

Women's Health Themes Across the Undergraduate Medical Curriculum at the University of British Columbia

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Abstract

Objective: The overall objective of the project was to determine whether the current MD undergraduate curriculum at the University of British Columbia (UBC) met the minimum competencies in women's health according to available guidelines.

Methods: Ovid and MEDLINE were searched for information on women's health topics in medical undergraduate curricula. The Association of Professors of Obstetrics and Gynaecology (APOG) and the Association of Professors of Gynecology and Obstetrics (APGO) medical student objectives were used as a framework for evaluation of the UBC curriculum. The APGO women's health care competencies for medical students were also compared with these objectives. A comprehensive review of the medical curriculum at UBC was then carried out to analyze whether, when, and where the APOG and APGO objectives were met.

Results: Of the 93 women's health competencies outlined by APGO, only two were not formally addressed in the UBC curriculum. Almost two thirds (60 of the 93) of the competencies are covered in the obstetrics and gynaecology third-year clerkship, which is just one of the 14 teaching settings available for potential coverage of the women's health care competencies.

Conclusion: Topics in women's health appear to be well addressed by the UBC medical undergraduate curriculum, although this review was unable to determine whether and how extensively these topics were actually delivered.

Résumé

Objectif : L'objectif global du projet était de déterminer si le curriculum actuel du programme de premier cycle en médecine de l'Université de la Colombie-Britannique (UCB) permettait l'obtention des compétences minimales en santé des femmes prescrites par les directives cliniques disponibles.

Méthodes : Des recherches ont été menées dans Ovid et MEDLINE afin d'en tirer les renseignements portant sur les sujets de santé des femmes que comportent les curricula des programmes de premier cycle en médecine. Les objectifs visant les étudiants de médecine que proposent l'Association des professeurs d'obstétrique et gynécologie (APOG) et la *Association of Professors of Gynecology and Obstetrics* (APGO) ont été utilisés à titre de cadre pour l'évaluation du curriculum de l'UCB. Les compétences en soins de santé offerts aux femmes exigées des étudiants de médecine par l'APGO ont également été comparées à ces objectifs. Une analyse exhaustive du curriculum du programme de premier cycle en médecine de l'UCB a par la suite été menée afin de déterminer si, quand et où les objectifs de l'APOG et de l'APGO ont été atteints.

Résultats : Seulement deux des 93 compétences en santé des femmes décrites par l'APGO n'étaient pas traitées de façon officielle par le curriculum de l'UCB. Près des deux tiers (60 sur 93) des compétences sont couvertes dans le cadre du stage clinique de troisième année en obstétrique-gynécologie, lequel ne constitue que l'un des 14 milieux d'enseignement présentant le potentiel de couvrir les compétences en soins de santé des femmes.

Conclusion : Les sujets portant sur la santé des femmes semblent être bien traités par le curriculum du programme de premier cycle en médecine de l'UCB, et ce, bien que la présente analyse n'ait pas été en mesure de déterminer si et dans quelle mesure ces sujets ont été en fait abordés.

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INTRODUCTION

Women's health is an emerging field that integrates the expanding knowledge of sex and gender differences into the delivery of care to women.¹ In the past, women's health as a topic was limited primarily to the area of reproductive health. Women's health has now been redefined as "focusing on diseases or conditions that are unique to women, or that affect both men and women but where there may be sex and gender differences that are particularly important to women."¹ There are differences not only in the pathophysiology of diseases but also in the approaches

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to male and female patients with similar diseases; for example, the investigators in studies involving almost 40 000 female patients and more than 22 000 male physicians found quite different results in women and men for the effects of aspirin on the incidence of myocardial infarction and of stroke.^{2,3} Reports from other studies have described significant differences in the use of diagnostic and therapeutic modalities in male and female patients with the same condition.⁴

Medical schools must integrate curricular items focused on sex and gender differences in health into the undergraduate program.⁵ Ideally, this should be part of a cross-disciplinary approach that recognizes social and cultural differences in the way the sexes view and receive health care.⁶

The medical undergraduate program at UBC incorporates PBL, which uses clinical cases to direct student education in basic science, pathophysiology, and clinical problem-solving.² PBL is used in conjunction with didactic lectures and laboratory sessions to cover the first two years (pre-clinical phase) of undergraduate education. The third undergraduate year consists of clinical clerkships including academic half-day sessions. The fourth year is split into electives and a return to the classroom for a review of elements of the previous three years and preparation for national examinations.

