

---

---

WOMEN'S  
HEALTH CARE  
COMPETENCIES  
*for* MEDICAL  
STUDENTS



*Developed at the*  
APGO Women's Health Education Retreat  
November 10-12, 2000  
Chantilly, Virginia

---

---

Curriculum reform in medicine is complex and depends on the alignment of the multiple perspectives of faculty from many disciplines. It can be a continuous, incremental process driven by teachers and students, to an attempt at total overhaul driven by leadership. Inclusion of new knowledge or emphasis of particular areas of knowledge stand the best chance if they are widely perceived to have high clinical relevance, and if their parameters are clearly defined.

Sex and gender differences in health and disease have been delineated in many fields over the past two decades, creating a new body of knowledge crying out for inclusion in the medical curriculum. To facilitate this, we need to crystallize the domains of critical knowledge from which educators can develop the specific, measurable skills and behaviors, i.e. competencies expected of each medical graduate.

In November 2000, the Association of Professors of Gynecology and Obstetrics (APGO) Women's Healthcare Education Office (WHEO) hosted an interdisciplinary retreat to identify these critical domains of knowledge for women's health, and to define strategies for promoting their inclusion into the medical school curriculum. Through the initial retreat, 88 representatives from multiple disciplines, including individuals from academic and administrative backgrounds in women's health, listed more than 90 priority items, which have subsequently been organized by the Retreat Multidisciplinary Task Force and reviewed by retreat participants, resulting in the competencies listed in this pamphlet.

This pamphlet is just the first product of the painstaking work of the retreat participants. In the coming months, selected areas of competency will be fully developed into educational objectives with recommended evaluation tools by smaller working groups. As these products are completed they, too, will be distributed to medical schools. Faculty will be able to adapt these examples through their own processes of curricular reform.

Concurrently, we will pursue supportive strategies that will encourage the desired reforms:

- Recommend that the **LCME** expand their curriculum standard to recognize and appropriately address gender and cultural biases in health care delivery to include knowledge of sex and gender differences in health and disease necessary for sound medical decision-making.
- Work with AAMC leadership and **Deans** to assure adoption of these competencies as the minimal standard for inclusion of women's health in the curricula of all medical schools.
- Reintroduce a women's health resolution to the **AMA House of Delegates** to encourage incorporation of sex and gender differences into all medical school curricula.
- Collaborate with the **USMLE** to assure that the knowledge base and increasing competencies in women's health are included in all licensure exams.

The forthcoming publications, emanating from the multidisciplinary retreat process, form only the foundation for bringing women's health, and sex and gender differences to the forefront. Faculty throughout academia will build on these foundations using their creativity and experience in curricular reform and evaluation.

Sincerely,

Joanna Cain, MD  
*Chair*  
*Department of Ob-Gyn*  
*Director, Center for Women's Health*  
*Oregon Health & Science University*

*Co-Chair*  
*Retreat Multidisciplinary Task Force*

Glenda D. Donoghue, MD  
*Betty A. Cohen Chair and Director,*  
*Institute for Women's Health*  
*MCP Hahnemann University*

*Co-Chair*  
*Retreat Multidisciplinary Task Force*

## WOMEN'S HEALTH CARE COMPETENCIES FOR MEDICAL STUDENTS

---

Readers should understand that the purpose of these competencies is to identify those areas of medicine where, as of July 2001, 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. They should be integrated into teaching and testing in every medical curriculum.

### DEFINITIONS:

**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 which 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.

# WOMEN'S HEALTH CARE COMPETENCIES FOR MEDICAL STUDENTS

---

*Developed by Participants of the APGO Interdisciplinary Women's Health Education Retreat 2000 — Edited by Joanna Cain, MD, Glenda Donoghue, MD, Diane Magrane, MD, Roberta Rusch, MPH and Erica Silver, MPH*

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.***

*Potential Topics for Instruction:*

1. Anatomic variance
2. Normal physical and psychological development
3. Effects of sex hormones on organ systems
4. Hormonal variations across the life span
5. Cognitive function, including relationship to sleep and hormone status
6. Body image
7. Sexual response, function and dysfunction
8. Contraception and sterilization
9. Pharmacodynamics and pharmacokinetics
10. Drug interactions, polypharmacy and toxicities
11. Teratogens

