

I started a menopause clinic within the family medicine residency!

Leslie Greenberg MD FAAFP

University of Nevada Reno Family Medicine Residency Program
STFM Emerging Leaders Fellow 2024-2025

Introduction

According to the U.S. Census Bureau's 2020 Census data, there were approximately 42.8 million women aged 45 to 64 in the US, representing 12.9% of the total population. This age group encompasses the typical perimenopausal and menopausal years, highlighting the significant number of women who may require specialized care during this transitional period. Many women do not have access to exceptional care, partly because FM and OB/GYN residencies often provide limited education on menopause management. Addressing this gap is crucial to improving health outcomes.

Benefits

*Addresses a Critical Community Need

•Improves Women's Health Outcomes

- Offers support and evidence-based treatments to help women navigate a challenging phase of life with improved quality of care.

•Enhances Clinical Expertise

- Deepens knowledge in menopause management, enriching clinical skills within the broad scope of family medicine.

•Increases Professional Fulfillment

- Rekindles passion and joy in practicing medicine through meaningful patient interactions and impactful care.

•Provides Educational Opportunities

- For both residents and faculty

•Strengthens the Residency Program

The Process

Implementation of a Menopause Clinic Within a Family Medicine Residency Program

•Identify the Medical Need

- Recognized the gap in specialized care for perimenopausal and menopausal women within the community.
- Noted limited menopause education in FM and OB/GYN and residency programs.

•Establish Clinical Expertise

- Studied for and passed the Menopause Society Certified Practitioner (MSCP) Exam to ensure evidence-based, high-quality care.

•Engage Key Stakeholders

- Secured support from key stakeholders, including:
 - Family medicine residents and faculty physicians
 - Medical school administration
 - Hospital administration
 - Office administration
 - Front office staff and medical assistants

•Develop Educational Curriculum

- Designed and delivered didactic sessions on menopause management for residents and faculty.
- Created interactive learning tools, such as a **Menopause Jeopardy!** game to engage learners.

•Integrate Clinical Workflow into EMR

- Developed Epic EMR templates for menopause-related office visits.
- Created patient handouts, medication lists, and referral options (pelvic floor PT, psychology, and sexual therapy) within Epic for streamlined care.

•Launch the Menopause Clinic

- Scheduled regular clinic sessions dedicated to menopause care.
- Notified the Women's Health rotation faculty to ensure resident participation in the menopause clinic.

•Promote the Clinic

- Designed and distributed a brochure to publicize the clinic to patients and referring providers.

Hiccups

Challenges

•Historical Low Attendance in Specialty Clinics

- Other subclinics within the family medicine residency program (e.g., Travel Medicine and Lifestyle Medicine) have struggled with patient engagement and attendance.

•Overlap with Internal Medicine Services

- A local Internal Medicine faculty physician recently passed the Menopause Society Certified Practitioner (MSCP) exam and is already seeing menopause patients, potentially creating overlap and confusion in services.

•Limited Clinical Availability

- Personal time constraints for seeing clinic patients due to hospital responsibilities and administrative duties.

•Need for Broader Stakeholder Engagement

- As a new clinic, it requires stronger buy-in and participation from faculty, residents, and clinic staff to ensure sustainability.

•Lack of Marketing and Outreach Resources

- No allocated media or marketing budget from the hospital system to promote the clinic to potential patients and referring providers.

STFM Annual Meeting



University of Nevada, Reno
School of Medicine