

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

Alyson J. McGregor MD, MA

Marna R. Greenberg DO, MPH, FACEP
Lehigh Valley Health Network, marna.greenberg@lvhn.org

Rebecca Barron MD, MPH

Lauren A. Walter MD

Jeannette Wolfe MD

See next page for additional authors

Follow this and additional works at: <https://scholarlyworks.lvhn.org/emergency-medicine>



Part of the [Emergency Medicine Commons](#)

Published In/Presented At

McGregor, A. Greenberg, M. Barron, R. Walter, L. Wolfe, J. Deutsch, A. Johnson, S. Robinett, D. Beauchamp, G. (2019, April 10). *Feasibility of Incorporating Components of a ‘Sex and Gender’ in EM Toolkit into Residency Education*. poster Presented at: The (PA-ACEP) PA American College of Emergency Physicians Scientific Assembly, Spivey Competition, King of Prussia, PA.

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.

Authors

Alyson J. McGregor MD, MA; Marna R. Greenberg DO, MPH, FACEP; Rebecca Barron MD, MPH; Lauren A. Walter MD; Jeannette Wolfe MD; Ashley L. Deutsch MD; Steven A. Johnson MD; Derek A. Robinett MD; and Gillian A. Beauchamp MD

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

Alyson J. McGregor, MD, MA[^], Marna Rayl Greenberg, DO, MPH[°],
Rebecca Barron, MD, MPH[^], Lauren A. Walter, MD^{*}, Jeannette Wolfe, MD[#], Ashley L. Deutsch, MD[#], Steven A. Johnson, DO[°],
Derek A. Robinett, MD^{*}, Gillian A. Beauchamp, MD[°]

[^]Department of Emergency Medicine, Warren Alpert Medical School of Brown University, Providence, RI

[°]Department of Emergency and Hospital Medicine, Lehigh Valley Health Network/USF Morsani College of Medicine, Lehigh Valley Campus, Allentown, PA

^{*}Department of Emergency Medicine, University of Alabama at Birmingham, Birmingham, AL

[#]Department of Emergency Medicine, University of Massachusetts Medical School-Baystate, Springfield, MA

INTRODUCTION

We set out to assess the feasibility of incorporating Sex and Gender in Emergency Medicine (SGEM) Toolkit components into an EM Grand rounds education day.

METHODS

This multisite prospective pilot study involved a pre- and post-training assessment that included basic demographics and queries regarding previous training. It was administered to a convenience sample of PGY1-4 EM residents who participated in a scheduled training day. The three hour session included one small group case-based discussion, two oral board cases, and one simulation and group debriefing.

RESULTS

EM residents (N=82) across four unique academic programs participated; 64% (N=49) were male and 36% (N=28) were female; 28% (N=22) were PGY1; 22% (N=17) were PGY2; 31% (N=25) were PGY3; and 19% (N=15) were PGY4 residents.

Of those participating, 30% (N=25) reported they had either no training or less than one hour of training in medical school regarding sex and gender differences in the clinical presentation and management of patients. Fifty-two percent (N=43) reported they had one to six hours of training, and 18% (N=15) reported they had over six hours of training.

Twenty-six percent (N=21) of the residents reported that they had either no training or less than one hour of training in residency (including lectures, small group sessions, asynchronous learning modules, or bedside education) regarding sex and gender differences in the clinical presentation and management of patients. Fifty-nine percent (N=48) reported they had one to six hours of training, and 16% (N=13)

reported they had over six hours of training during residency. The average pre-assessment score was 61% across all sites and post-assessment was 88%.

After session training, 74% (N=60) of the residents felt their current practice would have benefited from further training in sex and gender-based topics in medicine in medical school, and 83% (N=67) felt their current clinical practice would have benefited from further training in sex and gender-based topics in medicine in residency.

CONCLUSIONS

The incorporation of SGEM educational components into EM residency training is feasible, and after completion, residents demonstrated competence in their knowledge of the sex and gender aspects of clinical EM. Post training, the vast majority of residents who participated in this study felt their current practice would have benefited from further training in sex and gender-based topics in medicine in residency.