



Long Curriculum in Resident Education

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Goals of the Long Curriculum

Pediatric and Adolescent Gynecology (PAG) is an important and required aspect of training for Ob/Gyn, Pediatrics, and Adolescent Medicine training programs. PAG is an integral part of Ob/Gyn, Pediatrics, and Adolescent licensing exams in the United States and Canada. Specific learning objectives, found in the Council on Resident Education in Ob/Gyn (CREOG) in the US, American Board of Pediatrics (ABP), and Royal College of Physicians and Surgeons in Canada (RCPSC) must be fulfilled so these postgraduate training programs can receive their accreditation. In addition, residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of gynecologic problems in the pediatric and adolescent patient and the promotion of health for women and children.

The Long Curriculum is a comprehensive curriculum in PAG for resident education. The curriculum is designed to meet the following learning objectives for PAG:

1. CREOG (Council on Resident Education in Ob/Gyn)
2. RCPSC (Royal College of Physicians and Surgeons in Canada)
3. ABP (American Board of Pediatrics) Content Outline for General Pediatrics

Surgical aspects of the curriculum required for the Ob/Gyn trainee are noted as these would apply to trainees in Ob/Gyn.

This curriculum can be used to teach learners on a rotation dedicated to PAG training or during entire

Comprehensive Curriculum in Pediatric and Adolescent Gynecology for Postgraduate Trainees in Ob/Gyn, Pediatrics, and Adolescent Medicine.

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residency training by dividing objectives across the different years of training. At the completion of this curriculum, the trainee will have covered all learning objectives for PAG outlined in the above objectives.

Target Audience

Postgraduate trainees in Ob/Gyn, Pediatrics, and Adolescent Medicine from centers seeking a comprehensive curriculum covering the mandatory topics on PAG.

Educational Objectives

This program covers topics determined by formal residency training guidelines (CREOG, RCPSC, and Educational Objectives for Pediatrics & Adolescent Medicine) for PAG.

At the completion of this curriculum, the trainee should understand all of the aspects of PAG as determined by these objectives to be covered in residency.

Definitions

1. *Reading Assignment*: Resources recommended by NASPAG resident education committee on what trainee should read ("must read"). We propose that training programs have at least one of these textbooks as a resource available for their trainees.

Recommended textbooks

- a. Pediatric and Adolescent Gynecology by S. J. Emans and M. R. Laufer, 6th edition, 2012 (Lippincott Williams & Wilkins) **OR**
- b. Clinical Pediatric and Adolescent Gynecology by J. Sanfilippo, E. Lara-Torre, D. K. Edmonds, and C. Templeman, 2009 (Informa Healthcare)

Throughout this document, these texts will be referred to as:

Emans & Laufer 6th edition and Sanfilippo, respectively.

2. *Additional resources:* Trainee who wishes to review clinical scenarios or seeks additional information about specific subjects
- a. Clinical Cases in Pediatric and Adolescent Gynecology by M. R. Laufer and L. S. Goldstein (NASPAG/ACOG CD-ROM). Available at <http://sales.acog.org/Clinical-Cases-in-Pediatric-Adolescent-Gynecology-P603.aspx>
 - b. ASRM Modules (<http://www.asrm.org/eLearnCatalog/>). Free for Ob/Gyn residents (others for fee)
 - c. Zitelli and Davis' Atlas of Pediatric Physical Diagnosis by Basil J. Zitelli, Sara C McIntire, and Andrew J. Nowalk, 6th edition. 2012 (Elsevier).
 - d. Textbook of Adolescent Health Care by Martin Fisher. 2011 (American Academy of Pediatrics): editors Elizabeth Alderman, Richard Kreipe, and Walter Rosenfeld (Chicago, IL).
 - e. Clinical Gynecologic Endocrinology and Infertility, 8th edition by Marc W. Fritz and Leon Speroff. 2011 (Lippincott Williams & Wilkins).
 - f. TeLinde's Operative Gynecology 10th edition by J. A. Rock and H. W. Jones. 2011(Philadelphia: Lippincott Williams and Wilkins).
 - g. ACOG Adolescent Health Care Guidelines. Available at http://www.acog.org/Resources_And_Publications/Guidelines_for_Adolescent_Health_Care
 - h. Adolescent Health Care: A Practical Guide: editors Lawrence S. Neinstein, Catherine Gordon, Debra Katzman, David Rosen, and Elizabeth Woods. 2008 (Lippincott Williams & Wilkins, a Wolters Kluwer Business)

