I. **Educational Purpose and Goals:** In 2001, women comprised 52% of the adult US population, according to the CDC (www.cdc.gov). Women tend to utilize health care services more frequently than men. They may present with complaints that are either unique to women (*i.e.*, obstetric and gynecologic processes), or are expressed differently (*eg*, atypical presentations of coronary artery disease).

By the end of four-weeks on this rotation, the resident will be able to manage common women’s health issues with minimal supervision, including the appropriate use of referrals. The resident may opt for a two week experience instead, with a commensurate decrease in the level of expertise expected.

II. **Principal Teaching Methods:**
   a. **Supervised Direct Patient Care Activities:** The resident will actively assess and manage patients under the supervision of attending physicians while on this rotation. He/she will also have the opportunity to perform procedures and interpret test results under the guidance of the preceptor. Patient care activities will occur within a private OB/Gyn office, a private general internal medicine office, and in the resident’s continuity clinics.
   b. **Didactic Lectures:** The resident will continue to participate in regularly scheduled conferences for the residency program. No separate didactic lectures are designated for this rotation. Didactic lectures regarding women’s health are included in the core curriculum.
   c. **Assigned Videotapes:** The resident may review videotapes on clinical breast and pelvic exam at the beginning of the rotation. The tapes are available from the resident office on request.
   d. **Learning Modules:** The resident will complete Johns Hopkins modules on Hormone Replacement Therapy, Office Gynecology for Internists, and Cancer Screening. (Please note that the latter contains some information that is not female-specific. However, the majority of the module is applicable to this rotation.)

III. **Educational Content:**
   a. **Mix of diseases:** The resident will often encounter patients with a broad array of health concerns. Most commonly, these include:
      i. Health maintenance: breast and cervical cancer screening, counseling regarding contraception or hormone replacement therapy.
      ii. Breast pathology: evaluation of breast masses or abnormal mammograms, mastalgia, and breast cancer.
      iii. Gynecologic complaints: vaginal discharge, cervical pathology, menstrual abnormalities, and sexual dysfunction.
      iv. Other: osteoporosis, urinary incontinence.
b. **Patient characteristics**: The resident will encounter female patients from a wide variety of age groups (adolescents to late life) and socioeconomic backgrounds.

c. **Learning Venues**:
   i. Locations: The resident will work in community physician offices. There are no inpatient or weekend responsibilities.
   ii. Types of clinical encounters: Patients will be seen for acute care, chronic disease management, health maintenance or referrals.
   iii. Procedures
      1. Physical Exam
         a. Pelvic exam, including Pap smear and collection of samples for wet prep, Gonorrhea and Chlamydia testing
         b. Clinical breast exam
      2. Counseling Skills
         a. Contraception
         b. Preconception counseling
         c. Hormone replacement
         d. Abnormal physical exam finding or laboratory test (ie, abnormal Pap smear, breast mass)
         e. New diagnosis of malignancy or sexually transmitted infection (STI)
         f. HIV testing
      3. Laboratory Interpretation
         a. KOH and wet mount
         b. Gram stain of vaginal secretions
         c. pH testing of vaginal secretions
         d. Whiff test
         e. Pap smear
         f. Urinalysis and culture
         g. Hormone analyses (gonadotropins, prolactin, estrogens, and androgens)
         h. Serum and urine pregnancy tests
      4. Radiographic Interpretation
         a. Mammograms
         b. DEXA scans
      5. Other (exposure to these may vary significantly between rotations.
         a. Endometrial biopsy
         b. Culposcopy
         c. IUD placement
         d. Diaphragm fitting

   d. **Structure of Rotation**:
      1. The rotation may be 2 or 4 weeks in length. A 2 week rotation.
      2. The resident will continue to participate in his/her regularly scheduled continuity clinics.
      3. The resident will continue to attend the required didactic lectures.
IV. **Principal Ancillary Educational Materials:**
   a. **Electronic resources:**
      i. Several applicable texts are available through the Texas Tech library. These include:
         1. Novak’s Gynecology
         2. *Current Obstetrics and Gynecology Diagnosis and Treatment* (available through STAT!Ref)
         3. Goroll: Primary Care Medicine
         4. US Preventive Services Task Force reviews the evidence for population based prevention:
            [http://www.ahrq.gov/clinic/cps3dix.htm](http://www.ahrq.gov/clinic/cps3dix.htm)

V. **Methods of Evaluation:**
   a. **Resident Performance:** Faculty will complete a resident evaluation forms provided by the Internal Medicine Residency office. The evaluation is competency-based, fully assessing core competency performance. The evaluation will be shared with the resident in person, is available for review by the resident at his/her convenience, and is sent to the residency office for internal review. The evaluation will be part of the resident file and will be incorporated into the semiannual performance review for directed resident feedback.
   b. **Program and Faculty Performance:** Upon completion of the rotation, the resident will be asked to complete a service evaluation form commenting on the faculty, facilities, and service experience. The evaluation will be sent to the residency office for review. The attending faculty physician will receive anonymous copies of completed evaluation forms semi-annually.

