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Table 2. Patient demographics.

N = 25		n (%)
Age, mean (SD)		44.8 (19.5)
Race	White	8 (32.0)
	Black	12 (48.0)
	Asian	2 (8.0)
	Other	2 (8.0)
Ethnicity	Hispanic	3 (12.0)
	Non-Hispanic	22 (88.0)
Female		11 (44.0)
Marital Status	Married, or In Domestic Partnership	7 (28.0)
	Single (Never Married)	15 (60.0)
	Widowed	2 (8.0)
	Divorced	1 (4.0)
Speaks English as Primary Language		23 (92.0)
Household Size, mean (SD)		2.5* (1.4)
Educational attainment	Less than High School	1 (4.0)
	High school graduate	10 (40.0)
	College Degree	10 (40.0)
	Post-Grad degree	3 (12.0)
Has Health Insurance		23 (92.0)
Literacy Screening Questions	"Never" needs help reading medical instructions	10 (40.0)
	"Always" feels confident filling out medical forms	10 (40.0)
	"Never" has difficult understanding written information from a healthcare provider	10 (40.0)
Health Status	1 = excellent	1 (4.0)
	2 = very good	6 (24.0)
	3 = good	9 (36.0)
	4 = fair	7 (28.0)
	5 = poor	1 (4.0)
Healthcare Utilization, mean (range)	# of Hospital Admissions	0.7* (0,4)
	# of Emergency Department or Urgent Care Visits	1.9* (0,5)
	# of Doctor Office Visits	8.0* (0,100)

*At least one participant declined to answer.

14 Sex and Gender Education in Emergency Medicine: A Residency-Based Curricular Audit

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Background: Sex- and gender-based medicine (SGBM) embraces the role that sex (biological designation) and gender (social construct) plays in every aspect of clinical medicine. SGBM, however, tends to be excluded from modern medical education and consequently not routinely integrated into practice. This educational gap is also thought to extend to emergency medicine (EM), a subspecialty uniquely situated at the juncture of a variety of medical disciplines and exceptionally positioned to implement SGBM medicine acutely.

Objectives: To review core EM residency didactic curriculum material for inclusion of SGBM material and, when present, define the type of inclusion.

Methods: A convenience sample of the previous 18-month curriculum from the University of Alabama at Birmingham (UAB) EM Residency Program (July 2016–December 2017) was audited by two independent reviewers for inclusion of SGBM material. "SGBM inclusive" material was then further categorized as pertaining to "patient presentation," "epidemiology," "risk factor," "management/care," and/or "outcome." Academic faculty (25) were solicited for voluntary submission of their didactic material (PowerPoint presentations, slidesets, etc). Oversight and

expert review were performed on reviewer discrepancies and provided by a designated "SGBM Task Force Committee," which included an SGBM EM faculty expert.

Results: The majority of faculty members, 22 (88%), submitted 77 lectures (92.7%) for SGBM audit. Roughly half (53%) of applicable lectures included SGBM material. Of the included SGBM data the majority (77%) referred to epidemiology, while fewer lectures mentioned or considered SGBM as it pertained to risk factors (26%), presentation (13%), treatment (8%), or prognosis (5%). Of the nearly half (47%) of applicable lectures that did not include SGBM data, 37% were identified as "missing" relevant SGBM material based upon expert and literature review. The majority (77%) of "missing" SGBM material was EM specific, while a lesser amount, (23%), pertained to medicine in general and was not EM specific.

Conclusion: Despite SGBM's importance as a first step toward personalized medicine, EM residency education is lacking in its inclusion. This creates significant opportunities for increased awareness and expansion of the EM graduate medical education core curriculum with the aim to improve SGBM-based residency education and, ultimately, patient care.

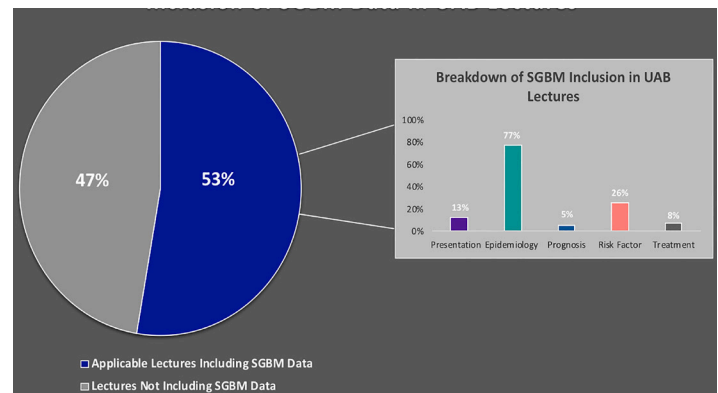


Figure 1. Inclusion of sex- and gender-based medicine (SGBM) data in University of Alabama at Birmingham (UAB) lectures.

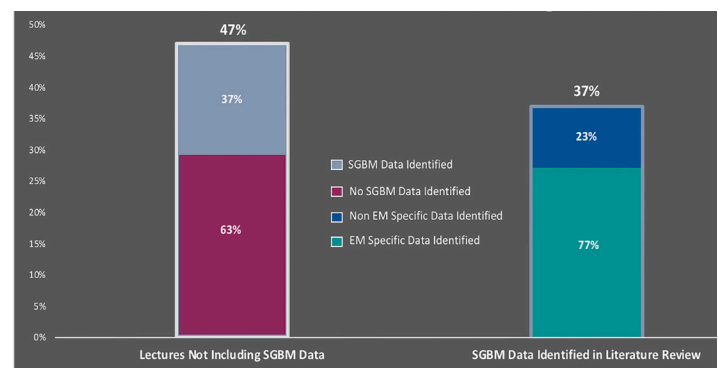


Figure 2. Stratification of University of Alabama at Birmingham (UAB) lectures not including sex-and gender-based medicine (SGBM) data. EM, emergency medicine.