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TOPIC AND OBJECTIVES	RECOMMENDED READINGS		ADDITIONAL READINGS
	EMANS AND LAUFER 6TH EDITION	SANFILIPPO	
1. ANATOMY AND PHYSIOLOGY			
Describe the anatomic changes of the genital tract and breast that occur at different ages	Chapter 6: The Physiology of Puberty	Chapter 1: Embryology and Normal Anatomy And	1. Clinical Gynecologic Endocrinology and Infertility, 8th edition chapter 10, Normal and Abnormal Growth and Pubertal Development, pp. 391-433 2. Zitelli and Davis' Atlas of Pediatric Physical Diagnosis, 6th Edition, Elsevier, 2012; Chapter 18, pp. 693-730
Describe the sex hormonal changes that occur at the different stages of life		Chapter 2: Normal Pubertal Development	
Describe the hormonal changes that occur as part of normal puberty			
2. PEDIATRIC GYNECOLOGY (BIRTH TO MENARCHE)			
Describe the characteristics of the most common gynecologic problems experienced by pediatric patients such as:			
a. Vulvovaginitis	Chapter 4: Vulvovaginal Problems in Prepubertal Girls	Chapter 9: Vaginal Discharge and Genital Bleeding in Childhood	
b. Vulvar disease			
i. Lichen sclerosis	Chapter 4: Vulvovaginal Problems in Prepubertal Girls pp. 50-51 And Chapter 5: Vulvar Dermatology pp. 80-82	Chapter 10: Basic Dermatology in Children and Adolescents pp. 159-160	
ii. Labial adhesions	Chapter 4: Vulvovaginal Problems in Prepubertal Girls pp. 55-57	Chapter 10: Basic Dermatology in Children and Adolescents pp. 149-150	
c. Prepubertal vaginal bleeding			

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TOPIC AND OBJECTIVES	RECOMMENDED READINGS		ADDITIONAL READINGS
	EMANS AND LAUFER 6TH EDITION	SANFILIPPO	
d. Trauma	Chapter 4: Vulvovaginal Problems in Prepubertal Girls pp. 51-53 Chapter 16: Genital Trauma	Chapter 9: Vaginal Discharge and Genital Bleeding in Childhood Chapter 9: Vaginal Discharge and Genital Bleeding in Childhood pp. 145-146 And Chapter 26: Genital Injuries and Other Gynecological Emergencies in Children and Adolescents	Benjamins L. Genital trauma in pediatric and adolescent girls. J Pediatr Adolesc Gynecol 2009; 22(2): 129-133
e. Foreign body in the vagina	Chapter 4: Vulvovaginal Problems in Prepubertal Girls pp. 51-53 And Chapter 23: Radiologic Imaging pp. 442-444	Chapter 7: The Physical Exam in the Pediatric and Adolescent Patients pp. 115-199 And Chapter 9: Vaginal Discharge and Genital Bleeding in Childhood pp. 140-144	
f. Sexual abuse	Chapter 30: Sexual Abuse in Child and Adolescent	Chapter 18: Sexual Abuse in Adolescents and Children	<i>Recommended:</i> Newton A, Vandeven A. The role of the medical provider in the evaluation of sexually abused children and adolescents. J Child Sexual Abuse 2010;19(6):669-686 Crawford JC. The evaluation of children in the primary care setting when sexual abuse is suspected Pediatrics 2013; 132(2):e558-e567 (doi: 10.1542/peds.2013-1741)
g. Abnormal pubertal development (overlap Topic 3)	Chapter 7: Precocious Puberty	Chapter 3: Precocious Puberty	
h. Ambiguous genitalia	Chapter 3: Ambiguous Genitalia in the Newborn and Disorders of Sex Development	Chapter 5: Disorders of Sexual Differentiation and Hypogonadism	<i>Recommended:</i> Murphy C, Allen L, Jamieson MA. Ambiguous genitalia in the newborn: an overview and teaching tool. J Pediatr Adolesc Gynecol 2011; 24(5):236-250
i. Labial hypertrophy	Chapter 12: Structural Abnormalities of the Female Reproductive Tract pp. 195-7		
j. Contact dermatitis	Chapter 4: Vulvovaginal Problems in Prepubertal Girls p. 46 And Chapter 5: Vulvar Dermatology pp. 82-83	Chapter 10: Basic Dermatology in Children and Adolescents pp. 154-156	
Obtain a pertinent history from a pediatric patient and one of her parents And perform a focused physical examination appropriate for the patient's age, including:	Chapter 1: Office Evaluation of the Child and Adolescent Chapter 1: Office Evaluation of the Child and Adolescent	Chapter 7: The Physical Exam in the Pediatric and Adolescent Patient Chapter 7: The Physical Exam in the Pediatric and Adolescent Patient	
a. Demonstration of correct use of equipment b. Positioning c. Adjuncts to examination d. Documentation of pertinent physical findings			
Perform and/or interpret and/or perform indicated tests to diagnose a specific gynecologic disorder in the pediatric patient:	Chapter 1: Office Evaluation of the Child and Adolescent	Chapter 7: The physical exam in the pediatric and adolescent patient pp. 115-119 And Chapter 9: Vaginal discharge and genital bleeding in childhood pp. 142-144	
a. Microbiologic cultures of the lower genital tract b. Vaginoscopy (Surgical) c. Vaginal lavage d. Ultrasonography e. MRI			
Describe a forensic examination (including appropriate laboratory tests) for sexual abuse	Chapter 30: Sexual Abuse in the Child and Adolescent	Chapter 18: Child Sexual Abuse	PLUS Newton A, Vandeven A. The role of the medical provider in the evaluation of sexually abused children and adolescents. J Child Sexual Abuse 2010; 19(6):669-686. https://www.childwelfare.gov/systemwide/laws_policies/state/ (Specific link to each state) https://www.childwelfare.gov/
a. Describe mandated reporting law for sexual abuse in the physician's practice location b. Look up your states regulation on sexual abuse c. Describe the standards for diagnosis of sexual abuse and for			

