

Response for 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 [Response to Letter]

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Dear editor

We thank Dr. Imran, Dr. Ahmad and Dr. Mohamed, thank you for your insightful feedback¹ on our research concerning the integration of the Sex-and Gender-Based Medicine (SGBM) course into the medical curriculum.²

We deeply appreciate the time and effort you have dedicated to reviewing our work, and we would like to address the points you have raised. First, we would like to clarify the structure of our SGBM course, which is designed to span four years, encompassing both preclinical and clinical phases. In the preclinical years, the curriculum focuses on fundamental concepts such as the definition of SGBM, research methodologies, and biases in SGBM research. Additionally, it addresses SGBM issues in various fields such as cardiology, autoimmune diseases, pharmacology, obesity, nephrology, and neurology. During the clinical years, we expand the teaching to include case studies of SGBM as applied to internal medicine, including the LGBTQ+ medicine. This also covers critical skills such as communication skills. Our overarching goal is to highlight the role of SGBM in every field of medicine.

We acknowledge your concern regarding the small sample size of students from a single center. As previously mentioned, this was a first-year trial of a four-year course. Encouragingly, the initial success and interest from both students and faculty have prompted us to expand the program. We are currently working towards involving larger cohorts from multiple medical schools, which will provide more robust data for future analyses.

Your observation about the absence of a control group is well taken. In future iterations of the course, we are planning to implement a control group to better assess the impact of SGBM teaching. Additionally, we are developing baseline knowledge assessments for future cohorts to allow for a more accurate measurement of the course's effectiveness in shifting student perspectives. We agree with your suggestion that assessing long-term retention and the clinical application of SGBM principles is essential. To address this, we are planning follow-up surveys during the clinical years. These surveys

will provide a clearer understanding of how students are integrating the principles into their clinical practice. As the program is still in its early stages, these longitudinal evaluations will unfold in the coming years.

Regarding the lack of inferential statistics and subgroup analysis, we appreciate your point. While this initial study focused on qualitative feedback, we are currently developing a more comprehensive survey that will enable us to conduct subgroup analysis, including differences in perceptions between male and female students. This will provide a deeper understanding of how SGBM is received across different demographic groups.

Once again, we value your constructive feedback and will certainly incorporate your suggestions as we continue to develop this initiative. We look forward to sharing more refined findings in future publications as the program evolves.

Disclosure

The authors report no conflict of interest in this communication.

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