Feasibility of Incorporating Components of a ‘Sex and Gender in Emergency Medicine’ Toolkit into Residency Education

Robert Levy
USF MCOM- LVHN Campus

Follow this and additional works at: https://scholarlyworks.lvhn.org/select-program

Part of the Medical Education Commons

Published In/Presented At

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact LibraryServices@lvhn.org.
Feasibility of Incorporating Components of a ‘Sex and Gender in Emergency Medicine’ Toolkit into Residency Education

Robert Levy, Mentor: Gillian Beauchamp, MD
Lehigh Valley Health Network, Allentown, Pennsylvania

Background

• There is increasing evidence that sex and gender influence health and disease in significant ways.
• Our awareness of the ways in which sex and gender influence health and disease is broadening.
• There is a need to ensure that physicians-in-training achieve proficiency in recognizing these differences.
• In 2016, the AMA released Resolution 604-A-15 stating that sex and gender profoundly impact a person’s health and that sex and gender based medicine should be incorporated into clinical practice.
• Integration of a clearly defined curriculum covering the influence of sex and gender on health and disease has yet to be identified.
• The present study examines the feasibility of integrating sex and gender based medicine (SGBM) into emergency medicine (EM) resident training through the use of an oral boards case developed by the Society for Academic Emergency Medicine (SAEM) Sex and Gender in Emergency Medicine (SGEM) Interest Group.

Problem Statement

• Is it feasible to incorporate Sex and Gender Based Medicine (SGBM) into Emergency Medicine Residency educational curricula through the use of an oral boards case designed as part of a Sex and Gender in Emergency Medicine Toolkit?

Methods

• This study was reviewed and approved by the Institutional Review Board.
• An oral boards case depicting a transgender patient was identified and selected for implementation on the intervention day.
• Pre- and Post- Intervention surveys were developed to assess pre- and post- oral boards knowledge and attitudes.
• Eleven consenting 3rd year EM residents from a single U.S. EM residency training program were randomized into smaller groups of 2-3 residents.
• Each small group rotated through the oral boards case.
• Upon completion of the case, residents were debriefed on the nuances of addressing trans patients as well as in introduction into the health disparities and inequities faced by the trans population.
• The primary outcome measure was improvement in the participant’s post- survey score. Qualitative data was obtained via direct observation of the administration of the oral boards case.

Results

• All 11 participants, in 4 small groups, completed the oral boards case within the allotted time for a total of 4 rounds of the case.
• Participants scored 100% correct on the pre-survey item (with identical performance on the post-survey) assessing their competency regarding preferred style of address for a transgender patient.
• In each round, there was confusion regarding the hospital’s policy for bed search/placement for transgender patients as neither the residents nor the exam administrator (attending EM physician) were clear on what such a policy entails and if such a policy exists.
• Residents frequently discussed finding it difficult to discuss the patient’s gender correctly and respectfully with the admitting provider while ensuring the admitting provider clearly understood the clinical picture.

Discussion

• From an implementation perspective, the case ran smoothly without interruptions. It is apparently feasible to incorporate a transgender patient themed oral boards case into the residency curricula at the intervention site.
• Resident concerns regarding bed placement for transgender patients is reflective of a clear lack of a currently existing policy or awareness of one that should already exist at the intervention site regarding bed-search for transgender patients.
• Resident concerns regarding the difficulty discussing the patient’s gender identity with an admitting provider may reflect the particular culture at the intervention site, such as the dynamic between residents and admitting providers, and underlies a need for the health care system, on all levels, to possess a clear and correct vocabulary when discussing trans patients.
• A heavy focus should be placed on Values-Based Patient-Centered Care when working to educate residents on interacting with a vulnerable population such as the trans patient population.
• It is important to emphasize the impact that socioeconomic forces play in the manifestation and prognosis of disease in the transgender patient population. Incorporation of SGBM into EM Residency training should highlight the role that the Health System at large plays in the LGBT patient experience.
• Participant performance on the pre- survey (and identical performance on the post- survey) raises concern about the difficulty level of the survey question as well as the quantity of pertinent questions. The results suggest a need to increase the number of questions and assess their difficulty level.
• Participant performance may be reflective of the presence of SGBM-trained educators at the intervention site and is not necessarily reflective of the amount of SGBM exposure residents have at other potential intervention sites.

Conclusion

• The integration of SGBM into EM Residency Training is feasible however this conclusion should be limited to the intervention site.
• All cases ran smoothly without disruption or significant lapse in performance of required critical actions.
• Residents engaged in productive discussion during the debrief immediately after conclusion of the case, shedding light on issues currently pertinent within our own institution’s operating procedures.
• This most certainly provides a starting point to work towards improving the experience for LGBT patients, if not on a larger scale, at the Lehigh Valley Health Network.

References

- Council on Scientific Affairs. Women’s Health: Sex and Gender-Based Differences in Health and Disease. JAMA 2003;289:1-6

© 2018 Lehigh Valley Health Network