ABBREVIATIONS

| | |
|---------------------|--|
| APGO | Association of Professors of Gynecology and Obstetrics |
| APOG | Association of Professors of Obstetrics and Gynaecology |
| CLEO | Considerations for the Legal, Ethical and Organizational Aspects of the Practice of Medicine |
| CLERK–OB/GYN | Clinical clerkship in obstetrics and gynaecology |
| CLERK–OTHER | Clinical clerkship in discipline other than obstetrics and gynaecology |
| CLIN SKILLS–OTHER | Clinical skills sessions during other blocks |
| CLIN SKILLS–REPRO | Clinical skills sessions during reproduction block |
| DPAS | doctor, patient and society |
| EBM | Evidence-based medicine |
| LECTURE & LAB–OTHER | Lectures and laboratory sessions during other blocks |
| LECTURE & LAB–REPRO | Lectures and laboratory sessions during reproduction block |
| MEDICOL [UBC] | Medicine and Dentistry Integrated Curriculum On-Line |
| PBL | problem-based learning |
| PBL–REPRO | sessions during reproduction block |
| PBL–OTHER | sessions during other blocks |
| UBC | University of British Columbia |

Under the auspices of the MD Undergraduate Summer Student Internship Program, a comprehensive review of the undergraduate medical curriculum was undertaken to determine when and where women’s health objectives were being taught. These objectives were compared with the women’s health objectives for medical students outlined by APOG in Canada and APGO in the United States.

The objectives of this project were (1) to find resources on women’s health themes and competencies for medical students, (2) to compare the women’s health content of the UBC undergraduate medical curriculum with identified women’s health competencies for medical students, and (3) to summarize findings and highlight areas of the curriculum in which objectives are underrepresented. The project was primarily a quality assurance exercise to confirm that the UBC curriculum was indeed meeting the objectives for education in women’s health. Such an assessment could be used to develop a plan for incorporation of all women’s health competencies into the undergraduate curriculum.

METHODS

We set out to identify resources providing a description of minimum competencies in women’s health for medical graduates. APOG (in Canada) and APGO (in the United States) are recognized leaders in medical education and particularly in women’s health issues. Their memberships make up the majority of teaching faculty in departments of obstetrics and gynaecology of the medical schools in each country (with some overlap of membership between the two). Each organization’s website provides a comprehensive list of undergraduate medical education objectives.^{7,8}

In addition to the list of undergraduate medical education objectives specific to obstetrics and gynaecology, APGO also provides a list of women’s health care competencies for medical students⁹ identified by the Women’s Health Education Office of APGO. This multidisciplinary group, brought together to develop recommendations for undergraduate medical education in women’s health, included family physicians, internists, obstetrician-gynaecologists, surgeons, pediatricians, psychiatrists, and representatives of women’s groups.

Next, a comprehensive review of the undergraduate medical curriculum at UBC was done to analyze when and where the APOG and APGO objectives were met. The formal objectives were obtained through the staff of the Undergraduate Dean’s Office, who facilitated contacts with those responsible for curriculum of the longitudinal courses and the chairs of each week of the PBL blocks. In addition, specific lecture, laboratory, case, and clerkship objectives were obtained from the MEDICOL site for each year. When objectives were not clear from the MEDICOL site,

