Appendix A - Internal Medicine Psychiatry & Family Medicine

Didactic Themes and Objectives

Chest Disease

GERD/Dyspepsia:
- Define dyspepsia and GERD (2.1, 2.2)
- Differentiate the clinical presentations of non-ulcerative dyspepsia and peptic ulcer disease. (1.1, 1.2)
- Describe the evaluation and diagnosis of a patient presenting with “gastritis-like” symptoms. (1.3, 2.3)
- Discuss the appropriate treatment of patients presenting with ulcerative and/or non-ulcerative dyspepsia. (2.4)
- Identify and prevent common complications. (2.4)

Chest Pain
- Define Angina Pectoris (1.1, 1.2)
- List the general symptoms of angina Pectoris 1.1, 2.1)
- Categorize the types of angina based on symptomatology (2.2, 2.3)
- Construct appropriate management plan for patient that presents with angina (1.3, 1.5)

COPD/Asthma
- State the Epidemiology and risk factors of Chronic obstructive pulmonary disease (COPD) (2.1, 2.4)
- Discuss the Evaluation and Diagnosis of a patient presenting with COPD (1.1, 1.2, 2.3)
- Discuss the management of a patient with COPD using the GOLD guidelines (1.6, 2.4)
- Recognize the presentation of an acute exacerbation of COPD (1.6)
- Define Asthma (2.1)
- Describe the epidemiology and risk factors for developing Asthma (2.1, 2.4)
- Discuss the diagnosis and classification of Asthma severity (1.1, 1.2, 1.3)
- Summarize the stepwise approach to Asthma treatment/management (1.3, 1.6)

Panic Disorder- GAD Anxiety
- Discuss the use of screening tools to evaluate for presence of Depression and GAD (1.2, 2.3)
- Indications for treatment and urgent referral for GAD and depression (1.5, 1.6, 6.4)
- Discuss nonpharmacological management (2.5,)
- Describe pharmacologic management of depression and anxiety (1.6, 2.3)

Chest Diagnosis

Chest X Rays
- Understand basic techniques of chest radiographs (2.1, 2.2)
- Describe normal anatomy on chest radiograph (2.1, 2.2)
- Learn standard sequence for interpretation of a chest radiograph (2.1, 2.2)
- Recognize several common radiographic abnormalities of the chest (2.1, 2.2)

CHF-AF
- Objectives in development
EKG II

- Given a discussion of a systematic approach to interpreting the electrocardiogram (ECG), a review of commonly encountered ECG findings, and practice with sample ECGs showing commonly encountered findings, students should be able to:
  - Describe the rate, rhythm, intervals, axis, hypertrophy, and infarct related findings. (2.1, 2.2)
  - Recognize normal variation in the 12-lead electrocardiogram. (2.1, 2.2)
  - Identify common abnormal electrocardiographic findings to include:
    - Early repolarization, e.g., WPW (2.1, 2.2)
    - Chamber enlargement, e.g., RAE, LAE, LVH, RVH (2.1, 2.2)
    - Bundle branch blocks/hemiblocks (2.1, 2.2)
    - Ischemic syndromes/acute infarction (2.1, 2.2)
    - ST-T wave changes (2.1, 2.2)
    - Arrhythmias such as atrial flutter, fibrillation, AV block, PVCs (2.1, 2.2)
    - Electrolyte abnormalities such as hyperkalemia, hypokalemia (2.1, 2.2)

ACS

- Objectives in development

Diabetes

Diabetes Mellitus/Prevention and Diagnosis

- Discuss the epidemiology of diabetes mellitus in the USA. (2.4)
- Summarize the guidelines for screening and diagnosis of Type II Diabetes (1.2, 2.3)
- Discuss non-pharmacological management of diabetes mellitus (1.6)
- Discuss pharmacological management of Diabetes: medication classes (1.6, 2.3)
- Identify and manage the complications of diabetes mellitus and management (cardiovascular, retinopathy, neuropathy, and nephropathy) (2.4)

Diabetes Outpatient Management

- Discuss the epidemiology of diabetes mellitus in the USA. (2.4)
- Summarize the guidelines for screening and diagnosis of Type II Diabetes (1.2, 2.3)
- Discuss non-pharmacological management of diabetes mellitus (1.6)
- Discuss pharmacological management of Diabetes: medication classes (1.6, 2.3)
- Identify and manage the complications of diabetes mellitus and management (cardiovascular, retinopathy, neuropathy, and nephropathy) (2.4)

