



APGO MEDICAL STUDENT EDUCATIONAL OBJECTIVES

11th Edition

*Outlining the core women's health knowledge, skills and attitudes
fundamental to today's medical student.*

This publication was revised by the

**APGO Undergraduate Medical Education Committee (UMEC)
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B. Star Hampton, MD, Chair
Susan M. Cox, MD
LaTasha B. Craig, MD
Elise N. Everett, MD, MSc
Angela Fleming, DO
David A. Forstein, DO
Scott C. Graziano, MD, MS
Laura Hopkins, MD, MSc
Margaret L. McKenzie, MD, MS
Helen K. Morgan, MD
Christopher Morosky, MD, MS
Celeste Royce, MD
Shireen Madani Sims, MD

Copy Editors: Molly Georgakis, Michelle Kobryn, Marianne K. Poe

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Association of Professors of Gynecology and Obstetrics (APGO)
2130 Priest Bridge Drive, Suite #7
Crofton, MD 21114
Phone: (410) 451-9560
www.apgo.org

@APGOnews @APGOgram @APGOorg

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INTRODUCTION

The Undergraduate Medical Education Committee (UMEC) of the Association of Professors of Gynecology and Obstetrics is pleased to present the 11th edition of the APGO Medical Student Educational Objectives. The objectives are reviewed on a regular basis to ensure their relevance, importance and helpfulness in assisting with the development of obstetrics and gynecology clinical clerkship curricula. A team of ob-gyn clerkship directors and medical educators from the United States and Canada had input into the current edition and its format, with the goal of making these objectives as useful as possible for clerkship directors, faculty and medical students. For the 11th edition, a focus group of APGO member clerkship directors and medical educators was convened at the 2019 CREOG & APGO Annual Meeting to provide input on functionality, value and use of the objectives.

The Educational Objectives are intended to define a central core of women's health knowledge, skills and attitudes fundamental for the general physician. They are not meant to be a mandate for curricular content. The Educational Objectives provide clerkship directors, faculty and students with a resource for curriculum development, teaching and learning to meet the needs of undergraduate medical education in women's reproductive health. The curriculum content can be expanded or modified based on program needs.

In this edition, the intended learning outcomes were rewritten to include Health Systems Science language where appropriate. In addition, each intended learning outcome was mapped to Entrustable Professional Activities (EPA), the competency-based framework of learning and assessment from the Association of American Medical Colleges (AAMC). We have updated and revised instructional methods, assessment methods and APGO e-resources, and added basic science to emerging topics. Finally, we have adopted language

that is more welcoming for LGBTQ and gender non-conforming students, faculty, staff and patients, in a spirit of inclusion and continuous, life-long learning about all aspects of our profession.

In order to maximize the usefulness of this document, the APGO Medical Student Educational Objectives are organized in the following format:

- EDUCATIONAL OBJECTIVES
- EDUCATIONAL TOPIC AREAS
- INTENDED LEARNING OUTCOME

EDUCATIONAL OBJECTIVES

The 18 broad educational objectives (see Table 1 below) are intended to be most useful to clerkship directors as a basis for clerkship curriculum and evaluation design. In addition, they can be used to create a list of procedures and patient diagnoses that students must see in order to meet the clerkship educational objectives (often referred to as "student logs").

EDUCATIONAL TOPIC AREAS

The 64 educational topic areas serve as a table of contents and are useful in organizing the curriculum for teaching and evaluation. All educational topic areas have an associated clinical case, and many have an associated teaching video. These cases and videos are available on the APGO website and can be used for case-based learning sessions and self-directed learning. Additionally, the APGO Undergraduate Web-Based Interactive Self-Evaluation (uWISE)* is an approximately 600-question interactive self-exam based on the educational topic areas that can be used for student self-assessment.

INTENDED LEARNING OUTCOMES

Intended learning outcomes define educational expectations for medical students. We recognize that curricula are diverse; therefore, educators are encouraged to consider where to address these learning outcomes in their medical school curriculum.

**To learn more about uWISE, visit the APGO website at www.apgo.org/students. uWISE requires an additional subscription.*

Each intended learning outcome has been mapped to the following educational categories (the Key following Table 1 describes the content of these categories with abbreviations):

- LEVELS OF COMPETENCE
- INSTRUCTIONAL METHODS
- ASSESSMENT METHODS
- ACGME COMPETENCY
- HEALTH SYSTEMS SCIENCE
- EMERGING TOPICS
- APGO e-RESOURCES
- ENTRUSTABLE PROFESSIONAL ACTIVITIES

LEVELS OF COMPETENCE

This category describes the level of competence or performance expected from the clerkship-level student for the intended learning outcome. The terms in this category were taken from the following reference:

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

INSTRUCTIONAL AND ASSESSMENT METHODS

Various instructional and assessment methods are available when designing curricula. The suggested methods in this category were extracted from the Association of American Medical Colleges (AAMC) Curriculum Inventory.** This category is not comprehensive, but provides commonly suggested methods.

ACGME COMPETENCY

A variety of educational theory frameworks may be found in the literature to assist in standardizing curricular goals and outcomes. The six ACGME competencies are widely recognized as one such framework.

HEALTH SYSTEMS SCIENCE

Health systems science has been described as the third pillar of medical education, complimenting basic science and clinical science (see below). The scope of health systems science includes improvement in the quality, cost and outcomes of

health care delivery for all patients in all populations. Health Systems Science language was written into the 11th edition's intended learning objectives, and this category maps learning outcomes to individual health system science components.

EMERGING TOPICS

Certain "hot topics" in medical education develop contemporaneously with emerging scientific, educational, social and political discoveries and developments.

APGO e-RESOURCES

APGO has extensive online e-resources available on the APGO website. Each learning outcome is mapped to relevant APGO e-Resources for easy integration of teaching resources into curricular development.

ENTRUSTABLE PROFESSIONAL ACTIVITIES

With the adoption of the competency-based framework of Entrustable Professional Activities (EPA) by the Association of American Medical Colleges for workplace-based learning and assessment, we have added mapping for each learning outcome to the appropriate EPA to help with curricular development and learner assessment.***

HEALTH SYSTEMS SCIENCE: A NEW MANDATE IN MEDICAL EDUCATION

One of the hallmark changes to the 11th edition of the APGO Medical Student Educational Objectives is the rewriting of the intended learning outcomes to include Health Systems Science (HSS) language, as well as creating a new HSS category for mapping.

With advances in information technology, rapid changes to health care delivery and increasing costs of providing health care associated with decreasing returns in health quality outcomes, there is a growing need for medical educators to provide students with the knowledge and tools to function within the ever-adapting modern health care system. For this reason, HSS has been described as the

**The AAMC Curriculum Inventory is available at: www.aamc.org/initiatives/cir/curriculumreports/

***The AAMC EPA framework is available at: www.aamc.org/download/484778/data/epa13toolkit.pdf

“third pillar” of medical education, synergistically existing alongside the traditional pillars of medical education: basic science and clinical science.

The six core domains of HSS include health care structure and processes; health care policy, economics, and management; clinical informatics/health information technology; population health; value-based care; and health system improvement. The five cross-cutting domains of HSS include leadership and change agency; teamwork and interprofessional education; evidence-based medicine and practice; professional ethics; and scholarship. Systems thinking is the linking domain which allows the student to understand the interaction and influence of one domain within the other.

It is no longer the professional responsibility of medical educators to simply bestow upon their students an understanding of basic science followed by clinical science, leaving them to glean the aspects of interacting with the health care system for residency training and clinical practice on their own. Instead, now medical educators must provide learners with the tools to not only function within the complex modern health care system, but also furnish them with the knowledge and skills to change, grow and improve the health care system so that all patients in every population can have access to high-value health care and live healthy lives.

Another professional responsibility of medical educators is to teach critical thinking. Critical thinking is integral to the diagnostic process and value-based medical care. By learning how to ask the right questions and evaluate the decision-making process of diagnosis, students learn to efficiently and cost-effectively approach patients, order tests and interpret data to arrive at a diagnosis.

To this end, the APGO Undergraduate Medical Education Committee is pleased to provide a framework for incorporating HSS language and content into the clerkship by way of this new edition of the APGO Medical Student Educational Objectives. We expect that the changes in the 11th edition will make this resource more useful. We welcome your feedback about this edition and remain dedicated to meeting the needs of the APGO membership.

ONLINE COMPANION TO THE APGO MEDICAL STUDENT EDUCATIONAL OBJECTIVES

As a supplement to this text, we invite clerkship directors and faculty to utilize the **APGO Medical Student Educational Objectives Curriculum Builder**, an online, interactive tool allowing educators to develop a customized curriculum in undergraduate women’s reproductive health using the material found in the Educational Objectives.

The online Curriculum Builder tool can be filtered and sorted by Medical Student Educational Object Topic, Level of Competence, Instructional Methods, Assessment Methods, ACGME Competency, Health Systems Science, Emerging Topics and/or Entrustable Professional Activities. Completed queries can be exported to Excel, allowing educators to expand or modify curricula based on program needs.

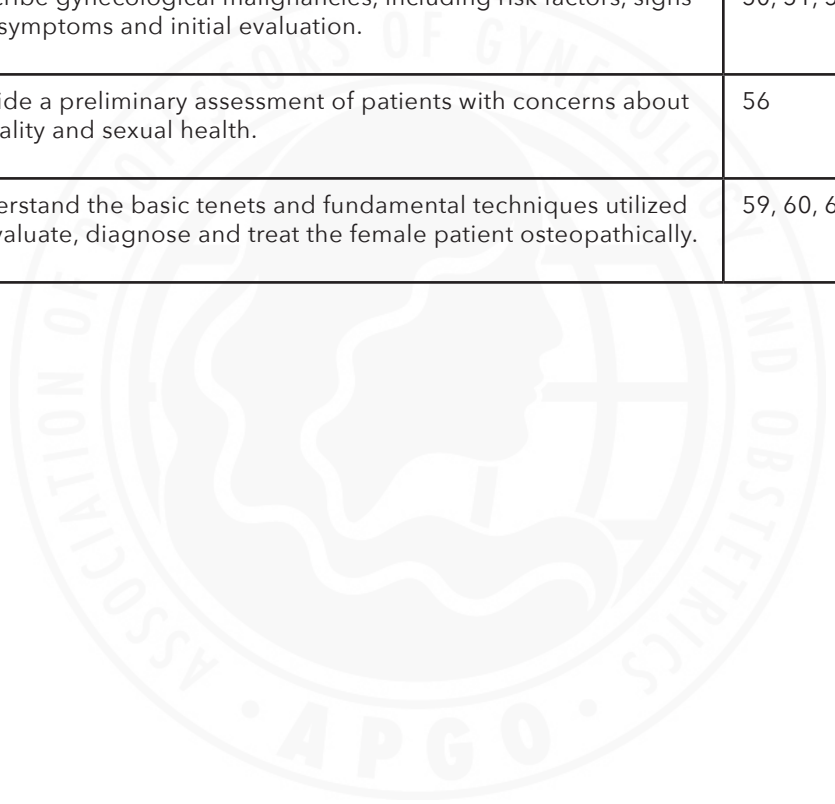
To use the APGO Medical Student Educational Objectives Curriculum Builder, visit www.apgo.org/mso.

TABLE 1
The 18 Educational Objectives of Ob-Gyn Undergraduate Medical Education and Related Educational Topic Areas

Objective Number	Objective Description	Related Educational Area Topic Number
1	Develop competence in the medical interview and physical examination of women, and incorporate ethical, social and diversity perspectives to provide culturally competent health care.	1,2,3,4,5,59,60,61,62
2	Apply recommended prevention strategies to women throughout the lifespan.	7, 57, 58
3	Recognize his/her role as a leader and advocate for women.	6
4	Demonstrate knowledge of preconception care, including the impact of genetics, medical conditions and environmental factors on maternal health and fetal development.	9
5	Explain the normal physiologic changes of pregnancy, including interpretation of common diagnostic studies.	8, 10, 63
6	Describe common problems in obstetrics.	16, 17, 18, 19, 20, 21, 23, 29, 30, 31, 63
7	Demonstrate knowledge of intrapartum care of the mother and newborn.	11, 22, 24, 25, 26, 32, 63
8	Demonstrate knowledge of postpartum care.	12, 13, 14, 27, 28, 63
9	Describe menstrual cycle physiology, discuss puberty and menopause and explain normal and abnormal bleeding.	42, 43, 44, 45, 46, 47, 49
10	Describe the etiology and evaluation of infertility.	48
11	Develop a thorough understanding of contraception, including sterilization and abortion.	33, 34
12	Demonstrate knowledge of common benign gynecological conditions.	35, 36, 37, 38, 53
13	Formulate a differential diagnosis of the acute abdomen and chronic pelvic pain.	15, 39, 64
14	Describe common breast conditions and outline the evaluation of breast complaints.	40

TABLE 1 (Cont'd)
**The 18 Educational Objectives of Ob-Gyn Undergraduate
 Medical Education and Related Educational Topic Areas**

Objective Number	Objective Description	Related Educational Area Topic Number
15	Demonstrate knowledge of perioperative care and familiarity with gynecological procedures.	41, 64
16	Describe gynecological malignancies, including risk factors, signs and symptoms and initial evaluation.	50, 51, 52, 54, 55
17	Provide a preliminary assessment of patients with concerns about sexuality and sexual health.	56
18	Understand the basic tenets and fundamental techniques utilized to evaluate, diagnose and treat the female patient osteopathically.	59, 60, 61, 62, 63, 64



KEY

Levels of Competence⁽¹⁾

K	Knows (Knowledge)
KH	Knows How (Competence)
SH	Shows How (Performance)
D	Does (Action)

Instructional Methods

AL	Active Learning (case-based learning, team-based learning, problem-based learning)
CE	Clinical Experience
DT	Didactic Teaching
IL	Independent Learning
S	Simulation, Role Play

Assessment Methods

CDR	Clinical Documentation Review
CP	Clinical Performance Ratings/Checklist
DO	Direct Observation
MCQ ⁽²⁾	Exam (institutionally developed or nationally normed/standardized, subject)
OSAT ⁽³⁾	Exam (institutionally developed, technical skill)
OE	Exam (Institutionally developed, oral)
OSCE ⁽⁴⁾	Exam (institutionally developed, clinical performance; standardized patients can be used here)

HSS

HP	Health Policy and Advocacy
IP	Interprofessional Teamwork
L	Leadership
PH	Population Health
PS	Patient Safety
QI	Quality Improvement
SD	Social Determinant
VBC	Value-Based Case

Emerging Topics

BSR	Basic Science Related
E	Ethics
GE	Genetics
GH	Global Health
N	Nutrition
OULD	Opioid Use Disorder
PM	Pain Management
RX	Pharmacology
SS	Surgical Skills

APGO Electronic Resources

BCS	Basic Clinical Skills Curriculum
BSV	Basic Science Videos
EP	Effective Preceptor Series
ES	Educational Series
M1	Milestone 1 Cases
OTC	Online Teaching Cases and Videos
uW	uWISE and PrepforRes

ACGME Competency

PC	Patient Care
MK	Medical Knowledge
PBLI	Practice-Based Learning and Improvement
ICS	Interpersonal and Communication Skills
P	Professionalism
SBP	Systems-Based Practice

⁽¹⁾ As defined by Miller, GE in The assessment of clinical skills/competence/performance. Acad Med 1990;65:S63-7.

⁽²⁾ MCQ = Multiple Choice Question Examination

⁽³⁾ OSAT= Objective Structured Assessment of Technical Skills

⁽⁴⁾ OSCE = Objective Structured Clinical Examination

ACGME OUTCOME PROJECT GENERAL COMPETENCIES

The residency program must integrate the following ACGME competencies into the curriculum:

A. Patient Care

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

B. Medical Knowledge

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.

C. Practice-Based Learning and Improvement

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and continuously improve patient care based on constant self-evaluation and life-long learning.

D. Interpersonal and Communication Skills

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaborations with patients, their families, and other health professionals.

E. Professionalism

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

F. Systems-Based Practice

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability call on other resources in the system to provide optimal health care.

EDUCATIONAL TOPICS



Educational Topic 1: History

Rationale:

A gynecological evaluation is an important part of primary health care and preventive medicine for women. Assessment of reproductive health should be a part of every woman's general medical interview and physical examination. Certain questions pertain to all women, whereas other questions are specific to particular problems. Interpersonal communication skills are essential between patient and physician.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. Complete a comprehensive women's medical interview, including: <ol style="list-style-type: none"> 1. Menstrual history 2. Obstetric history 3. Gynecologic history 4. Contraceptive history 5. Sexual history 6. Family/genetic history 7. Social history 	D	AL, CE, DT, IL, S	CDR, CP, DO, OSCE	ICS, MK, P, PC	SD	GE	EP, ES, M1, OTC	1
B. Assess risk for unintended pregnancy, sexually transmitted infections, cervical dysplasia, breast malignancy, gynecologic malignancies, nutrition/obesity, domestic violence and eating disorders in the context of population health, including social and environmental factors	SH	AL, CE, DT, IL, S	CDR, CP, DO, OSCE	ICS, MK, P, PC	PH, SD	N	EP, ES, M1, OTC	1, 3

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
C. Recommend screening tests for malignancy, infection and other conditions, with consideration of population health and value-based care	D	AL, CE, DT, IL, S	CDR, CP, DO, OSCE	ICS, MK, PC	PH, QI, VBC	GE	EP, ES, M1, OTC	1, 3
D. Demonstrate interpersonal and communication skills that build trust by addressing relevant factors, including culture, ethnicity, language/literacy, socioeconomic status, spirituality/religion, age, sexual orientation and disability	SH	AL, CE, DT, IL, S	CDR, CP, DO, OSCE	ICS, P, PC	PH, SD	GH	EP, ES, M1, OTC	1
E. Produce well-organized written and oral reports to communicate the results of the ob-gyn and general medical interview	D	AL, CE, DT, IL, S	CDR, CP, DO, OSCE	ICS, MK, PC	IP, QI		EP, ES, M1, OTC	5, 6

Educational Topic 2: Examination

Rationale:

An accurate physical examination complements the history, provides additional information, helps determine diagnosis and guides management. It also provides an opportunity to educate and reassure the patient. Interpersonal communication skills to establish rapport and trust between a patient and provider are essential to performing a thorough gynecologic exam.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. Describe the recommendations for screening breast and pelvic examinations in women's health care maintenance, with consideration of population health and value-based care	K	AL, CE, DT, IL, S	CDR, DO, MCQ, OE, OSCE	MK, PC, SBP	PH, VBC	E	BCS, EP, OTC, uW	1, 3
B. Demonstrate interpersonal communication skills to establish trust and cooperation between patient and provider and assure patient's comfort and dignity	D	AL, CE, DT, IL, S	CDR, CP, DO, OSCE	ICS, P, PC	HP, IP, L		BCS, EP, M1	1
C. Perform accurate examinations in a sensitive manner, including: <ol style="list-style-type: none"> Breast examination Abdominal examination Complete pelvic examination 	D	AL, CE, DT, IL, S	CDR, CP, DO, OSCE	ICS, MK, P, PBLI, PC	PS		BCS, EP, M1, OTC	1

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
D. Describe the: 1. Normal female anatomy across the life span 2. Appearance of common pathology of the female urogenital tract 3. Appearance of common breast changes and disorders	KH	AL, CE, DT, IL	MCQ, OE	ICS, MK, PC			BCS, EP, M1	
E. Produce well-organized written and oral reports to communicate findings of the examination	D	AL, CE, DT, IL, S	CDR, CP, DO, OSCE	ICS, MK, PC	IP, QI		BCS, EP, M1	5, 6
F. Communicate examination findings with the patient using language commensurate with level of health literacy	D	AL, CE, DT, IL, S	CDR, CP, DO, OSCE	ICS, MK, P, PBLI, PC	HP, QI, PS		BCS, EP, M1	1

Educational Topic 3: Cervical Cancer and Sexually Transmitted Infection Screening

Rationale:

Cervical cancer and STI screening are two of the most successful public health interventions in medicine. Proper technique in obtaining specimens for cervical cytology, DNA probes and/or microbiologic culture will improve accuracy and provide value-based care to populations at risk.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. Describe the indications for cervical cancer and STI screening, with consideration of population health and value-based care	K	AL, CE, DT, IL	CDR, CP, DO, MCQ	ICS, MK, PC	PH, QI, SD, VBC	GH	BCS, EP, ES, OTC, uW	3
B. Obtain specimens for cervical cancer screening, including cytology and HPV testing	D	AL, CE, DT, IL, S	CDR, CP, DO, OSAT, OSCE	ICS, MK, P, PC	PS	BSR, GH	BCS, BSV, M1, OTC, uW	3, 12
C. Obtain specimens to detect sexually transmitted infections	D	AL, CE, DT, IL, S	CDR, CP, DO	ICS, MK, P, PC	PS	BSR, GH	BCS, BSV, ES, M1, OTC, uW	3, 12
D. Explain to the patient the purpose of cervical cancer and STI screening, and the impact on population health, in language commensurate with level of health literacy	SH	AL, CE, DT, IL, S	CDR, CP, DO, OSCE	ICS, MK, P, PBLI, PC	L, PH	BSR, GH	BCS, BSV, ES, M1, OTC, uW	3, 11
E. Describe the role of cervical cancer and STI screening in improving population health outcomes	K	AL, DT, IL	MCQ, OE	ICS, MK, PC, SBP	HP, PH, PS, VBC	GH	BSV, OTC, uW	13

