

# 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]

Nicola Luigi Bragazzi<sup>1-4</sup>, Hicham Khabbache<sup>5</sup>, Khalid Ouazizi<sup>6</sup>, Driss Ait Ali<sup>6</sup>, Hanane El Ghouat<sup>6</sup>, Laila El Alami<sup>6</sup>, Hisham Atwan<sup>7</sup>, Ruba Tuma<sup>8-10</sup>, Nomy Dickman<sup>10</sup>, Raymond Farah<sup>10,11</sup>, Rola Khamisy-Farah<sup>9,10</sup>

<sup>1</sup>Human Nutrition Unit (HNU), Department of Food and Drugs, University of Parma, Parma, Italy; <sup>2</sup>Laboratory for Industrial and Applied Mathematics (LIAM), Department of Mathematics and Statistics, York University, Toronto, ON, Canada; <sup>3</sup>Postgraduate School of Public Health, Department of Health Sciences (DISSAL), University of Genoa, Genoa, Italy; <sup>4</sup>United Nations Educational, Scientific and Cultural Organization (UNESCO) Chair, Health Anthropology Biosphere and Healing Systems, University of Genoa, Genoa, Italy; <sup>5</sup>Director of the UNESCO Chair "Lifelong Learning Observatory" (UNESCO/UMSBA), Fez, Morocco; <sup>6</sup>Department of Psychology, Faculty of Arts and Human Sciences Fès-Saïss, Sidi Mohamed Ben Abdellah University, Fez, Morocco; <sup>7</sup>Department of Internal Medicine, Kaplan Medical Centre, Hebrew University, Rehovot, Israel; <sup>8</sup>Department of Obstetrics and Gynecology, Galilee Medical Center, Nahariya, Galilee, Israel; <sup>9</sup>Clalit Health Services, Akko, Israel; <sup>10</sup>Azrieli Faculty of Medicine, Bar-Ilan University, Safed, Israel; <sup>11</sup>Department of Internal Medicine B, Ziv Medical Center, Safed, Israel

Correspondence: Nicola Luigi Bragazzi, Human Nutrition Unit (HNU), Department of Food and Drugs, University of Parma, Via Volturmo 39, Parma, 43125, Italy, Tel +39 0521 903121, Email nicolaluigi.bragazzi@unipr.it

## Dear editor

Thank you for your thoughtful response<sup>1</sup> to our study, "Key Learnings and Perspectives of a Newly Implemented Sex-and Gender-Based Medicine Modular Course Integrated into the First-Year Medical School Curriculum".<sup>2</sup> We are delighted to hear that our efforts to integrate Sex and Gender-Based Medicine (SGBM) into medical education were appreciated and recognized for their contribution to advancing personalized and equitable healthcare.

We greatly value the additional insights you have shared, particularly regarding the need for a more gender-inclusive framework that encompasses the experiences of all sexes and genders, including non-binary and transgender individuals. This is a critical area for future course development, and your suggestions emphasize the importance of expanding our curriculum to ensure inclusivity for all.

Regarding the concerns about the perceived marginalization of male participants and the strong focus on female health, we acknowledge the need for a balanced representation of gender perspectives. Your feedback, along with that of our students, will be instrumental as we work to improve inclusivity and ensure that the curriculum addresses a comprehensive understanding of gender-sensitive healthcare practices.

We also take seriously your recommendation to incorporate more peer-reviewed research and empirical evidence. Strengthening the scientific foundation of the course is a top priority, and we will explore ways to integrate more robust data on gender disparities and the healthcare experiences of diverse populations.

Your point about the demanding nature of the seven 90-minute sessions for first-year students is also well-taken. We will review the course structure to find a balance that allows for an in-depth exploration of key topics without overwhelming students. It is worth noting, however, that our course includes highly interactive teaching modules. These sessions involve students working in small groups of 10–11, with two tutors per group, providing an engaging, hands-on learning experience to reinforce the content covered in the lectures.

We deeply appreciate your suggestion to expand the curriculum to include topics such as gender transition, hormone therapy, and patient narratives. These additions would offer valuable practical insights and better prepare students for real-world clinical encounters. We are eager to explore how these topics can be effectively integrated into the curriculum.

To provide a broader context, our SGBM course is designed as a longitudinal learning experience that spans the entire medical school curriculum. In the first year, we introduce students to fundamental SGBM concepts, and we outline our future plans for incorporating more advanced topics, such as transgender health, LGBTQ+ communication skills, and medical conditions specific to this population. As we emphasize in the course, SGBM is not an “upgraded gynecology” course. It addresses the differences between men’s and women’s health, as well as LGBTQ+ health, focusing on sex (biological factors such as chromosomes and hormones) and gender.

In future sessions, we plan to cover medical conditions that are underdiagnosed or often overlooked in men, such as osteoporosis and depression. These topics are crucial, as they highlight significant gender-based differences in healthcare that need more attention.

On the topic of ethnicity, we would like to clarify that our university survey does not currently include questions about ethnicity. However, we agree that diversity, including ethnic diversity, is important in understanding and addressing healthcare disparities. Our course tutors come from various medical disciplines and backgrounds, ensuring students are exposed to a wide range of perspectives, including diverse communication skills across different populations.

Once again, we thank you for your constructive feedback. Your insights will be invaluable as we continue to develop a more balanced and comprehensive SGBM curriculum. We look forward to further discussions and potential collaborations to advance medical education in this important area.

## Disclosure

The authors report no conflicts of interest in this communication.

## References

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