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TOPIC AND OBJECTIVES	RECOMMENDED READINGS		ADDITIONAL READINGS
	EMANS AND LAUFER 6TH EDITION	SANFILIPPO	
<p>maintenance of the chain of evidence</p> <p>After completion of the above assignments the trainee should be prepared to meet the following objectives:</p> <ul style="list-style-type: none"> Describe the medical and surgical treatment of PAG disorders (Surgical) Describe the indications for referral to a sub-specialist Counsel a patient and her family about long-term prognosis and the effect of specific conditions on reproduction 			<p>systemwide/laws_policies/statutes/manda.cfm</p> <p>In Canada: http://www.rcmp-grc.gc.ca/pubs/ccaps-spcca/chi-enf-eng.htm http://www.rcmp-grc.gc.ca/ncecccncee/report-denoncer-eng.htm</p>
<p>3. PRECOCIOUS PUBERTY</p> <p>Define precocious puberty and precocious development</p> <p>Describe the principal causes of precocious puberty</p> <p>Obtain a history and perform a focused physical examination to evaluate the diagnosis of precocious puberty</p> <p>Describe indications for, and interpret the results of selected tests, such as:</p> <ol style="list-style-type: none"> Ultrasonography Gonadotropin assays Bone age CT or MRI scans <p>Describe treatment and long-term prognosis for patients with precocious puberty</p>	Chapter 7: Precocious Puberty	Chapter 3: Precocious Puberty	Appelbaum H, Malhotra S. A comprehensive approach to the spectrum of abnormal pubertal development. <i>Adolesc Med State Art Rev</i> 2012;23(1):1-14 CD ROM Topic 3 (2 cases) ASRM Module (RES001) "Precocious Puberty"
<p>4. DEVELOPMENTAL ANOMALIES OF THE FEMALE REPRODUCTIVE TRACT</p> <p>Understand the embryology and describe the major developmental anomalies and their implications for sexual functioning, menstrual outflow, fertility, and reproductive outcome, including:</p> <ol style="list-style-type: none"> Hymenal abnormalities, such as imperforate hymen Vaginal agenesis/aplasia Vaginal septum Uterine septum Unicornuate or bicornuate uterus Uterine didelphys Uterine horn and remnants <p>Describe the features of a patient's history suggestive of a developmental anomaly of the reproductive tract, including amenorrhea, dysmenorrhea, abdominal pain, constipation, urinary retention, and abdominal mass</p> <p>Perform a focused physical exam to identify a developmental anomaly of the reproductive tract and associated somatic anomalies</p> <p>Perform and interpret procedures (e.g., ultrasound examination, hysterosalpingogram, examination under anesthesia, hysteroscopy, and laparoscopy) to confirm the</p>	Chapter 12: Structural Abnormalities of the Female Reproductive Tract Optional: Chapter 3: Ambiguous Genitalia in the Newborn and Disorders of Sex Development pp. 29-41	Chapter 28: Treatment of Anomalies of the Reproductive Tract And Chapter 29: Pediatric Urogynecological Abnormalities	<p>PLUS</p> <ol style="list-style-type: none"> ACOG Committee Opinion #562. Mullerian agenesis: diagnosis, management and treatment. <i>Obstet Gynecol</i> 2013; 121(5):1134-1137 <p><i>Additional resources:</i></p> <ol style="list-style-type: none"> TeLinde's Operative Gynecology: Surgery for Anomalies of the Müllerian Duct. (Chapter 25) John A. Rock, Lesley L. Breech Speroff: Chapter 9: Normal and Abnormal Sexual Development CD ROM cases Topic 1 ASRM Module Developmental "Disorders of the urogenital tract" (RES002)