VI. **Rotation Specific Competency Objectives:** Please note that the competency objectives in *italics* are expected only of the resident completing a four week rotation, rather than a two week one.
   a. **Patient Care:** By the end of the rotation, the resident will be able to:
      i. Obtain orderly, hypothesis-driven gynecologic histories.
      ii. Elicit a complete sexual history.
      iii. Perform a pertinent gynecologic examination, including systematic examination of the:
         1. Breasts and axillae;
         2. External and internal genitalia; and
         3. Abdomen
      iv. Diagnose basic gynecological disorders and know their appropriate workup and management, including:
         1. Breast
            a. Lumps
            b. Nipple discharge
            c. Infection
            d. Mastalgia
            e. Abnormal mammogram
2. Vulva
   a. Bartholin cyst vs. abscess
   b. Vulvitis
   c. Ulcers – infections, malignant, self-inflicted
   d. Dystrophies
   e. Nevi
   f. Skenes duct abnormalities
3. Vagina
   a. Anomalies (imperforate hymen, septa/duplication
   b. Cysts
   c. Atrophy
   d. Neoplasia
   e. Vaginitis
4. Cervix
   a. Abnormal Pap
   b. Nabothian cyst
   c. Polyps
   d. Eversion vs. erosion
   e. DES exposure
   f. Cervicitis
   g. Cancer
5. Uterus
   a. Fibroids
   b. Adenomyosis
   c. Anomalies
   d. Prolapse
   e. Endometrial hyperplasia
   f. Endometrial cancer
6. Adnexa
   a. Physiologic pain/enlargement
   b. Infection (including pelvic inflammatory disease)
   c. Cyst
   d. Torsion
   e. Ectopic pregnancy
   f. Tumor
7. Bladder
   a. Urinary incontinence
   b. Infections
8. Endocrine
   a. Amenorrhea/dysmenorrheal
   b. Abnormal uterine bleeding
   c. Galactorrhea
   d. Hirsutism
   e. Contraception (for disease and pregnancy prevention)
   f. Hormone replacement therapy
9. Osteoporosis and osteopenia
10. HIV counseling
11. Sexual dysfunction
12. Domestic violence and criminal sexual assault

v. Counsel patients regarding gynecologic health maintenance, contraception, hormone replacement, STI prevention, and HIV testing.

vi. Utilize additional management strategies, including performance of or appropriate referral for the following procedures:
   1. Aspiration of breast mass
   2. Incision and drainage of breast abscess
   3. Fertility studies
   4. Colposcopy
   5. Cervical biopsy and conization
   6. Laparoscopy
   7. Endometrial biopsy
   8. Culdocentesis

b. Medical Knowledge: By the end of the rotation, the resident will be able to:
   i. Recognize the importance of gender differences on health and disease, including:
      1. The impact of the lack of women subjects in most medical research on generalizability of studies:
      2. The potential for atypical presentations of common diseases in women; and
      3. The differing pharmacokinetics in women and the impact of hormonal status on drug metabolism.
   ii. Describe the health maintenance guidelines for women. The resident should also be able to describe the importance of accounting for patients' individual risk factors and preferences in applying these guidelines.
   iii. Demonstrate familiarity with etiologic agents implicated in gynecologic infections, their clinical presentations, the appropriate use of lab tests and their interpretation, and treatment of common infections in females and their partners.
   iv. Discuss the normal menstrual cycle and factors that may result in alterations (such as amenorrhea or abnormal uterine bleeding) of the cycle.

c. Interpersonal and Communication Skills: Gynecologic health concerns and psychosocial issues may raise considerable stress or discomfort in patients. Cultural norms and mores may inhibit patients' ability or willingness to discuss these problems. It is critically important that the resident be able to establish an effective doctor-patient relationship, communicate clearly, and maintain confidentiality. All physicians should be very aware of word choice and body language during clinical encounters. Every physician must have a chaperone present at all times during examination of a female patient’s breasts, genitalia, or rectum.
d. **Professionalism:** Throughout the rotation, the resident must:
   i. Demonstrate respect, compassion, commitment, integrity, and sensitivity to cultures/age/gender/disabilities with patients, preceptors and support staff. This includes accepting differences in decision making styles and coping mechanisms among different patients.
   ii. Acknowledge personal biases regarding controversial issues like sexual norms and mores, use of contraception, and decisions to continue or terminate pregnancies.
   iii. Demonstrate the ability to refer patients to other providers if he/she feels unable to counsel patients about available treatment options or provide that care directly.

e. **Practice Based Learning and Improvement:**
   i. Recognize the importance of a public health model, with its emphasis on disease prevention and health promotion, for issues like sexually transmitted diseases.
   ii. Demonstrate familiarity with state-based public health reporting requirements.

f. **Systems Based Practice:**
   i. Identify community resources such as domestic violence shelters, sexual assault evaluation and management units.
   ii. Utilize services such as gynecology, general surgery, and radiology more effectively for the care of female patients.