AJ. Alcohol misuse by women. <i>Int Rev Psychiatry.</i> 2003 Aug;15(3):256-68.
8. (v) Substance Abuse - Other Addictions				
a. Describe sex and gender differences in the prevalence and presentation of other addictions, such as compulsive gambling and compulsive sexual behavior.	Knows	MCQ, Oral, KF	2b	<p>Ohtsuka K, Bruton E, DeLuca L, Borg V. Sex differences in pathological gambling using gaming machines. <i>Psychol Rep.</i> 1997 Jun;80(3 Pt 1):1051-7.</p> <p>Tavares H, Zilberman ML, Beites FJ, Gentil V. Gender differences in gambling progression. <i>J Gambl Stud.</i> 2001 Summer;17(2):151-9.</p>

Competency: **VI. Assess and counsel women for sex- and gender- appropriate reduction of risk, including lifestyle changes and genetic testing.**

Learning Objective	Level of Competence *	Appropriate Evaluation Methods #	ACGME Competencies +	References
9. Immunization				
a. Describe an immunization strategy that is appropriate for all women, including adolescents, elders, pregnant women, and recent immigrants.	Knows	MCQ, Oral	1g, 2b	CDC National Immunization Program. Adult Immunization Schedule [recommendations on the Internet]. Atlanta: Centers for Disease Control and Prevention, Oct 2003 [cited 2004 Oct 18]. Available from: http://www.cdc.gov/nip/recs/adult-schedule.htm . Association of Professors of Gynecology and Obstetrics. APGO Educational Series on Women's Health Issues. Immunization for women's health. Washington, DC: Association of Professors of Gynecology and Obstetrics, 1999.
b. Describe barriers to achieving recommended immunization rates and propose a plan to increase utilization in vulnerable populations.	Knows How	Oral, Essay	2b, 5c	CDC National Immunization Program. Racial & Ethnic Adult Disparities in Immunization Initiative (READII) [homepage on the Internet]. Atlanta: Centers for Disease Control and Prevention [cited 2004 Oct 18]. Available from: http://www.cdc.gov/nip/specint/readii/ .
10. Exercise				
a. Assess physical activity level, including both workplace and home activities, and recommend modifications that emphasize cardiovascular and bone health.	Shows How	SP, OSCE	1d, 5c	Physical activity and cardiovascular health. NIH Consensus Development Panel on Physical Activity and Cardiovascular Health. JAMA. 1996 Jul 17;276(3):241-6.
b. Describe barriers to achieving physical activity goals and propose solutions that are sensitive to economic and safety considerations.	Shows How	SP, OSCE	2b	Johnson BE. Exercise. In: Johnson BE, et al., editors. Women's health care handbook. 2nd ed. Philadelphia: Hanley & Belfus, 2000. p. 36-47.
11. Nutrition				
a. Assess whether women are obtaining the recommended daily allowances of essential nutrients.	Shows How	SP, OSCE	1b, 2b	Hamilton MA, Nonas C. Nutrition and maintaining a healthy weight. In: Seltzer VL, Pearse WH, editors. Women's primary health care: office practice and procedures. 2nd ed. New York: McGraw-Hill, 2000. p. 83-98. U.S. Department of Agriculture Economic Research Service. Diet and Health: Food Consumption and Nutrient Intake Tables [report on the Internet]. Washington, DC: U.S. Department of Agriculture, Jun 2003 [cited 2004 Oct 18]. Available from: http://www.ers.usda.gov/Briefing/dietandhealth/data/ .
b. Advise women on the potential health protective effects of dietary components like calcium and fiber.	Shows How	SP, OSCE	1g, 2b	Howard L, Malone M. Nutrition and women's health. In: Wallis LA, Kasper A, editors. Textbook of women's health. Philadelphia: Lippincott-Raven, 1998. p. 213-24.
c. Counsel women on the risks to emotional, reproductive, and physical health of severe nutritional imbalance associated with eating disorders and/or excessive exercise.	Shows How	SP, OSCE	1e, 2b	Zerbe K. Eating disorders. In: Wallis LA, Kasper A, editors. Textbook of women's health. Philadelphia: Lippincott-Raven, 1998. p. 839-48.

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Competency: VI. Assess and counsel women for sex- and gender- appropriate reduction of risk, including lifestyle changes and genetic testing.

