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TEACHING WITH CULTURAL COMPETENCE REQUIRES GENDER SENSITIVITY

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Aims:

- ✓ Exploration of AHA revised ACLS materials for gender sensitivity
- ✓ Evaluation of potential bias in simulation & teaching
- ✓ Illustration of culturally competent education

Background:

- Cardiovascular disease #1 cause of death in women
 - Disproportionately affecting minority women
- Culturally competent health care:
 - Sensitive to the health beliefs & behaviors, epidemiology & treatment efficacy of different population groups
- Expanded the concept to include entire female population

Methods:

- Review of ACLS education materials
 - Pre-course materials
 - Instructor and provider manuals
 - Illustrations
 - Case vignettes
 - Compact discs
 - Algorithms
 - Test materials

Results:

- Room for improvement
- Provider text discussion
 - Consistent with symptomatology classic to males
 - Early warning signs in women (not classic) not listed
- Provider disc
 - Every simulated case (both human and mannequin) uses a Caucasian male patient
 - No mannequin with female characteristics
 - No mannequins with minority skin color

Conclusions:

- ✓ Revised ACLS materials are more culturally competent
- ✓ Improve by increasing representation of women (particularly minorities) in teaching models
- ✓ Recommendations for ACLS instructors:
 1. Provide enhanced materials to help learners recognize women may have atypical symptomatology suggestive of coronary ischemia
 2. Modify case scenarios and mannequins to adequately represent individuals at risk