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	EMANS AND LAUFER 6TH EDITION	SANFILIPPO	
<p>diagnosis of a developmental anomaly of the reproductive tract – (Surgical)</p> <p>Interpret the following tests to confirm the diagnosis of developmental anomaly and determine its etiology and clinical implications:</p> <ol style="list-style-type: none"> Ultrasonography Endocrinology assays Peripheral blood karyotype assessments MRI scan <p>Describe appropriate medical and surgical treatments for patients with developmental anomalies (Surgical)</p> <p>Counsel affected patients and their parents about the impact of genital tract anomalies on reproduction</p> <p>Describe the indications for referral to a subspecialist</p> <p>5. ADOLESCENT GYNECOLOGY</p> <p>Describe the principal disorders or conditions experienced by adolescent patients and the special implications for diagnosis and management of these complex diseases as they pertain to adolescents</p>			
1. Normal and abnormal pubertal development—covered under Topic#1	Chapter 6: The Physiology of Puberty	Chapter 1: Embryology and Normal Anatomy And Chapter 2: Normal Pubertal Development Chapter 14: Adolescent Sexuality	Chapter 70: Disorders of Puberty p. 667. In Textbook of Adolescent Health Care. Chicago, IL: American Academy of Pediatrics (2011)
2. Normal psychosocial development			Chapter 6: Adolescent Psychosocial development and behavior p. 39. In Textbook of Adolescent Health Care. Chicago, IL: American Academy of Pediatrics (2011) OR Hazen E, et al. Adolescent psychological development: a review. <i>Pediatr Rev</i> 2008;29(5): 161-168
3. Pituitary disorders	Chapter 9: Amenorrhea in the Adolescent pp. 147-150	Chapter 11: Menstruation and its Disorders in Adolescence	PLUS Chapter 71: Pituitary Disorders p. 680. In Textbook of Adolescent Health Care. Chicago, IL: American Academy of Pediatrics (2011)
4. Primary amenorrhea	Chapter 9: Amenorrhea in the Adolescent pp. 147-150	Chapter 11: Menstruation and its Disorders in Adolescence	Chapter 62: Amenorrhea p. 579. In Textbook of Adolescent Health Care. Chicago, IL: American Academy of Pediatrics (2011)
5. Breast mass	Chapter 22: The Breast Examination and Lesions	Chapter 13: Breast Disorders in Children and Adolescents	De Silva NK. Breast disorders in the female adolescent. <i>Adolesc Med State Art Rev</i> 2012; 23(1):34-52
6. Menstrual irregularities			
a) Abnormal bleeding	Chapter 10: Abnormal Vaginal Bleeding in the Adolescent	Chapter 11: Menstruation and its Disorders in Adolescence	Talib HJ, Coupey SM. Excessive uterine bleeding. <i>Adolesc Med State Art Rev</i> 2012; 23(1):53-72 ACOG Committee Opinion#580. Von Willebrand disease in women. <i>Obstet Gynecol</i> 2013; 122(6):1368-1373 Diaz A, Laufer MR, Breech LL. Menstruation in girls and adolescents: using the menstrual cycle as a vital sign. <i>Pediatrics</i> 2006; 118(5):2245-2250
b) PCOS	Chapter 11: Androgen Abnormalities in Adolescent Girls	Chapter 12: PCOS and Other Androgens Disorders in the Adolescent Girl	Legro RS, et al, Diagnosis and treatment of polycystic ovary syndrome: an Endocrine Society Clinical Practice Guideline. <i>J Clin Endocrinol Metab</i> 2013; 98(12):4565-4592