Diabetes Inpatient Management

- Define the criteria for the diagnosis of diabetes. (2.1, 1.3)
Apply to the following clinical presentation schemes to the evaluation of patients with these problems:

1. Diabetes and Obesity
2. Diabetes/Hyperlipidemia
3. Weight Gain/Obesity (1.3)

Discuss the questions to be addressed on the history, and describe the physical findings to look for on examinations of a patient with diabetes mellitus.(1.1, 1.3)

Recognize the medications used for treatment of diabetes and how they are given (1.2, 1.6, 6.3)

Recognize how to screen for complications of diabetes mellitus and discuss the importance of this screening (2.4, 1.1)

Describe the common complications of diabetes mellitus and how they are treated (2.4)

Describe the psychiatric manifestations of diabetes mellitus and hypoglycemia.(2.1, 2.2)

Antipsychotics

- Objectives in development

Metabolic Events

Nutrition Education

- Objectives in development

Obesity Management

- Review the prevalence and disease burden of obesity in the USA. (2.4)
- Describe the pathogenesis and effects of obesity (2.1)
- Describe the process for screening and evaluation for obesity (2.3)
- Review strategies for the prevention of obesity (2.5)
- Discuss the treatment of obesity including the role of diet, exercise, behavioral, drug and surgical therapy (1.3, 1.6)

Osteoporosis

- Objectives in development

Eating Disorders

- Describe main findings of Eating Disorders (2.1, 2.2, 2.3)
- Be Familiar with the Epidemiology, Clinical Findings, Course, etiology, diagnosis and management of Eating Disorders (2.4, 2.5)

Body Dysmorphic Disorder

- Describe main findings of Body Dysmorphic Disorder, Hording Disorder, Trichotillomania, Excoriation Disorder (1.3)
Neurotransmitters

- Identify the major neurotransmitter groups responsible for producing psychiatric symptoms (2.2)
- Describe the psychiatric diagnoses associated with symptom constellations (2.2, 2.3, 1.3)
- Describe the brain regions which may contribute to the production of psychiatric symptoms (2.1, 2.2)
- Classify the major groups of psychotropic drugs by indications and neurotransmitters affected (2.2, 1.3)

Psychotic Disorders

- Describe the differential diagnosis of psychotic disorders and situations which might raise concerns for medical etiologies (1.3)
- Describe the clinical presentation, classification, prognosis, biology and guidelines of schizophrenia (1.3, 2.3)
- Describe the spectrum of psychiatric disorders from Brief Psychotic Disorder to Schizoaffective Disorder to Schizophreniform Disorder to Schizophrenia and be able to differentiate each condition (1.3, 2.3)
- Describe Schizoaffective Disorder and how to differentiate it from Schizophrenia or Mood Disorders with psychotic symptoms (1.3, 2.3)
- Describe Delusional Disorder, Shared Psychotic Disorder, Psychotic Disorder due to a General Medical Condition, and Substance Induced Psychotic Disorder (1.3, 2.3)

Renovascular

Chronic Kidney Disease

- **Objectives in development**

Acid-Based Disturbances

- Define acidosis and alkalosis (2.1, 2.2)
- Describe the 4 primary acid-base disorders (2.1, 2.2)
- List the common causes of each disorder (1.3)
- Diagnose and evaluate patients with these disorders (1.3)
- Manage each disorder (1.6, 1.2)

Hypertension

- Discuss the diagnosis of hypertension in adults (2.1, 2.4)
- Define treatment goals for patients being managed for hypertension (2.3, 2.4)
- Discuss guideline based approach to treatment of hypertension (2.3, 2.4)
- Identify indications for evaluation and treatment of resistant hypertension (1.5)
- Identify patients presenting with Hypertensive emergency and urgency (1.5)

EKG III

- Given a discussion of a systematic approach to interpreting the electrocardiogram (ECG), a review of commonly encountered ECG findings, and practice with sample ECGs showing commonly encountered findings, students should be able to:
o Describe the rate, rhythm, intervals, axis, hypertrophy, and infarct related findings. (2.1, 2.2)

o Recognize normal variation in the 12-lead electrocardiogram. (2.1, 2.2)

o Identify common abnormal electrocardiographic findings to include:
  ▪ Early repolarization, e.g., WPW (2.1, 2.2)
  ▪ Chamber enlargement, e.g., RAE, LAE, LVH, RVH (2.1, 2.2)
  ▪ Bundle branch blocks/hemiblocks (2.1, 2.2)
  ▪ Ischemic syndromes/acute infarction (2.1, 2.2)
  ▪ ST-T wave changes (2.1, 2.2)
  ▪ Arrhythmias such as atrial flutter, fibrillation, AV block, PVCs (2.1, 2.2)
  ▪ Electrolyte abnormalities such as hyperkalemia, hypokalemia (2.1, 2.2)