Educational Topic 4: Diagnosis and Management Plan

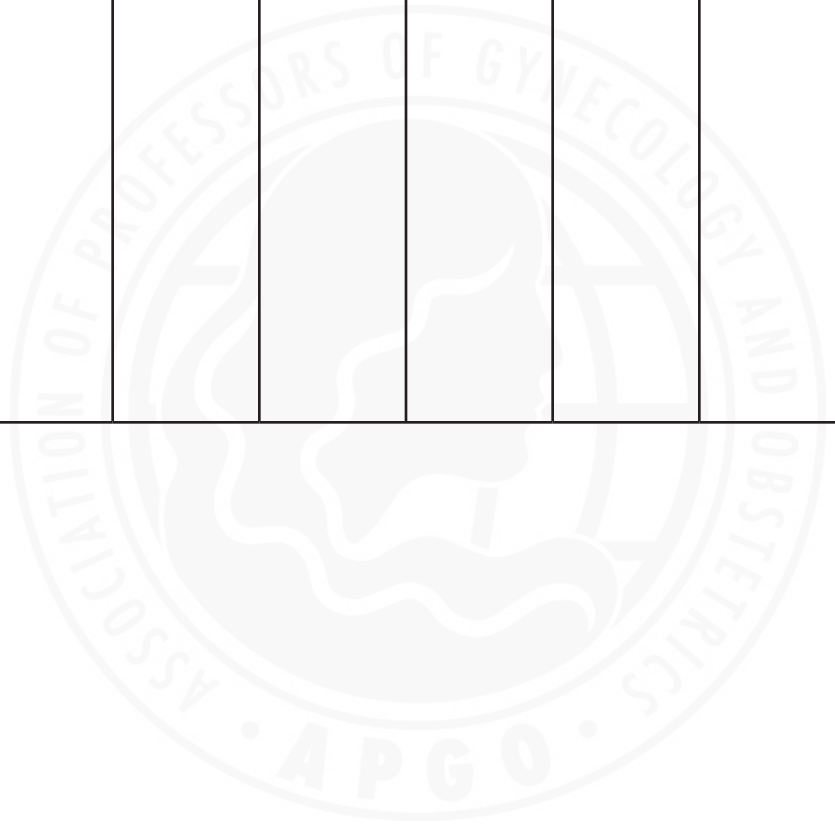
Rationale:

Accurately identifying problems and determining the most likely diagnoses lead to effective management plans to ensure patient safety and avoid medical error. An understanding of value-based care, population health and critical thinking skills are all essential to sound clinical reasoning.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. Generate a problem list	D	AL, CE, DT, IL, S	CDR, CP, OSCE	ICS, MK, PC	PS		M1	2, 5
B. Formulate a diagnostic impression, including differential diagnosis 1. Describe clinical reasoning process to arrive at diagnoses, with interpretation of relevant confirming and disconfirming findings	SH	AL, CE, DT, IL, S	CDR, CP, OSCE	ICS, MK, PC	PS, QI		M1	1, 2, 3, 5
C. Appraise cultural, psychosocial, economic and ethical issues in patient care	SH	AL, CE, DT, IL, S	CDR, CP, DO, OSCE	ICS, P, PC, SBP	HP, L, PH, SD	E, GH	EP, M1	1
D. Describe the role cognitive biases may play in the diagnostic process	K	AL, CE, DT, IL, S	CDR, DO, MCQ, OE	ICS, MK, P, PBLI	PH, PS, QI, SD			2, 7

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
<p>E. Develop a management plan, with consideration of value-based care and of social, cultural and economic factors that may affect access to and utilization of health care:</p> <ol style="list-style-type: none"> 1. Laboratory and diagnostic studies 2. Treatment options, including medical, surgical and lifestyle modifications 3. Patient education commensurate with level of health literacy 4. Continuing care plans 	D	AL, CE, DT, IL, S	CP, CDR	ICS, MK, P, PBLI, PC, SBP	IP, SD, VBC	N, RX	M1	2, 3, 4, 7



Educational Topic 5: Interpersonal Communication Skills

Rationale:

The student must interact and communicate effectively with patients, their families and members of the health care team in order to advocate for the patient and improve health care outcomes.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. Develop rapport with patients, taking into account patients' social and cultural contexts	D	AL, CE, S	CP, DO, OSCE	ICS, P, PC, SBP	HP, SD	GH	EP, M1, OTC	1, 11
B. Work cooperatively with patients, their social supports and other members of the health care team	D	AL, CE, S	CP, DO	ICS, P, PC, SBP	HP, IP, L, SD		M1, OTC	9
C. Request, reflect and act on feedback with regard to interpersonal communication skills as part of professional development	D	AL, CE, IL, S	CP, DO	ICS, P, PBLI	IP		M1, OTC	13

Educational Topic 6: Legal and Ethical Issues in Obstetrics and Gynecology

Rationale:

Recognizing and understanding the basis of legal and ethical issues in obstetrics and gynecology will promote quality patient care and patient safety.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. Explain the following legal/ethical issues:								
1. Informed consent for procedures, tests or treatment	KH	AL, CE, DT, IL, S	CDR, CP, DO, OE, OSAT, OSCE	ICS, MK, P, PC, SBP	HP, L, PS	E, RX	BCS, M1, OTC, uW	11
2. Confidentiality	D	AL, CE, DT, IL, S	CP, DO, OSCE	ICS, P, PC	HP, IP, PS	E, GE	EP, OTC, uW	1, 6, 8
3. Advance directives for healthcare	KH	AL, CE, DT, IL, S	CDR, CP, DO, OSCE	ICS, P, PC, SBP	HP, IP, L, PH, PS, VBC	E, PM	M1, OTC, uW	4, 5, 8
4. Screening and reporting of suspected child abuse, sexual abuse and intimate partner violence	KH	AL, CE, DT, IL, S	CDR, CP, DO, MCQ, OE, OSCE	ICS, MK, P, PC, SBP	HP, IP, PS, SD	E, GH	BCS, EP, OTC, uW	1, 3, 9
B. Discuss legal and ethical issues in provision of reproductive health care to minors	KH	AL, CE, DT, IL, S	CDR, CP, DO, MCQ, OE, OSCE	ICS, MK, P, PC, SBP	HP, IP, L, PS	E	ES, OTC, uW	7
C. Apply a systematic approach to ethical dilemmas based on ethical principles	KH	AL, CE, DT, IL, S	CDR, CP, DO, MCQ, OE, OSCE	ICS, MK, P, PC, SBP	HP, IP, L	E	ES, OTC, uW	7

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
D. Discuss the legal and ethical issues of pain management and opioid addiction in obstetrics and gynecology	KH	AL, CE, DT, IL, S	CDR, CP, DO, MCQ, OE, OSCE	ICS, MK, P, PC, SBP	HP, IP, PH, PS, VBC	E, OUD, PM, RX	OTC, uW	7
E. Describe issues of justice relating to reproductive health care access	KH	AL, CE, DT, IL, S	MCQ, OE, OSCE	ICS, MK, P, PC, SBP	HP, L, PH, SD, VBC	E, GE, GH	OTC, uW	7
F. Describe the social and structural determinants of health that may influence access to health care and medical decision-making	KH	AL, CE, DT, IL, S	CDR, MCQ, OE	ICS, MK, PBLI, PC, SBP	HP, L, PH, PS, SD, VBC	E, GH, N	uW	7
G. Recognize his/her role as a leader and advocate for women	KH	AL, CE, DT, IL, S	MCQ, OE, OSCE	ICS, MK, P, PC, SBP	HP, IP, L	E, GH	OTC, uW	9, 13
H. Recognize the ethical issues of other specialties and disciplines as they relate to women's health care	KH	AL, CE, DT, IL, S	MCQ, OE, OSCE	ICS, MK, P, PC, SBP	HP, IP, L, PH	E, GH	OTC, uW	7

Educational Topic 7: Preventive Care and Health Maintenance

Rationale:

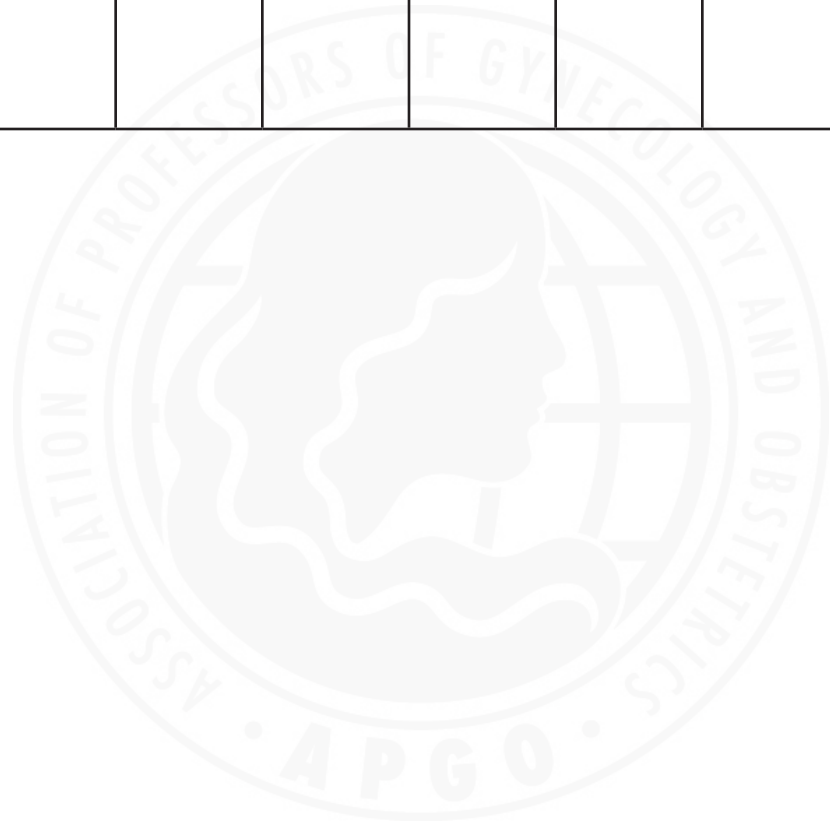
The student will recognize the value of routine health surveillance as part of health promotion and disease prevention. The student will understand the impact of health care systems and social, societal and structural forces on access and utilization of preventive care.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. Counsel patients regarding the following and suggest appropriate referral if necessary (i.e. social worker, nutritionist, psychologist): <ol style="list-style-type: none"> 1. Contraception 2. Intimate partner violence 3. Prevention of sexually transmitted infections 4. Immunizations 5. Diet/nutrition 6. Exercise 7. Seat belt use 8. Stress management 9. Sun exposure 10. Depression 11. Tobacco use 12. Alcohol/substance abuse 13. Oral health 	SH	AL, CE, DT, IL, S	CDR, CP, DO, OE, OSCE	ICS, MK, P, PC, SBP	HP, IP, PH, SD, VBC	N, OUD	ES, M1, OTC, uW	1, 3, 9

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
B. Explain prevention guidelines, including screening procedures, with an understanding of value-based care for diseases of the following: <ol style="list-style-type: none"> 1. Breast 2. Cervix 3. Colon 4. Cardiovascular 5. Skin 6. Bone 7. Oral health 8. Mental/ Behavioral health 	SH	AL, CE, DT, IL, S	CDR, CP, DO, MCQ, OE, OSCE	ICS, MK, P, PC, SBP	HP, IP, PH, PS, SD, VBC	GE, GH	BSV, M1, OTC, uW	3, 4, 11
C. Identify risk factors in a patient's personal and family history, including socio-economic status and status as member of racial, ethnic or gender minority, for diseases of the following: <ol style="list-style-type: none"> 1. Breast 2. Cervix 3. Colon 4. Cardiovascular 5. Skin 6. Bone 7. Oral Health 8. Mental/ Behavioral Health 9. Venous Thrombo-embolism 	SH	AL, CE, DT, IL, S	CDR, CP, DO, MCQ, OE, OSCE	ICS, MK, P, PC, SBP	PH, SD, VBC	BSR, GE, N, OUD	BSV, M1, OTC, uW	1, 3

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
D. Identify barriers to accessing preventive health care services: <ol style="list-style-type: none"> 1. Personal (social, economic, insurance) 2. Provider (implicit bias, stereotyping) 3. Community/ Local (transportation, facility access, hours of operation) 4. Regional 5. National 	SH	AL, CE, DT, IL, S	CDR, CP, DO, MCQ, OE	ICS, PBLI, PC, SBP	HP, PH, QI, SD, VBC	GH	BSV	1, 9



Educational Topic 8: Maternal-Fetal Physiology

Rationale:

Knowledge of the physiologic adaptations to pregnancy will promote understanding of the impact of pregnancy on health and disease. Students should understand the unique physiology of the maternal-fetal-placental unit.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. Discuss the maternal physiologic and anatomic changes associated with pregnancy	K	AL, DT, IL	MCQ, OE	ICS, MK		BSR, N, RX	BSV, ES, M1, OTC, uW	
B. Describe fetal physiology	K	AL, DT, IL	MCQ, OE	ICS, MK		BSR, N, RX	BSV, ES, M1, OTC, uW	
C. Describe placental physiology	K	AL, DT, IL	MCQ, OE	ICS, MK		BSR, N, RX	BSV, ES, M1, OTC, uW	
D. Interpret common diagnostic studies of fetal well-being during pregnancy, with consideration of value-based care	KH	AL, CE, DT, IL, S	CDR, DO, MCQ, OE	MK, PC	PS, QI, VBC	BSR, E	BSV, ES, M1, OTC, uW	3, 10

Educational Topic 9: Preconception Care

Rationale:

The proven benefits of good health prior to conception include a significant reduction in maternal and fetal morbidity and mortality. Maximizing women's health prior to pregnancy, including addressing modifiable lifestyle risks, contributes to the overall health of a community and population.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. Describe preconception screening for common medical conditions based on risk factors, with consideration of value-based care	KH	AL, CE, DT, IL	CDR, MCQ, OE	ICS, MK, PC, SBP	HP, PH, PS, VBC	N, RX	ES	3, 11
B. Describe recommended preconception immunizations	K	AL, CE, DT, IL	CDR, MCQ, OE	ICS, MK, PC	HP, PH, PS, VBC	BSR, E	BSV, OTC, uW	3, 11
C. Assess paternal and maternal contributions to genetic risks to pregnancy and child well-being, with consideration of value-based care, as part of an interprofessional team	SH	AL, CE, DT, IL	CDR, CP, DO, MCQ, OSCE	ICS, MK, PC, SBP	HP, IP, PH, PS, VBC	GE, GH	BSV, OTC, uW	1, 3, 9
D. Describe genetic screening options in pregnancy, with consideration of value-based care, as part of an interprofessional team	SH	AL, CE, DT, IL	CDR, CP, DO, MCQ, OSCE	ICS, MK, PC	HP, IP, L, PH, PS, VBC	E, GE	BSV, OTC, uW	3, 9, 11

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
E. Recognize a patient's risk of substance abuse and intimate partner violence, and explain how this would be addressed with a patient as part of an interprofessional team	SH	AL, CE, DT, IL, S	CDR, CP, DO, MCQ, OSCE	ICS, MK, PC	HP, IP, L, PH, PS, SD	GH, OUD, PM	OTC, uW	1, 2, 3, 9, 10
F. Appraise a patient's nutritional status and make recommendations to the patient on nutrition and exercise, with consideration of value-based care, as part of an interprofessional team	SH	AL, CE, DT, IL, S	CDR, CP, DO, MCQ, OSCE	ICS, MK, PC, SBP	HP, IP, L, PH, SD, VBC	BSR, N	ES, OTC, uW	1, 2, 3, 9
G. Appraise a patient's oral health, with consideration of value-based care, and make recommendations for dental care	KH	AL, CE, DT, IL, S	CDR, CP, DO, MCQ, OSCE	MK, PC, SBP	HP, IP, L, PH, SD, VBC	GH, N	ES, OTC, uW	1, 2, 3, 9
H. Appraise a patient's mental health and make recommendations for mental/ behavioral health referrals, as part of an interprofessional team	KH	AL, CE, DT, IL, S	CDR, CP, DO, MCQ, OSCE	ICS, MK, PC, SBP	HP, IP, L, PH, SD, VBC	E, GE, PM, RX	ES, OTC, uW	1, 2, 3, 9
I. Assess a patient's environmental hazards in pregnancy, with consideration of social and economic determinants of risk exposure	D	AL, CE, DT, IL, S	CDR, CP, DO, MCQ, OSCE	MK, PC	HP, L, PH, PS, SD	BSR, E, GH, N	ES, OTC, uW	1, 2, 3
J. Explain recommendations for folic acid intake for prevention of birth defects	SH	AL, CE, DT, IL, S	CDR, CP, DO, MCQ, OSCE	ICS, MK, PC	HP, PH, VBC	N, RX	ES, OTC, uW	1, 3

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
K. Identify ethical issues associated with prenatal genetic screening and diagnostic tests, with consideration of value-based care, as part of an interprofessional team	K	AL, CE, DT, IL, S	CDR, CP, DO, MCQ, OSCE	ICS, MK, P, PC, SBP	HP, IP, L, PH, PS, VBC	E, GE, GH	ES, OTC, uW	1, 3, 7, 9



Educational Topic 10: Antepartum Care

Rationale:

Antepartum care includes ongoing risk assessment and patient education with the aim to achieve a safe, healthy birth for the mother and infant. Antepartum care is based on principles of preventive health care, value-based care and public health.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. Diagnose pregnancy	D	AL, CE, DT, IL, S	CDR, CP, OE, OSCE	MK, PC			OTC, uW	1, 2, 3, 10
B. Determine gestational age	D	AL, CE, DT, IL, S	CDR, CP, OE, OSCE	MK, PC			OTC, uW	1, 3
C. Assess risk factors for pregnancy complications, including screening for intimate partner violence	SH	AL, CE, DT, IL, S	CDR, CP, DO, MCQ, OE, OSCE	ICS, MK, P, PC	HP, PH, SD, VBC	GE, N, RX	OTC, uW	1, 3, 10
D. Describe appropriate screening tests and timing for normal pregnancy, with consideration of value-based care	KH	AL, CE, DT, IL, S	CDR, CP, DO, MCQ, OE, OSCE	ICS, MK, PC	HP, PH, VBC	BSR, E, GE	OTC, uW	3
E. Describe appropriate diagnostic studies and timing for normal pregnancy, with consideration of value-based care	KH	AL, CE, DT, IL, S	CDR, CP, DO, MCQ, OE, OSCE	ICS, MK, PC	HP, PH, VBC	GE	OTC, uW	3
F. List the nutritional needs of pregnant women	K	AL, CE, DT, IL, S	CDR, CP, MCQ, OE, OSCE	MK	HP, PH, SD	GH, N	OTC, uW	
G. Identify adverse effects of drugs and environmental factors on pregnancy	K	AL, CE, DT, IL, S	CDR, CP, MCQ, OE, OSCE	MK	HP, PH, SD, VBC	BSR, GH, OUD, RX	OTC, uW	1, 7

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
H. Perform a physical examination on obstetric patient	D	AL, CE, DT, IL, S	CDR, CP, DO, OSCE	ICS, MK, P, PC	PS		OTC, uW	1
I. Discuss answers to commonly asked questions concerning pregnancy, labor and delivery	KH	AL, CE, DT, IL, S	CDR, CP, DO, MCQ, OE, OSCE	ICS, MK, P, PBLI, PC	IP, VBC		OTC, uW	3, 11
J. Describe approaches to assessing the following: 1. Fetal well-being 2. Fetal growth 3. Amniotic fluid volume 4. Fetal lung maturity	KH	AL, CE, DT, IL, S	MCQ, OE, OSCE	ICS, MK, PC	HP, IP, VBC		OTC, uW	3, 11
K. Describe the impact of pregnancy on medical conditions and the impact of medical conditions on pregnancy	KH	AL, CE, DT, IL, S	MCQ, OE, OSCE	ICS, MK, PC	PH, QI		OTC, uW	7
L. Describe the effects of pregnancy on women's social and economic roles	K	AL, CE, DT, IL	CDR, MCQ, OE	ICS, PC, SBP	HP, PH, SD	E, GH		7

Educational Topic 11: Intrapartum Care

Rationale:

Students should understand the normal course of labor and childbirth. Intrapartum care includes ongoing risk assessment of the labor course and the timely recognition of abnormal events to achieve a safe, healthy birth for the mother and infant. Interprofessional teamwork and effective communication between providers are essential to intrapartum care. Understanding the process of normal labor and childbirth allows providers to give reassurance to the woman and her social supports.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. Differentiate between the signs and symptoms of true labor and false labor	KH	AL, CE, DT, IL, S	CP, MCQ, OE	MK, PC			BCS, BSV, M1, OTC, uW	1, 2
B. Perform initial assessment of a laboring patient, with consideration of value-based care	SH	AL, CE, DT, IL, S	CDR, CP, DO, OSAT, OSCE	ICS, MK, P, PC, SBP	PS, VBC		BCS, BSV, M1, OTC, uW	1, 2, 3
C. Describe the four stages of labor and recognize common abnormalities	KH	AL, CE, DT, IL	CP, MCQ, OE	ICS, MK, PC		BSR	BCS, BSV, M1, OTC, uW	2
D. Explain pain management approaches during labor within a framework of interprofessional teamwork	KH	AL, CE, DT, IL, S	CDR, CP, MCQ, OE, OSCE	ICS, MK, PC, SBP	HP, IP, PH	PM	BCS, BSV, M1, OTC, uW	9, 11

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
E. Describe methods of monitoring the mother and fetus, with consideration of patient safety and value-based care	K	AL, CE, DT, IL, S	MCQ, OE	ICS, MK, SBP	PS, QI		BCS, BSV, M1, OTC, uW	11
F. Describe the steps of a vaginal delivery	KH	AL, CE, DT, IL, S	CP, DO, OE, OSCE	ICS, MK, PC	PS		BCS, BSV, M1, OTC, uW	12
G. List indications for operative delivery, with consideration of patient safety	K	AL, CE, DT, IL, S	MCQ, OE	ICS, MK, PBLI	PS	SS	BCS, BSV, M1, OTC, uW	10
H. Describe the steps of a Cesarean delivery, with consideration of patient safety and an approach to improve the quality of care for surgical interventions	KH	AL, CE, DT, IL, S	CP, DO, OE, OSAT, OSCE	ICS, MK, PBLI	PS, QI	SS	BCS, BSV, OTC, uW	12
I. Identify maternal and fetal risks specific to delivery in low-resource settings	K	AL, CE, DT, IL, S	MCQ, OE	MK, SBP	HP, PH, PS, QI, SD	E, GH	BCS, BSV, OTC, uW	1, 7
J. Describe the role of a multidisciplinary and interprofessional team in providing intrapartum care	K	AL, CE	DO, MCQ, OE, OSCE	ICS, P, PBLI, SBP	HP, IP, L, PS, QI	PM	OTC, uW	9

Educational Topic 12: Immediate Care of the Newborn

Rationale:

Assessment of the newborn allows recognition of abnormalities requiring intervention.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. List techniques for assessing newborn status within a framework of interprofessional teamwork	K	AL, CE, DT, IL, S	DO, MCQ, OE	ICS, MK, SBP	IP		M1, OTC, uW	1, 9
B. Describe immediate care of the normal newborn, with consideration of value-based care	KH	AL, CE, DT, IL, S	DO, OE, OSCE	ICS, MK, PC	IP, PS, VBC		M1, OTC, uW	1, 12
C. Recognize findings requiring immediate intervention in newborn care	KH	AL, CE, DT, IL, S	DO, OE, OSCE	MK, PC	IP		M1, OTC, uW	1, 2, 10
D. Describe the risks and benefits of male infant circumcision, with consideration for patient safety and recognition of cultural and social factors	KH	AL, CE, DT, IL, S	DO, MCQ, OE	ICS, MK, P, PBLI, PC, SBP	PS	E, GH, PM	M1, OTC, uW	11

Educational Topic 13: Postpartum Care

Rationale:

Knowledge of normal postpartum physiology allows appropriate care, reassurance and early recognition of abnormal events to achieve a safe and healthy recovery for the mother.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. Describe normal maternal physiological changes of the postpartum period	K	AL, CE, DT, IL	MCQ, OE	ICS, MK		BSR	ES, OTC, uW	
B. Describe the components of postpartum care, with consideration of value-based care and social, racial and economic disparities in postpartum outcomes	K	AL, CE, DT, IL	MCQ, OE	ICS, MK, PC, SBP	IP, PH, SD, VBC	E, PM	ES, OTC, uW	1, 2, 3
C. Describe postpartum patient counseling, including risk factors for medical and mental health complications	KH	AL, CE, DT, IL, S	OE, OSCE	ICS, MK, P, PC, SBP	PH, PS, QI, SD, VBC	RX	ES, OTC, uW	1, 2, 3
D. Describe postpartum contraception options, with consideration of value-based care and opportunities for advocacy	KH	AL, CE, DT, IL, S	OE, OSCE	ICS, MK, P, PC, SBP	HP, PH, QI, VBC	GH, RX	ES, OTC, uW	11

Educational Topic 14: Lactation

Rationale:

Knowledge of the physiology and function of the breast during lactation allows appropriate counseling to the pregnant and postpartum patient.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. List the normal physiologic and anatomic changes of the breast during pregnancy and postpartum	K	AL, CE, DT, IL	MCQ, OE	MK		BSR	BCS, BSV, OTC, uW	
B. Diagnose and recommend treatment for common postpartum abnormalities of the breast, with consideration of value-based care	KH	AL, CE, DT, IL, S	MCQ, OE, OSCE	ICS, MK, P, PC, SBP	IP, VBC		BCS, BSV, OTC, uW	1, 2, 3, 4, 7
C. List the benefits of breastfeeding, with an understanding of social, economic, ethnic and racial disparities in health outcomes for breastfeeding patients and their infants, and opportunities for advocacy	K	AL, CE, DT, IL	MCQ, OE	MK	HP, IP, PH, QI, SD	E, GH, N	BCS, BSV, OTC, uW	11
D. Describe the resources and approach to determining medication safety during breastfeeding with a framework for interprofessional teamwork	KH	AL, CE, DT, IL, S	MCQ, OE, OSCE	ICS, MK, P, PC, SBP	HP, IP, PH	RX	BCS, BSV, OTC, uW	7, 9

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
E. Describe common challenges in the initiation and maintenance of lactation, recognizing social and structural determinants of health that may affect breastfeeding	KH	AL, CE, DT, IL, S	MCQ, OE, OSCE	ICS, MK, P, PC, SBP	HP, IP, PH, QI, SD	GH	BCS, BSV, OTC, uW	11



Educational Topic 15: Ectopic Pregnancy

Rationale:

Ectopic pregnancy is a leading cause of first trimester maternal morbidity and mortality. Early diagnosis and management may prevent serious adverse outcomes and may preserve future fertility.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. Develop a differential diagnosis for vaginal bleeding and pelvic pain in the first trimester	KH	AL, CE, DT, IL	MCQ, OE, OSCE	MK, PC		BSR	BSV, ES, M1, OTC, uW	2
B. Perform a physical exam to assess for acute abdomen	D	AL, CE, DT, IL, S	CDR, CP, DO, OSCE	ICS, MK, P, PC	PS		BSV, ES, M1, OTC, uW	1, 10
C. List risk factors for ectopic pregnancy, with an understanding of ethnic and racial disparities in health outcomes for women who experience ectopic pregnancy and opportunities for advocacy	K	AL, CE, DT, IL	MCQ, OE	ICS, MK	HP, PH, SD	BSR	BSV, ES, M1, OTC, uW	1
D. Discuss diagnostic protocols for ectopic pregnancy, with consideration of value-based care and patient safety	KH	AL, CE, DT, IL, S	CDR, CP, MCQ, OE, OSCE	ICS, MK, PC, SBP	IP, PS, QI, VBC		BSV, ES, M1, OTC, uW	2, 3, 11
E. Describe treatment options for patients with ectopic pregnancy, with consideration of value-based care and patient safety	KH	AL, CE, DT, IL	MCQ, OE, OSCE	ICS, MK, PC, SBP	IP, PS, VBC	RX, SS	BSV, ES, M1, OTC, uW	4, 10, 11

Educational Topic 16: Spontaneous Abortion

Rationale:

Spontaneous abortion is a common and often distressing complication of early pregnancy. An accurate and prompt diagnosis is crucial for high-quality patient care.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. Develop a differential diagnosis for first trimester vaginal bleeding	KH	AL, CE, DT, IL	MCQ, OE, OSCE	MK, PC		BSR	BSV, M1, OTC, uW	2
B. Describe the types of spontaneous abortions (missed, complete, incomplete, threatened, inevitable, septic)	KH	AL, CE, DT, IL	MCQ, OE, OSCE	ICS, MK, PC		BSR	BSV, OTC, uW	
C. List causes of spontaneous abortion, with consideration of ethnic, racial and cultural disparities in health outcomes	K	AL, CE, DT, IL	MCQ, OE	MK, P	PH, SD	GE	BSV, OTC, uW	1, 2
D. List common complications of spontaneous abortion, with consideration of social and structural determinants of health outcomes	K	AL, CE, DT, IL	MCQ, OE	MK, P	PH, PS, SD		BSV, OTC, uW	1, 2, 10
E. Discuss treatment options for spontaneous abortion, with consideration for patient safety and value-based care	KH	AL, CE, DT, IL, S	MCQ, OE, OSCE	MK, PC, SBP	IP, PS, VBC	RX, SS	BSV, OTC, uW	4, 10, 11

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
F. Recognize the psychological impact of spontaneous abortion on patients and their families, and the role of mental/behavioral health services	K	AL, CE, DT, IL, S	MCQ, OE, OSCE	ICS, MK, PC, SBP	IP, PH, SD		OTC	7, 9



Educational Topic 17: Medical and Surgical Complications of Pregnancy

Rationale:

Medical and surgical complications may alter the course of pregnancy. Likewise, pregnancy may have an impact on the management of these conditions.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. Recognize and describe the following medical and surgical conditions in pregnancy, including their impact on the care and safety of both the gravid patient and the fetus/newborn, the appropriate initial history, physical examination and diagnostic evaluation, and the impact of social and environmental factors on the management of:								
1. Anemia	KH	AL, CE, DT, IL	CDR, CP, DO, MCQ, OE, OSCE	ICS, MK, PC, SBP	IP, PH, PS, QI, SD	BSR, GE, N, RX	BSV, OTC, uW	1, 2, 3
2. Endocrine disorders, including diabetes mellitus and thyroid disease	KH	AL, CE, DT, IL	CDR, CP, DO, MCQ, OE, OSCE	ICS, MK, PC, SBP	IP, PH, PS, QI, SD	BSR, N, RX	BSV, OTC, uW	1, 2, 3
3. Cardiovascular disease	KH	AL, CE, DT, IL	CDR, CP, DO, MCQ, OE, OSCE	ICS, MK, PC, SBP	IP, PH, PS, QI, SD	BSR, RX	BSV, M1, OTC, uW	1, 2, 3
4. Hypertension	KH	AL, CE, DT, IL	CDR, CP, DO, MCQ, OE, OSCE	ICS, MK, PC, SBP	IP, PH, PS, QI, SD	BSR, RX	BSV, M1, OTC, uW	1, 2, 3

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
5. Pulmonary disease, including asthma, Tb, URI	KH	AL, CE, DT, IL	CDR, CP, DO, MCQ, OE, OSCE	ICS, MK, PC, SBP	IP, PH, PS, QI, SD	BSR, RX	OTC, uW	1, 2, 3
6. Renal disease	KH	AL, CE, DT, IL	CDR, CP, DO, MCQ, OE, OSCE	ICS, MK, PC, SBP	IP, PH, PS, QI, SD	BSR, N, RX	OTC, uW	1, 2, 3
7. Common gastrointestinal diseases, including GERD, gastroenteritis, cholecystitis, cholestasis	KH	AL, CE, DT, IL	CDR, CP, DO, MCQ, OE, OSCE	ICS, MK, PC, SBP	IP, PH, PS, QI, SD	N, RX	OTC, uW	1, 2, 3
8. Common neurologic conditions, including epilepsy, migraine, carpal tunnel syndrome, Bell's palsy, multiple sclerosis	KH	AL, CE, DT, IL	CDR, CP, DO, MCQ, OE, OSCE	ICS, MK, PC, SBP	IP, PH, PS, QI, SD	RX	OTC, uW	1, 2, 3
9. Autoimmune disorders, including SLE and rheumatoid arthritis	KH	AL, CE, DT, IL	CDR, CP, DO, MCQ, OE, OSCE	ICS, MK, PC, SBP	IP, PH, PS, QI, SD	BSR	OTC, uW	1, 2, 3
10. Alcohol, tobacco, and substance abuse, including opioids	KH	AL, CE, DT, IL	CDR, CP, DO, MCQ, OE, OSCE	ICS, MK, PC, SBP	HP, IP, PH, PS, QI, SD	OUD, RX	OTC, uW	1, 2, 3
11. Surgical abdomen	KH	AL, CE, DT, IL	CDR, CP, DO, MCQ, OE, OSCE	ICS, MK, PC, SBP	IP, PH, PS, QI, SD	SS	M1, OTC, uW	1, 2, 3, 10

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
12. Infectious diseases, including <ul style="list-style-type: none"> a) Syphilis b) TORCH (Toxoplasmosis, Rubella, Cytomegalovirus, Herpes) c) Group B Streptococcus d) Hepatitis e) Human Immunodeficiency Virus (HIV) f) Human Papillomavirus (HPV) and other sexually transmitted infections g) Parvovirus h) Varicella 	KH	AL, CE, DT, IL	CDR, CP, DO, MCQ, OE, OSCE	ICS, MK, PC, SBP	HP, IP, PH, PS, QI, SD	BSR, GH, RX	BSV, M1, OTC, uW	1, 2, 3
13. Trauma and injury, including intimate partner violence, gun injury and motor vehicle injury	KH	AL, CE, DT, IL	CDR, DO, MCQ, OE	ICS, MK, PC, SBP	HP, IP, PH, PS, QI, SD	E	uW	1, 2, 3, 10

Educational Topic 18: Hypertensive Disorders in Pregnancy

Rationale:

Hypertensive disorders in pregnancy account for significant morbidity and mortality in both the mother and newborn worldwide.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. Define types of hypertensive disorders in pregnancy	K	AL, CE, DT, IL	MCQ, OE	ICS, MK		BSR	M1, OTC, uW	
B. Describe the pathophysiology of preeclampsia-eclampsia	K	AL, CE, DT, IL	MCQ, OE	ICS, MK		BSR	BSV, M1, OTC, uW	
C. Discuss risk factors for preeclampsia-eclampsia, including social and environmental factors	K	AL, CE, DT, IL	MCQ, OE	ICS, MK	PH, SD	GE, GH	M1, OTC, uW	1, 2
D. Recognize the signs, symptoms, and diagnostic criteria of preeclampsia-eclampsia, with consideration of value-based care	KH	AL, CE, DT, IL, S	CDR, CP, DO, MCQ, OE, OSCE	MK, PC, SBP	IP, PS, VBC		M1, OTC, uW	1, 2, 3, 10
E. Describe the management of preeclampsia-eclampsia at term and remote from term, including the role of the multidisciplinary team	KH	AL, CE, DT, IL, S	CDR, CP, MCQ, OE, OSCE	ICS, MK, PC, SBP	IP, PS, VBC	E, RX	M1, OTC, uW	4, 9, 10

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
F. Discuss maternal and fetal complications and patient safety implications associated with preeclampsia-eclampsia, recognizing disparities in health outcomes related to social factors	K	AL, CE, DT, IL, S	MCQ, OE	ICS, MK, SBP	HP, PH, PS, QI, SD	E, GH	M1, OTC, uW	7



Educational Topic 19: Alloimmunization

Rationale:

The incidence of maternal D alloimmunization has decreased in the past several decades as a result of population health interventions. Awareness of the red cell antigen-antibody system is important to help further reduce the morbidity and mortality from alloimmunization.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. Describe the pathophysiology and diagnosis of alloimmunization	K	AL, CE, DT, IL	MCQ, OE, OSCE	ICS, MK, PC		BSR, GE	BSV, OTC, uW	1, 2, 4
B. Describe the use of immunoglobulin prophylaxis during pregnancy for the prevention of alloimmunization	KH	AL, CE, DT, IL	MCQ, OE, OSCE	ICS, MK, PC, SBP	PH, PS, QI	BSR, RX	BSV, OTC, uW	3, 4
C. Discuss the multidisciplinary management of a patient with Rh-D sensitization in pregnancy	KH	AL, CE, DT, IL	CDR, CP, DO, MCQ, OE, OSCE	ICS, MK, PC, SBP	IP, PS, QI		BSV, OTC, uW	9

Educational Topic 20: Multifetal Gestation

Rationale:

Multifetal gestation imparts additional risks and complications to the mother and fetus which require specialized care.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. List the risk factors for multifetal gestation	K	AL, CE, DT, IL	MCQ, OE	MK		BSR, GE	BSV, OTC, uW	1
B. Describe the embryology of multifetal gestation	K	AL, CE, DT, IL	MCQ, OE	ICS, MK		BSR	BSV, OTC, uW	
C. Describe maternal and fetal physiologic changes associated with multifetal gestation	K	AL, CE, DT, IL	MCQ, OE	ICS, MK		BSR	BSV, OTC, uW	
D. Describe diagnosis and multidisciplinary management of multifetal gestation	KH	AL, CE, DT, IL, S	CDR, CP, DO, MCQ, OE, OSCE	ICS, MK, PC, SBP	IP, QI, VBC	N	OTC, uW	1, 2, 3, 4, 9
E. Describe the potential maternal and fetal complications and safety concerns associated with multifetal gestation	KH	AL, CE, DT, IL	MCQ, OE	ICS, MK	IP, PH, PS, QI, SD	BSR	OTC, uW	7

Educational Topic 21: Fetal Demise

Rationale:

Antepartum stillbirth is a devastating pregnancy complication that may cause additional safety risks to the patient. Early medical management and patient support is warranted. Evaluation of the cause of fetal demise is needed to assess the risk to future pregnancies.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. Describe the symptoms and common causes of fetal demise in each trimester, including genetic, social, environmental and nutritional factors	KH	AL, CE, DT, IL	DO, MCQ, OE, OSCE	ICS, MK, PC	PH, SD	GE, N	BSV, OTC, uW	1
B. Describe the diagnosis and management of fetal demise, with consideration of value-based care and patient safety	KH	AL, CE, DT, IL	DO, MCQ, OE, OSCE	ICS, MK, PC, SBP	PH, PS, QI, VBC	BSR, GE	BSV, OTC, uW	1, 2, 3, 4
C. Describe the multidisciplinary team approach to medical and psychosocial management of fetal demise	KH	AL, CE, DT, IL	CDR, CP, DO, MCQ, OE, OSCE	ICS, MK, PC, SBP	IP, PH, SD	E, PM, RX	OTC, uW	9
D. Describe the steps to disclose a diagnosis of fetal demise to a patient	KH	AL, CE, DT, IL, S	DO, OE, OSCE	ICS, MK, P, PC	HP, IP, L	E	OTC, uW	
E. Identify factors unique to low resource settings, including social, cultural and environmental factors that may lead to fetal demise	K	AL, CE, DT, IL	MCQ, OE	MK	HP, PH, QI, SD	E, GH, N	OTC, uW	1, 7

Educational Topic 22: Abnormal Labor

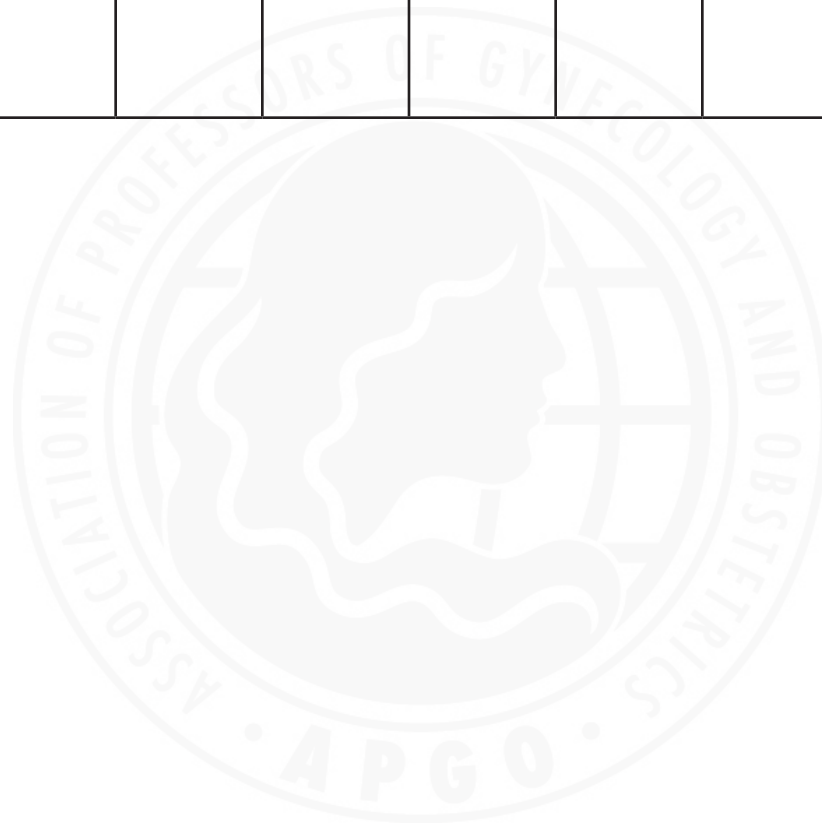
Rationale:

Labor is expected to progress toward delivery in a predictable manner. Close monitoring of the labor curve and early recognition of abnormal labor allows intervention to achieve a safe, healthy birth for the mother and infant. Communication with the laboring woman and her social supports, interprofessional teamwork and effective communication between providers are all essential to optimal management of abnormal labor.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. Define abnormal labor patterns	K	AL, CE, DT, IL	CDR, CP, MCQ, OE	MK	SD	BSR	M1, OTC, uW	
B. Describe the possible etiologies of abnormal labor, with an understanding of the role of social and environmental factors on the risk of developing abnormal labor	K	AL, CE, DT, IL	CDR, MCQ, OE	ICS, MK, P	PH, PS, SD	N, PM	M1, OTC, uW	1, 2, 3
C. Describe methods of evaluating labor patterns and the role of nursing professionals and midwives in diagnosis of abnormal labor, with consideration of value-based care	KH	AL, CE, DT, IL, S	CDR, CP, MCQ, OE	ICS, MK, PC, SBP	IP, PS, QI, VBC		M1, OTC, uW	3, 4, 9
D. Discuss fetal and maternal complications of abnormal labor	K	AL, CE, DT, IL	MCQ, OE	ICS, MK	PH, PS		M1, OTC, uW	7, 10, 11
E. List indications and contraindications for oxytocin administration, with consideration of patient safety	K	AL, CE, DT, IL, S	MCQ, OE	MK	IP, PS, QI	RX	M1, OTC, uW	11

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
F. Describe risks and benefits of trial of labor after Cesarean delivery	KH	AL, CE, DT, IL, S	OE, OSCE	ICS, MK, P, PC, SBP	HP, IP, PH, PS, VBC	SS	M1, OTC, uW	11
G. Discuss strategies for emergency management of breech presentation, shoulder dystocia and cord prolapse, including the role of the interprofessional team required to achieve a safe outcome for mother and infant	KH	AL, CE, DT, IL, S	CDR, CP, MCQ, OE, OSCE	ICS, MK, PC, SBP	IP, L, PS	SS	M1, OTC, uW	9, 10, 11



Educational Topic 23: Third Trimester Bleeding

Rationale:

Bleeding in the third trimester requires prompt evaluation and management to reduce maternal and fetal morbidity and mortality.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. List the causes of third trimester bleeding, with an understanding of social, ethnic and racial disparities in access to care and health outcomes	K	AL, CE, DT, IL	MCQ, OE	MK, P	PH, PS, SD	BSR	BSV, OTC, uW	1, 2
B. Describe the initial evaluation of a patient with third trimester bleeding	KH	AL, CE, DT, IL, S	CDR, CP, MCQ, OE, OSCE	ICS, MK, PC	IP, PS	BSR	OTC, uW	1, 2, 3
C. Provide a differential diagnosis for the cause of third trimester bleeding	KH	AL, CE, DT, IL, S	MCQ, OE, OSCE	MK, PC			BSV, OTC, uW	2
D. List the maternal and fetal complications of placenta previa and placental abruption, and role of patient safety and quality improvement systems to optimize care	K	AL, CE, DT, IL	MCQ, OE	MK, SBP	HP, IP, PH, PS, QI, VCB	BSR	OTC, uW	7, 10, 11, 13
E. Describe the initial evaluation and management plan for acute blood loss, including the role of an interprofessional team to ensure patient safety	KH	AL, CE, DT, IL, S	CDR, CP, MCQ, OE, OSCE	ICS, MK, PC, SBP	HP, IP, PH, PS, QI, VBC	SS	OTC, uW	1, 2, 3, 4, 9, 10

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
F. List the indications and potential complications of blood product transfusion, with consideration of value-based care and patient safety	K	AL, CE, DT, IL	MCQ, OE	MK, PC, SBP	PS, QI, VBC	E	OTC, uW	11, 13



Educational Topic 24: Preterm Labor

Rationale:

Prematurity is one of the most common causes of neonatal morbidity and mortality. The reduction of preterm births remains an important goal in obstetric care.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. Identify the modifiable and non-modifiable risk factors and causes for preterm labor, including the role of social, economic, ethnic and racial disparities in access to care and health outcomes	K	AL, CE, DT, IL	MCQ, OE	MK, SBP	HP, PH, PS, QI, SD, VBC	BSR, GH, N	BSV, ES, M1, OTC, uW	1, 2
B. Describe the signs and symptoms of preterm labor	KH	AL, CE, DT, IL	DO, MCQ, OE, OSCE	ICS, MK, PC			BSV, ES, M1, OTC, uW	1, 2
C. Describe the initial management of preterm labor	KH	AL, CE, DT, IL	CDR, CP, DO, MCQ, OE, OSCE	ICS, MK, PC	IP, QI, VBC	RX	BSV, ES, M1, OTC, uW	1, 2, 3, 4, 10
D. List indications and contraindications of medications used in preterm labor, with consideration of value-based care and patient safety	K	AL, CE, DT, IL	DO, MCQ, OE	MK, PC, SBP	IP, QI, VBC	RX	BSV, ES, M1, OTC, uW	4, 11

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
E. List the adverse outcomes associated with preterm birth, including key correlations between quality and safety principles with patient outcomes, with an understanding of economic, ethnic and racial disparities in health outcomes for patients who experience preterm birth	K	AL, CE, DT, IL	MCQ, OE	MK, PBLI	HP, PH, PS, QI, SD	GH	BSV, ES, M1, OTC, uW	7
F. Describe the counseling for reducing preterm birth risk, including the role of a multidisciplinary team and an understanding of social, economic, ethnic and racial disparities in access to care and health outcomes	KH	AL, CE, DT, IL, S	DO, OE	ICS, MK, P, PC, SBP	HP, IP, PH, QI, SD	GH	BSV, ES, M1, OTC, uW	9

Educational Topic 25: Premature Rupture of Membranes

Rationale:

Rupture of the membranes prior to labor is a potential complication of both term and preterm pregnancies. Prompt diagnosis, evaluation and management of premature rupture can improve fetal and maternal outcomes.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. List the symptoms, signs, and diagnostic methods used to confirm rupture of membranes, with consideration of value-based care	KH	AL, CE, DT, IL	CP, DO, MCQ, OE, OSAT, OSCE	MK, PC, SBP	IP, PS, VBC	BSR	M1, OTC, uW	1, 2, 3
B. Identify risk factors for premature rupture of membranes, including social and economic factors, with an understanding of ethnic and racial disparities in the care of and health outcomes for patients with premature rupture of membranes	KH	AL, CE, DT, IL, S	CP, MCQ, OE, OSCE	MK, PC, SBP	HP, PH, QI, SD	BSR, GH	M1, OTC, uW	1, 2
C. Describe the risks and benefits of expectant management versus immediate delivery based on gestational age, with consideration of patient safety	KH	AL, CE, DT, IL, S	CDR, CP, MCQ, OE, OSCE	ICS, MK, PC, SBP	PS, QI, VBC	E	M1, OTC, uW	10, 11

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
D. Describe the methods to monitor maternal and fetal status during expectant management, including patient safety and quality parameters	KH	AL, CE, DT, IL	CDR, CP, MCQ, OE, OSCE	ICS, MK, PC, SBP	PS, QI, VBC		M1, OTC, uW	3, 4



Educational Topic 26: Intrapartum Fetal Surveillance

Rationale:

Intrapartum fetal surveillance is used to evaluate fetal well-being and manage labor with the goal of a safe, healthy birth for the mother and infant.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. Describe the methods of fetal surveillance	KH	AL, CE, DT, IL	CP, MCQ, OE, OSCE	ICS, MK	PS		M1, OTC, uW	3, 11
B. Interpret intrapartum electronic fetal heart rate monitoring, including the role of an interprofessional team, with consideration of value-based care and the impact on patient safety	KH	AL, CE, DT, IL, S	CP, DO, MCQ, OE, OSCE	MK, PC, SBP	IP, PS, VBC		M1, OTC, uW	3, 9, 10

Educational Topic 27: Postpartum Hemorrhage

Rationale:

Postpartum hemorrhage is a major, often preventable, cause of maternal morbidity and mortality. Timely recognition and management of postpartum hemorrhage, interprofessional teamwork and effective communication between providers is essential to improve maternal outcomes. Effective communication allows providers to give reassurance to the patient and her social supports.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. List the risk factors for postpartum hemorrhage, with an understanding of how racial and ethnic disparities impact the risks, diagnosis, care and outcome of patients with postpartum hemorrhage	K	AL, CE, DT, IL	MCQ, OE	MK	HP, PH, QI, SD	BSR, GH	BSV, OTC, uW	1, 2
B. Construct a differential diagnosis for immediate and delayed postpartum hemorrhage	KH	AL, CE, DT, IL, S	CP, MCQ, OE, OSCE	MK, PC		BSR	BSV, OTC, uW	2
C. Develop an evaluation and management plan for postpartum hemorrhage, including consideration of available resources and the role of an interprofessional team to ensure patient safety	KH	AL, CE, DT, IL, S	CDR, CP, MCQ, OE, OSCE	MK, PC, SBP	HP, IP, PH, PS, QI, VBC	BSR, GH, SS	BSV, OTC, uW	1, 2, 3, 4, 9, 10, 12

Educational Topic 28: Postpartum Infections

Rationale:

Early recognition, diagnosis and treatment of postpartum infection decrease maternal morbidity and mortality.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. List common postpartum infections	K	AL, CE, DT, IL	MCQ, OE	MK		BSR	OTC, uW	2
B. List risk factors for postpartum infections	K	AL, CE, DT, IL	MCQ, OE	MK	PH, PS, QI, SD	GH	OTC, uW	1, 2
C. Describe the approach to a patient with a postpartum fever, with consideration of available resources	K	AL, CE, DT, IL, S	CDR, CP, DO, MCQ, OE, OSCE	ICS, MK, PC	PS, QI, VBC	GH	OTC, uW	1, 2, 3, 4
D. Develop an evaluation and management plan for the patient with postpartum infection, with consideration of value-based care and patient safety	KH	AL, CE, IL	CDR, CP, MCQ, OE, OSCE	MK, PC, SBP	IP, PS, QI, VBC	GH, PM, RX	OTC, uW	1, 2, 3, 4

Educational Topic 29: Anxiety and Depression in Pregnancy and the Postpartum Period

Rationale:

Pregnancy may be accompanied by anxiety and depression, especially in the postpartum period. Recognition of psychological disturbance is essential for early intervention. Understanding normal and abnormal psychological and emotional reactions to pregnancy, childbirth and the postpartum period allows providers to give reassurance to the woman and her social supports.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. Discuss the prevalence of and identify risk factors for postpartum blues, depression and psychosis, including social, economic, ethnic and racial factors, as well as disparities in access to care and health outcomes	K	AL, CE, DT, IL	MCQ, OE	ICS, MK	HP, PH, PS, QI, SD	PM, RX	BSV, OTC, uW	1, 2
B. Differentiate between postpartum blues, depression and psychosis	KH	AL, CE, DT, IL	MCQ, OE, OSCE	MK, PC			OTC, uW	1, 2, 3, 10
C. Compare and contrast treatment options for postpartum blues, depression and psychosis, including the role of an interprofessional team to ensure patient safety	KH	AL, CE, DT, IL, S	MCQ, OE, OSCE	MK, PC, SBP	HP, IP, PH, QI, VBC	RX	BSV, OTC, uW	4, 9, 11

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
D. Recognize appropriate treatment options for mood disorders during pregnancy and lactation, including the role of an interprofessional team to ensure patient safety	KH	AL, CE, DT, IL, S	MCQ, OE, OSCE	ICS, MK, PC, SBP	HP, IP, PH, QI, VBC	RX		4, 9



Educational Topic 30: Postterm Pregnancy

Rationale:

Perinatal morbidity and mortality increase significantly in a prolonged pregnancy. Prevention of complications associated with postterm pregnancy is one of the goals of antepartum and intrapartum management.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. Identify the normal duration of gestation	K	AL, CE, DT, IL	MCQ, OE	MK			OTC, uW	
B. List the complications of prolonged gestation	K	AL, CE, DT, IL	MCQ, OE	MK	PH, PS, SD	E, GH	OTC, uW	2, 7, 10
C. Describe the evaluation and evidence-based management options for prolonged gestation, with consideration of value-based care and patient safety	KH	AL, CE, DT, IL	CDR, CP, MCQ, OE, OSCE	ICS, MK, PC, SBP	PH, PS, VBC		OTC, uW	1, 2, 3, 4

Educational Topic 31: Fetal Growth Abnormalities

Rationale:

Abnormalities of fetal growth carry increased risks for morbidity and mortality. Monitoring fetal growth is an important aspect of prenatal care.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. Define macrosomia and fetal growth restriction	K	AL, CE, DT, IL	MCQ, OE	MK			OTC, uW	
B. Describe etiologies of abnormal growth, including effects of socio-economic status and nutrition	K	AL, CE, DT, IL	MCQ, OE	ICS, MK	PH, PS, SD	GE, N	OTC, uW	1, 2
C. List methods of detection for fetal growth abnormalities, with consideration of value-based care	K	AL, CE, DT, IL	MCQ, OE	MK, SBP	IP, VBC		OTC, uW	3, 4
D. Describe the management of fetal growth abnormalities, with consideration of value-based care and patient safety	KH	AL, CE, DT, IL	CDR, CP, MCQ, OE, OSCE	ICS, MK, PC, SBP	PH, PS, QI, VBC		OTC, uW	3, 4, 10
E. List the associated morbidity and mortality of fetal growth abnormalities, with an understanding of the effect of social, economic, ethnic and racial disparities in access to care and health outcomes	K	AL, CE, DT, IL	MCQ, OE	MK	HP, PH, PS, QI, SD		OTC, uW	2, 7, 10

Educational Topic 32: Obstetric Procedures

Rationale:

Knowledge of obstetric procedures is basic to the management and counseling of the pregnant patient.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. Describe the key components of preoperative evaluation and planning, including history, physical examination, informed consent (including risks, benefits, and alternatives), surgical checklists and pre-operative time-out, including the role of an interprofessional team to ensure patient safety	KH	AL, CE, DT, IL, S	CP, DO, OE, OSCE	ICS, MK, PC, SBP	IP, L, PS, QI, VBC	E, GH, SS	BCS, OTC, uW	1, 3, 4, 9, 11, 13
B. Describe common peri-operative interventions for the prevention of infection, deep venous thrombosis and other surgical complications	K	AL, CE, IL, DT	MCQ, OE	ICS, MK, PC, SBP	HP, IP, PH, PS, QI, VBC	GH, SS	BCS, OTC, uW	3, 4
C. Describe key components of postoperative care, including the role of an interprofessional team to ensure patient safety	K	AL, CE, IL, DT, S	CP, DO, MCQ, OE	ICS, MK, PC, SBP	HP, IP, PH, PS, QI, VBC	SS	BCS, OTC, uW	4, 8, 9
D. Discuss common postoperative complications	K	AL, CE, DT, IL	MCQ, OE	MK, PC		SS	BCS, OTC, uW	11

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
E. Describe the communication of operative findings and complications to patient and family	KH	AL, CE, DT, S	CDR, CP, OE, OSCE	ICS, MK, P, PBLI, PC	L, PS	E, SS	BCS, OTC, uW	13
F. Describe common outpatient and inpatient obstetrical procedures with their indications and possible complications, with consideration of value-based care and patient safety: <ol style="list-style-type: none"> 1. Ultrasound 2. Amniocentesis and chorionic villous sampling 3. Induction and augmentation of labor 4. Spontaneous vaginal delivery 5. Vaginal birth after Cesarean delivery 6. Operative vaginal delivery 7. Breech delivery and external cephalic version 8. Cesarean delivery 9. Postpartum tubal ligation 10. Cerclage 11. Newborn circumcision 	KH	AL, CE, DT, IL	MCQ, OE, OSCE	ICS, MK, PC, SBP	HP, IP, PH, PS, QI, VBC	GH, PM, RX, SS	BCS, ES, OTC, uW	11

Educational Topic 33: Family Planning

Rationale:

An understanding of contraceptive methods and associated risks, benefits and patient safety implications is necessary to assist patients seeking to prevent pregnancy.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. Describe the mechanism of action and effectiveness of contraceptive methods	K	AL, CE, DT, IL	MCQ, OE	ICS, MK		BSR, E, GH, RX	BSV, ES, OTC, uW	
B. Counsel the patient regarding the benefits, risks and use for each contraceptive method, including emergency contraception, and discuss how health policy, advocacy and social and environmental factors impact family planning and population health	SH	AL, CE, DT, IL, S	CDR, CP, DO, OSCE	ICS, MK, P, PBLI, PC, SBP	HP, PH, PS, SD, VBC	BSR, RX	BSV, ES, OTC, uW	11
C. Discuss barriers to effective contraceptive use and reduction of unintended pregnancy, and how health policy, advocacy and social and environmental factors impact family planning and population health	KH	AL, CE, DT, IL, S	DO, OE, OSCE	ICS, MK, P, PC, SBP	HP, PH, SD	BSR, E, GH	BSV, ES, OTC, uW	7
D. Describe methods of male and female surgical sterilization	K	AL, CE, DT, IL	MCQ, OE	ICS, MK		SS	ES, OTC, uW	11

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
E. Explain the risks, benefits and patient safety implications of female surgical sterilization procedures	KH	AL, CE, DT, IL, S	OE, OSCE	ICS, MK, P, PC, SBP	PH, PS, SD, VBC	SS	ES, OTC, uW	11



Educational Topic 34: Pregnancy Termination

Rationale:

Pregnancy termination is a reproductive option. Patients may consider it based on their personal life circumstances or in the setting of fetal anomalies and/or maternal illness. Regardless of personal views about abortion, students should be knowledgeable about its public health importance, as well as techniques and patient safety implications.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. Provide non-directive counseling to patients surrounding pregnancy, including unintended pregnancy, and discuss how health policy and advocacy, as well as social and environmental factors, impact reproductive rights in health care	SH	AL, CE, DT, IL, S	CDR, CP, DO, OSCE	ICS, MK, P, PBLI, PC, SBP	HP, PH, SD	E, GE, GH	OTC, uW	7
B. List surgical and non-surgical methods of pregnancy termination, with consideration of value-based care	K	AL, CE, DT, IL	MCQ, OE	MK, SBP	HP, PH, QI, SD, VBC	RX, SS	OTC, uW	4, 11
C. Identify potential complications and patient safety implications of pregnancy termination	K	AL, CE, DT, IL	MCQ, OE	MK	PS	SS	OTC, uW	10, 11
D. Describe the public health impact of the legal status of abortion, and discuss how health policy and advocacy, as well as social and environmental factors, impact access to abortion	K	AL, CE, DT, IL	MCQ, OE	SBP	HP, PH, SD	E, GH	OTC, uW	7

Educational Topic 35: Vulvar and Vaginal Disease

Rationale:

Vulvar and vaginal conditions occur frequently, can be distressing and may have serious consequences. Understanding the social and environmental factors that may impact these conditions is important for patient care.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. Formulate a differential diagnosis for vulvovaginitis	KH	AL, CE, DT, IL	MCQ, OE, OSCE	MK, PC		BSR	BSV, ES, M1, OTC, uW	2
B. Formulate a differential diagnosis for dermatologic disorders of the vulva	KH	AL, CE, DT, IL	MCQ, OE, OSCE	MK, PC		BSR	BSV, ES, M1, OTC, uW	2
C. Discuss the steps in the evaluation and management of a patient with vulvovaginal symptoms, with consideration of value-based care	KH	AL, CE, DT, IL, S	CDR, CP, DO, MCQ, OE, OSCE	MK, PC, SBP	VBC	BSR	BSV, ES, M1, OTC, uW	1, 2, 3, 4
D. Interpret a wet mount microscopic examination	SH	AL, CE, DT, IL, S	CDR, CP, DO, OSAT, OSCE	MK, PC		BSR	BSV, ES, M1, OTC, uW	3

Educational Topic 36: Sexually Transmitted Infections (STI) and Urinary Tract Infections (UTI)

Rationale:

Early recognition and treatment of urinary and pelvic infections may help prevent short and long-term morbidity. Prevention of sexually transmitted infections is a major public health goal.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. Describe the guidelines for STI screening and partner notification/treatment, understanding the impact on public health	K	AL, CE, DT, IL	MCQ, OE	ICS, MK	HP, PH, SD	BSR, E, GH	BSV, ES, M1, OTC, uW	3, 4
B. Understand how social and environmental factors can play a role in the prevalence, incidence, diagnosis and treatment of STIs	K	AL, CE, DT, IL	MCQ, OE	MK	HP, PH, SD	BSR, E, GH	BSV, ES, M1, OTC, uW	1, 2, 3
C. Describe STI prevention strategies, including immunization, with consideration of social and environmental factors, value-based care and population health	KH	AL, CE, DT, IL	DO, MCQ, OE, OSCE	ICS, MK, PC, SBP	HP, PH, PS, QI, SD, VBC	BSR, GH	BSV, ES, M1, OTC, uW	3, 4
D. Describe the symptoms and physical exam findings associated with common STIs	KH	AL, CE, DT, IL	DO, MCQ, OE, OSCE	ICS, MK, PC	PS	BSR	BSV, ES, M1, OTC, uW	1, 2