Women's health care competencies and associated learning objectives covered by the 14 outlined teaching settings at UBC

| | | PBL-REPRO | PBL-OTHER | LECTURE & LAB-REPRO | LECTURE & LAB-OTHER | CLIN SKILLS-REPRO | CLIN SKILLS-OTHER | DOCTOR, PATIENT AND SOCIETY | RURAL FAMILY MEDICINE | CLERK-OB/GYN | CLERK-OTHER | EVIDENCE-BASED MEDICINE | THERAPEUTICS | PALLIATIVE CARE | PROFESSIONALISM |
|------|--|-----------|-----------|---------------------|---------------------|-------------------|-------------------|-----------------------------|-----------------------|--------------|-------------|-------------------------|--------------|-----------------|-----------------|
| | APGO Women's Health Care Competencies For Medical Students ✓: covers 1–19 learning objectives ✓✓: covers 20–40 learning objectives | | | | | | | | | | | | | | |
| I | Explain sex and gender differences in normal development and pathophysiology as they apply to prevention and management of diseases. | ✓ | ✓ ✓ | ✓ | ✓ ✓ | ✓ | ✓ | ✓ | ✓ | ✓✓ | ✓✓ | | ✓ | ✓ | ✓ |
| 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 | | ✓ | | | | | ✓ | ✓ | | | | ✓ | ✓ | ✓ |
| V | Identify and assist victims of physical, emotional, and sexual violence and abuse. | | | | | | | ✓ | ✓ | ✓ | ✓ | | | | ✓ |
| VI | Assess and counsel women for sex- and gender- appropriate reduction of risk, including lifestyle changes and genetic testing. | ✓ | ✓ | ✓ | ✓ ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | ✓ |
| 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. | ✓ | | ✓ | | | | ✓ | ✓ | ✓ | | | | | |

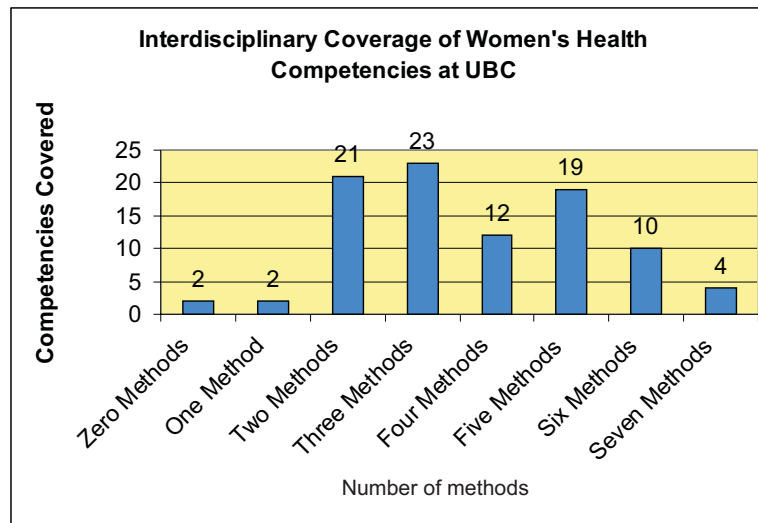
individual course directors were asked for clarification. Objectives were linked by key words between the reference list and the curriculum.

Ovid, MEDLINE, and PubMed were searched for similar studies and to assess trends in the delivery of women's health themes in medical school. The search terms "women's health," "medical curriculum," and "gender differences" were used alone and in combination to identify the pertinent literature.

For comparison with APGO's women's health competencies, the four years of the UBC undergraduate curriculum were reviewed from the perspective of 14 teaching settings. In order to identify the women's health competencies that

were specifically covered by the UBC Department of Obstetrics and Gynaecology, the second year PBL block in reproduction was separated from the other blocks, and PBL tutorials, lectures, laboratory sessions, and clinical skills sessions were listed separately for this department. All other PBL blocks were grouped together, as were all other clinical skills blocks. The content of the third-year obstetrics and gynaecology clerkship was compared to the other clerkships combined. Finally, the fourth year's content of evidence-based medicine, advanced therapeutics, palliative care, and "professionalism" (Considerations for the Legal, Ethical and Organizational Aspects of the Practice of Medicine and doctor-patient relationships) was reviewed.

Figure 1. Coverage of women's health competencies according to teaching settings



RESULTS

A breakdown of the competencies according to teaching setting is shown in the Appendix. A broad analysis of the distribution of women's health competencies across the curriculum is shown in the Table.

Of the 93 women's health competencies outlined by APGO, only two were not formally addressed in the UBC curriculum. Those two were "misuse of legal medications," and "substance abuse-other addictions, including problem gambling and compulsive sexual behaviour." Four competencies, including breast cancer and postmenopausal hormone replacement therapy, were covered by up to seven different settings (Figure 1).