### ***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.***

*Potential Topics for Instruction:*

1. Neuropsychiatric disorders
  - a. Dementia states
  - b. Multiple Sclerosis
  - c. Stroke
  - d. Depression and anxiety
  - e. Eating disorders
  - f. Somatization disorders
  - g. Substance abuse

2. Cardiovascular disease
3. Breast disease
4. Endocrine disorders
  - a. Diabetes
  - b. Thyroid disease
5. Irritable Bowel Syndrome
6. Urogenital disorders
  - a. Urinary tract infection
  - b. Urinary incontinence
  - c. Genital-urinary atrophy
7. Sexually Transmitted Diseases
8. Infertility
9. Common pain syndromes
  - a. Fibromyalgia
  - b. Migraine
  - c. Interstitial cystitis
  - d. Abdominal/pelvic pain/acute and chronic
10. Autoimmune and Rheumatic diseases
11. Occupational diseases

**C. Discuss the pathophysiology, etiology, differential diagnosis and treatment options for conditions and functions that are specific to women.**

*Potential Topics for Instruction:*

1. Abnormal patterns of uterine bleeding
  - a. Dysmenorrhea
  - b. Oligomenorrhea/Amenorrhea
  - c. Metrorrhagia/Menorrhagia
2. Premenstrual syndrome/Dysphoric symptoms
3. Vaginal disease
4. Endometriosis
5. Complications of abortion
6. Normal pregnancy and birth
7. Complications of pregnancy and birth
  - a. Vaginal bleeding
  - b. Ectopic pregnancy
  - c. Spontaneous abortion
  - d. Preeclampsia-eclampsia syndrome
  - e. Preterm labor
  - f. Maternal and newborn mortality
  - g. Perinatal psychiatric disorders

8. Gynecologic cancers
9. Menopause and possible sequelae

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

### ***A. Demonstrate interviewing and communication skills that are sensitive to individual abilities and perspectives.***

*Potential Topics for Instruction:*

1. Communication styles
2. Variations of gender, ethnicity, race, age, socioeconomic class, sexual orientation, abilities
3. Effective communication of information to patients
4. Impact of gender and differences in power relationships on physician-patient interactions
5. Women as active partners in their health care

### ***B. Perform a comprehensive women's health history.***

## **III. Perform a sex, gender and age appropriate physical examination.**

*Potential Topics for Instruction:*

1. Pelvic examination with speculum exam and rectal exam
2. Breast examination
3. Self breast exam instruction

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

*Potential Topics for Instruction:*

1. Impact of social and political discrimination
2. Impact of poverty
3. Impact of family caregiver role
4. Special populations
  - a. Lesbians
  - b. Women with disabilities
  - c. Immigrant women
5. Roles and contributions of non-MD health care providers

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

*Potential Topics for Instruction:*

1. Risk factors
2. Acute and chronic signs and symptoms of violence
3. Relationship of violence to lifelong mental and physical health
4. Counseling and treatment options
5. Reporting requirements for suspected child and elder abuse

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

### ***A. Describe current recommendations for preventive screening and routine health maintenance throughout the life cycle.***

*Potential Topics for Instruction:*

1. Age and risk appropriate schedules for screening
  - a. Cholesterol
  - b. Blood pressure
2. Immunization
3. Exercise
4. Nutrition
5. Oral Health
6. Genetic counseling and testing
7. Pre-conceptional and prenatal counseling
  - a. Folic acid supplementation
  - b. Benefits of breastfeeding
8. High-risk sexual behavior
9. Contraceptive practices
10. Hormone replacement therapy
11. Depression and anxiety
12. Substance abuse
  - a. Illicit drug use
  - b. Misuse of legal medications
  - c. Tobacco use or dependence
  - d. Excessive or illegal use of alcohol
13. Stress management
14. Personal safety

**B. Assess risk and counsel for prevention of specific conditions.**

*Potential Topics for Instruction:*

1. Genetic disorders
2. Birth defects
3. Diabetes
4. Sexually Transmitted Diseases
5. Unintended pregnancy
6. Mental health disorders and substance abuse
7. Obesity, malnutrition, eating disorders
8. Cardiovascular disease
9. Common malignancies
  - a. Skin
  - b. Breast
  - c. Lung
  - d. Cervical
  - e. Colon
10. Osteoporosis
11. Leading causes of mortality and morbidity