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
E. Discuss the steps in the evaluation and management of common STIs as part of an interprofessional team, including appropriate referral, with consideration of value-based care	KH	AL, CE, DT, IL	CDR, CP, MCQ, OE, OSCE	ICS, MK, PC, SBP	IP, PS, QI, VBC	BSR	BSV, ES, M1, OTC, uW	1, 2, 3, 4, 9
F. Describe the pathophysiology of salpingitis and pelvic inflammatory disease	KH	AL, CE, DT, IL	MCQ, OE	ICS, MK		BSR	BSV, ES, M1, OTC, uW	
G. Describe the evaluation, diagnostic criteria, and initial management of salpingitis/pelvic inflammatory disease, with consideration of value-based care and impact on population health and patient safety	KH	AL, CE, DT, IL	CDR, CP, MCQ, OE, OSCE	ICS, MK, PC, SBP	PH, PS, VBC	BSR, PM, RX	BSV, ES, M1, OTC, uW	1, 2, 3, 4
H. Identify possible long-term sequelae of salpingitis/pelvic inflammatory disease	K	AL, CE, DT, IL	MCQ, OE	MK	PH, SD	BSR, E, PM	BSV, ES, M1, OTC, uW	
I. Describe the evaluation and management of UTIs, with consideration of value-based care	KH	AL, CE, DT, IL	CDR, CP, MCQ, OE, OSCE	ICS, MK, PC, SBP	PH, QI, VBC	BSR, RX	BSV, ES, M1, OTC, uW	1, 2, 3, 4

Educational Topic 37: Pelvic Floor Disorders

Rationale:

Pelvic organ prolapse, urinary incontinence and anal incontinence (pelvic floor disorders) are increasingly common with the aging of the US population. These conditions have a major impact on a woman's quality of life and on population health.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. Describe normal pelvic anatomy and pelvic support	K	AL, CE, DT, IL	MCQ, OE	ICS, MK		BSR	BSV, ES, OTC, uW	1, 2
B. List risk factors for pelvic floor disorders, including social and environmental factors that influence health outcomes for patients with pelvic floor disorders	K	AL, CE, DT, IL	MCQ, OE	MK	PH, SD		ES, OTC, uW	1
C. Describe signs and symptoms of pelvic floor disorders	KH	AL, CE, DT, IL	MCQ, OE, OSCE	ICS, MK, PC			ES, OTC, uW	1, 2
D. Differentiate the types of urinary incontinence	KH	AL, CE, DT, IL	MCQ, OE, OSCE	MK, PC		BSR	BSV, ES, OTC, uW	1, 2
E. Discuss the steps in evaluation of pelvic floor disorders, with consideration of value-based care, as part of an interprofessional team	KH	AL, CE, DT, IL, S	MCQ, OE, OSCE	MK, PC, SBP	IP, PS, QI, VBC		ES, OTC, uW	1, 2, 3, 4, 9
F. Describe the anatomic changes associated with pelvic floor disorders	K	AL, CE, DT, IL	MCQ, OE	ICS, MK			ES, OTC, uW	1

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
G. Describe non-surgical and surgical management options for pelvic floor disorders, with consideration of value-based care	KH	AL, CE, DT, IL	CDR, CP, MCQ, OE, OSCE	ICS, MK, PC, SBP	PH, PS, VBC	RX, SS	ES, OTC, uW	3, 4, 11



Educational Topic 38: Endometriosis

Rationale:

Endometriosis may result in pelvic pain, infertility and menstrual dysfunction which can have an adverse effect on the social, educational and economic achievement of girls and women.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. Describe theories of pathogenesis of endometriosis	K	AL, DT, IL	MCQ, OE	ICS, MK		BSR, GE	BSV, ES, OTC, uW	7
B. List the most common sites of endometriosis	K	AL, CE, DT, IL	MCQ, OE	MK			ES, OTC, uW	
C. Describe the symptoms and physical exam findings in a patient with endometriosis	KH	AL, CE, DT, IL	MCQ, OE, OSCE	ICS, MK, PC	PS	PM	ES, OTC, uW	1, 2
D. Describe the diagnosis and management options for endometriosis, with consideration of value-based care and an understanding of any social and economic disparities in health outcomes for patients with endometriosis	KH	AL, CE, DT, IL, S	CDR, CP, DO, MCQ, OE, OSCE	ICS, MK, PC, SBP	PH, QI, SD, VBC	PM, RX, SS	ES, OTC, uW	1, 2, 3, 4

Educational Topic 39: Chronic Pelvic Pain

Rationale:

Chronic pelvic pain may be a manifestation of a variety of gynecologic and non-gynecologic conditions. Chronic pelvic pain can have a major impact on a woman's quality of life and on population health. Social and environmental factors may play a role in etiology, care and health outcomes of women with chronic pelvic pain.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. Define chronic pelvic pain	K	AL, CE, DT, IL	MCQ, OE	MK		PM	OTC, uW	
B. Define prevalence and common etiologies of chronic pelvic pain, with an understanding of social and environmental factors	K	AL, CE, DT, IL	MCQ, OE	MK	PH, SD	BSR, PM	BSV, OTC, uW	1, 2
C. Describe the symptoms and physical exam findings in a patient with chronic pelvic pain	KH	AL, CE, DT, IL	DO, MCQ, OE, OSCE	ICS, MK, PC	PS	PM	OTC, uW	1, 2
D. Discuss evaluation and management options for chronic pelvic pain, with consideration of value-based care and social and environmental factors that may lead to disparities in care and health outcomes, as part of an interprofessional team	KH	AL, CE, DT, IL, S	CDR, CP, DO, MCQ, OE, OSCE	ICS, MK, PC, SBP	IP, HP, PH, QI, SD, VBC	PM, RX, SS	OTC, uW	1, 2, 3, 4, 9

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
E. Discuss the psychosocial issues associated with chronic pelvic pain and situations where advocacy and an interprofessional team approach are beneficial, with an understanding of social and environmental factors that may impact these issues	K	AL, CE, DT, IL	DO, MCQ, OE, OSCE	ICS, MK, PC	HP, IP, L, PH, QI, SD	PM	OTC, uW	7, 9



Educational Topic 40: Disorders of the Breast

Rationale:

Breast disorders and concerns are common. They are often distressing and may indicate the presence of serious disease.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. List factors that place individuals at risk for breast disorders, with consideration of population health impact and an understanding of social and environmental factors that can lead to disparities in health outcomes for patients with breast disorders	K	AL, CE, DT, IL	DO, MCQ, OE	MK	PH, SD	BSR, GE, GH	BSV, OTC, uW	1
B. Describe symptoms and physical examination findings of benign or malignant conditions of the breast	KH	AL, CE, DT, IL	MCQ, OE, OSCE	ICS, MK, PC	PS		OTC, uW	1, 2
C. Demonstrate the performance of a clinical breast examination	D	AL, CE, DT, IL, S	CP, DO, OSCE	ICS, MK, P, PC	PS		BCS, OTC, uW	1
D. Discuss the steps in the evaluation of common breast complaints, including mastalgia, mass and nipple discharge, with consideration for value-based care	KH	AL, CE, DT, IL, S	CDR, CP, DO, MCQ, OE, OSCE	MK, PC, SBP	PH, PS, VBC		OTC, uW	1, 2, 3

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
E. Discuss initial management options for benign and malignant conditions of the breast, with consideration of value-based care	KH	AL, CE, DT, IL, S	CDR, CP, DO, MCQ, OE, OSCE	ICS, MK, PC, SBP	HP, PH, QI, VBC	RX, SS	OTC, uW	3, 4, 11



Educational Topic 41: Gynecologic Procedures

Rationale:

Evaluation and management of gynecologic problems frequently require performing diagnostic and therapeutic procedures. Understanding the risks, benefits and patient safety implications of these procedures, with consideration of value-based care, is important in counseling patients about their treatment options.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. Describe the key components of pre-operative evaluation and planning, including history, physical examination and describing key elements of informed consent (including risks, benefits, alternatives and social and environmental factors that may impact informed consent)	K	AL, CE, DT, IL, S	CP, DO, MCQ, OE, OSCE	ICS, MK, PC	HP, PH, PS, QI, SD, VBC	E	BCS, M1, OTC, uW	1, 3, 4, 9, 11, 13
B. Describe common measures for the prevention of infection, deep venous thrombosis and other perioperative complications, with key consideration for patient safety	K	AL, CE, DT, IL	MCQ, OE	ICS, MK	HP, PH, PS, QI, VBC	SS	BCS, M1, OTC, uW	3, 4
C. Describe the components of postoperative care within a framework of interprofessional teamwork, with consideration of patient handover communication	K	AL, CE, DT, IL	MCQ, OE	ICS, MK, SBP	HP, PH, PS, QI, VBC	PM, RX	BCS, OTC, uW	4, 8, 9

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
D. Discuss common postoperative complications	K	AL, CE, DT, IL	MCQ, OE	ICS, MK		SS	BCS, OTC, uW	11
E. Describe the communication of operative findings and complications to patients and family	KH	AL, CE, DT, IL, S	DO, OE, OSCE	ICS, MK, P, PBLI, PC, SBP	L, PS		BCS, M1, OTC, uW	13
F. Describe the key members of an operating room team within a framework of interprofessional teamwork	K	AL, CE, DT, IL, S	MCQ, OE	ICS, MK, SBP	IP		BCS, OTC, uW	9
G. Describe key components of a preprocedural or preoperative time out	K	AL, CE, DT, IL, S	CP, MCQ, OE	ICS, MK, SBP	L, PS		BCS, M1, OTC, uW	9, 13
H. Understand how surgical management can emotionally impact a patient and her family, with consideration of social and environmental factors	K	AL, CE, DT, IL	MCQ, OE	MK	PS, SD		BCS, OTC, uW	7

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
I. Describe common outpatient and inpatient gynecologic procedures with their indications and possible complications <ol style="list-style-type: none"> 1. Pelvic ultrasonography 2. Colposcopy and cervical biopsy 3. Excisional procedures of the cervix 4. Vulvar biopsy 5. Endometrial biopsy 6. IUD insertion and removal 7. Contraceptive implant placement and removal 8. Dilation and curettage 9. Hysteroscopy 10. Laparoscopy 11. Tubal ligation 12. Hysterectomy and bilateral salpingo-oophorectomy 13. Pregnancy termination 	KH	AL, CE, DT, IL	MCQ, OE, OSCE	MK, PC, SBP	HP, PH, QI, VBC		BCS, OTC, uW	11
J. Demonstrate the ability to complete procedural tasks and general procedures of a physician <ol style="list-style-type: none"> 1. Sterile technique 2. Foley catheter insertion 3. Basic suturing 4. Knot tying 	SH	AL, CE, DT, IL, S	CDR, CP, OSAT, OSCE	MK, PBLI, PC		SS	BCS, M1	12

Educational Topic 42: Puberty

Rationale:

Puberty consists of physical and emotional changes associated with the maturation of the reproductive system. In order to provide appropriate care and counseling, the physician must have an understanding of normal puberty and recognize deviation from normal.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. Describe the changes in the hypothalamic-pituitary-ovarian axis and target organs during normal puberty	K	AL, CE, DT, IL	DO, MCQ, OE, OSCE	ICS, MK		BSR	BSV, OTC, uW	
B. Explain the normal sequence of pubertal events and ages at which these changes occur across different patient populations	K	AL, CE, DT, IL	DO, MCQ, OE	ICS, MK	PH, SD	BSR, GE	BSV, OTC, uW	
C. Discuss the psychological issues associated with puberty and how social and environmental factors may affect them	KH	AL, CE, DT, IL	DO, MCQ, OE, OSCE	ICS, MK, PC	PH, SD		OTC, uW	
D. Define precocious and delayed puberty, and describe the steps in the initial evaluation of these conditions, with consideration of value-based care	KH	AL, CE, DT, IL	CDR, CP, DO, MCQ, OE, OSCE	MK, PC, SBP	PH, PS, SD, VBC	BSR, GE, N	BSV, OTC, uW	1, 2, 3

Educational Topic 43: Amenorrhea

Rationale:

The absence of menstrual bleeding may represent an anatomic or endocrine etiology. A systematic approach to the evaluation of amenorrhea will aid in the diagnosis and treatment of its cause.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. Define amenorrhea and oligomenorrhea	K	AL, CE, DT, IL	MCQ, OE	MK			OTC, uW	
B. Explain the pathophysiology and identify the etiologies of amenorrhea and oligomenorrhea, including possible nutritional, social and environmental causes and opportunities for advocacy	K	AL, CE, DT, IL	DO, MCQ, OE	ICS, MK, SBP	HP, PH, PS, SD	BSR, N	BSV, OTC, uW	1, 2
C. Describe associated symptoms and physical examination findings of amenorrhea	KH	AL, CE, DT, IL	MCQ, OE, OSCE	ICS, MK, PC	PS		OTC, uW	1, 2
D. Discuss the steps in the evaluation and initial management of amenorrhea and oligomenorrhea, with consideration of value-based care and the effect of social and environmental factors on care and outcomes	KH	AL, CE, DT, IL	CDR, CK, DO, MCQ, OE, OSCE	ICS, MK, PC, SBP	PH, QI, SD, VBC	RX	OTC, uW	1, 2, 3, 4
E. Describe the consequences of untreated amenorrhea and oligomenorrhea	K	AL, CE, DT, IL	MCQ, OE	MK, ICS	PH, PS, SD		OTC, uW	11

Educational Topic 44: Hirsutism and Virilization

Rationale:

Androgen excess causes short and long-term morbidity and may represent serious underlying disease.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. Recognize normal variations and abnormalities in secondary sexual characteristics, with an understanding of racial and ethnic differences in puberty	KH	AL, CE, DT, IL	MCQ, OE	MK	PH, PS, SD	GE	BSV, OTC, uW	1
B. Define hirsutism and virilization	K	AL, CE, DT, IL	MCQ, OE	MK		BSR	BSV, OTC, uW	
C. Describe pathophysiology and identify etiologies of hirsutism	K	AL, CE, DT, IL	MCQ, OE	ICS, MK		BSR	BSV, OTC, uW	1, 2
D. Describe the steps in the evaluation and initial management options for hirsutism and virilization, with consideration for value-based care	KH	AL, CE, DT, IL	CDR, CP, MCQ, OE, OSCE	ICS, MK, PC, SBP	PH, PS, QI, VBC	RX	OTC, uW	1, 2, 3, 4
E. Describe how hirsutism and virilization are manifested in other medical disorders	KH	AL, CE, DT, IL	MCQ, OE, OSCE	ICS, MK, PC	PH, PS		OTC, uW	7

Educational Topic 45: Normal and Abnormal Uterine Bleeding

Rationale:

Abnormal uterine bleeding can have substantial adverse effects on social and economic well-being of patients. The occurrence of bleeding at times other than expected menses is common. Accurate diagnosis of abnormal uterine bleeding is necessary for appropriate management.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. Describe the endocrinology and physiology of the normal menstrual cycle	K	AL, CE, DT, IL	CP, MCQ, OE	ICS, MK		BSR	BSV, M1, OTC, uW	1
B. Define abnormal uterine bleeding	K	AL, CE, DT, IL	CP, MCQ, OE	MK		BSR	M1, OTC, uW	1
C. Describe the pathophysiology and identify etiologies of abnormal uterine bleeding	K	AL, CE, DT, IL	MCQ, OE	ICS, MK	PH, SD	BSR	BSV, M1, OTC, uW	1, 2
D. Describe the steps in the evaluation and initial management of abnormal uterine bleeding, with an understanding of ethnic and racial disparities in health outcomes for patients who experience abnormal uterine bleeding	KH	AL, CE, DT, IL, S	CDR, CP, MCQ, OE, OSCE	ICS, MK, PC, SBP	PH, PS, QI, SD, VBC	RX	M1, OTC, uW	1, 2, 3, 4

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
E. Summarize medical and surgical management options for patients with abnormal uterine bleeding, with consideration of value-based care and an understanding of the impact on patient safety	KH	AL, CE, DT, IL	CDR, CP, MCQ, OE, OSCE	ICS, MK, PC, SBP	PH, PS, QI, SD, VBC	RX, SS	M1, OTC, uW	4, 11, 12



Educational Topic 46: Dysmenorrhea

Rationale:

Intermittent disability associated with dysmenorrhea can have an adverse effect on the social, educational and economic achievement of girls and women. Dysmenorrhea is a common and sometimes debilitating condition in reproductive-age women. Accurate diagnosis guides effective treatment.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. Define dysmenorrhea and distinguish primary from secondary dysmenorrhea	K	AL, CE, DT, IL	MCQ, OE	MK		BSR	BSV, OTC, uW	1
B. Describe the social and economic effects of dysmenorrhea on patients	K	AL, CE, DT, IL	CDR, MCQ, OE, OSCE	ICS, MK, PC	HP, PH, SD	PM, RX	BSV, OTC, uW	7
C. Describe the pathophysiology and identify the etiologies of dysmenorrhea, including social and environmental factors	K	AL, CE, DT, IL	MCQ, OE	ICS, MK	PH, SD	BSR	BSV, OTC, uW	1, 2
D. Discuss the steps in the evaluation and management of dysmenorrhea, with consideration of value-based care	KH	AL, CE, DT, IL	CDR, CP, MCQ, OE, OSCE	ICS, MK, PC, SBP	PS, QI, VBC	PM, RX, SS	BSV, OTC, uW	1, 2, 3, 4, 11

Educational Topic 47: Menopause

Rationale:

Women may spend much of their lives in the postmenopausal years. Physicians should understand the physical changes caused by menopause.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. Define menopause	K	AL, DT, IL	MCQ, OE	MK		BSR	BSV, OTC, uW	
B. Describe cultural and social expectations of women's experience of menopause	K	AL, CE, DT, IL	CDR, MCQ, OE	ICS, MK, PC	PH, SD	E, GH		
C. Describe changes in the hypothalamic-pituitary-ovarian axis associated with perimenopause/ menopause	K	AL, CE, DT, IL	MCQ, OE	ICS, MK		BSR	BSV, OTC, uW	
D. Describe symptoms and physical exam findings related to perimenopause/ menopause	KH	AL, CE, DT, IL	MCQ, OE, OSCE	ICS, MK, PC	PS		BSV, OTC, uW	1
E. Discuss management options for patients with perimenopausal/ menopausal symptoms, with consideration of patient safety, value-based care and an understanding of social, environmental and economic factors on aging	KH	AL, CE, DT, IL	CDR, CP, MCQ, OE, OSCE	ICS, MK, PC, SBP	HP, PH, PS, QI, VBC	RX	BSV, OTC, uW	4

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
F. Counsel patients regarding the menopausal transition, effect on quality of life and the role of social factors in promoting healthy aging	SH	AL, CE, S	CDR, CP, OSCE	ICS, PBLI, PC	PH, SD	GH	BSV, OTC, uW	
G. Counsel patients on the role of healthy lifestyle practices, including nutrition, physical activity and substance use, in managing menopausal symptoms and healthy aging, with consideration of value-based care	SH	AL, CE, DT, IL	CDR, CP, MCQ, OE, OSCE	ICS, MK, PBLI, PC, SBP	HP, PH, PS, QI, VBC	GH, N	OTC	
H. Discuss long-term medical disorders associated with menopause, with an understanding of the gender, ethnic and racial disparities in health outcomes	K	AL, CE, DT, IL	MCQ, OE, OSCE	ICS, MK	PH, SD		BSV, OTC, uW	

Educational Topic 48: Infertility

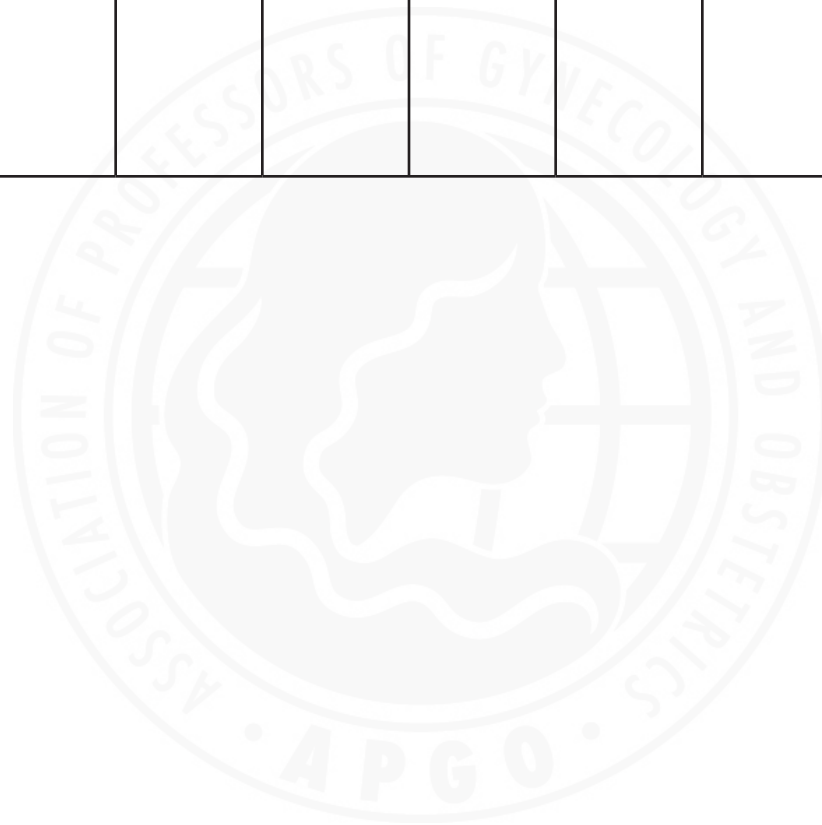
Rationale:

Infertility is a common condition encountered in women's reproductive health. Evaluation and management of infertility often involves multidisciplinary and interprofessional care teams, and requires an understanding of reproductive biology within the context of social, economic and health systems.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. Define infertility	K	AL, CE, DT, IL	MCQ, OE	MK		BSR	OTC, uW	
B. List the causes of male and female infertility	K	AL, CE, DT, IL	CP, MCQ, OE	MK		BSR	OTC, uW	1, 2
C. Describe the pathophysiology of different causes of infertility, including impact of social and environmental factors	K	AL, CE, DT, IL	MCQ, OE	ICS, MK	PH, SD	BSR	OTC, uW	
D. Describe the evaluation and initial management of an infertile couple, with consideration of value-based care and social, economic and health systems factors that may limit access to care, as a member of an interprofessional team	KH	AL, CE, DT, IL	MCQ, OE, OSCE	ICS, MK, PC, SBP	HP, IP, PH, PS, QI, SD, VBC	E, GH	OTC, uW	1, 2, 3, 4, 9
E. Describe management options for infertility, with consideration of value-based care and social, economic and health systems factors that may limit access to care	KH	AL, CE, DT, IL	CDR, MCQ, OE, OSCE	ICS, MK, P, PC, SBP	HP, IP, PH, PS, QI, SD, VBC	RX	OTC, uW	4, 11

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
F. Describe ethical issues confronted by patients with infertility and patients accessing assisted reproductive technologies, including patient safety	KH	AL, CE, DT, IL, S	MCQ, OE, OSCE	ICS, MK, P, PC	PH, PS	E	OTC, uW	7
G. Identify the options for genetic screening and testing in infertility-associated treatments, with a consideration of value-based care	KH	AL, CE, DT, IL	MCQ, OE, OSCE	MK, PC, SBP	HP, PH, QI, VBC	E, GE	OTC, uW	1, 2, 3, 11



Educational Topic 49: Premenstrual Syndrome (PMS) and Premenstrual Dysphoric Disorder (PMDD)

Rationale:

PMS and PMDD involve physical and emotional discomfort. Effective management of these conditions require an understanding of symptoms and diagnostic methods.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. Complete a history that can identify the criteria for making the diagnoses of PMS and PMDD	KH	AL, CE, DT, IL	DO, MCQ, OE, OSCE	ICS, MK	IP		OTC, uW	1, 2
B. Describe treatment options for PMS and PMDD, including an interprofessional team approach, with consideration of value-based care and how they relate to patient safety and population health	KH	AL, CE, DT, IL	CDR, CP, MCQ, OE, OSCE	ICS, MK, PC, SBP	IP, PH, PS, VBC	PM, RX	OTC, uW	3, 4, 9, 11

Educational Topic 50: Gestational Trophoblastic Neoplasia (GTN)

Rationale:

Early recognition and proper management of molar pregnancy can reduce morbidity and mortality associated with gestational trophoblastic neoplasia.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. Describe the symptoms and physical examination findings of a patient with GTN, including molar pregnancy	KH	AL, CE, DT, IL	MCQ, OE, OSCE	ICS, MK, PC	PS	BSR	BSV, OTC, uW	1
B. Describe the diagnostic methods, treatment options and follow-up for GTN, including molar pregnancy, with consideration of value-based care and the social and environmental factors that may influence health outcomes	KH	AL, CE, DT, IL	CDR, CP, MCQ, OE, OSCE	ICS, MK, P, PC, SBP	PH, PS, QI, SD, VBC	RX, SS	BSV, OTC, uW	1, 2, 3, 4, 11
C. Recognize the difference between molar pregnancy and malignant GTN, and the importance of making a correct diagnosis and initiating therapy quickly	K	AL, CE, DT, IL	MCQ, OE	MK, PC	PH, PS, QI, VBC		BSV, OTC, uW	1, 2, 3, 4, 10

Educational Topic 51: Vulvar Neoplasms

Rationale:

Early recognition and proper evaluation of vulvar neoplasms can reduce morbidity and mortality, impacting population health. Social and environmental factors, including social, economic, ethnic and racial disparities in access to care, may influence early recognition, proper evaluation and health outcomes.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. List risk factors for vulvar neoplasms	K	AL, CE, DT, IL	MCQ, OE	MK	PH, SD		OTC, uW	1
B. Describe the symptoms and physical examination findings of a patient with vulvar neoplasm	KH	AL, CE, DT, IL	DO, MCQ, OE, OSCE	ICS, MK, PC	PS		OTC, uW	1, 2
C. List the indications for vulvar biopsy	K	AL, CE, DT, IL	MCQ, OE	MK	QI, VBC	SS	OTC, uW	1, 2, 3, 11
D. List common vulvar neoplasms	K	AL, CE, DT, IL	MCQ, OE	MK			OTC, uW	

Educational Topic 52: Cervical Disease and Neoplasia

Rationale:

Early recognition and proper evaluation of pre-invasive cervical disease and cancer can reduce morbidity and mortality, impacting population health. Social and environmental factors, including economic, ethnic and racial disparities in access to care, may influence early recognition, proper evaluation and health outcomes.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. Describe the pathogenesis of cervical cancer	K	AL, CE, DT, IL	MCQ, OE	MK		BSR, GH	BSV, uW	1
B. Complete a history to identify risk factors for cervical neoplasia and cancer, with an understanding of social and environmental factors	K	AL, CE, DT, IL	DO, MCQ, OE	ICS, MK, PC	PH, PS, SD	GH	BCS, ES, uW	1
C. List the guidelines for cervical cancer screening	K	AL, CE, DT, IL	MCQ, OE	MK, SBP	HP, PH, VBC		BCS, ES, OTC, uW	7
D. Describe the initial management of a patient with abnormal cervical cancer screening, with consideration of value-based care	KH	AL, CE, DT, IL, S	CDR, CK, MCQ, OE, OSCE	ICS, MK, PC, SBP	PH, PS, QI, VBC		OTC, uW	1, 2, 3, 4
E. Describe the symptoms and physical findings of a patient with cervical cancer	KH	AL, CE, DT, IL	CP, MCQ, OE, OSCE	ICS, MK, PC			OTC, uW	1

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
F. List current indications for HPV vaccination and its role in the prevention of cervical cancer	K	AL, CE, DT, IL	MCQ, OE	MK, PC	HP, PH, QI, VBC	GH	BSV, OTC, uW	3, 11



Educational Topic 53: Uterine Leiomyoma

Rationale:

Uterine leiomyomas represent the most common gynecologic neoplasm and often lead to medical and surgical intervention. Social and environmental factors, including economic, ethnic and racial disparities in access to care, may influence early recognition, proper evaluation and health outcomes.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. Cite the prevalence of uterine leiomyoma, with consideration of population health	K	AL, CE, DT, IL	MCQ, OE	MK	PH	BSR, GH	ES, OTC, uW	
B. Identify symptoms and physical findings in patients with uterine leiomyoma	KH	AL, CE, DT, IL	MCQ, OE, OSCE	MK, PC	PS		ES, M1, OTC, uW	1, 2
C. Describe diagnostic methods to confirm uterine leiomyomas, with consideration of value-based care	KH	AL, CE, DT, IL	CDR, CP, MCQ, OE, OSCE	ICS, MK, PC, SBP	PS, QI, VBC		ES, M1, OTC, uW	1, 2, 3
D. Describe the management options for treatment of uterine leiomyomas, with consideration of value-based care and the effect of social and environmental factors on health outcomes	KH	AL, CE, DT, IL	CDR, CP, MCQ, OE, OSCE	ICS, MK, PC, SBP	HP, PH, PS, QI, SD, VBC	RX, SS	ES, M1, OTC, uW	4, 11

Educational Topic 54: Endometrial Hyperplasia and Carcinoma

Rationale:

Endometrial carcinoma is the most common gynecologic malignancy. Early recognition and proper evaluation of endometrial hyperplasia and cancer can reduce morbidity and mortality, impacting population health. Social and environmental factors, including economic, ethnic and racial disparities in access to care, may influence early recognition, proper evaluation and health outcomes.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. List the risk factors for endometrial hyperplasia/cancer, with consideration of public health impact and social and environmental factors	K	AL, CE, DT, IL	MCQ, OE	MK, PC	PH, PS, SD	BSR, GE, N, RX	BSV, ES, OTC, uW	1, 2
B. Describe the symptoms and physical findings with endometrial hyperplasia/cancer	KH	AL, CE, DT, IL	MCQ, OE, OSCE	ICS, MK, PC			ES, OTC, uW	1, 2
C. Outline the causes, diagnosis and management of postmenopausal bleeding, with consideration of value-based care and the impact of social and environmental factors on health outcomes	KH	AL, CE, DT, IL	CDR, CP, MCQ, OE, OSCE	MK, PC, SBP	PH, PS, QI, SD, VBC		ES, OTC, uW	1, 2, 3, 4, 11

Educational Topic 55: Ovarian Neoplasms

Rationale:

Adnexal masses are a common finding in both symptomatic and asymptomatic patients. Appropriate evaluation is essential in the differentiation between benign and malignant neoplasms. Social and environmental factors, including economic, ethnic and racial disparities in access to care, may influence early recognition, proper evaluation and health outcomes.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. Describe the initial management of a patient with an adnexal mass, with consideration of value-based care	KH	AL, CE, DT, IL	CDR, CP, MCQ, OE, OSCE	ICS, MK, PC, SBP	PS, QI, VBC		OTC, uW	1, 2, 3, 4
B. Compare the characteristics of functional cysts, benign ovarian neoplasms and ovarian cancers	K	AL, CE, DT, IL	MCQ, OE	MK			OTC, uW	2
C. List the risk factors and protective factors for ovarian cancer, with consideration of population health implications and the impact of social and environmental factors	K	AL, CE, DT, IL	CP, MCQ, OE	MK	PH, PS, SD	GE, RX	BSV, OTC, uW	1, 2
D. Describe the symptoms and physical findings associated with ovarian cancer	KH	AL, CE, DT, IL, S	MCQ, OE, OSCE	ICS, MK, PC	PH, PS	PM	OTC, uW	1, 2
E. Describe the three histological categories of ovarian neoplasms	K	AL, CE, DT, IL	MCQ, OE	ICS, MK		BSR	BSV, OTC, uW	

Educational Topic 56: Sexuality and Modes of Sexual Expression

Rationale:

All physicians should be able to provide preliminary counseling for a patient's questions about sexuality and sexual satisfaction, creating a welcoming and safe environment for discussion.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. Obtain a sexual history, including gender identity, sexual identity, orientation and behavior, and sexual satisfaction	D	AL, CE, DT, IL, S	CDR, CP, DO, OSCE	ICS, MK, P, PC	PH, PS, SD	BSR, E, GH	uW	1
B. Describe the physiology of the female sexual response	K	AL, CE, DT, IL	MCQ, OE	ICS, MK		BSR	OTC, uW	1
C. Describe common reasons for female sexual dissatisfaction and the contribution of social and environmental factors to sexual satisfaction	K	AL, CE, DT, IL, S	MCQ, OE	ICS, MK	PH, SD		OTC, uW	1, 2, 7
D. Describe the physical, psychological and social impact of female sexual dissatisfaction	K	AL, CE, DT, IL, S	MCQ, OE, OSCE	ICS, MK, P, PC, SBP	PH, PS, SD		OTC, uW	7
E. Describe the difference between sexual identification and sexual behavior, and the association of adverse health outcomes among sexual minority individuals	K	AL, CE, DT, IL	MCQ, OE, OSCE	ICS, MK, PC	HP, SD	GH		7

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
F. Describe the role of an interprofessional team in addressing the physical, psychological and social impact of female sexual dissatisfaction	K	AL, CE, DT, IL	MCQ, OE	ICS, PBLI, PC, SBP	HP, IP, QI, VBC		uW	9



Educational Topic 57: Sexual Assault

Rationale:

Sexual assault is a significant population health issue. Physicians can have an important role in patient advocacy. Survivors of sexual assault often have physical and emotional sequelae that may affect their social, educational and economic achievement. Physicians should be able to identify survivors and provide patient support using principles of trauma-informed care.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. Identify survivors of sexual assault, with an understanding of the principles of trauma-informed care	KH	AL, CE, DT, IL, S	CDR, CP, DO, OSCE, OE	ICS, MK, P, PC, SBP	HP, PH, PS, SD	GH	OTC, uW	1, 10
B. Describe the medical and psychological management of a survivor of sexual assault using principles of trauma-informed care, as part of an interprofessional team	KH	AL, CE, DT, IL	CDR, CP, MCQ, OE, OSCE	ICS, MK, PC, SBP	HP, IP, PH, QI, SD, VBC	E	OTC, uW	2, 3, 4, 9, 10
C. Counsel survivors of sexual assault on resources available using principles of trauma-informed care	SH	AL, CE, DT, IL, S	CDR, CP, DO, OE, OSCE	ICS, MK, P, PBLI, PC, SBP	HP, IP, L, SD	E	OTC, uW	7, 9

Educational Topic 58: Intimate Partner Violence

Rationale:

Intimate partner violence (IPV) is a significant population health issue and affects women irrespective of socioeconomic status. IPV can have an adverse effect on the social, educational and economic achievement of girls and women. All physicians should screen for intimate partner violence. Physicians can have an important role in patient advocacy.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. Cite prevalence and incidence of violence against women, elder abuse and child abuse	K	AL, CE, IL, DT	MCQ, OE	MK	HP, PH, SD	E, GH	OTC, uW	
B. Screen a patient for intimate partner violence	D	AL, CE, DT, IL, S	CDR, CP, DO	ICS, MK, P, PC, SBP	HP, IP, PH	GH	OTC, uW	1
C. Counsel survivors of intimate partner violence on short term safety and resources available for care using principles of trauma-informed care	KH	AL, CE, DT, IL, S	DO, OE, OSCE	ICS, MK, P, PBLI, PC, SBP	HP, IP, L, PS, SD	GH	OTC, uW	7, 8, 9
D. Identify patients at increased risk for intimate partner violence	KH	AL, CE, DT, IL, S	MCQ, OE	MK, PC	HP, PH, SD	E, GH	OTC, uW	1

Introduction to Unit 8: Osteopathy and Women's Health Care

(Educational Topics 59-64)

This unit has been written to provide the physician preceptor (osteopathic or allopathic) and the third-year medical student (osteopathic or allopathic) an understanding of the basic tenets of osteopathy and how these principles can be integrated into the practice of obstetrics and gynecology to care for women of all ages. The forefather of osteopathic medicine was Andrew Taylor Still, MD, DO, who established the first osteopathic medical school in 1892 in Kirksville, Missouri. Doctor Still's fundamental beliefs upon which he established osteopathy were based on four underlying principles:

1. The body is a unit with component parts that work synergistically to benefit the whole organism. The person is a unit of body, mind and spirit.
2. The body is capable of self-regulation, self-healing, and health promotion. The body has an inherent capability to support and heal itself.
3. The structure and function of the body are reciprocally interrelated.
4. Rational treatment is based on a complete understanding of the principles of body unity, self-regulation, and the interrelationship of structure and function.

Since osteopathy began in 1892, Osteopathic Principles and Practice guidelines have helped both the patient and physician alike. Osteopathic physicians utilize the fundamental belief in the "cause and effect" relationship. The patient presents with a symptom or dysfunction (effect) and the physician works towards finding the reason for the symptom or diagnosis (cause). Inherent to this philosophy is the concept of somatic dysfunction, which is unique to osteopathic medicine. Somatic dysfunction is the lack of, or impaired function of, normal anatomy and/or related components of

the soma (body). Given that the body is composed of musculoskeletal, circulatory, lymphatic, and neural components which all work as a whole in the function of the patient's status, a somatic dysfunction is a change in the normal function of any of these areas. When properly evaluated and diagnosed, this dysfunction can be treated and homeostasis can be restored using osteopathic manipulative treatment, the definitive treatment of somatic dysfunction. With this approach, physicians have learned to evaluate patients differently and to "think osteopathically" with their hands in order to diagnose and treat the whole patient, restoring health to the body, the mind, and spirit.

The objective of this unit is to assemble a collection of various osteopathic concepts and techniques into one basic reference for the physician preceptor (both DO and MD) and for the third-year osteopathic medical student. This chapter is not intended to be all-inclusive but to provide general guidelines to understand the basic tenets and fundamental techniques utilized to evaluate, diagnose and treat the female patient osteopathically. Our goal is to foster an appreciation of the fundamentals of Osteopathic Principles and Philosophy (OPP) and the practice of Osteopathic Manipulative Medicine (OMM).

Educational Topic 59: Introduction to Osteopathic Principles in Obstetrics & Gynecology

Rationale:

An osteopathic medical student should know the basic tenets and definitions of osteopathic medicine and have the ability to perform standard osteopathic manipulative treatments.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. List the basic tenets of osteopathic medicine	K	AL, CE, DT, IL	CP, MCQ, OE	MK			OTC	
B. Define somatic dysfunction in terms of tenderness, asymmetry, restriction of motion and/or tissue texture changes (TART)	K	AL, CE, DT, IL	MCQ, OE	MK		BSR, PM	OTC	
C. Perform a structural exam of the female	D	AL, CE, DT, S	CDR, CP, DO, MCQ, OE, OSAT	MK, PC	PS		OTC	1

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
D. Perform the different types of osteopathic manipulative treatments (OMT) commonly used in women's health care, including: <ol style="list-style-type: none"> 1. High velocity/low amplitude 2. Muscle energy 3. Myofascial release 4. Osteopathy in the cranial field 5. Strain/counterstrain 6. Soft tissue/articulatory techniques 7. Lymphatic treatment 8. Balanced ligamentous tension 9. Facilitated positional release 10. Progressive inhibition of neuromuscular structures 11. Functional technique 12. Visceral manipulation 13. Still technique 	D	AL, CE, DT, S	CDR, CP, DO, OSAT	PC	PH, PS, QI, VBC	PM	OTC	12
E. Identify evidence supporting the use of OMT in ob-gyn	K	AL, DT, IL, S	MCQ, OE	MK, PBLI	HP, QI, VBC			7

Educational Topic 60: Osteopathic History Taking

Rationale:

The osteopathic medical student should be able to elicit a comprehensive musculoskeletal history, assess lifestyle risk factors that contribute to chronic somatic dysfunction and obtain a social history that relates to somatic dysfunction.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. Obtain a comprehensive women's musculoskeletal history (e.g., scoliosis, musculoskeletal traumas and biomechanical factors that may have influence on pregnancy and the outcome of pregnancy)	D	AL, CE, DT, IL, S	CDR, CP, DO, OSCE	ICS, MK, P, PC	PS	PM	OTC	1
B. Assess the patient for any lifestyle risk factors that may contribute to chronic somatic dysfunction	SH	AL, CE, DT, IL, S	CDR, CP, DO, OSCE	ICS, MK, P, PC	SD	PM	OTC	1
C. Obtain a thorough social history, including assessment of psychosocial support and understanding the impact of social and environmental factors on support	SH	AL, CE, DT, IL, S	CDR, CP, DO, OSCE	ICS, MK, P, PC	SD	PM	OTC	1

Educational Topic 61: Osteopathic Structural Exam

Rationale:

The osteopathic medical student should be able to perform an osteopathic structural exam.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. Perform an accurate osteopathic structural exam of the female patient	D	AL, CE, DT, IL, S	CP, DO, OSAT, OSCE	MK, PC	PS		OTC	1
B. Identify areas of somatic dysfunction	D	AL, CE, DT, IL, S	CP, DO, OSCE	MK, PC		PM	OTC	1
C. Document all findings accurately in the patient chart, including: <ol style="list-style-type: none"> 1. Tenderness, asymmetry, restriction of motion, and/or tissue texture changes (TART) findings 2. Specific somatic dysfunctions 3. Spinal curves or postural influences 	SH	AL, CE, DT, IL, S	CDR, CP, OSCE	ICS, MK, P, PC, SBP			OTC	5

Educational Topic 62: Osteopathic Diagnosis and Management Plan

Rationale:

The osteopathic medical student should be able to develop an osteopathic diagnostic and management plan.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. Include somatic dysfunction as a part of the differential diagnosis when appropriate	D	AL, CE, DT, IL, S	CDR, CP, OSCE	MK, PC		PM	OTC	2
B. Incorporate osteopathic manipulative treatment (OMT) approaches as indicated, with consideration of value-based care	KH	AL, CE, DT, IL, S	CDR, CP, DO, OSCE	ICS, MK, PC, SBP	PS, QI, VBC	PM	OTC	4
C. Explain the indications and contraindications to osteopathic manipulative medicine (OMM) in pregnancy and women's care, with an understanding of patient safety	SH	AL, CE, DT, IL, S	CDR, CP, OE, OSCE	ICS, MK, P, PC	L, PS		OTC	11

Educational Topic 63: Osteopathy in Obstetrics

Rationale:

The osteopathic medical student should be able to participate in the distinctively osteopathic care of an obstetrical patient.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. Describe how musculoskeletal, postural and biomechanical factors affect fertility	K	AL, CE, DT, IL	MCQ, OE	ICS, MK		BSR	OTC, uW	
B. Identify patients that may benefit from treatment of somatic dysfunction before pregnancy, including patients with: <ol style="list-style-type: none"> Short leg syndrome Chronic pelvic pain Chronic low back pain 	KH	AL, CE, DT, IL, S	MCQ, OE, OSCE	MK, PC	PH, QI, VBC	PM	OTC	1
C. Discuss maternal musculoskeletal/ structural changes associated with pregnancy	K	AL, CE, DT, IL	MCQ, OE	ICS, MK		BSR	OTC	
D. Describe how osteopathic manipulation may affect the physiology of pregnancy	K	AL, CE, DT, IL, S	MCQ, OE	ICS, MK		BSR	OTC	11
E. Perform musculoskeletal, postural and biomechanical screening exams throughout prenatal care, with consideration of value-based care	SH	AL, CE, DT, IL, S	CDR, CP, OSAT, OSCE	ICS, MK, P, PC, SBP	PS, QI, VBC		OTC	1, 3, 11, 12

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
F. Perform the treatments for common somatic dysfunctions in pregnancy, including: 1. Round ligament syndrome 2. Pubic shear 3. Carpal tunnel syndrome 4. Low back pain	SH	AL, CE, DT, IL, S	CDR, CP, OSAT, OSCE	MK, P, PC	PS, QI, VBC	PM	OTC	12
G. Prepare the female pelvis for delivery via osteopathic manipulative medicine (OMM) in the third trimester	SH	AL, CE, DT, IL, S	CDR, CP, OSCE	MK, P, PC	PS, QI, VBC		OTC	12
H. Discuss the normal and abnormal structural, musculoskeletal and biomechanical changes of the postpartum period, including: 1. Involution of the uterus and how it affects pelvic structures 2. Persistent low back pain after pregnancy	K	AL, CE, DT, IL	MCQ, OE	ICS, MK		BSR	OTC	
I. Describe the common somatic dysfunctions of the postpartum period and describe their corresponding osteopathic manipulative treatments (OMT) 1. Symphysis diaphysis 2. Sacroiliac dysfunction 3. Pubic shear 4. Low back pain 5. Breast engorgement and mastitis 6. Postpartum depression	K	AL, CE, DT, IL	MCQ, OE	ICS, MK	PS, QI, VBC	PM	OTC	

Educational Topic 64: Osteopathy in Gynecology

Rationale:

The osteopathic medical student should be able to participate in the distinctively osteopathic care of the gynecologic patient.

Student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
A. Diagnose somatic dysfunction as a possible etiology for acute pelvic pain, including: <ol style="list-style-type: none"> 1. Iliosoaas dysfunction 2. Pubic shear <ol style="list-style-type: none"> a. Vertical b. Anterior-posterior 3. Sacroiliac dysfunction 4. Sacral torsion 5. Myofascial strains 6. Restrictions of the pelvic diaphragm 	SH	AL, CE, DT, IL, S	CDR, CP, OSCE	ICS, MK, P, PC		BSR, PM	OTC, uW	1, 2
B. Describe the musculoskeletal, structural and biomechanical factors that may be associated with chronic pelvic pain	K	AL, CE, DT, IL	MCQ, OE	ICS, MK		PM	OTC	
C. List appropriate uses of osteopathic manipulative treatments (OMT) to manage both acute and chronic pelvic pain with consideration of value-based care	K	AL, CE, DT, IL	MCQ, OE	ICS, MK, PC	PS, QI, VBC	PM	OTC	7, 11

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	HSS	Emerging Topics	APGO eResources	EPA
D. Identify possible tissue changes that are not visible by imaging for patients with a history of sexual abuse	K	AL, CE, DT, IL	MCQ, OE	MK		BSR	OTC	1
E. Describe ways OMT can help prepare a patient for surgical gynecologic procedures	KH	AL, CE, DT, IL	MCQ, OE, OSCE	ICS, MK, PC	QI, VBC		OTC	
F. Discuss ways OMT can be used to decrease need for analgesics in the postoperative period, with consideration of value-based care	KH	AL, CE, DT, IL	MCQ, OE, OSCE	ICS, MK, PC	QI, VBC	PM	OTC	11
G. Perform OMT for the postoperative conditions, with consideration of value-based care	SH	AL, CE, DT, IL, S	CDR, CP, OSAT, OSCE	ICS, MK, P, PC	PS, QI, VBC		OTC	11, 12



Abnormal Uterine Bleeding: Bleeding that occurs between menstrual periods, bleeding after sex, spotting anytime in the menstrual cycle, bleeding that is heavier than normal or bleeding after menopause. Menstrual cycles that are longer than 35 days or shorter than 21 days are also abnormal. The lack of menstrual bleeding for 3-6 months in a reproductive aged woman is also abnormal.

Abortion:

Complete: Complete expulsion of the entire products of conception.

Incomplete: Incomplete expulsion of the products of conception. (Retained tissue in the uterus or cervix)

Induced: Termination of a pregnancy by medical or surgical intervention.

Inevitable: Dilation of the internal cervical os without passage of the products of conception.

Missed: Intrauterine retention of the non-viable products of conception.

Septic: A threatened, inevitable, incomplete, missed or complete abortion complicated by infection.

Spontaneous: Spontaneous loss of a pregnancy before the 20th week of gestation.

Threatened: Vaginal bleeding in the presence of a closed cervix and a viable fetus.

Abruptio placentae: Separation of the normally implanted placenta from its uterine attachment after the 20th week of pregnancy and before the birth of the infant. It occurs mainly in the third trimester.

Acromegaly: Overgrowth of the terminal parts of the skeletal system after epiphyseal fusion as a result of overproduction of growth hormone.

Acute abdomen: Pain in the abdomen that usually comes on suddenly and is so severe that it requires surgical management. Typical physical exam findings include guarding and rebound.

Adenomyosis: Presence of endometrial tissue within the myometrium.

Adnexae: The uterine appendages, including the fallopian tubes, ovaries and associated ligaments.

Adrenal hyperplasia: A congenital or acquired increase in the number of cells of the adrenal cortex, occurring bilaterally and resulting in excessive secretion of 17-ketosteroids with signs of virilization.

Advanced directive: Legal documents that allow people to communicate their decisions about medical care to family, friends, and health care professionals in the event that they are unable to make those decisions themselves.

Alloimmunization: An immune response generated in an individual by an alloantigen from a different individual of the same species.

Amenorrhea: Absence or cessation of menstruation.

Primary: Failure of menarche to occur by age 16.

Secondary: Absence of menses for three or more months after menarche.

Amniocentesis: Aspiration of amniotic fluid, usually transabdominally, for diagnostic or therapeutic purposes.

Amniotic fluid: The fluid confined by the amnion, which serves several functions in normal pregnancy. The volume and make up of amniotic fluid change over the course of pregnancy.

Androgen excess: The most common endocrine disorder in women of reproductive age. It can cause variable clinical features such as acne, hirsutism, virilization and reproductive dysfunction.

Androgen insensitivity syndrome: A syndrome of androgen insensitivity characterized by primary amenorrhea, a female phenotype, testes (abdominal or inguinal) instead of ovaries, the absence of a uterus and a male genotype.

Anemia, megaloblastic: Anemia with an excessive number of megaloblasts in circulation caused primarily by deficiency of folic acid, vitamin B12 or both.

Anemia, iron deficiency: Advanced stage of iron deficiency whereby there is insufficient stored iron to meet the demands of the body. Also called microcytic anemia.

Anorexia nervosa: Eating disorder characterized by altered body image and marked reduction in the intake of food, caused by psychogenic factors and leading to malnutrition and amenorrhea.

Anovulatory bleeding: Irregular uterine bleeding that occurs in the absence of ovulation.

Antepartum: Occurring during pregnancy prior to labor.

Apgar score: A physical assessment of the newborn, performed at 1 and 5 minutes after birth, used to determine the need for resuscitation.

Ascites: An abnormal accumulation of fluid in the peritoneal cavity.

Atony, uterine: Loss of uterine muscular tonicity, which may result in failure of labor to progress or in postpartum hemorrhage.

Autoimmune: Relating to disease caused by antibodies or lymphocytes produced against substances naturally present in the body.

Autonomy: A patient's right to determine what healthcare she will accept.

Barr bodies: Sex chromatin masses on the nuclear membrane. The number of Barr bodies is one fewer than the number of X chromosomes in that cell.

Bartholin abscess: Cystic swelling of a Bartholin gland caused by obstruction of its duct with infection of the contents.

Bartholin cyst: Cystic swelling of a Bartholin gland caused by obstruction of its duct.

Bartholin glands: A pair of glands located at the 4 o'clock and 8 o'clock positions on the vulvovaginal rim.

Basal body temperature: The oral temperature at rest, used for detection of ovulation.

Biophysical profile: An assessment of fetal well-being, including ultrasound evaluation of fetal movement, breathing movements, fetal tone, amniotic fluid volume and nonstress test.

Biphasic temperature curve: A graph showing a basal body temperature in the luteal phase that is 0.3°F higher than that of the follicular phase, which indicates that ovulation has occurred.

Blood flow, uteroplacental: The circulation by which the fetus exchanges nutrients and waste products with the mother.

Blood product transfusion: The transferring of a blood product (red blood cells, blood plasma or platelets) from a donor to another individual.

Breakthrough bleeding: Endometrial bleeding that occurs at inappropriate times during the use of hormonal contraceptives.

Breech: The buttocks. (Often refers to a fetal presentation.)

Cancer staging: The clinical (information obtained before or during surgery or tissue sampling) and pathological (examination of the tumor microscopically) evaluation of the extent and severity of cancer.

Carcinoma in situ: A neoplasm in which the tumor cells are confined by the basement membrane of the epithelium of origin.

Cerclage: The use of a suture to encircle and tighten the opening of a malfunctioning cervix.

Cesarean delivery: Birth of the fetus through incisions made in the abdomen and uterine wall.

Child abuse: Any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation of a child.

Chloasma: Irregular brownish patches of various sizes that may appear on the face during pregnancy or during the use of oral contraceptives, often referred to as "mask of pregnancy."

Chorioamnionitis: Infection of the fetal membranes.

Choriocarcinoma: A malignant tumor composed of sheets of cellular and syncytial trophoblast.

Chorionic villus sampling: The transcervical or transabdominal sampling of the chorionic villi for cytogenetic evaluation of the fetus.

Chronic pelvic pain: Pain located in the pelvis lasting six months or more. May be structural or functional.

Circumcision: The action or practice of cutting off the penile foreskin.

Climacteric: The period of life or the syndrome of endocrine, somatic and psychic changes that occur in a woman during the transition from the reproductive to the nonreproductive state. May also be used interchangeably with perimenopause.

Clomiphene: A ligand, that is in a group of compounds known as selective estrogen receptor modulators (SERM), which stimulates the maturation of follicles and thereby ovulation as a result of its antiestrogenic effect on the hypothalamus.

Coitus interruptus: Withdrawal of the penis during coitus before ejaculation.

Colporrhaphy:

Anterior: A surgical procedure used to repair cystocele, traditionally done by plicating in the midline of the connective tissue (sometimes called vesicovaginal connective tissue or pubocervical fascia) that supports the bladder. There are other approaches to repair a cystocele, which are not called colporrhaphy - for example transvaginal graft placement or a paravaginal repair from an abdominal approach.

Posterior: A surgical procedure used to repair rectocele, traditionally done by plicating the rectovaginal connective tissue in the midline to create more support for the rectum. Other approaches can include site-specific repairs or graft use.

Colposcopy: Examination of the vagina and cervix by means of an instrument that provides low magnification.

Condyloma acuminatum: A benign, cauliflower-like growth on the genitalia caused by human papillomavirus.

Cone biopsy: A cone of cervical tissue excised for histologic examination for cervical dysplasia.

Contraception: Prevention of conception.

Cordocentesis (Percutaneous umbilical blood sampling, PUBS): A fetal assessment and therapeutic technique in which a needle is passed into an umbilical vessel and blood is sampled or treatment is given.

Corpus luteum: A temporary endocrine structure produced in the ovary at the site of ovulation. It produces progesterone, which supports the endometrium of the secretory phase of the menstrual cycle. Involution of the corpus luteum precedes menstruation.

Cul-de-sac: The pouch-like cavity, (also called the Pouch of Douglas) between the rectum and the uterus, formed by a fold of peritoneum.

Culdacentesis: Needle aspiration of intraperitoneal fluid or blood through a puncture of the posterior vaginal fornix into the cul-de-sac.

Curettage: Scraping of the interior of a cavity or other surface with a curette.

Fractional: Separate curettage of the endometrium and the endocervix for diagnostic evaluation. Specimens are submitted separately for pathologic examination.

Suction: Endometrial curettage using a suction catheter.

Cushing syndrome: A symptom complex caused by hypersecretion of glucocorticoids, mineralocorticoids and sex hormones of the adrenal cortex.

Cystocele: Protrusion of the urinary bladder that creates a downward bulging of the anterior vaginal wall as a result of weakening of the pubocervical fascia.

Cystogram: A radiogram of the urinary bladder after the injection of contrast medium.

Cystometry: Measurement of the function and capacity of the urinary bladder by pressure-volume studies.

Cystoscopy: Direct endoscopic inspection of the interior of the urinary bladder.

Decidualization: Identifiable changes in the endometrium and other tissues in response to the hormonal effects of progesterone.

Deep vein thrombosis (DVT): A condition in which a blood clot (thrombus) forms in one or more of the deep veins in the body, usually in the lower extremities.

Dermoid cyst: See **Benign cystic teratoma**.

Diabetes: A metabolic disease in which the body's inability to produce any or enough insulin causes elevated levels of glucose in the blood.

Dilation: The physiologic or instrumental opening of the cervix.

D immunoglobulin [Rh(D) immunoglobulin]: An immunoprotein used for passive immunization to prevent D sensitization of the mother when exposed to fetal red blood cells that may have Rhesus D antigens.

Disseminated intravascular coagulation (DIC, Consumptive coagulopathy): An intravascular coagulation abnormality associated with the obstetric complications of abruptio placentae and intrauterine fetal demise.

Double set-up: The simultaneous availability of two sterile set-ups for both a vaginal and an abdominal delivery.

Dysgerminoma: A malignant solid germ cell tumor of the ovary.

Dysmenorrhea: Painful menstruation. May be primary (linked to production of prostaglandins and other inflammatory mediators causing uterine contractions) or secondary (associated with an existing condition).

Dyspareunia: Difficult or painful intercourse.

Dystocia: Abnormal or difficult labor.

Dysuria: Painful urination.

Eclampsia: The convulsive form of preeclampsia eclampsia syndrome.

Ectopic pregnancy: A pregnancy located outside the uterine cavity.

Ectropion: The growth of the columnar epithelium of the endocervix onto the ectocervix.

Effacement: Thinning and shortening of the cervix.

Elder abuse: A term referring to any knowing, intentional, or negligent act by a caregiver or any other person that causes harm or a serious risk of harm to a vulnerable adult.

Embryo: The conceptus from the blastocyst stage to the end of the 8th week.

Emergency contraception (EC, Emergency postcoital contraception): Measures that, if taken after unprotected sexual intercourse, may prevent pregnancy.

Endometrial biopsy: The procedure of obtaining endometrial tissue for diagnostic purposes.

Endometriosis: The presence of endometrial implants outside the uterus.

Endoscopy: Instrumental visualization of the interior of a hollow viscus.

Enterocoele: A herniation of the small intestine into the cul-de-sac, usually accompanied by (and sometimes confused with) rectocoele.

Episiotomy: An incision made into the perineum at the time of vaginal delivery.

Erectile dysfunction: The inability to achieve or sustain penile erection.

Estrogen replacement: The exogenous administration of estrogen or estrogenic substances to overcome a deficiency or absence of the natural hormone.

Estrogen, unopposed: The continuous and prolonged effect of estrogen on the endometrium, resulting from a lack of progesterone.

Eversion: See **Ectropion**.

Exenteration, pelvic: The removal of all pelvic viscera, including the urinary bladder, the rectum or both, usually in the setting of advanced cervical malignancy.

False labor: Uterine contractions which do not result in any cervical change.

Fern (Ferning): The microscopic pattern of sodium chloride crystals as seen in estrogen stimulated cervical mucus or amniotic fluid.

Fertility awareness method (FAM): A method of contraception in which intercourse is avoided during the fertile period.

Fetal lung maturity: A measurement of the amount of surfactant in amniotic fluid, which predicts a fetus's risk for developing respiratory distress syndrome.

Fetal testing: Evaluation of the fetus by electronic fetal heart rate monitoring and/or ultrasound.

Fetus: The conceptus from 8 weeks until birth.

Fibrocystic changes (breast): Mammary changes characterized by fibrosis and formation of cysts in the fibrous stroma.

Foreplay: The preliminary stages of sexual relations in which the partners usually stimulate each other by kissing, touching and caressing.

Functional ovarian cyst: A physiologic cyst arising from the Graafian follicle or the corpus luteum.

Functioning ovarian tumor: A hormone-producing ovarian neoplasm.

Galactorrhea: The spontaneous flow of breast milk in the absence of a recent pregnancy.

Gender (sex) role: An individual's understanding and feeling of the activity and behavior appropriate to the male or female sex.

Gestational age: A measure of the age of a pregnancy in weeks using last normal menstrual period (LMP), ultrasound or other methods.

Gestational trophoblastic neoplasia: A group of rare tumors that involve abnormal growth of trophoblastic cells inside a woman's uterus.

Gonadal agenesis: The congenital absence of ovarian tissue or its presence only as a rudimentary streak.

Gonadal dysgenesis: The congenitally defective development of the gonads.

Gonadotropins: Hormones secreted by the anterior pituitary, FSH and LH.

Granulosa cell tumor: A feminizing, estrogen-producing ovarian sex cord-stromal tumor.

Gravida: A pregnant woman.

Gravidity: The pregnant state, or the total number of pregnancies a woman has had, including the current pregnancy.

Hemoperitoneum: Blood in the peritoneal cavity.

Hirsutism: Excessive growth of facial or body hair on women. Can be seen as coarse, dark hair that may appear on the face, chest, lower abdomen, back, upper arms, or upper legs.

Hormone therapy (HT): Estrogen and progestin replacement therapy.

Hot flashes (flushes): A vasomotor symptom characterized by transient hot sensations that involve chiefly the upper part of the thorax, neck and head, frequently followed by sweats, and associated with cessation or diminution in the ovarian secretion of estrogen.

Human chorionic gonadotropin (hCG): A glycoprotein hormone that is produced by the syncytiotrophoblast and is immunologically similar to luteinizing hormone (LH). In normal pregnancies hCG rises predictably through the first trimester of pregnancy.

Human menopausal gonadotropin (hMG): A gonadotropin isolated from the urine of postmenopausal women, consisting primarily of follicle-stimulating hormone (FSH) with variable amounts of LH, used for ovulation induction.

Hydatidiform mole: A pathologic condition of pregnancy characterized by the hydropic degeneration of the chorionic villi and variable degrees of trophoblastic proliferation.

Hydramnios (Polyhydramnios): Excessive amounts (more than 2 liters) of amniotic fluid at term.

Hyperplasia, endometrial: The abnormal proliferation of the endometrium with a marked increase in the number of glands or cystic dilation of glands. These changes may be related to prolonged unopposed estrogen stimulation.

Hypertension: A chronic medical condition in which the blood pressure in the arteries is elevated.

Hypoestrogenism: A condition of subnormal estrogen production with resultant atrophy or failure of development of estrogen-dependent tissues.

Hypofibrinogenemia: A deficiency of circulating fibrinogen that may be seen in conditions such as abruptio placentae, amniotic fluid embolism and fetal death in which the fibrinogen is consumed by disseminated intravascular coagulation.

Hypogonadism: Decreased production of hormones by the gonads. May be genetic or acquired.

Hysterectomy:

Abdominal: The removal of the uterine corpus and cervix through an incision made in the abdominal wall.

Laparoscopic assisted vaginal hysterectomy (LAVH): The combination of laparoscopy with vaginal surgery techniques to remove the uterus and cervix.

Radical: The removal of the uterine corpus, cervix and parametrium, with dissection of the ureters; usually combined with pelvic lymphadenectomy.

Subtotal (supracervical): The removal of the uterine corpus, leaving the cervix in situ.