Learning Objective	Level of Competence ✱	Appropriate Evaluation Methods #	ACGME Competencies +	References
12. Preconception and Prenatal Screening				
a. Identify pregnancy risks through assessment of reproductive, family, and medical history, nutritional status, drug and tobacco exposure, and risk of domestic violence and provide pertinent counseling based upon this risk assessment.	Shows How	SP, OSCE	1e, 2b, 5c	Johnson DD, Resnik R. Planning for pregnancy. In: Seltzer VL, Pearse WH, editors. Women's primary health care: office practice and procedures. 2nd ed. New York: McGraw-Hill, 2000. p. 261-9. American College of Obstetricians and Gynecologists. ACOG Technical Bulletin Number 205. Preconceptional care. Washington, DC: American College of Obstetricians and Gynecologists, May 1995.
b. Describe the effects of pregnancy upon existing medical conditions and vice versa.	Knows	MCQ, Oral, KF	1e, 2b	Larsen JW, Bathgate SL, Freese, LM. Preconception counseling. In: Seltzer VL, Pearse WH, editors. Women's primary health care: office practice and procedures. 2nd ed. New York: McGraw-Hill, 2000. p. 63-8. Cunningham FG, Williams JW. Medical and surgical complications in pregnancy. In: Cunningham FG, et al. Williams obstetrics. 21st ed. New York: McGraw-Hill, 2001. p. 1141-514.
c. Discuss genetic concerns and refer for preconception counseling if appropriate.	Shows How	SP, OSCE	1e, 2b	Larsen JW, Bathgate SL, Freese, LM. Preconception counseling. In: Seltzer VL, Pearse WH, editors. Women's primary health care: office practice and procedures. 2nd ed. New York: McGraw-Hill, 2000. p. 63-8. American College of Obstetricians and Gynecologists. ACOG Practice Bulletin Number 27. Prenatal diagnosis of fetal chromosomal abnormalities. Washington, DC: American College of Obstetricians and Gynecologists, May 2001.
d. Discuss screening for fetal malformation and review methods of prevention.	Shows How	SP, OSCE	1e, 1g, 2b	Measles, mumps, and rubella: vaccine use and strategies for elimination of measles, rubella, and congenital rubella syndrome and control of mumps. Recommendations of the Advisory Committee on Immunization Practices. Morb Mortal Wkly Rep., May 1998. Johnson DD, Resnik R. Planning for pregnancy. In: Seltzer VL, Pearse WH, editors. Women's primary health care: office practice and procedures. 2nd ed. McGraw-Hill, 2000. p. 261-9.
e. Demonstrate how to provide culturally-appropriate prenatal nutritional counseling.	Shows How	SP, OSCE	1e, 2b	Eisenstat SA. Preconception counseling and nutrition. In: Carlson KJ, Eisenstat SA, editors. Primary care of women. 2nd ed. St. Louis: Mosby, 2002. p. 459-70.
f. Discuss the importance of early and regular prenatal care (See also Comp. I.C.7. Normal Pregnancy and Birth.)	Shows How	SP, OSCE	1g, 2b	American College of Obstetricians and Gynecologists. ACOG Technical Bulletin Number 205. Preconceptional care. Washington, DC: American College of Obstetricians and Gynecologists, May 1995.

Competency: **VI. Assess and counsel women for sex- and gender- appropriate reduction of risk, including lifestyle changes and genetic testing.**

Learning Objective	Level of Competence *	Appropriate Evaluation Methods #	ACGME Competencies +	References
12. Preconception and Prenatal Screening				
g. Provide counseling regarding the benefits of breast-feeding.	Shows How	SP, OSCE	1e, 2b	<p>La Leche League [homepage on the Internet]. Schaumburg, IL: La Leche League [cited 2004 Oct 18]. Available from: http://www.lalecheleague.org/.</p> <p>Melnikow J. Lactation. In: Rosenfeld JA, editor. Women's health in primary care. 1st ed. Baltimore: Williams & Wilkins, 1997. p. 661-75.</p> <p>Ressel G. AAP updates statement for transfer of drugs and other chemicals into breast milk. American Academy of Pediatrics. Am Fam Physician. 2002 Mar 1;65(5):979-80.</p> <p>U.S. Department of Health and Human Services, Office on Women's Health. Benefits of breastfeeding. Nutr Clin Care. 2003 Oct-Dec;6(3):125-31.</p>
13. High-Risk Sexual Behavior and Sexually Transmitted Diseases (See also Comp. I.B.15. Sexually Transmitted Diseases)				
a. Demonstrate how to take a comprehensive sexual history from a female patient, including assessment of sexual identity, sexual orientation, choice of sexual partners, use of methods to prevent unintended pregnancy and sexually transmitted infections, and sexual satisfaction.	Shows How	SP, OSCE	1b, 5c	<p>Andrews WC. Approaches to taking a sexual history. J Womens Health Gend Based Med. 2000;9 Suppl 1:S21-4.</p> <p>Potter, JE. Do ask, do tell. Ann Intern Med. 2002 Sep 3;137(5 Part 1):341-3.</p> <p>Association of Reproductive Health Professionals. Mature Sexuality Clinical Proceedings. Female sexual dysfunction. Washington, DC: Association of Reproductive Health Professionals, Apr 2002.</p> <p>The American Medical Women's Association (AMWA) Reproductive Health Initiative. RHI Model Curriculum, 2nd ed. Module 2 (Psychosocial Factors - Sexual Function, Sexual Orientation and Gender Identity); Module 3 (Communication) [modules on the Internet]. Alexandria, VA: American Medical Women's Association, 2004. Available from: http://www.amwa-doc.org/RHI.</p>

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Competency: VI. Assess and counsel women for sex- and gender- appropriate reduction of risk, including lifestyle changes and genetic testing.