Sleep

Venous Thrombosis/Thromboembolic Disease

- Objectives in development

Sleep Disorder Cases
- Describe the main DSM-5 sleep-awake disorders (2.1, 2.2)
- Be familiar with the clinical presentation of breathing-related sleep disorders (1.3)
- Be familiar with the clinical presentation of parasomnias (1.3)
- Be familiar with main medications used in sleep disorders: hypnotics. (1.6)
- Contrast normal sleep architecture for both NREM and REM sleep. (2.1)
- Describe the Dysomnias including Primary Insomnia, Primary Hypersomnia, Narcolepsy, (2.1, 1.3)
- Breathing-Related Sleep Disorders, and Circadian-Rhythm Sleep Disorders (2.1, 1.3)
- Describe the Parasomnias including Nightmare Disorder, Sleep Terror Disorder, and Sleepwalking Disorder (2.1, 1.3)
- Describe the treatment of dysomnias, including behavioral and pharmacotherapies and other specific interventions (continuous positive airway pressures, CPAP) (1.2, 1.6, 6.3)
- Describe other sleep disorders including Situational Insomnia, Conditioned Insomnia, Insomnia related to other mental disorders, Sleep Disorders due to a General Medical Condition and Substance Induced Sleep Disorder. (2.1, 1.3)

Childhood Behavior Disorders

Autism Spectrum Disorder
- Autism Spectrum Disorder Overview (1.1)
- Review of Etiologies: genetic vs environmental (2.4)
• Autism Spectrum Disorder Diagnostics: Learn about the psychiatric diagnostic assessment and the instruments utilized, specifically for children and adolescents (1.2, 2.2, 2.3)
• Learn about the comorbidities with autism spectrum disorder (2.1)
• Autism Treatment: Learn basic concepts of pharmacology and psychosocial treatments (1.8, 1.9, 2.3, 2.4)

ADHD/Learning Disorder
• The definition of ADHD and presentation types (1.1)
• The etiology of the disorder (2.4)
• Comorbidities with ADHD (2.1)
• Common medications used in treatment (1.8, 1.9, 2.3, 2.4)
• Psychosocial therapies that are evidence-based and other approaches utilized in the treatment of ADHD (2.3, 2.4)

CD, ODD, ICD
• Objectives in development

Period Health Exam Child
• Discuss appropriate intervals and milestones for pediatric well child examinations (3.2, 3.4, 6.3)
• Describe appropriate framework for exam features, and developmental screening recommendations at appropriate intervals. (3.2, 3.4, 6.3)
• Demonstrate understanding of age-appropriate anticipatory guidance and counselling in pediatric patients (3.2, 3.4, 6.3)

Substance Abuse

Substance Use Disorder
• Describe the criteria for drug abuse/dependency and types of drug usage. (2.1, 2.3)
• Describe abuse/dependency of opioids including location of action, symptoms of intoxication and withdrawal. (2.2, 2.3, 6.3)
• Describe sedative-hypnotic abuse/dependency. (2.2, 2.3, 6.3)
• Describe hallucinogens intoxication and complications of usage. (2.2, 2.3, 6.3)
• Describe stimulant intoxication, withdrawal, and complications of usage. (2.2, 2.3, 6.3)
• Describe abuse of inhalants, nicotine and anabolic steroids. (2.2, 2.3, 6.3)

Psychiatry of Alcohol
• Discuss epidemiology of alcoholism and its comorbidities. (2.4)
• Describe criteria for alcohol abuse and dependency. (2.1, 2.3)
• Describe the screening for alcoholism and diagnostic blood tests. (2.2, 2.3, 2.4)
• Describe the subtypes of alcoholism, pathological intoxication, and alcohol psychotic disorder with hallucinations. (2.2, 2.3, 2.4)
• Describe alcohol withdrawal, delirium tremens, and detoxification. (2.1, 2.2, 2.3)
• Describe Fetal Alcohol Syndrome, Wernicke Encephalopathy and Korsakoff’s Syndrome. (2.1, 2.2, 2.3)
• Describe the medication and non-medication treatment for alcoholism. (1.2, 1.6)