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

*Potential Topics for Instruction:*

1. Evidence-based medicine and practice guidelines
2. Selection bias due to gender and sex exclusions
3. Relative and absolute risk
4. Scientific merit of research
5. Internet resources and databases

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

*Potential Topics for Instruction:*

1. Gender and sex inequity in financing and delivery of care
2. State and national health policy decisions
3. Public health programs, including family planning programs, WIC, etc.

# APGO WOMEN'S HEALTH EDUCATION RETREAT 2000

---

- **Alliance for Clinical Education (ACE)** clinical clerkship organizations:  
Association of Directors for Medical Student Education in Psychiatry (ADMSEP)  
Association of Professors of Gynecology and Obstetrics (APGO)  
Association of Surgical Education (ASE)  
Clerkship Directors in Internal Medicine (CDIM)  
Consortium of Neurology Clerkship Directors (CNCD)  
Council on Medical Student Education in Pediatrics (COMSEP)  
Society of Teachers of Family Medicine (STFM)
- **American Academy of Family Physicians (AAFP)**
- **American Board of Obstetrics and Gynecology, Inc. (ABOG)**
- **American College of Obstetricians and Gynecologists (ACOG)**
- **American College of Osteopathic Obstetricians and Gynecologists (ACOOG)**
- **American College of Physicians/American Society of Internal Medicine (ACP/ASIM)**
- **American College of Women's Health Physicians (ACWHP)**
- **American Gynecological and Obstetrical Society (AGOS)**
- **American Medical Association (AMA)**
- **American Medical Student Association (AMSA)**
- **American Medical Women's Association (AMWA)**
- **American Psychiatric Association (APA)**
- **Association of American Medical Colleges (AAMC)**
- **Association of Reproductive Health Professionals (ARHP)**
- **Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)**
- **Council of University Chairs in Obstetrics and Gynecology (CUCOG)**
- **DHHS/PHS Office on Women's Health (OWH)**
- **Health Resources and Services Administration (HRSA) Women's Health**
- **Institute of Medicine (IOM)**
- **International Association of Medical Science Educators (IAMSE)**
- **Jacobs Institute of Women's Health**
- **Liaison Committee on Medical Education (LCME)**
- **National Academy of Sciences (NAS)**
- **National Institute of Child Health and Human Development (NICHD)**
- **National Academy on Women's Health Medical Education (NAWHME)**
- **National Association of Nurse Practitioners in Women's Health (NPWH)**
- **National Board of Medical Examiners (NBME/USMLE)**
- **National Institutes of Health/Office of Research on Women's Health (NIH/ORWH)**
- **North American Menopause Society (NAMS)**
- **Resident Review Committee for Obstetrics and Gynecology (RRC)**
- **Society of Obstetricians and Gynaecologists of Canada (SOGC)**
- **Society for Women's Health Research (SWHR)**
- **Representatives from the PHS/OWH National Centers of Excellence in Women's Health (CoE)**



APGO would like to thank Johnson & Johnson for its generous educational grant to help support the outcomes of the Retreat, including the publication and distribution of this pamphlet.

APGO would like to thank the following APGO Corporate Liaison Council members for their generous support of the Retreat.

*Retreat Partners:*

APGO Medical Education Foundation

3M Pharmaceuticals

Cook Ob/Gyn

Eli Lilly & Company

Knoll Pharmaceutical Company

Organon, Inc.

Ortho-McNeil Pharmaceutical, Inc.

Pfizer Women's Health

Procter & Gamble Company

Ross Products Division

Solvay Pharmaceuticals, Inc.

Wyeth-Ayerst Pharmaceuticals



APGO  
Women's  
Health  
Education  
Retreat  
*2000*

APGO Women's Healthcare Education Office  
2130 Priest Bridge Drive, Suite #7  
Crofton, Maryland 21114  
Phone (410) 451-9560  
Fax (410) 451-9568  
[www.apgo.org](http://www.apgo.org)