Learning Objective	Level of Competence ✳	Appropriate Evaluation Methods #	ACGME Competencies +	References
13. High-Risk Sexual Behavior and Sexually Transmitted Diseases (See also Comp. I.B.15. Sexually Transmitted Diseases)				
b. Describe the complex interplay of education, gender, race, and socioeconomic status as they relate to each other and to the risk factors for sexually transmitted diseases.	Knows	Oral, Essay	5c	<p>U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion; Centers for Disease Control and Prevention. Healthy People 2010 Sexually Transmitted Diseases [report on the Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion [cited 2004 Oct 18]. Available from: http://www.health.gov/healthypeople/document/html/volume2/25stds.htm.</p> <p>Institute of Medicine (U.S.); Committee on Prevention and Control of Sexually Transmitted Diseases. The hidden epidemic: confronting sexually transmitted diseases. Eng TR, Butler WT, editors. Washington, DC: National Academies Press, 1997.</p> <p>The American Medical Women's Association (AMWA) Reproductive Health Initiative. RHI Model Curriculum, 2nd ed. Module 2 (Psychosocial Factors - Race/Ethnicity and Health Disparities Overview, Gender Issues and Health Care); Module 4 (Sexually Transmitted Diseases) [modules on the Internet]. Alexandria, VA: American Medical Women's Association, 2004. Available from: http://www.amwa-doc.org/RHI.</p>
14. Contraceptive Practices, Family Planning, and Unintended Pregnancy				
a. List the effectiveness of various available forms of contraception.	Knows	MCQ, Oral	2b	<p>Association of Professors of Gynecology and Obstetrics. APGO Educational Series on Women's Health Issues. Contraception. Washington, DC: Association of Professors of Gynecology and Obstetrics, 1999.</p> <p>Rivera R, Yacobson I, Grimes D. The mechanism of action of hormonal contraceptives and intrauterine contraceptive devices. Am J Obstet Gynecol. 1999 Nov;181(5 Pt 1):1263-9.</p> <p>Hatcher R, Trussell J, Stewart F, et al. Contraceptive technology. 18th ed. New York: Ardent Media, Inc., 2004.</p> <p>Burkman RT. Current perspectives on oral contraceptive use. Am J Obstet Gynecol. 2001 Aug; 185(2):4-12.</p> <p>The American Medical Women's Association (AMWA) Reproductive Health Initiative. RHI Model Curriculum, 2nd ed. Module 6 (Contraception) [module on the Internet]. Alexandria, VA: American Medical Women's Association, 2004. Available from: http://www.amwa-doc.org/RHI.</p>

Competency: **VI. Assess and counsel women for sex- and gender- appropriate reduction of risk, including lifestyle changes and genetic testing.**

Learning Objective	Level of Competence *	Appropriate Evaluation Methods #	ACGME Competencies +	References
14. Contraceptive Practices, Family Planning, and Unintended Pregnancy				
b. Assess the most appropriate method of contraception for different patient populations.	Knows How	MCQ, Oral, KF	1d, 5c	<p>Greydanus DE, Patel DR, Rimsza ME. Contraception in the adolescent: an update. <i>Pediatrics</i>. 2001 Mar;107(3):562-73.</p> <p>Kaunitz AM. Oral contraceptive use in perimenopause. <i>Am J Obstet Gynecol</i>. 2001 Aug; 185(2):32-7.</p> <p>Association of Professors of Gynecology and Obstetrics. APGO Educational Series on Women's Health Issues. Contraception. Washington, DC: Association of Professors of Gynecology and Obstetrics, 1999.</p> <p>The American Medical Women's Association (AMWA) Reproductive Health Initiative. RHI Model Curriculum, 2nd ed. Module 6 (Contraception) [module on the Internet]. Alexandria, VA: American Medical Women's Association, 2004. Available from: http://www.amwa-doc.org/RHI.</p>
c. Discuss the barriers to effective contraceptive use among adolescents.	Knows	MCQ, Oral, KF	2b, 6b	<p>Felice ME, Feinstein RA, Fisher M, Kaplan DW, Olmedo LF, Rome ES, et al. American Academy of Pediatrics. Committee on Adolescence. Contraception in adolescents. <i>Pediatrics</i>. 1999 Nov;104(5 Pt 1):1161-6.</p> <p>Lieberman D, Feierman J. Legal issues in the reproductive health care of adolescents. <i>J Am Med Womens Assoc</i>. 1999 Summer;54(3):109-14.</p> <p>Clark LR. Will the pill make me sterile? Addressing reproductive health concerns and strategies to improve adherence to hormonal contraceptive regimens in adolescent girls. <i>J Pediatr Adolesc Gynecol</i>. 2001 Nov;14(4):153-62.</p> <p>Reddy DM, Fleming R, Swain C. Effect of mandatory parental notification on adolescent girls' use of sexual health care services. <i>JAMA</i>. 2002 Aug 14;288(6):710-4.</p> <p>The American Medical Women's Association (AMWA) Reproductive Health Initiative. RHI Model Curriculum, 2nd ed. Module 2 (Psychosocial Factors - Adolescents); Module 6 (Contraception) [modules on the Internet]. Alexandria, VA: American Medical Women's Association. 2004. Available from: http://www.amwa-doc.org/RHI.</p>

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SECTION FOUR: Competencies Grid

Competency: VI. Assess and counsel women for sex- and gender- appropriate reduction of risk, including lifestyle changes and genetic testing.