Cirrhosis
Objectives in development

Pancreatitis

Objectives in development

Behavioral Issues

Personality Disorders

- Describe the differential diagnosis of psychotic disorders and situations which might raise concerns for medical etiologies. (1.3)
- Describe the clinical presentation, classification, prognosis, biology and guidelines of schizophrenia. (1.3, 2.3)
- Describe the spectrum of psychiatric disorders from Brief Psychotic Disorder to Schizophreniform Disorder to Schizophrenia and be able to differentiate each condition. (1.3, 2.3)
- Describe Schizoaffective Disorder and how to differentiate it from Schizophrenia or Mood Disorders with psychotic symptoms. (1.3, 2.3)
- Describe Delusional Disorder, Shared Psychotic Disorder, Psychotic Disorder due to a General Medical Condition, and Substance Induced Psychotic Disorder. (1.3, 2.3)

Psychiatric Emergencies

- Describe epidemiology of suicides, months with peaks in suicide, where United States ranks worldwide, countries with highest suicide risks, and states with highest and lowest risks. (2.4)
- Describe ways of identifying the potentially suicidal patients including what symptom correlates most highly with completed suicide. (1.5)
- Describe how to assess suicide risk including population risk factors and individual risk factors. (1.5, 2.4)
- Describe treatment principles for the suicidal patient. (1.6, 2.5)
- Describe how to assess the potentially violent patient, and recognize mental disorders associated with violent behaviors. (1.5, 1.3, 2.5)

Mental Health Concerns

Anxiety Disorders: Phobias, OCD, Agoraphobia, Hording, Trichotillomania

- Describe anxiety and how it is felt is mediated in the brain. (2.1, 2.2)
- Describe Phobic Disorders (2.1, 2.2, 1.3)
- Describe main findings of Body Dysmorphic Disorder, Hording Disorder, Trichotillomania, Excoriation Disorder (1.3)

Psychotherapy and Eating Problems
Psychotherapies
- Be able to describe main types of psychotherapies and their indications. (1.6, 6.3)
- Be familiar with the basic concept of psychotherapies (2.3, 2.5)

Smoking Cessation
- Discuss the Key clinical recommendations for practices (2.4)
- Report the 5 A’s of counseling strategies (2.5)
- Describe the 5 R’s of motivational strategies (2.5)
- Identify the First-Line therapies for smoking cessation (1.4)
- Discuss alternative therapies to assist smoking cessation (1.4)

Periodic Health Exam: Adult Cancer Prevention
- Identify cancer sites with evidence-based guidance of periodic screening (1.1, 1.3)
- Describe the guidelines for cancer screening in average risk individuals (1.3)
- Apply clinical reasoning to determine exception to periodicity in above average risk individuals for cancer screening (1.3)

Back Pain
- Demonstrate an understanding of the anatomy of the low back that is relevant to low back injuries (2.1)
- Demonstrate the appropriate physical examination to evaluate low back pain (1.1)
- Recognize risk factors for and prevalence of acute low back pain (2.4)
- Describe the initial work-up of adults with acute low back pain, per AHCPR guidelines (2.5, 3.4)
- Differentiate between uncomplicated and complicated causes of acute low back pain (1.5)
- Appropriately recommend therapy and reconditioning for acute low back pain (1.6, 6.4)
- Recommend appropriate referrals for routine or emergent care (6.4)

Cardiology

Cardiac Auscultation
- Objectives in development

Musculoskeletal

Ankle Pain
- Demonstrate an understanding of the anatomy of the ankle that is relevant to common ankle injuries (2.1)
- Recognize symptoms and signs of common ankle injuries (1.1)
- Demonstrate a proper ankle exam that efficiently locates damaged structures (1.1)
- Describe general treatment guidelines, including proper rehab, for common ankle injuries (2.3, 3.4)
- Appropriately apply the Ottawa ankle rules for assessment of ankle injuries (1.6, 2.3)

Hip Pain
• Demonstrate an understanding of the anatomy of the knee that is relevant to common knee injuries (2.1)
• Recognize symptoms and signs, or patterns of common knee injuries (1.1)
• Demonstrate a proper knee exam that efficiently locates damaged structures (1.1)
• Know general treatment guidelines, including proper rehab, for common knee injuries (2.3, 3.4)