Of the 14 teaching settings used to compare the distribution of women's health care competencies, the obstetrics and gynaecology third-year clerkship covered 60 of the 93 competencies, and the fourth-year evidence-based medicine course covered only one (Figure 2).

DISCUSSION

The 93 women's health competencies outlined by APGO were used as a broad guide to determine what topics the UBC medical school curriculum should cover. The curriculum lists practically all of the competencies identified by APGO: only two of the 93 competencies were not covered by any of the disciplines. Although these two competencies were not specifically covered in the curriculum, it is possible that students were exposed to them during their family practice experience during the first two years, during their clinical clerkship rotations during their last two years, or during discussions in the section of the curriculum entitled "Doctor, Patient and Society."

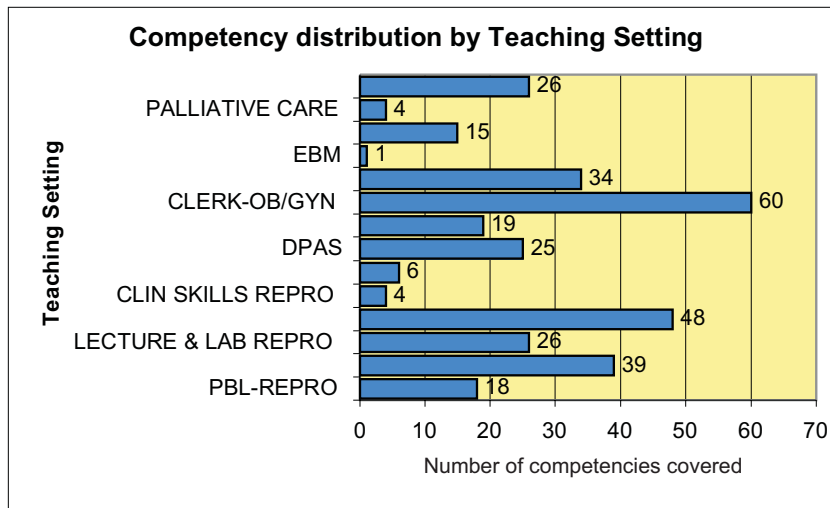
Interestingly, 89 of the core women's health competencies (96%) are covered in at least two different teaching settings. For example, the use of postmenopausal hormone replacement therapy was explored in the specific areas of the curriculum under the responsibility of the Department of Obstetrics and Gynaecology in both PBL tutorials and lectures and in the third-year clerkship. However, it was also covered in courses in the orthopedic clerkship in regard to osteoporosis, as well as in the fourth-year courses on therapeutics and on professionalism. Clearly, the use of multiple settings and multiple teaching methods is more likely to aid in the retention of knowledge of the concepts.

However, differences in pathophysiology, etiology, differential diagnosis, and treatment of men and women were not systematically examined. The gender difference was often mentioned as a side-note and was often omitted from lecture or case objectives. This suggests that when students are not in a teaching block specifically managed by the Department of Obstetrics and Gynecology (the reproduction block in the second year and the obstetrics and gynaecology clerkship in the third year), the gender aspects of health and health care are not emphasized.

It is not surprising that the majority of objectives covered were found in the curriculum for the obstetrics and gynaecology clerkship. This period represents the major teaching block for those objectives associated with the previously recognized source of women's health issues, i.e., reproduction.

Some of the women's health topics are covered in up to seven different teaching settings over the four years of the UBC undergraduate program. In the face of increasingly limited time for teaching, with more and more topics to cover over the four-year undergraduate period, it is important to determine whether this type of repetition and

Figure 2. Number of women's health competencies covered by each teaching setting



reinforcement is necessary for students. Certainly, the formal academic time within the clerkship rotation could be reserved for topics that are not covered in other settings. Leaving the women's health objectives integrated within other clinical settings helps to sensitize learners to women's health issues when they are not thinking "obstetrics and gynaecology." This should be strongly encouraged. Unfortunately, as curriculum planners, we cannot depend on those directing other courses to continue to include the women's health competencies that are currently covered by their listed objectives; as the shortage of instructional time increases, they may well decide to omit some of those objectives.

