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Sex and Gender in Emergency Medicine: A Simulation Experience

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INTRODUCTION

Given mounting evidence that sex and gender influence health and disease, it is imperative that resident trainees in Emergency Medicine (EM) are exposed to sex and gender aspects of clinical practice during residency training. Provider behavior, health care utilization and disparities in the delivery of medical care have effects linked to patient sex and gender, which must be addressed at the residency level in order to ensure that graduating residents are prepared to individualize patient care to a patient's sex or gender.

STUDY OBJECTIVES

By participating in a sex and gender in Emergency Medicine (SGEM) themed simulation experience consisting of a small group case discussion, two oral boards cases and one high-fidelity simulation, emergency medicine residents will improve their clinical knowledge and approach to sex and gender based emergency care.

METHODS

The 3-hour SGEM simulation session designed for EM residents consists of three stations: **1.** Two oral boards cases including a transgender female on hormone therapy with pulmonary embolism; and a female patient with undiagnosed congenital long QT syndrome and drug-induced torsades de pointes. **2.** High-fidelity simulation of a female patient presenting with epigastric discomfort and fatigue, who has STEMI on repeat ECG and **3.** A case-based small group discussion on sex differences in response to morphine, propofol, and rocuronium. Materials for this simulation experience include faculty guides to oral boards cases, high-fidelity simulation, and small group discussion as well as lab result and imaging stimuli required for each simulation station. These education resources will become available as a component of the novel Sex and Gender in Emergency Medicine (SGEM) Toolkit that is being developed by the Society for Academic Emergency Medicine (SAEM) SGEM Interest Group. The author acknowledges the members of the SAEM SGEM Interest Group for their mentorship and contributions to the development and future implementation of this simulation content, including Alyson McGregor, Marna Greenberg, Lauren Walter, Jeanette Wolfe, and Rebecca Barron.

CONCLUSION

This 3-hour simulation experience is designed to provide an educational experience for EM residents, as well as resources for EM educators in order to facilitate improved sex and gender based clinical knowledge and practice among EM residents. Improved knowledge surrounding sex and gender aspects of EM will improve patient care and outcomes. Next steps: a feasibility trial of the implementation of this simulation experience into EM residency curricula is currently underway at Brown University, Lehigh Valley Health Network, University of Alabama at Birmingham, and Baystate Health Department of Emergency Medicine.

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