Learning Objective	Level of Competence ✳	Appropriate Evaluation Methods ⊕	ACGME Competencies +	References
14. Contraceptive Practices, Family Planning, and Unintended Pregnancy				
d. Discuss effective strategies for preventing teenage pregnancy.	Knows	MCQ, Oral, KF	1g, 5c, 6b	<p>Felice ME, Feinstein RA, Fisher MM, Kaplan DW, Olmedo LF, Rome ES, et al. Adolescent pregnancy--current trends and issues: 1998 American Academy of Pediatrics Committee on Adolescence, 1998-1999. <i>Pediatrics</i>. 1999 Feb;103(2):516-20.</p> <p>Bacon JL. Adolescent sexuality and teen pregnancy prevention. <i>The National Commission on Adolescent Sexual Health. J Pediatr Adolesc Gynecol</i>. 1999 Nov;12(4):185-93.</p> <p>The American Medical Women's Association (AMWA) Reproductive Health Initiative. RHI Model Curriculum, 2nd ed. Module 2 (Psychosocial Factors - Adolescents); Module 6 (Contraception) [modules on the Internet]. Alexandria, VA: American Medical Women's Association, 2004. Available from: http://www.amwa-doc.org/RHI.</p> <p>National Campaign to Prevent Teenage Pregnancy [homepage on the Internet]. Washington, DC: National Campaign to Prevent Teenage Pregnancy [cited 2004 Oct 18]. Available from: http://www.teenpregnancy.org/.</p>
e. Describe the types of emergency contraception available and the legal issues surrounding their use.	Knows	MCQ, Oral, Essay	2b, 6a	<p>American College of Obstetricians and Gynecologists. A Closer Look at Emergency Contraception Fact Sheet [fact sheet on the Internet]. Washington, DC: American College of Obstetricians and Gynecologists [cited 2004 Oct 18]. Available from: http://www.acog.com/from_home/departments/dept_notice.cfm?recno=11&bulletin=1571.</p> <p>American College of Obstetricians and Gynecologists. ACOG Practice Bulletin Number 25. Emergency oral contraception. Washington, DC: American College of Obstetricians and Gynecologists, 2001.</p> <p>The American Medical Women's Association (AMWA) Reproductive Health Initiative. RHI Model Curriculum, 2nd ed. Module 6 (Contraception - Emergency Contraception) [module on the Internet]. Alexandria, VA: American Medical Women's Association, 2004. Available from: http://www.amwa-doc.org/RHI.</p>

Competency: VI. Assess and counsel women for sex- and gender- appropriate reduction of risk, including lifestyle changes and genetic testing.

Learning Objective	Level of Competence *	Appropriate Evaluation Methods #	ACGME Competencies +	References
14. Contraceptive Practices, Family Planning, and Unintended Pregnancy				
f. Describe available options for pregnancy termination for adult women and adolescents, and the legal issues tied to confidentiality.	Knows	MCQ, Oral	2b, 5c, 6a	<p>The National Abortion Federation. Early Options. A Provider's Guide to Medical Abortion. Mifepristone Overview [homepage on the Internet]. Washington, DC: The National Abortion Federation [cited 2004 Oct 21]. Available from: http://www.earlyoptions.org/mifepristone.html.</p> <p>Lieberman D, Feierman J. Legal issues in the reproductive health care of adolescents. <i>J Am Med Womens Assoc.</i> 1999 Summer;54(3):109-14.</p> <p>American College of Obstetricians and Gynecologists. ACOG Educational Bulletin Number 249. Confidentiality in adolescent health care. Washington, DC: American College of Obstetricians and Gynecologists, Aug 1998.</p> <p>Reddy DM, Fleming R, Swain C. Effect of mandatory parental notification on adolescent girls' use of sexual health care services. <i>JAMA.</i> 2002 Aug 14;288(6):710-4.</p> <p>The American Medical Women's Association (AMWA) Reproductive Health Initiative. RHI Model Curriculum, 2nd ed. Module 2 (Psychosocial Factors - Ethical Legal Issues, Adolescents); Module 7 (Abortion) [modules on the Internet]. Alexandria, VA: American Medical Women's Association, 2004. Available from: http://www.amwa-doc.org/RHI.</p>
15. Postmenopausal Hormone Replacement Therapy (See also Comp. I.C.14. Menopause and Possible Sequelae)				
a. Describe menopausal symptoms and diseases that increase in incidence after menopause.	Knows	MCQ, Oral, KF	1e, 2b	<p>Rosenfeld JA. Menopause. In: Rosenfeld, JA, editor. <i>Women's health in primary care.</i> 1st ed. Baltimore: Williams & Wilkins, 1997. p. 787-98.</p> <p>Association of Professors of Gynecology and Obstetrics. APGO Educational Series on Women's Health Issues. Improving quality of life during menopause: the role for hormone replacement therapy. Crofton, MD: Association of Professors of Gynecology and Obstetrics, 2002.</p>

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SECTION FOUR: Competencies Grid

Competency: **VI. Assess and counsel women for sex- and gender- appropriate reduction of risk, including lifestyle changes and genetic testing.**

