

# Women's Health

## Core competencies detailed descriptions

*The graduating resident will reliably and correctly, with sensitivity and in a patient-centred way:*

- 1) **Manage issues related to normal and abnormal vaginal bleeding:** *(FM expert, Communicator, Scholar)*
  - a. **Normal menstruation:** display comfort when asking about menstrual patterns (i.e. onset, cessation, cycle, pain, flow, duration) and provide education, reassurance and appropriate management plans as indicated.
  - b. **Amenorrhea:** Distinguish between pregnancy, primary and secondary causes and investigate/treat accordingly
  - c. **Abnormal uterine bleeding:** Utilize an age-appropriate diagnostic approach and management plan for abnormal menstruation that addresses flow volume, patient's menstrual cycle and non-menstrual bleeding (i.e. inter-menstrual, post-coital and pre- and post-menstrual bleeding). Recognize and appropriately investigate bleeding outside the reproductive age. Assess for endometrial cancer risk factors. Diagnose and manage hemodynamic instability.
- 2) **Assess & manage conditions affected by female hormones:** *(FM expert, Communicator, Health advocate, Manager)*
  - a. **Catamenial issues:** Counsel patients and manage premenstrual syndrome (PMS), premenstrual dysphoric disorder and menstrual migraine.
  - b. **Menopause & perimenopause:** Assess and manage the transition into menopause and typical symptoms & signs including vasomotor, vaginal, mood and bladder symptoms. Understand the impact on cardiac, bone, breast, cognitive and mental health. Review the risks and benefits of hormonal therapy and offer options for treatment. Screen for osteopenia and osteoporosis appropriately according to age, sex and risk factors and manage effectively according to current guidelines.
- 3) **Address female sexuality and sexual health concerns:** *(Communicator, Health advocate, FM expert, Collaborator, Manager)*
  - a. **Sexuality and sexual dysfunction:** Inquire comfortably about sexuality, sexual orientation and counsel both healthy and chronically ill patients on healthy sexual practices. Assess and manage dysfunction (e.g., dyspareunia, decreased libido, vaginismus)
  - b. **Contraception:** Counsel on options for routine and emergency contraception and prescribe these appropriately.
  - c. **Sexually Transmitted Infections (STIs):** Opportunistically screen for and manage patients with STIs appropriately, counsel on STI prevention, and screen for cervical dysplasia (Pap smears) with effective practice management strategies.
  - d. **Fertility concerns:** Assess couples with fertility concerns; identify causative conditions (e.g., polycystic ovary syndrome, hyperprolactinemia, thyroid dysfunction) and manage infertility effectively.
  - e. **Sexual abuse screening:** Consider and ask about a history of childhood sexual abuse or abuse by current partner as a potential cause of pelvic pain along with other conditions in the differential diagnosis including endometriosis and interstitial cystitis. Assist with referral to other health professionals as appropriate.
- 4) **Address vulvovaginal and other pelvic concerns:** *(FM expert, Health Advocate)*
  - a. **Vaginitis:** Differentiate physiologic vaginal discharge and assess and manage infectious, recurrent and atrophic vaginitis.
  - b. **Vulvar lesions:** Describe an approach to common vulvar complaints and management of benign, premalignant, and malignant vulvar lesions.
  - c. **Pelvic pain:** Assess and manage acute and chronic pelvic pain.

- 5) **Address issues of breast health:** *(FM expert, Health advocate, Manager)*
  - a. **Breast cancer:** Identify women at risk for breast cancer, including modifiable risk factors and screen for this condition with effective practice management strategies, recognizing the limitations.
  - b. **Breast lumps:** Describe and approach to breast lumps. Aspirate breast cysts when appropriate.
- 6) **Address pelvic organ prolapse and urinary incontinence:** *(FM expert, Collaborator)*
  - a. **Pelvic organ prolapse:** Differentiate cystocele, rectocele and uterine prolapse assess and manage appropriately including non-surgical options (e.g., pessaries).
  - b. **Urinary Incontinence:** Differentiate urge, stress and mixed urinary incontinence while ruling out ominous causes. Offer suggestions for lifestyle changes and non-surgical management of these disorders.
- 7) **Address domestic violence, assault and abuse issues:** *(Health advocate, Communicator)*
  - a. Communicate non-judgmentally regarding domestic violence, childhood sexual abuse, rape. Demonstrate familiarity with optimal management of domestic violence and empower patients who confronting this issue.
- 8) **Demonstrate an understanding of the role of Women's Health Specific Procedures (Evaluate using Procedural skills):** *(FM Expert, Collaborator, Communicator, Health Advocate)* (e.g., breast cyst aspiration, genital warts chemical treatment or cryotherapy, Pap smear, intrauterine device (IUD) insertion, endometrial sampling, pessary assessment).

[The University of Ottawa DFM "Women's Health" Field Note was developed by members of the Maternity Newborn Curriculum Review Advisory Group including the Director of Women's Health and Director of Curriculum and was approved by the Postgraduate Working Group, the Evaluation Working Group, and interested individual faculty and resident consultants throughout the Department of Family Medicine uOttawa (2013-2014)]