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Department of Emergency Medicine

Sex and Gender in Emergency Medicine: An Innovative Elective and Toolkit for Incorporation into Trainee Education.

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Published In/Presented At

Walter, L. Beauchamp, G. A., Barron, R. Madsen, T. E., Greenberg, M. R., McGregor, A. J. (2017, September 14-16). *Sex and Gender in Emergency Medicine: An Innovative Elective and Toolkit for Incorporation into Trainee Education*. Poster Presented at: The 8th Congress of the International Society of Gender Medicine, Miyagi, Japan.

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Sex and Gender in Emergency Medicine: An Innovative Elective and Toolkit for Incorporation into Trainee Education

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BACKGROUND

While Emergency Medicine (EM) increasingly recognizes the influence biological sex and socially defined gender roles have on health and disease, the clinical implications of evidence-based sex and gender research aren't yet routinely integrated into EM practice. This disparity persists because EM trainees do not currently receive sex and gender-based medicine (SGBM) education.

OBJECTIVE:

The educational subcommittee of the Society of Academic Emergency Medicine 'Sex and Gender in Emergency Medicine' (SGEM) interest group sought to fill this knowledge gap by creating a SGEM curriculum that could integrate into EM training. Curricular components include 1) a dedicated SGEM elective and 2) a broadly applicable SGEM 'toolkit.'

INNOVATION AND DESIGN:

The SGEM elective incorporates 1) clinical care, 2) scholarly project(s), and 3) self-study didactics. The clinical care component denotes time in the Emergency Department seeking cases that demonstrate patient sex or gender as an independent factor in presentation, risk factor, assessment, diagnostic workup, treatment plan, or prognosis. The elective also includes scholarly activity options such as: including a SGEM topic review, a journal club presentation of SGBM in EM literature, or the development of a SGEM simulation case. The didactic portion of the elective is guided by the SGEM 'toolkit,' a comprehensive resource which can be used within the elective or independently. The 'toolkit' outlines and provides access to 1) peer-reviewed video lectures, 2) CME-style educational modules, 2) simulation and oral board cases, 4) a validated SGEM PubMed search tool, 5) slide sets, 6) a USMLE-style question bank, and 7) a list of additional landmark articles, texts, websites, and other resources dedicated to SGBM.



CONCLUSIONS:

The SGEM elective and toolkit offer a strategy to bridge the current gap between SGEM knowledge and practice that can lead to increased SGBM knowledge base amongst EM clinicians, ultimately resulting in improved emergency patient care.



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