Learning Objective	Level of Competence ✳	Appropriate Evaluation Methods #	ACGME Competencies +	References
15. Postmenopausal Hormone Replacement Therapy (See also Comp. I.C.14. Menopause and Possible Sequelae)				
b. Counsel a postmenopausal woman regarding the benefits and risks of available options for management of menopausal symptoms and the prevention of osteoporosis and cardiovascular disease.	Shows How	SP, OSCE	1c, 1d, 5c	<p>Manson JE, Martin KA. Clinical practice. Postmenopausal hormone-replacement therapy. <i>N Engl J Med.</i> 2001 Jul 5;345(1):34-40.</p> <p>Association of Professors of Gynecology and Obstetrics. APGO Educational Series on Women's Health Issues. Improving quality of life during menopause: the role for hormone replacement therapy. Crofton, MD: Association of Professors of Gynecology and Obstetrics, 2002.</p> <p>Hormone Therapy. <i>Obstetrics & Gynecology.</i> 2004 Oct 1;104(4) Suppl.</p> <p>Rossouw JE, Anderson GL, Prentice RL, LaCroix AZ, Kooperberg C, Stefanick ML, et al.; Writing Group for the Women's Health Initiative Investigators. Risks and benefits of estrogen plus progestin in healthy postmenopausal women: principal results from the Women's Health Initiative randomized controlled trial. <i>JAMA.</i> 2002 Jul 17;288(3):321-33.</p> <p>Amato P, Marcus DM. Review of alternative therapies for treatment of menopausal symptoms. <i>Climacteric.</i> 2003 Dec;6(4):278-84.</p> <p>Morelli V, Naquin C. Alternative therapies for traditional disease states: menopause. <i>Am Fam Physician.</i> 2002 Jul 1;66(1):129-34.</p> <p>Katz T. Homoeopathic treatment during the menopause. <i>Complement Ther Nurs Midwifery.</i> 1997 Apr;3(2):46-50.</p>
VII. Access and critically evaluate new information and adopt best practices that incorporate knowledge of sex and gender differences in health and disease.				
a. Identify potential sources of selection bias, including sex, gender, age, race, socioeconomic status, access to care, and study setting.	Knows	MCQ, Oral, KF	2a, 2b, 3b	<p>Gordis L. <i>Epidemiology.</i> 3rd ed. Philadelphia: Saunders, 2004.</p> <p>Fletcher RH, Fletcher SW, Wagner EH. <i>Clinical epidemiology: the essentials.</i> 3rd ed. Baltimore: Williams & Wilkins, 1996.</p> <p>Pinn VW. Sex and gender factors in medical studies: implications for health and clinical practice. <i>JAMA.</i> 2003 Jan;289(4):397-400.</p> <p>Gitanjali B, Raveendran R, Pandian DG, Sujindra S. Recruitment of subjects for clinical trials after informed consent: does gender and educational status make a difference? <i>J Postgrad Med.</i> 2003 Apr-Jun;49(2):109-13.</p>
b. Appraise study design and results, including analysis for sex and gender differences, and application to clinical care for women.	Shows How	SP, OSCE, Simulations	2a, 3c	<p>Gordis L. <i>Epidemiology.</i> 3rd ed. Philadelphia: Saunders, 2004.</p> <p>Fletcher RH, Fletcher SW, Wagner EH. <i>Clinical epidemiology: the essentials.</i> 3rd ed. Baltimore: Williams & Wilkins, 1996.</p> <p>Pinn VW. Sex and gender factors in medical studies: implications for health and clinical practice. <i>JAMA.</i> 2003 Jan;289(4):397-400.</p>

Competency: **VII. Access and critically evaluate new information and adopt best practices that incorporate knowledge of sex and gender differences in health and disease.**

Learning Objective	Level of Competence *	Appropriate Evaluation Methods #	ACGME Competencies +	References
c. Discuss sex and gender differences in the burden of disease and associated preventive care needs.	Knows How	MCQ, Oral	1g, 2b, 3c	<p>The Women's Health Initiative [homepage on the Internet]. Bethesda, MD: National Heart, Lung, and Blood Institute [cited 2004 Oct 19]. Available from: http://www.whi.org.</p> <p>Institute of Medicine (U.S.); Committee on Understanding the Biology of Sex and Gender Differences. Exploring the biological contributions to human health: does sex matter? Wizemann TM, Pardue ML, editors. Washington, DC: National Academies Press, 2001.</p> <p>Institute of Medicine (U.S.); Committee on Gender Differences in Susceptibility to Environmental Factors. Gender differences in susceptibility to environmental factors: a priority assessment. Setlow VP, Lawson CE, Woods NF, editors. Washington, DC: National Academies Press, 1998.</p> <p>Woods SE, Chandran P, Levin L. Does the patient's sex influence cardiovascular outcome after acute myocardial infarction? <i>J Fam Pract</i>. 2002 Mar;51(3):237-40.</p> <p>Leveille SG, Resnick HE, Balfour J. Gender differences in disability: evidence and underlying reasons. <i>Aging (Milano)</i>. 2000 Apr;12(2):106-12.</p>
d. Demonstrate a focused search to answer a specific woman's clinical health question.	Shows How	Simulations	2a, 3d	<p>Sackett DL, et al. Evidence-based medicine: how to practice and teach EBM. 2nd ed. Edinburgh; New York: Churchill Livingstone, 2000.</p> <p>Demner-Fushman D, Hauser SE, Ford G, Thoma GR. Organizing literature information for clinical decision support. <i>Medinfo</i>. 2004;2004:602-6.</p>
e. Outline a plan to apply women's health practice guidelines to clinical management plans.	Shows How	Oral, Essay	1d, 2a, 6a	<p>Guyatt GH, Haynes RB, Jaeschke RZ, Cook DJ, Green L, Naylor CD, et al. Evidence-based medicine: principles for applying the users' guides to patient care. <i>JAMA</i>. 2000 Sep 13;284(10):1290-6.</p> <p>Giacomini MK, Cook DJ. What are the results and how do they help me care for my patients? <i>JAMA</i>. 2000 Jul 26;284(4):478-82.</p> <p>McGinn TG, Guyatt GH, Wyer PC, Naylor CD, Stiell IG, Richardson WS. How to use articles about clinical decision rules. <i>JAMA</i>. 2000 Jul 5;284(1):79-84.</p> <p>McAlister FA, Straus SE, Guyatt GH, Haynes RB. Integrating research evidence with the care of the individual patient. <i>JAMA</i>. 2000 Jun 7;283(21):2829-36.</p>

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SECTION FOUR: Competencies Grid

Competency: **VII. Access and critically evaluate new information and adopt best practices that incorporate knowledge of sex and gender differences in health and disease.**