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TOPIC AND OBJECTIVES	RECOMMENDED READINGS		ADDITIONAL READINGS
	EMANS AND LAUFER 6TH EDITION	SANFILIPPO	
7. Dysmenorrhea	Chapter 13: Gynecologic Pain: Dysmenorrhea, Acute and Chronic Pelvic Pain, Endometriosis, and Premenstrual Syndrome pp. 238-241	Chapter 11: Menstrual Disorders in Adolescents pp. 183-184	CD ROM Topic #10 ASRM Module Dysmenorrhea RES005
8. Vulvovaginitis	Chapter 17: Vulvovaginal complaints in the adolescent	Chapter 17: Adolescents and Sexually Transmitted Infections	
9. Sexuality	Chapter 26: Adolescent Sexuality and Sexuality Education	Chapter 14: Adolescent Sexuality	Tulloch T, Kaufman M. Adolescent sexuality. <i>Pediatr Rev</i> 2013; 34(1):29-38. doi: 10.1542/pir.34-1-29. ACOG Committee Opinion#582. Addressing health risks of noncoital sexual activity. <i>Obstet Gynecol</i> 2013; 122(6):1378-1382
10. Contraceptive needs	Chapter 24: Contraception	Chapter 15: Adolescent Contraception	PLUS ACOG Committee Opinion#539. Adolescents and long acting contraception. <i>Obstet Gynecol</i> 2012; 120(4):983-988 PLUS U.S. Medical Eligibility Criteria for Contraceptive Use, 2010 http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5904a1.htm?s_cid=rr5904a1_e PLUS ACOG Committee Opinion#577. Understanding and using the U.S. Selected Practice Recommendations for Contraceptive Use. <i>Obstet Gynecol</i> 2013; 122(5):1132-1133 <i>Additional resources:</i> 1. ACOG Bulletin#112. Emergency contraception. <i>Obstet Gynecol</i> 2010; 115(5):1100-1109 2. AAP: Contraception for adolescents. <i>Pediatrics</i> 2014; 134(4): e1244-1256 (doi:10.1542/peds.2014-2299)
11. Sexually transmitted diseases	Chapter 18: Sexually Transmitted Infections: Chlamydia, Gonorrhea, Pelvic Inflammatory Disease, and Syphilis	Chapter 17: Adolescents and Sexually Transmitted Infections	PLUS CDC 2010 STD Treatment Guidelines –updated regularly http://www.cdc.gov/std/treatment/2010/default.htm AAP: U.S. Preventive Services Task Force. September 2014. http://www.uspreventiveservicestaskforce.org/Page/Topic/recommendation-summary/human-immunodeficiency-virus-hiv-infection-screening <i>Additional resources:</i> 1. ACOG Guidelines for Adolescent Health Care, 2nd Edition (pp. 64-72) 2. CD ROM Topic #5
12. Pregnancy	Chapter 25: Teen Pregnancy	Chapter 16: Adolescent Pregnancy	PLUS 1. Black AY, Fleming NA, Rome ES. Pregnancy in adolescents. <i>American Academy of Pediatrics (AAP)</i> . <i>Adolesc Med State Art Rev</i> 2012; 23(2):123-138 OR 2. Fleming N, O'Driscoll T, Becker G, Spitzer RF. Adolescent pregnancy guidelines. <i>JOGC</i> 2015
13. Sexual abuse (See Topic 2f, Child Sexual Abuse)	Chapter 30: Sexual Abuse in the Child and Adolescent		
14. Ovarian diseases and masses	Chapter 21: Adnexal Masses	Chapter 30: Adnexal Masses in the Neonate, Child and Adolescent	<i>Additional resources:</i> 1. CD ROM Topic#7, case 2
15. Endometriosis and Chronic pelvic pain	Chapter 13: Gynecologic Pain: Dysmenorrhea, Acute and Chronic	Chapter 27: Chronic Pelvic Pain and Endometriosis	