Shoulder Pain
• Demonstrate an understanding of the anatomy of the shoulder that is relevant to shoulder injuries (2.1)
• Recognize symptoms and signs, or patterns of common shoulder injuries (1.1)
• Demonstrate a proper shoulder examination that efficiently locates damaged structures (1.1)
• Describe general principles of management of shoulder injuries (1.6, 2.4)

Knee Pain
• Demonstrate an understanding of the anatomy of the hip that is relevant to shoulder injuries (2.1)
• Recognize symptoms and signs, or patterns of common hip injuries (1.1)
• Demonstrate a proper hip examination that efficiently locates damaged structures (1.1)
• Describe general principles of management of hip injuries (1.6, 2.4)

Endocrine Disorders
Endocrine Diseases with Psychiatric Presentations
• Additional Objectives in development

Thyroid and Adrenal Disorder
• Recognize the signs and symptoms of hypothyroidism and hyperthyroidism (2.1, 2.2, 2.3)
• Review the appropriate work-up to diagnose the various adrenal disorders (2.3, 1.2)
• Identify the usual treatment of adrenal disorders (1.2, 1.6)
• Discuss the work-up and treatment of thyroid disorders (1.2, 1.6)

Dyslipidemia
• Identify the epidemiology and risk factors for the development of dyslipidemia (DLD) (2.4)
• Describe the societal burden of DLD associated chronic disease in the USA (2.4)
• Discuss the diagnosis and indication for treatment in a patient presenting with DLD (1.3, 1.6)
• Describe non pharmacological management of dyslipidemia (1.6)
• Describe pharmacological management of Dyslipidemia to include appropriate agent selection (1.6)

Geriatrics

Geriatrics
• Physiological changes of aging (2.1)
• Geriatric Assessment (2.2, 2.3, 1.3)
• Polypharmacy (6.3)
• Falls and gait instability (1.3)
• Health care financing for the elderly (5.5)
• The student should be able to describe some of the psychiatric issues associated with the elderly. (2.4)

Delirium
• List the symptoms frequently seen in delirium (1.3)
• List common etiologies of delirium including medications (1.2, 2.1)
• Treatment of delirium (1.2, 1.6)

Research
• Gain a working knowledge of contemporary practices in approval of drugs, devices, and biologics for use in clinical practice (2.6)
• Explain how emerging basic scientific knowledge leads to medical advances, including understanding of the basis of disease and how translational research is required for the development of application to treatment. (2.2, 2.3)
• Explain the fundamental difference between an investigator-initiated research and a clinical trial (2.6)
• Describe the role of review boards in conducting ethical research (i.e. IRB, IACUC, IBC, etc). (2.6)
• Understand the essential role MDs play in the drug development and testing process. (2.6)
• Identify basic clinical trial study designs and the importance and morality of placebo controlled studies (2.6)

ENT-Somatic

Headache
• Identify common causes of primary headache (2.4)
• Identify symptoms of headache that require urgent evaluation (1.5)
• Discuss indications for CT and MRI in patients resenting with Headaches (1.3, 2.3, 1.2, 1.6)
• Describe management strategies for chronic headaches (1.6, 1.2)

Anemia
• Objectives in development

Somatic Disorder
• Describe the DSM-5 somatic symptom and related disorders (2.1, 2.2)
• Be familiar with clinical presentation and management of somatic disorders (1.3, 1.6) Understand the frequency of undetected physical illness and the importance of a high suspicion index and good medical evaluation. (2.1, 2.2, 2.3)
• Describe conditions which manifest early in a person’s life, including Somatization Disorder, Conversion Disorder, Body Dysmorphic Disorder, and Illness Anxiety Disorder. (2.4)
• Describe the condition which usually manifests later in life (Pain Disorder) (2.4)
• Describe condition where there is a simulation of physical symptoms including Malingering and Factitious Disorder. (2.1, 2.2, 2.3)
• List the treatment for the various Somatoform Disorders. (1.2, 1.6, 6.3)

Fatigue
• Understand the prevalence and significance of the complaint of fatigue (2.1, 4.1, 4.3, 1.5)
Perform an appropriate H&P in regards to complaints of fatigue (1.1)
Understand the diagnostic plan and diagnostic criteria (1.2, 1.6, 2.1, 2.2, 2.3)
Communicate in an empathetic and sympathetic manner with fatigue patients by explaining the mental and physical aspects of the disease (4.2, 4.3)
Know the physiology, pathology, and psychological mechanisms contributing to the disease (2.1, 2.2)
Know the principles of disease management and improve the patient’s quality of life (1.5, 1.6, 1.8, 2.3, 2.4)