Learning Objective	Level of Competence *	Appropriate Evaluation Methods #	ACGME Competencies +	References
f. Describe disparities in clinical research, access, and delivery of women's health care and how these affect the health of women.	Knows	MCQ, Oral, KF	6b, 6d	Ayanian JZ, Epstein AM. Differences in the use of procedures between women and men hospitalized for coronary heart disease. <i>N Engl J Med.</i> 1991 Jul;325(4):221-5. Maynard C, Litwin PE, Martin JS, Weaver WD. Gender differences in the treatment and outcome of acute myocardial infarction. Results from the Myocardial Infarction Triage and Intervention Registry. <i>Arch Intern Med.</i> 1992 May;152(5):972-6. Williams DR. Racial/ethnic variations in women's health: the social embeddedness of health. <i>Am J Public Health.</i> 2002 Apr;92(4):588-97.
g. Discuss the ongoing barriers to the inclusion of women in research studies.	Knows	MCQ, Oral	5c, 6b	Institute of Medicine (U.S.); Committee on the Ethical and Legal Issues Relating to the Inclusion of Women in Clinical Studies. <i>Women and health research: ethical and legal issues of including women in clinical studies.</i> Mastroianni AC, Faden RR, Federman DD, editors. Washington, DC: National Academies Press, 1994. National Institutes of Health, Office of Research on Women's Health. <i>Inclusion of Women in Research [homepage on the Internet].</i> Bethesda, MD: National Institutes of Health, Office of Research on Women's Health [cited 2004 Oct 19]. Available from: http://www4.od.nih.gov/orwh/inclintro.html .

VIII. Discuss the impact of health care delivery systems on populations and individuals receiving health care.

1. Delivery of Health Services to Women

a. Describe the essentials of comprehensive primary care for women.	Knows	MCQ, Oral	1d, 1g, 2b, 5c	U.S. Preventive Services Task Force (USPSTF) [homepage on the Internet]. Rockville, MD: Agency for Healthcare Research and Quality [cited 2004 Oct 19]. Available from: http://www.ahrq.gov/clinic/uspstfix.htm . American College of Obstetricians and Gynecologists. <i>Guidelines for women's health care.</i> 2nd ed. Washington, DC: American College of Obstetricians and Gynecologists, 2002. Carlson KJ, Eisenstat SA, editors. <i>Primary care of women.</i> 2nd ed. St. Louis: Mosby, 2002. Weisman CS. Women's use of health care. In: Falik MM, Collins KS, editors. <i>Women's health: The Commonwealth Fund Survey.</i> Baltimore: Johns Hopkins University Press, 1996. p. 19-48. Scholle SH, Chang JC, Harman J, McNeil M. Trends in women's health services by type of physician seen: data from the 1985 and 1997-98 NAMCS. <i>Womens Health Issues.</i> 2002 Jul-Aug;12(4):165-77.
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Competency: **VIII. Discuss the impact of health care delivery systems on populations and individuals receiving health care.**

Learning Objective	Level of Competence *	Appropriate Evaluation Methods #	ACGME Competencies +	References
1. Delivery of Health Services to Women				
b. Compare and contrast the quality of care of at least two different organizational models for women's health care.	Knows How	Oral, Essay	2a, 6b	Anderson RT, Weisman CS, Scholle SH, Henderson JT, Oldendick R, Camacho F. Evaluation of the quality of care in the clinical care centers of the National Centers of Excellence in Women's Health. <i>Womens Health Issues</i> . 2002 Nov-Dec;12(6):309-26. Weisman CS. The trends in health care delivery for women: challenges for medical education. <i>Acad Med</i> . 2000;75:1107-13. National Committee for Quality Assurance [homepage on the Internet]. Washington, DC: National Committee for Quality Assurance [cited 2004 Oct 19]. Available from: http://www.ncqa.org/index.htm .
c. Define "health care safety net" and describe at least three types of organizations that may comprise the health care safety net for women.	Knows	MCQ, Oral, Essay	6b, 6d	Institute of Medicine (U.S.); Committee on the Changing Market, Managed Care, and the Future Viability of Safety Net Providers. <i>America's health care safety net: intact but endangered</i> . Lewin ME, Altman S, editors. Washington, DC: National Academies Press, 2000. The Alan Guttmacher Institute [homepage on the Internet]. New York; Washington, DC: The Alan Guttmacher Institute [cited 2004 Oct 19]. Available from: http://www.guttmacher.org/ . Health Resources and Services Administration Maternal and Child Health Bureau [homepage on the Internet]. Rockville, MD: Health Resources and Services Administration Maternal and Child Health Bureau [cited 2004 Oct 19]. Available from: http://mchb.hrsa.gov . Weisman CS. The trends in health care delivery for women: challenges for medical education. <i>Acad Med</i> . 2000;75:1107-13.
2. Access to Health Care for Women				
a. Describe the types of health insurance coverage that women have across the lifespan, including public and private sources, and how the lack of health insurance for women varies by life stage, race/ethnicity, and socioeconomic status.	Knows How	Oral, Essay	5c, 6b	Rosenbaum S. Medicaid. <i>N Engl J Med</i> . 2002 Feb 21;346(8):635-40. Moon M. Medicare. <i>N Engl J Med</i> . 2001 Mar 22;344(12):928-31. Institute of Medicine (U.S.); Committee on the Consequences of Uninsurance. <i>Coverage matters: insurance and health care</i> . Washington, DC: National Academies Press, 2001.