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	EMANS AND LAUFER 6TH EDITION	SANFILIPPO	
16. Eating Disorders/Female Athlete Triad	Pelvic Pain, Endometriosis, and Premenstrual Syndrome pp. 238-241 Chapter 9: Amenorrhea in the Adolescent pp. 144-147 plus Rosen	Chapter 6: Adolescent Nutrition plus Rosen	<i>Additional resources:</i> 1. ACOG Guideline for Adolescent Health Care. (pp. 164-171) 2. Damle L, Gomez-Lobo V. Pelvic pain in adolescents. J Pediatr Adolesc Gynecol 2011; 24:172 PLUS Rosen DS. Identification and management of eating disorders in children and adolescents. Pediatrics 2010; 126(6):1240-1253 <i>Additional resources:</i> 1. AED report 2012. 2nd edition. "Eating disorders: critical points for early recognition and medical risk management in the care of individuals with eating disorders". www.aedweb.org Delsi K, Gold M (2011). Medical History. Textbook of Adolescent Health Care. Chicago, IL: American Academy of Pediatrics Coupey SM. Interviewing adolescents. Pediatr Clin North Am 1997; 44(6):1349-1364
Elicit a pertinent medical and sexual history from the adolescent patient	Chapter 2: Interviewing the Adolescent: Strategies that Promote Communication and Foster Resilience		
Perform a focused physical examination with proper technique and instrumentation to identify specific conditions in an adolescent patient with special attention to the appropriateness for sexual development	Chapter 1: Office Evaluation of the Child and Adolescent	Chapter 7: The Physical Exam in the Pediatric and Adolescent Patient	
Provide for the primary care needs of the adolescent; demonstrating knowledge in the following areas:			Section 4: Health Supervision and Preventive Care pp. 96-127. In Textbook of Adolescent Health Care. Chicago, IL: American Academy of Pediatrics (2011) http://brightfutures.aap.org/ Psychiatric, Behavioral and Developmental Health Problems in adolescents. In Textbook of Adolescent Health Care. Chicago, IL: American Academy of Pediatrics. pp. 1814-1908 Handbook of Adolescent Health Psychology, Springer 2013, O'Donohue, Benuto, Tolle. Advisory Committee on Immunization Practices (ACIP) http://www.cdc.gov/vaccines/acip/index.html (CDC site) Consent for Adolescent Immunizations: Adolescent consent for vaccination: a position paper of the Society for Adolescent Health and Medicine. J Adolesc Health 2013; 53(2013):550-553 http://www.jahonline.org/article/S1054-139X(13)00421-7/fulltext
1. Psychological health			
2. Immunizations			
3. Confidentiality issues—See Topic 8 (Confidentiality and Communication with Adolescents)			
4. Facilitation of parent-child communication			Chapter 33: Communication between parents and adolescents p. 308. In Textbook of Adolescent Health Care. Chicago, IL: American Academy of Pediatrics (2011)
5. Safety and prevention of morbidity and mortality			Section 4: Health Supervision and Preventive Care pp. 96-127. In Textbook of Adolescent Health Care. Chicago, IL: American Academy of Pediatrics (2011)
6. Substance abuse			American College of Obstetricians and Gynecologists. Alcohol, tobacco, and other substance use and abuse. In:

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TOPIC AND OBJECTIVES	RECOMMENDED READINGS		ADDITIONAL READINGS
	EMANS AND LAUFER 6TH EDITION	SANFILIPPO	
7. Nutrition and dietary management			Guidelines for adolescent health care. 2nd ed. Washington, DC 2011. pp. 97-110. CRAFFT screening tool: http://www.ceasar-boston.org/CRAFFT/ Chapter 16: Adolescent Nutrition and Physical Activity p. 127. In Textbook of Adolescent Health Care. Chicago, IL: American Academy of Pediatrics (2011)
Perform and/or interpret selected tests to confirm the diagnosis of specific gynecologic disorders, such as:			
1. Microbiologic tests			1. ASRM Module REIS003. Adolescent Gynecology 2. ACOG Committee Opinion#131. Screening for cervical cancer. Obstet Gynecol 2012; 120(5):1222-1238
2. Endocrinologic assays	Chapter 1: Office Evaluation of the Child and Adolescent pp. 18-20		
3. Ultrasound and MRI	Chapter 23: Radiologic Imaging pp. 421-446		
4. Laparoscopy and examination under anesthesia (Surgical)		Chapter 25: Perioperative Care of the Pediatric and Adolescent Gynecology Patient	Biscette S, Yoost J, Hertweck P, Reinstine J. Laparoscopy in pregnancy and the pediatric patient. Obstet Gynecol Clin North Am 2011; 38(4):757-776
Interpret Other Diagnostic tests, such as:			
1. Qualitative and quantitative β HCG	Chapter 1: Office Evaluation of the Child and Adolescent pp. 18-20		
2. Serum gonadotropin assays			Clinical Gynecologic Endocrinology and Infertility, 8th edition, Lippincott Williams & Wilkins, 2011, by Marc W. Fritz and Leon Speroff. pp. 193-197
After completion of the above assignments the trainee should be prepared to meet the following objectives:			
Treat adolescent gynecologic disorders medically and surgically: (Surgical)			
Describe the indications for referral to a subspecialist			
Counsel patient and her family about the long-term prognosis of her condition and its effect on reproduction and general health			
Provide patient and parent education in the following areas:			
1. Normal anatomic and psychosocial development			Handbook of Adolescent Health Psychology, Springer 2013, O'Donohue, Benuto, Tolle
2. Personal hygiene			AND/OR ACOG Committee Opinion#582. Addressing health risks of noncoital sexual activity. Obstet Gynecol 2013; 122(6):1378-1382 www.youngwomenshealth.org www.bedsider.org www.nationaleatingdisorders.org
3. Menses			
4. Sexuality			
5. Prevention of pregnancy and STDs, including emergency contraception			In Neinstein L (ed). Adolescent Health Care A Practical Guide. 5th Edition, Lippincott Williams & Williams, 2008
6. Psychosocial concerns (eg, eating disorders, substance use and safety)			Zitelli and Davis' Atlas of Pediatric Physical Diagnosis, 6th Edition, Elsevier, 2012 by Basil J. Zitelli, Sara C. McIntire, Andrew J. Nowalk (for issues of anatomy, pediatric education)
6. DELAYED PUBERTY			
Describe the principal cause of delayed puberty			1. Appelbaum H, Malhotra SA. Comprehensive approach to the spectrum of abnormal pubertal development. Adolesc Med State Art Rev 2012; 23(1):1-14
Obtain the focused history of a patient with delayed puberty			
Perform a focused physical examination			