Total: The removal of the uterine corpus and cervix (without regard to tubes or ovaries). A total hysterectomy may be performed abdominally (TAH), vaginally (TVH), or laparoscopically/robotically (TLH or robotic-TLH)

Vaginal: The removal of the uterus and cervix through the vagina.

Hysterosalpingogram (HSG): X-ray (fluoroscopy) of the uterus and tubes after injection of radiopaque contrast medium through the cervix. It is useful in ascertaining irregularities of the uterine cavity and patency of the fallopian tubes.

Hysteroscopy: The transcervical endoscopic visualization of the endometrial cavity.

Hysterotomy: Surgical incision of the wall of the uterus.

Iliopsoas dysfunction: Impaired or altered function of iliopsoas muscle, a somatic dysfunction. Somatic dysfunction is treatable using osteopathic manipulative treatment.

Immunoglobulin: Any of a class of proteins present in the serum and cells of the immune system that function as antibodies.

Imperforate hymen: Failure of a lumen to develop at a point where the budding vagina arises from the urogenital sinus.

Infertility: The inability to achieve pregnancy with regular intercourse and no contraception within one year.

Informed consent: Permission granted by a patient to a doctor for treatment with full knowledge of the possible risks, benefits, alternatives and consequences.

Intervillous space: The space in the placenta in which maternal blood bathes chorionic villi, allowing the exchange of materials between the fetal and maternal circulations.

Intersex: Group of conditions in which a person has anatomy that is atypical for being male or female defined traditionally.

Intimate partner violence: Violent or aggressive behavior within the home, typically involving the violent abuse of a spouse or partner.

Intraductal papilloma: A benign mammary tumor, occurring predominantly in parous women at or shortly before menopause. It is typically located beneath the areola and is often associated with bleeding from the nipple.

Intrauterine device (IUD): A device inserted into the uterine cavity for contraception.

Intrauterine fetal demise (IUFD, Stillbirth): Intrauterine death of a fetus. For purposes of vital statistics, a fetal death prior to 500 grams is usually classified as an abortus, not an IUFD.

Intrauterine growth restriction (IUGR): Prenatal diagnosis of a fetus whose estimated fetal weight is less than the 10th percentile for gestational age.

Justice: Ensuring or maintaining what is considered just or fair according to predetermined criteria.

Karyotype: A photographic reproduction of the chromosomes of a cell in metaphase, arranged according to a standard classification.

Labor: The process of expulsion of the fetus from the uterus.

Augmented: Labor that is amplified, usually with oxytocin.

Induced: Labor that is initiated artificially.

Lactation: The secretion of milk by the mammary glands.

Lactogen, human placental (hPL): A polypeptide hormone that is produced by the syncytiotrophoblast, similar to prolactin and somatotropin from the pituitary, and involved in carbohydrate metabolism by the mother and fetus.

Laparoscopy: The transabdominal endoscopic examination of the peritoneal cavity and its contents after inducing pneumoperitoneum.

Laparotomy: A surgical incision in the abdominal wall.

Leiomyoma (Fibroid): A benign tumor derived from smooth muscle.

Leiomyosarcoma: An uncommon malignant tumor of smooth muscle.

LEEP (Loop electrosurgical excision procedure, LLETZ, Large loop excision of the transformation zone): Procedure using a thin, low-voltage electrified wire loop to excise abnormal cervical tissue to treat cervical dysplasia.

Leukoplakia: An imprecise clinical term usually referring to white lesions of the vulva.

Levator muscle: The muscular sheet, consisting of the iliococcygeus, pubococcygeus and puborectalis muscles, which forms most of the pelvic floor (pelvic diaphragm) and supports the pelvic viscera.

Libido: Sexual desire or urge.

Lie: The relationship of the long axis of the fetus to the long axis of the mother. Examples are longitudinal, transverse and oblique.

Ligament:

Cardinal: The dense connective tissue that represents the union of the base of the broad ligament to the supravaginal portion of the cervix and laterally to the sides of the pelvis. It is considered to be the primary support of the uterus.

Uterosacral: The peritoneal folds containing connective tissue, autonomic nerves and involuntary muscle arising on each side of the posterior wall of the uterus at the level of the internal cervical os and passing backward toward the rectum, around which they extend to their insertion on the sacral wall. They are considered to play an important part in axial support of the uterus.

Ligation, tubal: The surgical or mechanical interruption of the fallopian tubes for the purpose of permanent contraception.

LMP: Last menstrual period.

LNMP: Last normal menstrual period.

Macrosomia: A condition in which a baby weighs greater than 4500 grams.

Mastitis: Inflammation of the breast.

Masturbation: Sexual self-stimulation by the manipulation of the genitals.

Mature cystic teratoma: The most common germ cell tumor, consisting of mature elements of all three germ layers (often called dermoid cyst.)

Maturation index: The ratio of parabasal to intermediate to superficial vaginal epithelial cells (e.g. 0/20/80), which is an indication of estrogen effect.

Menarche: The onset of the menses.

Menopause: The permanent cessation of the menses and fertility, defined as occurring 12 months after a woman's last menstrual period.

Menorrhagia: Excessive or prolonged uterine bleeding occurring at regular intervals.

Metaplasia: A reversible change in which one adult cell type is replaced by another cell type. The most common type of epithelial metaplasia is the replacement of columnar cells by stratified epithelium (squamous metaplasia).

Metrorrhagia: Uterine bleeding occurring at times other than the expected menses, for example, intermenstrual bleeding.

Mid pelvis: An imaginary plane that passes through the pelvis and is defined by three points: the inferior margin of the symphysis pubis and the tips of the ischial spines on either side. This plane usually includes the smallest dimensions of the pelvis.

Molar pregnancy: Gestational trophoblastic disease that grows into a mass in the uterus. A molar pregnancy can develop when an egg that is missing its nucleus is fertilized. It may or may not contain fetal tissue.

Mortality: A fatal outcome.

Fetal: Death of the conceptus >500 grams.

Maternal: Death of the mother.

Neonatal: Death of the infant in the first 28 days of life.

Perinatal: Death of the fetus or neonate between 20 weeks of gestation and 28 days after birth. It is the sum of stillbirths and neonatal deaths.

Stillbirth (Intrauterine fetal demise): Death of a fetus before birth. For purposes of perinatal vital statistics, the fetus must be over 20 weeks gestational age or over 500 grams in weight.

Mosaicism: The presence in an individual of cells of different chromosomal constitutions.

Mucus, cervical: The secretion of the cervical mucous glands; its quality and quantity are influenced by estrogen and progesterone. Estrogen makes it abundant and clear (which is called spinnbarkeit) with a fern pattern on drying. Progesterone makes it scant, opaque and cellular without a fern pattern upon microscopic examination.

Multifetal gestation: Presence of >1 fetus in the uterus.

Myofascial pain: A pain syndrome characterized by muscle tenderness and spasm.

Neonatal: Referring to the first 28 days of life.

Nonstress test (NST): Evaluation of the fetus by electronic fetal heart rate monitoring.

Oligomenorrhea: Infrequent menstruation.

Operative vaginal delivery: A delivery in which the operator uses forceps or a vacuum device to assist maternal expulsive efforts. The instrument is applied to the fetal head and then the operator uses traction to extract the fetus, typically during a contraction while the mother is pushing.

Orgasm: The climax of sexual excitement.

Osteopathic medicine: The preferred term for a complete system of medical care practiced by physicians that is represented by a philosophy that combines the needs of the patient with the current practice of medicine, surgery and obstetrics. Emphasizes the interrelationship between structure and function, and has an appreciation of the body's ability to heal itself.

Osteopathic manipulative medicine (OMM): The application of osteopathic philosophy, structural diagnosis and use of OMT in the diagnosis and management of the patient.

Osteopathic manipulative treatment (OMT): The therapeutic application of manually guided forces by an osteopathic physician to improve physiologic function and/or support homeostasis that has been altered by somatic dysfunction. OMT includes some of the following techniques:

High velocity/low amplitude: A technique employing a rapid, therapeutic force of brief duration that travels a short distance within the anatomic range of motion of a joint, and that engages the restrictive barrier in one or more planes of motion to elicit release of restriction. Also known as thrust technique.

Balanced ligamentous tension: A manipulative technique in which the goal of treatment is to balance the tension in opposing ligaments where there is abnormal tension present.

Facilitated positional release: A system of indirect myofascial release treatment.

Functional technique: An indirect treatment approach that involves finding the dynamic balance point and one of the following: applying an indirect guiding force, holding the position or adding compression to exaggerate position and allow for spontaneous readjustment.

Lymphatic treatment: A term used to describe the impact of intrathoracic pressure changes on lymphatic flow.

Muscle energy: A form of manipulative diagnosis and treatment in which the patient's muscles are actively used on request, from a precisely controlled position, in a specific direction, and against a distinctly executed physician counterforce.

Myofascial release: A system of diagnosis and treatment which engages continual palpatory feedback to achieve release of myofascial tissues.

Osteopathy in the cranial field: A system of diagnosis and treatment using the primary respiratory mechanism and balanced membranous tension.

Progressive inhibition of neuromuscular structures: A system of diagnosis and treatment in which two related points are identified and then treated with sequentially applied inhibitory pressure.

Soft tissue/articulatory techniques: A direct technique that usually involves lateral stretching, linear stretching, deep pressure, traction and/or separation of muscle origin and insertion while monitoring tissue response and motion changes by palpation.

Strain/counterstrain: A system of diagnosis and indirect treatment in which the patient's somatic dysfunction, diagnosed by (an) associated myofascial tenderpoint(s), is treated by using a passive position, resulting in spontaneous tissue release and at least 70 percent decrease in tenderness.

Still technique: Characterized as a specific, non-repetitive articulatory method that is indirect, then direct.

Visceral manipulation: A system of diagnosis and treatment directed to the viscera to improve physiologic function. Typically, the viscera are moved toward their fascial attachments to a point of fascial balance.

Osteoporosis: Decrease in bone mass and density which leads to an increased risk of fracture.

Ovulation, induction of: Stimulation of ovulation by artificial means.

Oxytocin: An octapeptide formed in the hypothalamus and stored in the posterior lobe of the pituitary. It has stimulant effects on the smooth muscle of the uterus and the mammary glands.

Papanicolaou test (Pap Test): A cytologic smear of exfoliated cells (for example, from the cervix, endometrial cavity or vagina) used in the early detection of cervical cancer.

Parity: The number of pregnancies of a particular woman in which the fetus is over 20 weeks gestation at time of delivery.

Pelvic floor: The myofascial sling for the pelvic structures, located at the level of the pelvic outlet. The most important structures are the levator ani muscle and fascial sheaths.

Pelvic inflammatory disease (PID): An infection of the pelvic viscera, usually by ascending routes. The likely etiologic pathogens include: *Neisseria gonorrhoeae*, *Chlamydia trachomatis*, and other anaerobic and aerobic organisms.

Pelvic inlet: An imaginary plane passing through the pelvis that represents the upper boundary of the true pelvis. It is bounded posteriorly by the promontory and alae of the sacrum, laterally by the linea terminalis, and anteriorly by the horizontal rami of the pubic bones and the upper margin of the symphysis pubis.

Percutaneous umbilical blood sampling (PUBS): See **Cordocentesis**.

Perimenopause: The period of life or the syndrome of endocrine, somatic and psychic changes that occur in a woman during the transition from the reproductive to the nonreproductive state. May also be used interchangeably with climacteric.

Perinatal: Pertaining to the combination of fetal and neonatal periods, considered to begin after 20 weeks of gestation and to end 28 days after birth.

Perineorrhaphy: Surgical repair of the perineum.

Perineum: The pelvic floor and associated structures occupying the pelvic outlet.

Pessary: A device placed in the vagina to support the uterus or vagina and treat pelvic organ prolapse.

Pituitary: An endocrine organ composed of the anterior gonadotropin-secreting component and the posterior oxytocin-secreting component.

Placenta: An organ that grows in the pregnant mammalian uterus. It serves to nourish and maintain the growing fetus through the umbilical cord.

Placenta previa: A condition in which the placenta is located in the lower portion of the uterus and covers part or all of the internal os.

Pneumoperitoneum: The presence of air in the peritoneal cavity.

Polycystic ovary syndrome (PCOS, Stein-Leventhal syndrome): A syndrome of secondary oligomenorrhea and infertility associated with multiple follicle cysts of the ovary and a failure to ovulate regularly.

Polyhydramnios: See **Hydramnios**.

Polymenorrhea: Cyclical uterine bleeding that is normal in amount but occurs <24 days apart.

Position: The relationship of a designated point on the presenting part of the fetus to the maternal pelvis (example: left occiput anterior [LOA]).

Postmaturity syndrome: Characteristic newborn appearance associated with delivery postdates. Includes meconium staining of the fetus, placenta and umbilical cord, with diminished subcutaneous fat, absent lanugo and vernix.

Postmenopausal bleeding: Bleeding from the uterus, cervix or vagina that occurs after the menopause.

Postpartum: After delivery or childbirth.

Postpartum blues: Mild mood disturbances (including insomnia, tearfulness, depression, anxiety, and irritability) experienced by some women up to ten days after delivery.

Postpartum depression: Moderate to severe depression in a woman after she has given birth. It may occur soon after delivery or up to a year later.

Postpartum psychosis: A group of mental illnesses with the sudden onset of psychotic symptoms following childbirth.

Postpartum hemorrhage: Loss of more than 500 cc of blood following a vaginal delivery and more than 1000 cc of blood following a Cesarean delivery.

Postpartum tubal ligation: A surgical procedure performed within a few hours or days after the birth of a baby. The fallopian tubes are interrupted to prevent future pregnancy.

Postterm pregnancy: Pregnancy prolonged beyond the end of the 42nd week of gestation.

Preeclampsia: A specific hypertensive disorder of pregnancy with the diagnosis made based on new-onset hypertension and proteinuria or end-organ damage. It usually occurs after the 20th week of pregnancy.

Premature rupture of membranes (PROM): Rupture of the amniotic membranes before the onset of labor.

Prematurity: The condition characterized by birth before 37 completed weeks (260 days) of pregnancy.

Premenstrual dysphoric disorder (PMDD): A condition in which a woman has severe depressive symptoms, irritability, and tension during the luteal phase. Strict diagnosis criteria are found in the Diagnostic and Statistical Manual of Mental Disorders (DSM).

Premenstrual syndrome (PMS): A complex of affective and physical symptoms occurring in the luteal phase of the menstrual cycle.

Presentation: The portion and orientation of the body of the fetus that is coming first in the birth canal. Examples include vertex, frank breech and right shoulder presentation.

Presenting part: The portion of the fetus that is coming first in the birth canal. The presenting part determines the presentation.

Preterm labor: Labor that begins before 37 weeks of pregnancy.

Preterm rupture of membranes: A condition of pregnancy characterized by rupture of the membrane of the amniotic sac and chorion prior to 37 weeks gestation.

Primigravida: A woman who is pregnant for the first time.

Prolapse:

Cord: A condition in which the umbilical cord precedes the presenting part of the fetus.

Uterine: Prolapse of the uterus, usually due to the loss of supporting structures. It is related to injuries of childbirth, advanced age or congenital weakness.

Pseudocyesis: False pregnancy, in which some of the signs and symptoms of pregnancy are present, although no conception has taken place.

Puberty: The period between the beginning of the development of secondary sexual characteristics and the completion of somatic growth.

Delayed: The lack of appearance of secondary sexual characteristics by age 14.

Precocious: The appearance of secondary sexual characteristics before 7.5 years of age.

Pubic shear: A component of pubic symphysis dysfunction in which one pubic bone is displaced with relation to its normal mate.

Puerperium: The period after delivery in which the reproductive tract returns to its normal, nonpregnant condition, generally 6-8 weeks.

Quickening: The first perception by the mother of fetal movement, usually between the 18th and 20th week of gestation.

Rectocele: Protrusion of the rectum through the supporting structures of the posterior vaginal wall.

Recurrent pregnancy loss: Three or more consecutive first-trimester spontaneous abortions.

Reflux, tubal: The retrograde flow of uterine or tubal contents into the abdominal cavity.

Rh sensitization: A condition characterized by the production of antibodies by a woman with Rh-negative blood type against her fetus with an Rh-positive blood type. The mother's body considers the fetal blood cells a foreign antigen and mounts an immune attack on it.

Sacroiliac dysfunction: Inflammation or degeneration of the sacroiliac joint leading to abdominal/pelvic pain.

Salpingectomy: Surgical removal of fallopian tube.

Salpingitis: Inflammation of the fallopian tubes.

Salpingo-oophorectomy: Surgical removal of a fallopian tube and ovary.

Schiller test: The application of a solution of iodine to the cervix. The iodine is taken up by the glycogen in normal vaginal epithelium, giving it a brown appearance. Areas lacking in glycogen are white or whitish yellow, as in dysplasia or cancer. Although nonstaining areas are not diagnostic of cancer, they aid in identifying areas for biopsy.

Secondary sexual characteristics: The physical changes that have occurred in response to endocrine changes during puberty.

Semen analysis: The evaluation of the components of semen, especially spermatozoa, as a means of evaluating male fertility.

Sexual dysfunction: Sexual disinterest, unresponsiveness or aversion caused by physical or affective problems.

Sexuality: The physiologic and psychologic expression of sexual behavior. The periods of infancy, adolescence, adulthood and the post climacteric state each have characteristic manifestations of sexuality.

Sexual orientation: A person's sexual identity in relation to the gender to which they are attracted (i.e. being heterosexual, homosexual, or bisexual).

Sexually transmitted infection: An infection likely transmitted between humans by means of sexual behavior, including vaginal intercourse, anal sex and oral sex.

Shoulder dystocia: An obstetrical emergency that occurs when the fetal shoulder becomes lodged behind the maternal symphysis pubis.

Skene glands: The vestibular glands that open into and around the urethra.

Somatic dysfunction: Presence of any of the four TART criteria (tenderness, asymmetry, restriction of motion, tissue texture).

Somatomammotropin, chorionic: See **Lactogen, human placental**.

Sonography (Ultrasonography, Ultrasound): In obstetrics and gynecology, a diagnostic aid in which high-frequency sound waves are used to image pelvic structures in pregnant and non-pregnant patients.

Spinnbarkeit: The ability of the cervical mucus to be drawn out into a thread, characteristically greater in the preovulatory and ovulatory phases of the menstrual cycle.

Station: The location of the fetal presenting part (leading bony point) relative to the level of the ischial spines. Station +2 means the presenting part is 2 cm below the ischial spines. Station -1 means the presenting part is 1 cm above the ischial spines.

Sterility: The absolute inability to procreate.

Stress incontinence: The involuntary leakage of urine during an increase in intraabdominal pressure as a result of weakness of the supports of the internal vesical sphincter and bladder neck.

Striae gravidarum: Stretch marks, or streaks or lines seen on the skin of a pregnant woman secondary to connective tissue changes in the dermal layer.

Supine hypotensive syndrome: A hypotensive syndrome often characterized by sweating, nausea and tachycardia. It occurs in some pregnant women in the supine position when the pregnant uterus obstructs venous return to the heart.

Surgical sterilization: Surgical procedure performed to achieve permanent loss of fertility; includes methods such as vasectomy and tubal ligation.

TART: A mnemonic for four diagnostic criteria of somatic dysfunction: tissue texture abnormality, asymmetry, restriction of motion and/or tenderness.

Teratogen: An agent or factor that produces physical defects in the developing embryo.

Thecoma: A functioning ovarian tumor composed of theca cells.

Thelarche: The onset of development of breasts.

TOLAC (Trial of labor after Cesarean): Attempt at vaginal delivery after having undergone a Cesarean delivery in a previous pregnancy.

Trimester: A period of three months. The period of gestation is divided into three units of three calendar months each. Some important obstetric events may be conveniently categorized by trimesters.

Trophoblast: The epithelium of the chorion, including the covering of the placental villi. It comprises a cellular layer (cytotrophoblast) and syncytium (syncytiotrophoblast).

Tubercles, Montgomery: The enlarged sebaceous glands of the areolae of the mammary glands during late pregnancy and lactation.

Ultrasonography: See **Sonography**.

Ultrasound: See **Sonography**.

Urethrocele: Protrusion of the urethra through the supporting structure of the anterior wall.

UTI (Urinary tract infection): An infection in any part of the urinary system: kidneys, ureters, bladder or urethra.

Vacuum extraction: The use of a suction device placed on the infant's head to assist vaginal delivery.

Vasectomy: The surgical interruption of the ductus (vas) deferens for permanent contraception.

VBAC (Vaginal birth after Cesarean delivery): Achievement of vaginal delivery after a history of Cesarean delivery.

Viability: The ability of a fetus to live independently outside of the uterus.

Virilization: The effect of very high androgen levels, such as when a tumor is present, which may cause male-like balding, deepening of the voice, increased muscle mass, enlargement of the clitoris, and decreased breast size. These effects of excess androgens occur rarely, and typically are not seen with PCOS.

Withdrawal bleeding: Uterine bleeding after the interruption of hormonal support of the endometrium.



GLOSSARY OF OSTEOPATHIC TERMINOLOGY

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