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# TEACHING WITH CULTURAL COMPETENCE REQUIRES GENDER SENSITIVITY



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# Objective

Given the gender disparity in cardiac care for women, it is important for us to evaluate how we simulate and teach in this content area because it may influence this bias. To analyze a relevant example, we explored the American Heart Association's (AHA) revised Advanced Cardiac Life Support (ACLS) materials for gender sensitivity and use them as an illustration of culturally competent education.

# Background

Cardiovascular disease is the number one cause of death in women, and it disproportionately affects minority women. Culturally competent health care has been described as sensitive to the health beliefs and behaviors, epidemiology, and treatment efficacy of different population groups. It is generally used in reference to health care of minority populations; however, in this review, we expanded the concept to include the female population as a whole.

## Methods

An in depth review of the new ACLS education materials was performed. Pre-course materials, instructor and provider manuals, illustrations, case vignettes, compact discs (CD), algorithms and test materials were included.







### Results

It is obvious that the AHA made a serious effort to represent a culturally diverse population (including equal gender representation) in its educator and student materials. For example, in the supplementary PDF and ACLS science overview, patients were represented in near equal proportions. However, there is room for improvement. In the provider text, the discussion regarding the identification of "chest discomfort suggestive of ischemia" is more consistent with symptomatology that is classic to males. There is no mention that ischemia in women may not be associated with chest discomfort. The early warning signs in women (which are not classic) such as sleep disorder, anxiety or fatigue, are not listed. Secondly, on the provider CD, in the simulated (both human and mannequin) cases, 9 out of 9 patients are Caucasian males. The mannequin has a traditional male haircut, button fly jeans, and an open shirt. There is no mannequin with female characteristics such as earrings, long hair, breasts, or women's clothing or undergarments. None of the provider CD cases illustrate patients or mannequins with minority skin color. Of incidental note, the patient is cared for by female nurses, and a male Caucasian physician.

### Conclusions

The revised ACLS provider and instructor materials are, for the most part, culturally competent. However, gender differences in the standard of care provided in patients with Acute Coronary Syndrome is a widespread problem that could be influenced by improving representation of women (particularly minorities) in teaching models. For those teaching ACLS, two recommendations are made. Enhanced materials should be provided to help learners recognize that women may have atypical symptomatology that is still suggestive of coronary ischemia. Additionally, it is necessary to modify case scenarios and mannequins in course simulations to adequately represent those at risk.