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SECTION FOUR: Competencies Grid

Competency: **VIII. Discuss the impact of health care delivery systems on populations and individuals receiving health care.**

Learning Objective	Level of Competence ✳	Appropriate Evaluation Methods #	ACGME Competencies +	References
2. Access to Health Care for Women				
b. Describe financial and non-financial barriers to women's access to health care and give two examples of each.	Knows	MCQ, Oral	5c, 6a, 6b	<p>Beckerman Z, Hawkins M, Misra D, Salganicoff A, Wyn R. Access, utilization, and quality of health care. In: Misra D, editor. The women's health data book: a profile of women's health in the United States. 3rd edition. Washington, DC; Menlo Park, CA: The Jacobs Institute of Women's Health; The Henry J. Kaiser Family Foundation, 2001. p.164-91.</p> <p>The Henry J. Kaiser Family Foundation Women's Health Policy [homepage on the Internet]. Menlo Park, CA: The Henry J. Kaiser Family Foundation [cited 2004 Oct 19]. Available from: http://www.kff.org/womenshealth/.</p> <p>U.S. Census Bureau Health Insurance Data [homepage on the Internet]. Suitland, MD: U.S. Census Bureau [cited 2004 Oct 19]. Available from: http://www.census.gov/hhes/www/hlthins.html.</p> <p>National Center for Health Statistics [homepage on the Internet]. Atlanta: CDC National Center for Health Statistics [cited 2004 Oct 19]. Available from: http://www.cdc.gov/nchs/.</p> <p>Institute of Medicine (U.S.); Committee on the Consequences of Uninsurance. Coverage matters: insurance and health care. Washington, DC: National Academies Press, 2001.</p> <p>National Women's Law Center; Oregon Health & Science University. Making the grade on women's health: a national and state-by-state report card. Washington, DC; Portland: National Women's Law Center; Oregon Health & Science University, 2004.</p> <p>Agency for Healthcare Research and Quality. Measuring Healthcare Quality [homepage on the Internet]. Rockville, MD: Agency for Healthcare Research and Quality [cited 2004 Oct 19]. Available from: http://www.ahrq.gov/qual/measurix.htm.</p>

Competency: **VIII. Discuss the impact of health care delivery systems on populations and individuals receiving health care.**

Learning Objective	Level of Competence *	Appropriate Evaluation Methods #	ACGME Competencies +	References
3. Quality				
a. Describe the purpose and use of quality measurement instruments, including HEDIS measures for women's health.	Knows	MCQ, Oral	2b, 6a, 6b	<p>Institute of Medicine (U.S.); Committee on Quality of Health Care in America. <i>Crossing the quality chasm: a new health system for the 21st century</i>. Washington, DC: National Academies Press, 2001.</p> <p>Agency for Healthcare Research and Quality. <i>Quality Assessment</i> [homepage on the Internet]. Rockville, MD: Agency for Healthcare Research and Quality [cited 2004 Oct 19]. Available from: http://www.ahrq.gov/qual/.</p> <p>National Committee for Quality Assurance [homepage on the Internet]. Washington, DC: National Committee for Quality Assurance [cited 2004 Oct 19]. Available from: http://www.ncqa.org.</p> <p>McGlynn EA, Kerr EA, Adams J, Keesey J, Asch SM. Quality of health care for women: a demonstration of the quality assessment tools system. <i>Med Care</i>. 2003 May;41(5):616-25.</p>
4. Policy				
a. Identify at least two major women's health policy issues.	Knows	MCQ, Oral, KF	6a, 6b	<p>The Jacobs Institute for Women's Health [homepage on the Internet]. Washington, DC: The Jacobs Institute for Women's Health [cited 2004 Oct 19]. Available from: http://www.jiwh.org/.</p> <p>The Society for Women's Health Research [homepage on the Internet]. Washington, DC: The Society for Women's Health Research [cited 2004 Oct 19]. Available from: http://www.womens-health.org/.</p> <p>The Alan Guttmacher Institute [homepage on the Internet]. New York; Washington, DC: The Alan Guttmacher Institute [cited 2004 Oct 19]. Available from: http://www.guttmacher.org/.</p> <p>Agency for Healthcare Research and Quality. <i>Women's Health</i> [homepage on the Internet]. Rockville, MD: Agency for Healthcare Research and Quality [cited 2004 Oct 19]. Available from: http://www.ahrq.gov/research/womenix.htm.</p>
b. Identify at least two major public health programs, initiatives, or campaigns highlighting women's health.	Knows	MCQ, Oral, KF	6a, 6b	U.S. Department of Health and Human Services, Office on Women's Health [homepage on the Internet]. Washington, DC: U.S. Department of Health and Human Services, Office on Women's Health [cited 2004 Oct 19]. Available from: http://www.4woman.gov/owh/ .

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SECTION FOUR: Competencies Grid

Competency: **VIII. Discuss the impact of health care delivery systems on populations and individuals receiving health care.**

Learning Objective	Level of Competence ✳	Appropriate Evaluation Methods #	ACGME Competencies +	References
4. Policy				
c. Identify at least one major government report stating the significance of including sex- and gender-based medicine in research, medical education, and practice.	Knows	MCQ, Oral, KF	6a, 6b	<p>National Institutes of Health, Office of Research in Women’s Health. Monitoring adherence to the NIH policy on the inclusion of women and minorities as subjects in clinical research [report on the Internet], June 2003. Bethesda, MD: National Institutes of Health, Office of Research in Women’s Health [cited 2004 Oct 19]. Available from: http://www4.od.nih.gov/orwh/GoldReport_2000-01.pdf.</p> <p>Institute of Medicine (U.S.); Committee on Understanding the Biology of Sex and Gender Differences. Exploring the biological contributions to human health: does sex matter? Wizemann TM, Pardue ML, editors. Washington, DC: National Academies Press, 2001.</p> <p>NASA’s Office of Biological and Physical Research; The National Center for Gender Physiology and Environmental Adaptation, University of Missouri. Sex, space and environmental adaptation: a national workshop on research priorities on sex differences in human responses to challenging environments. University of Missouri, Columbia, MO. Nov 11-12, 2002 [workshop report on the Internet]. Washington, DC: National Aeronautics and Space Administration [cited 2004 Oct 19]. Available from: http://spaceresearch.nasa.gov/docs/environmental_adaptation_workshop_11-2002.pdf.</p>

SECTION FIVE: Acknowledgements and Contributors

The APGO Women's Healthcare Education Office (WHEO) would like to recognize the following individuals and organizations for their outstanding work and efforts in developing *Women's Health Care Competencies for Medical Students*.