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TOPIC AND OBJECTIVES	RECOMMENDED READINGS		ADDITIONAL READINGS
	EMANS AND LAUFER 6TH EDITION	SANFILIPPO	
<p>to confirm the diagnosis of delayed puberty and determine its etiology</p> <p>Interpret tests to determine the etiology of delayed puberty, such as:</p> <ol style="list-style-type: none"> Growth chart interpretation X-ray for bone age Endocrinologic assays Peripheral blood karyotype CT scan or MRI of the head 	Chapter 8: Delayed Puberty pp. 125-137	Chapter 4: Delayed Puberty	<p>2. CD ROM Topic 3 (2 cases)</p> <p>3. ASRM Module RES004 "Delayed Puberty" (RES004/MD004)</p> <p>4. Kaplowitz PB. Delayed puberty. <i>Pediatr Rev</i> 2010; 31(5):189-195</p>
<p>Describe the treatment options of a patient with delayed puberty</p> <p>Describe the indications for referral to a subspecialist</p> <p>Counsel a patient and her family about her long-term follow-up and prognosis and the effect of her condition on reproduction</p>			
<p>7. REPRODUCTIVE HEALTH ISSUES</p> <p>Describe gynecologic issues which arise in adolescents with disabilities</p> <ol style="list-style-type: none"> Understand difficulties with self-care and increased need for provider care with menses Understand risk of sexual abuse and vulnerability Understand expression of sexuality Understand limitations of expression compromising ability of convey dysmenorrhea or pain 	Chapter 28: Gynecologic Issues in Adolescents with Developmental Delay. pp 504-510	Chapter 11: Menstruation and its Disorders in Adolescence And Chapter 21: Reproductive Health Care of Developmentally Disabled Adolescents And Chapter 22: Reproductive Health Care of the Chronically Ill Adolescents	<p><i>Recommended:</i></p> <p>ACOG Committee Opinion. #371. Sterilization of women, including those with mental disabilities. <i>Obstet Gynecol</i> 2007; 110(1):217-220</p> <p>PLUS</p> <p>Quint EH. Menstrual and reproductive issues in adolescents with physical and developmental disabilities. <i>Obstet Gynecol</i> 2014; 124(2 Pt 1):367-375</p> <p>OR</p> <p>Diekema DS. Involuntary sterilization of persons with mental retardation: an ethical analysis. <i>Ment Retard Dev Disabil Res Rev</i> 2003; 9(1):21-26</p>
<p>Describe common strategies to assist adolescents with menstrual management</p> <ol style="list-style-type: none"> Understand pros and cons of methods of delivery (oral, transdermal, IM, and intrauterine routes) as well as bone density issues Understand interactions with other medications (i.e. antiepileptics). 			
<p>Understand the ethical principles of autonomy, assent and consent, non-maleficence and beneficence, justice, as well as the need to respect caregiver's needs.</p>			
<p>8. CONFIDENTIALITY AND COMMUNICATION WITH ADOLESCENTS</p> <p>Enumerate principles of confidentiality in adolescent health care including documentation in electronic health record</p> <p>Understand the difficulty of maintaining patient confidentiality during the provision of management services for an adolescent with a sexually transmitted infection</p> <p>Understand the confidentiality issues involved in providing contraception to adolescents</p> <p>Apply these principals of confidentiality in adolescent health care during clinical encounters</p>			<p>1. ACOG Committee Opinion#599. Adolescent confidentiality and electronic health records. <i>Obstet Gynecol</i> 2014; 123(5):1148-1150</p> <p>PLUS</p> <p>2. Campbell AT, English A. Law, ethics, and clinical discretion: recurring and emerging issues in adolescent health care. <i>Adolesc Med State Art Rev</i> 2011; 22(2):321-334</p> <p>PLUS</p> <p>3. Confidential Health Care for Adolescents: Position Paper of the Society for Adolescent Medicine http://www.adolescenthealth.org/AM/Template.cfm?</p>