**Eye Disorder**

**Examination of the Eye/Common Presentation of eye complaints**
- Under reasonable circumstances (cooperative patient with a cooperative pupil, good equipment, dark room), be able to confidently view the optic nerve head, retinal vessels, fovea and macula and peripheral fundus past the arcade vessels (1.1)
- After viewing these structures, be able to tell normal from abnormal (1.5, 2.1)
- Be able to put a name to the more common abnormalities (2.2)
- Within the realm of common abnormalities, be able to distinguish eye disease from an eye manifestation of a systemic disease (2.2, 2.3)
- Know some historical or diagnostics tips to help sort out the common causes of a red eye (2.3)
- Know the basics of treatment of the more worrisome causes (1.5, 1.6)
- Show where to look for lumps and bumps, what they are, and how to fix them (1.7, 1.3)

**Ocular Emergencies in the Primary Care Setting**
- Compare and contrast between the more common causes of sudden vision loss versus gradual vision loss (1.5, 2.2)
- Identify clinical presentations of ocular emergencies (1.5, 2.2)
- Know that ‘sudden’ vision loss is often gradual vision loss suddenly noticed (1.1)
- Know some historical or diagnostic tips to help sort out the causes of vision loss (1.1, 2.3)
- Categorize causes of vision loss due to eye diseases versus eye manifestations of a systemic disease (2.1, 2.2)

**Ear Pain, Pharyngitis, Rhinitis**
- Compare infections vs. non-infectious causes of ear pain (2.1)
- Explain the various tests for otitis media (1.2)
- Describe optimal management strategies (1.3, 1.6)
- Discuss the classification and differential diagnosis for a patient presenting with pharyngitis (2.1, 2.2)
- Identify the criteria for the diagnosis pharyngitis (1.1, 1.2, 2.2)
- Describe the guidelines for the treatment of a patient presenting with pharyngitis (1.2, 2.4)
- Discuss the chronic sequel of streptococcal pharyngitis (2.4)
- Describe the pathophysiology of chronic rhinitis (2.4)
- Develop appropriate differentials for patient presenting with chronic rhinitis (1.1, 1.2, 1.6)
- Discuss workup of and evaluation of a patient presenting with rhinitis (1.3, 2.3)
- Describe optimal management of chronic rhino sinusitis (1.3, 2.1)

**Cough**
• Differentiate between acute, sub-acute and chronic cough in a direct relation to time frame presentation. (1.1, 1.2)
• Identify the most common etiologies for each classification (1.2)
• Evaluate and decide on appropriate management for chronic cough in adults (2.3)
• Evaluate and decide on appropriate management for chronic cough in children (2.3)

**Common Infections**

**UTI**

- Define urinary tract infections (UTIs) (1.1, 2.1)
- Discuss the diagnosis of UTI’s. (1.2, 2.2)
- Differentiate between complicated and uncomplicated UTIs (1.3)
- Discuss the indication for treatment and hospitalization of a patient presenting with a UTI (1.5, 1.6)

**Diarrhea**

- Objectives in development

**Skin and Soft Tissue Infection**

- Objectives in development

**Pneumonia**

- Objectives in development

**Patient Safety**

**Human Trafficking**

- Objectives in development

**PTSD**

- Describe the DSM-5 diagnostic criteria for PTSD (2.1, 2.2, 2.3)
- Describe Acute Stress Disorder and Adjustment Disorder (2.1, 2.2, 2.3)
- Describe clinical management of trauma and stressor-related disorders (1.3)

**Vaginitis/Cervicitis**

- Identify risk factors of vaginitis(2.4)
- Understand pathophysiology of different causes of vaginitis (2.1)
- Differentiate the causes of vaginitis in pre- and postmenopausal patients (2.2)
- Select appropriate diagnostic methods for patient presenting with symptoms of vaginitis (1.3)
- Manage acute and recurrent vaginitis(1.6)

**Additional Topics**
Sexual Dysfunction

- Describe the most common DSM-5 sexual dysfunctions (2.1, 2.2)
- Describe the etiology and management of sexual dysfunctions (1.3, 2.2, 2.3)
- Be familiar with the concept of gender dysphoria (2.5)
- Describe the main clinical points of paraphilic disorders (2.1, 2.2)