Student assessment (examination) is framed by the objectives they are required to meet, and therefore specific lecture and case objectives are integral to directing student learning. This review is limited by the fact that it can catalogue only those objectives that are formally listed for each portion of the curriculum. Clinical experiences obtained by different students will vary widely depending on the location and nature of clinical placements and on the varying nature of the patients who present during their clinical rotations. In addition, clinical electives and selectives chosen by students in their fourth year could not be included in the listing because they were not covered by all students. However, faculties of medicine are increasingly being required to demonstrate as part of the accreditation process that their students will receive a comparable education experience regardless of their clinical placements. Thus the list of objectives provided by a faculty of medicine should be the minimum required for all students. This review was not able to assess how successful the UBC Faculty of Medicine is in assuring that all the objectives are truly being met.

CONCLUSION

Women's health is an emerging field and is still finding its place in the UBC medical undergraduate curriculum. Although the women's health competencies outlined by the APGO were well covered by the UBC curriculum, there was a deficiency in addressing the underlying biologically based sex and gender differences in medicine. To ensure that women's health is not seen merely as reproductive health, underlying biological gender differences must be addressed away from the context of reproductive health. An interdisciplinary approach may be helpful in ensuring that these competencies are well distributed across the curriculum. Future projects should determine to what extent the objectives are actually being met.

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APPENDIX

| APGO Women's Health Care Competencies For Medical Students | | PBL-REPRO | PBL-OTHER | LECTURE & LAB-REPRO | LECTURE & LAB-OTHER | CLIN SKILLS-REPRO | CLIN SKILLS-OTHER | DPAS | RURAL FAMILY MED | CLERK-OB/GYN | CLERK-OTHER | EBM | THERAPEUTICS | PALLIATIVE CARE | PROFESSIONALISM |
|--|---|-----------|-----------|---------------------|---------------------|-------------------|-------------------|------|------------------|--------------|-------------|-----|--------------|-----------------|-----------------|
| I | Explain sex and gender differences in normal development and pathophysiology as they apply to prevention and management of diseases. | | | | | | | | | | | | | | |
| A. | <i>Compare differences in biological functions, development, and pharmacologic response in males and females.</i> | | | | | | | | | | | | | | |
| 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. | <i>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.</i> | | | | | | | | | | | | | | |
| 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 VI.7. Mental Health) | ✓ | ✓ | ✓ | ✓ | | | | | ✓ | ✓ | | | | |
| 19. | Neurology | | ✓ | | ✓ | | | | | | ✓ | | | | |

Appendix continued

| | PBL-REPRO | PBL-OTHER | LECTURE & LAB-REPRO | LECTURE & LAB-OTHER | CLIN SKILLS-REPRO | CLIN SKILLS-OTHER | DPAS | RURAL FAMILY MED | CLERK-OB/GYN | CLERK-OTHER | EBM | THERAPEUTICS | PALLIATIVE CARE | PROFESSIONALISM |
|---|-----------|-----------|---------------------|---------------------|-------------------|-------------------|------|------------------|--------------|-------------|-----|--------------|-----------------|-----------------|
| C. <i>Discuss the pathophysiology, etiology, differential diagnosis, and treatment options for conditions and functions that are specific to women.</i> | | | | | | | | | | | | | | |
| 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. (i) Gynecologic Cancers—Cervical Neoplasia | ✓ | | ✓ | | | | | | ✓ | | | | | |
| (ii) Gynecologic Cancers—Vulvar Neoplasms | | | | | | | | | ✓ | | | | | |
| (iii) Gynecologic Cancers—Ovarian Neoplasms | | | ✓ | | | | | | ✓ | ✓ | | | | |
| (iv) Gynecologic Cancers—Endometrial Cancer | | | ✓ | | | | | | ✓ | | | | | |
| (v) Gynecologic Cancers—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. (i) Special Populations - Lesbians | | | | | | | ✓ | | | | | | | ✓ |
| (ii) Special Populations - Women with Disabilities | | | | | | | ✓ | | | | | | | ✓ |
| (iii) Special Populations - Immigrants | | ✓ | | | | | ✓ | | | | | | | ✓ |
| (iv) Special Populations - Women of Color | | ✓ | | | | | ✓ | | | | | | | ✓ |
| 5. Allied Health Professionals | | | | | | | ✓ | ✓ | | | | | ✓ | ✓ |
| 6. Impact of Patient and Provider Beliefs and Practices | | | | | | | ✓ | ✓ | | | | ✓ | ✓ | ✓ |