WHEO would also like to extend its thanks to the generous sponsors of both retreats and their outcomes, including the development of all three competencies documents. Without their unified support, both philosophically and financially, the important work of the APGO Women's Healthcare Education Office would not have been possible.

Corporate Sponsor

APGO would like to thank Johnson & Johnson for its generous educational grant to help support the publication and distribution of this document.

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WHEO acknowledges the support of the AAMC, specifically the Women In Medicine (WIM) program, for inviting WHEO to present during their annual program at the AAMC Annual Meetings, and the Division of Medical Education for participating in both APGO interdisciplinary retreats, as well as acting as consultant in the editorial process.

Accreditation Council for Graduate Medical Education (ACGME)

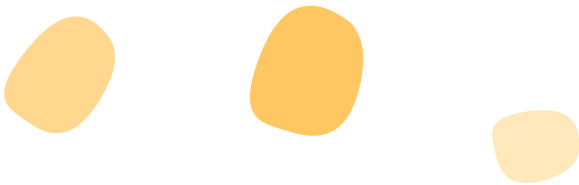
Links to the ACGME Outcome Project General Competencies was used with permission from the ACGME. We would like to thank the ACGME for allowing us to align their Outcomes Project with our own undergraduate women's health competencies.

American Medical Women's Association

The APGO Women's Healthcare Education Office is proud to collaborate with the Reproductive Health Initiative (RHI) of the American Medical Women's Association on the Women's Health Care Competencies project. Both projects share the common goal of integrating women's health into the medical school curriculum.

WHEO references a number of the *RHI Model Curriculum* modules as tools for achieving specific learning objectives within the Women's Health Care Competencies. RHI references the APGO Competencies throughout the *RHI Model Curriculum* and includes hyperlinks to the Competencies in the *RHI Model Curriculum* online.

Both WHEO and RHI recognize the need to work together, not only to underscore how well these educational resources complement one another, but to draw strength in numbers to address the need for women's health to have a larger home in the medical school curriculum. To learn more about the *RHI Model Curriculum*, please visit: www.amwa-doc.org/RHI/Curriculum.



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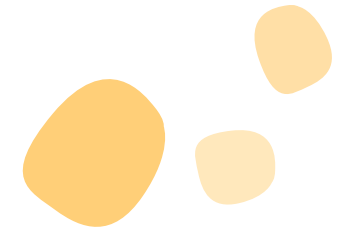
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APGO Undergraduate Medical Education Committee and the NCoE Professional Education Working Group

2001 APGO Undergraduate Medical Education Committee (UMEC) — author of Competency I.C. Discuss the pathophysiology, etiology, differential diagnosis, and treatment options for conditions and functions that are specific to women. (*Cain J, Donoghue G, Magrane D, Rusch R, Silver E, editors. Women's health care competencies: sample learning objectives for undergraduate medical education. Crofton, MD: Association of Professors of Gynecology and Obstetrics, 2002.*)

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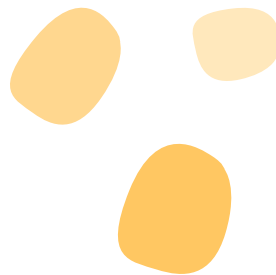
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Special Thanks

WHEO would like to give additional thanks to Jespersen & Associates and Steve Steinberg, S. J. Systems, Inc., for their support in designing this resource and making it available to medical educators across the country to better women's health in our future.



**The Association of Professors of Gynecology and Obstetrics (APGO)
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WHEO's mission is to strengthen APGO's commitment to undergraduate women's health education for all medical students, regardless of ultimate career choice, by:

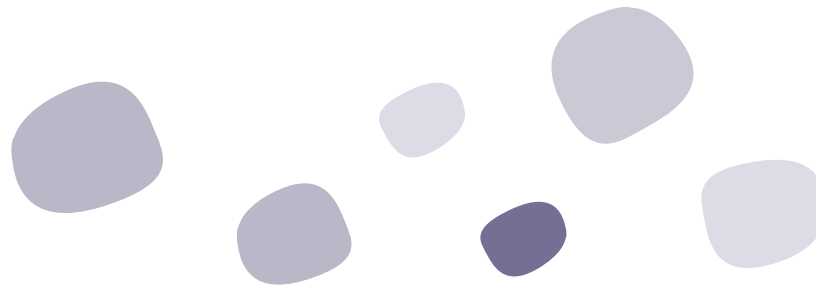
- Promoting and coordinating a comprehensive, integrated, multidisciplinary approach to undergraduate women's health care education; and
- Serving as a central resource for information concerning undergraduate women's health education.

WHEO is dedicated to integrating women's health care into the undergraduate medical school curricula by leading a collaborative interdisciplinary effort. Its purpose is to facilitate APGO's leadership role in undergraduate medical education in women's health and to advocate the utilization of the *Women's Health Care Competencies for Medical Students*. For more information on the APGO WHEO, visit www.apgo.org/wheo.



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