

Key Learnings and Perspectives of a Newly Implemented Sex-and Gender-Based Medicine Modular Course Integrated into the First-Year Medical School Curriculum: A Mixed-Method Survey [Letter]

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Dear editor

Upon evaluating the study by Bragazzi et al, we express our appreciation for their effort to integrate Sex and Gender-Based Medicine (SGBM) into medical education. We commend the authors for their rigorous methodology and comprehensive analysis, which contributes significantly to medical education and advances the movement towards personalized, equitable healthcare. As advocates for innovative medical education, we aim to add further insights to this vital academic dialogue.

The study discusses the implementation of the SGBM course for first-year medical students at Bar Ilan University, Safed, Israel, highlighting educational advancements. SGBM combines biological and social aspects in healthcare processes such as prevention, screening, diagnosis, and treatment. The course, utilising lectures, group activities, and multimedia, effectively engaged students and bolstered their understanding of gender-sensitive practices. Both qualitative and quantitative evaluations confirmed its impact.¹

Students praised the variety of teaching methods - lectures, group activities, online materials, workshops, and videos - reflecting high satisfaction with the academic environment (mean score 4.20) and teaching techniques (mean score 4.03). The lecturers were highly rated (average score 4.33). Feedback underscored the value of group work and the subject's relevance. The plan to expand and reassess the course underscores the dedication to ongoing enhancement.¹

Male participants felt marginalised due to a focus on female health. Future editions should adopt a gender-inclusive framework that addresses all genders, including non-binary and transgender populations. While SGBM aims to develop a "gender lens" to identify and mitigate biases and disparities, current data predominantly focuses on women, neglecting other genders and overlooking significant differences in healthcare experiences among ethnic groups, such as Caucasians and Asians.² The survey also lacks comprehensive data on culturally diverse populations.¹

The course's seven 90-minute sessions may be overly demanding for first-year students. To enhance inclusivity and reduce bias, the curriculum should address health issues across all gender spectrums. Integrating topics such as gender transition, hormone therapy, and diverse patient narratives would provide practical insights and better prepare students for clinical encounters.³ Strengthening the curriculum with peer-reviewed research and empirical evidence would counter critiques of insufficient gender disparity data. Continuous student feedback would enable timely adjustments, aligning the course with evolving needs and societal shifts.⁴

The study maintained ethical integrity through clearance and informed consent, enhancing credibility. However, stringent protocols may limit methodological flexibility and the scope of data collection.¹ The course objectives include

fostering critical thinking, gender sensitivity, and incorporating social contexts into medical practice. Nonetheless, the perceived focus on feminist perspectives, without adequate consideration of male views, may impact inclusivity.⁵

The course received positive evaluations for its supportive academic environment and varied teaching approaches. Utilising a 5-point Likert scale offered clear insights into student perceptions, though the course duration was considered inadequate to cover all pertinent topics. Students advocated for the inclusion of modern issues like gender transition and patient perspectives. Quantitatively, the course achieved a satisfaction score of 3.63, outperforming other first-year offerings, with the supportive academic environment and teaching diversity scoring 4.20 and 4.03, respectively. Qualitatively, students appreciated the group work and subject relevance but recommended a more balanced representation of gender perspectives and current issues like gender-affirming surgery. Calls for increased scientific evidence to bolster discussions on gender biases and disparities were also notable.¹

The initiative by Bragazzi et al¹ marks a significant advancement in medical education. By addressing these concerns and suggestions, the course can evolve into a more balanced and comprehensive SGBM framework, better preparing healthcare professionals to deliver equitable and informed care across all gender identities.

We appreciate the authors' insightful contributions to medical education.

Disclosure

The authors report no conflicts of interest in this communication.

References

1. Bragazzi NL, Khabbache H, Ouazizi K, et al. Key learnings and perspectives of a newly implemented sex-and gender-based medicine modular course integrated into the first-year medical school curriculum: a mixed-method survey. *Adv Med Educ Pract*. 2024;15:685–693. doi:10.2147/AMEP.S447843
2. Khamisy-Farah R, Bragazzi NL. How to integrate sex and gender medicine into medical and allied health profession undergraduate, graduate, and post-graduate education: insights from a rapid systematic literature review and a thematic meta-synthesis. *J Pers Med*. 2022;12(4):612. doi:10.3390/jpm12040612
3. van der Meulen F, Fluit C, Albers M, Laan R, Lagro-Janssen A. Successfully sustaining sex and gender issues in undergraduate medical education: a case study. *Adv Health Sci Educ*. 2017;22(5):1057–1070. doi:10.1007/s10459-016-9742-1
4. Ludwig S, Oertelt-Prigione S, Kurmeyer C, et al. A successful strategy to integrate sex and gender medicine into a newly developed medical curriculum. *J Women's Health*. 2015;24(12):996–1005. doi:10.1089/jwh.2015.5249
5. Bartz D, Chitnis T, Kaiser UB, et al. Clinical advances in sex- and gender-informed medicine to improve the health of all: a review. *JAMA Intern Med*. 2020;180(4):574–583. doi:10.1001/jamainternmed.2019.7194

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