Appendix continued

EDUCATION

| | PBL-REPRO | PBL-OTHER | LECTURE & LAB-REPRO | LECTURE & LAB-OTHER | CLIN SKILLS-REPRO | CLIN SKILLS-OTHER | DPAS | RURAL FAMILY MED | CLERK-OB/GYN | CLERK-OTHER | EBM | THERAPEUTICS | PALLIATIVE CARE | PROFESSIONALISM |
|--|-----------|-----------|---------------------|---------------------|-------------------|-------------------|------|------------------|--------------|-------------|-----|--------------|-----------------|-----------------|
| 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. (i) Common Malignancies—Breast Cancer | | ✓ | ✓ | ✓ | ✓ | | | | ✓ | ✓ | | | | ✓ |
| (ii) Common Malignancies—Cervical Cancer (See Comp. I.C.16.(i) Gynecologic Cancers—Cervical Neoplasia) | ✓ | | ✓ | | | | | | ✓ | | | | | ✓ |
| (iii) Common Malignancies—Colon Cancer | | ✓ | | ✓ | | | | | | | | | | |
| (iv) Common Malignancies—Lung Cancer | | ✓ | | ✓ | | ✓ | | | | | | | | |
| (v) Common Malignancies—Skin Cancer | | ✓ | | ✓ | | | | | | ✓ | | | | |
| 3. Osteoporosis | | ✓ | ✓ | ✓ | | | | | ✓ | ✓ | | | | |
| 4. Diabetes | | | | ✓ | | | | | ✓ | ✓ | | | | |
| 5. Vision and Hearing | | | | ✓ | | | | | | ✓ | | | | |
| 6. Oral Health | | | | ✓ | | | | ✓ | | | | | | |
| 7. (i) Mental Health - Mood Disorders: Depression and Bipolar Disorders (See also Comp. I.B.18. Mental Health) | | ✓ | | ✓ | | | | | | ✓ | | | | |
| (ii) Mental Health - Anxiety (See also Comp. I.B.18. Mental Health) | | ✓ | | ✓ | | | | | | ✓ | | | | |
| (iii) Mental Health - Stress Management | | | | ✓ | | | | | | ✓ | | | | |
| (iv) Mental Health - Eating Disorders | | | | ✓ | | | | | | ✓ | | | | |
| 8. (i) Substance Abuse - Illicit drugs | | | | | | | ✓ | | | ✓ | | | | |
| (ii) Substance Abuse - Misuse of Legal Medications | | | | | | | | | | | | | | |
| (iii) Substance Abuse - Tobacco (See also Comp. I.B.18. Mental Health) | | | | | | | ✓ | | | ✓ | | | | |
| (iv) Substance Abuse - Alcohol (See also Comp. I.B.18. Mental Health) | | | | ✓ | | | ✓ | | ✓ | ✓ | | | | |
| (v) Substance Abuse - 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 | | ✓ | | ✓ | | | | ✓ | ✓ | ✓ | | | | ✓ |

| | | PBL-REPRO | PBL-OTHER | LECTURE & LAB-REPRO | LECTURE & LAB-OTHER | CLIN SKILLS-REPRO | CLIN SKILLS-OTHER | DPAS | RURAL FAMILY MED | CLERK-OB/GYN | CLERK-OTHER | EBM | THERAPEUTICS | PALLIATIVE CARE | PROFESSIONALISM |
|------|--|-----------|-----------|---------------------|---------------------|-------------------|-------------------|------|------------------|--------------|-------------|-----|--------------|-----------------|-----------------|
| 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 | | | | | | | ✓ | ✓ | | | | | | |