Incorporating Sex and Gender into Culturally Competent Simulation in Medical Education (Poster).

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The medical establishment is increasingly recognizing the importance of incorporating sex and gender-based cultural competence training into medical education. Simulation provides a vehicle to introduce these competencies into the education of medical trainees.

CONCLUSIONS:

The early adoption of culturally competent sex and gender-based scenario design by medical educators has the potential to significantly impact both medical training and the provision of empathetic and humanistic care while reducing sex and gender-based healthcare disparities.

BACKGROUND and OBJECTIVES

The medical establishment is increasingly recognizing the importance of incorporating sex and gender-based cultural competence training into medical education. Simulation provides a vehicle to introduce these competencies into the education of medical trainees.

METHODS:

Using the previously validated Texas Tech University Health Sciences Center Sex and Gender Specific Health (SGSH) PubMed Advanced Search Tool, we reviewed the existing sex and gender-based medical simulation education literature. The Society for Academic Emergency Medicine Sex and Gender Interest Group then collaboratively developed recommendations for the incorporation of these concepts into simulation training.

RESULTS:

The SGSH PubMed Search resulted in 224 publications which were reviewed by the study authors. Four articles met inclusion criteria for addressing sex and gender aspects of medical simulation and were used to develop SGSH recommendations for medical simulation training. Knowledge-based competency in sex and gender-based medicine involves understanding the relevant key terminology. Attitude-based competencies should include an understanding of tendencies towards bias in patient assessment and care which can be addressed in the self-reflection component of a simulation debrief. Skill-based competencies include communication skills, assessing the social context in which a patient is pursuing medical care, and recognition of gender-based cultural models of health and disease. Strategies for successful implementation of these simulations include sex and gender-focused faculty development, designation of administrative and financial resources, use of both male and female simulation equipment and standardized patients, and scenarios that address sex and gender-based medical care.

CONCLUSIONS:

The early adoption of culturally competent sex and gender-based scenario design by medical educators has the potential to significantly impact both medical training and the provision of empathetic and humanistic care while reducing sex and gender-based healthcare disparities.