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TOPIC AND OBJECTIVES	RECOMMENDED READINGS		ADDITIONAL READINGS
	EMANS AND LAUFER 6TH EDITION	SANFILIPPO	
<p>Demonstrate the knowledge, attitude and skills to conduct an adolescent interview with and without the parent</p> <p>Demonstrate interpersonal and communication skills that result in effective information exchange and collaboration with patients, their families, and other health professionals</p>			<p>Section=Position_Papers&Template=/CM/ContentDisplay.cfm&ContentID=2597</p> <p><i>Additional resources:</i></p> <p>4. Berlan E, Bravender T. Confidentiality, consent, and caring for the adolescent patient. <i>Curr Opin Pediatr</i> 2009; 450-456</p> <p>5. http://www.gutmacher.org/sections/adolescents.php- can search for state by state consent laws</p> <p>Center for Adolescent Health and Law: http://www.cahl.org/publications/consent-confidentiality</p> <p>Interviewing adolescents.</p> <p>1. Frankowski BL, Leader IC, Duncan PM. Strength-based interviewing. <i>Adolesc Med State Art Rev</i> 2009; 20(1):22-40</p> <p>PLUS</p> <p>2. Klein DA, Goldenring JM, Adelman WP. HEEADSSS 3.0: The psychosocial interview for adolescent updated for a new century fueled by media. <i>Contemp Pediatr</i> 2014; 1-16 http://contemporarypediatrics.modernmedicine.com/contemporary-pediatrics/news/probing-scars-how-ask-essential-questions</p> <p><i>Additional resources (online):</i></p> <p>1. Physicians for Reproductive Health Adolescent Reproductive and Sexual Health Education Project (ARSHEP) http://www.prch.org/resources-arshep PowerPoint and CD ROM with Adolescent Interviews.</p> <p>2. MedEdPORTAL Publications https://www.mededportal.org/</p> <p>a. Alerte A, Kosowicz L, Brown S, Lewis J. Adolescent History Training Module. <i>MedEdPORTAL</i>; 2009 www.mededportal.org/publication/1066</p> <p>b. Woods J, Pasold T, Boateng B. Adolescent medicine and the trainee: evaluating self-efficacy, knowledge and communication through the utilization of standardized patient simulations. <i>MedEdPORTAL</i>; 2012 www.mededportal.org/publication/9137</p> <p>c. Blake K, Mann K, Kutcher M. The Structured Communication Adolescent Guide (SCAG). <i>MedEdPORTAL</i>; 2008 www.mededportal.org/publication/798</p>
<p>9. IMPACT OF PEDIATRIC CANCERS AND LONG-TERM GYNECOLOGY-FERTILITY EFFECTS</p> <p>Review the burden of disease</p> <p>a. Epidemiology of pediatric cancers</p>			<p>PLUS</p> <p>ACOG Committee Opinion#607.</p>

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TOPIC AND OBJECTIVES	RECOMMENDED READINGS		ADDITIONAL READINGS
	EMANS AND LAUFER 6TH EDITION	SANFILIPPO	
b. Risk of infertility after cancer treatment <ul style="list-style-type: none"> i. Chemotherapy ii. Radiotherapy iii. Combination treatment c. Risk of hormonal disruption after cancer treatment <ul style="list-style-type: none"> i. Pubertal development ii. Menstrual function iii. Fertility d. Risk of second malignancy e. Pregnancy outcomes f. Vaginal graft-vs-host disease (GVHD)	Chapter 29: Gynecology and Fertility Issues for Cancer Patients/Survivors. pp. 511-522		Gynecologic concerns in children and adolescents with cancer. <i>Obstet Gynecol</i> 2014; 124(2 Pt 1):403-408 American Society of Clinical Oncology Recommendations on Fertility Preservation in Cancer Patients; Lee SJ, Schover LR, Partridge AH, Patrizio P, Wallace WH, et al. <i>J Clin Oncol</i> 2006; 24:2917-2931 <i>Additional resources:</i> 1. Lawrenz B, Rothmenund R, Neunhoeffer E, et al. Fertility preservation in prepubertal girls prior to chemotherapy and radiotherapy: review of the literature. <i>JPAG</i> 2012; 25:284-288 2. Fertility preservation and reproduction in cancer patients. The Ethics Committee of the American Society for Reproductive Medicine. <i>Fertil Steril</i> 2005; 83:1622-1628
Be familiar with current and forthcoming options for Preservation of Fertility in Females (Surgical) <ul style="list-style-type: none"> a. Embryo cryopreservation b. Oocyte cryopreservation c. Ovarian tissue cryopreservation d. Ovarian suppression/menstrual suppression e. Ovarian transposition f. Other considerations of fertility preservation options in females. Review other options <ol style="list-style-type: none"> 1. Ovum donation 2. Gestational carriers 			