

COMBINED CURRICULUM MEETING

08.29.2017 03:30 PM - 05:30 PM

Purpose:	
Presenters:	De-Lara, Veronica
Note Taker:	Dankovich, Robin
Attendees:	De-Lara, Veronica, Ayoub-Rodriguez, Lisa , Baatar, Dolgor, Beinhoff, Lisa, Blunk, Dan, Briones, David , Brower, Richard, Cashin, Laura , Cervantes, Jorge, Chambers, Karinn, Coue, Martine , Dankovich, Robin, Davis, Lourdes , Dudrey, Ellen, Francis, Mark, Francis, Maureen, Fuhrman, Lynn, Gest, Thomas, Goeldner, John, Hogg, Tanis, Horn, Kathryn , Htay, Thwe, Hughes, Harold , Ipson, Merle , Janssen, Herb, Kassari, Darine, Lacy, Naomi, Lopez, Josey , Lopez, Sandra , Lyn, Heidi, Manglik, Niti, McLean, Susan , Molokwu, Jennifer, Mukherjee, Debabrata, Padilla, Osvaldo, Parsa, Michael D , Perry, Cynthia, Pettit, Diana, Pfarr, Curt, Piskurich, Janet , Quest, Dale , Rosenthal, Lee, Tonarelli, Silvina, Velasco, Veronica , Woods, Gordon
Guests:	Cindy.Camarillo@ttuhsc.edu, fatma.dihowm@ttuhsc.edu, harsh.agrawal@ttuhsc.edu, hilda.alarcon@ttuhsc.edu, JGest@umcelpaso.org, Joanna.Wojciechowska@ttuhsc.edu, lisa.kafchinski@ttuhsc.edu, Marjorie.Jenkins@ttuhsc.edu, neha.vashishtha@ttuhsc.edu, Patricia Rojas-Mendez, paulina.rodriguez@ttuhsc.edu, pm.thompson@ttuhsc.edu, tamara.fitzgerald@ttuhsc.edu
Location:	MEB 1140

1. MEETING PURPOSE

General Note

Dialog how to better integrate sex and gender in to health and medical education.

- LGBTQ issues in the past and how we can continue to make progress

Dr. Templeton - is prof of othro at U of Kansas, executive committee and chair sex and gender collaborative

- Board of National Board on the Medical Examiners

2. PRESENTATION DR TEMPLETON

General Note

Others Present - Pete Davis, C Martin, Barbara Stives,

TITLE: Inclusion of Sex and Gender Differences in Research, Clinical Care, and Education

Sex and Gender Medicine defined

- terms are used variably and interchangeably - however they differ
 - ◊ ever cell has a sex
 - ◊ sex = genetic, chromosomal, physiologic - usually binary - biologic construct
 - ◊ gender = societal and environmental and spectrum - feminine, masculine, both, neither, - social construct
 - ◊ gender identity - gender concept of self (internal)
 - ◊ transgender - gender id differs from birth sex

Sex and gender differences

- it is not just hormones
- anatomy
- physiology (especially immune systems)

- effect of sex hormone
 - local
 - systemic
- environmental influences
- impact on incidence, presentation, response to treatment, prevention

AMA Policy Women's health definition (2016) - new white paper published on this - CSAPH Report 6 of the Council on Science and Public Health: "An Expanded Definition of Women's Health"

- anything that impacts women , different vs. men - acknowledging the role that sex and gender play in health, and supporting application of evidence-based information to practice
- calls for expanded research in sex and gender differences and reporting research results, based on sex/gender

Government stance on Women's health

- women are or were banned from participation
- exclusion was actually detrimental to women's health
- women should be included in research - but not a mandate

NIH 1993 reauthorization - recommended to include women where appropriate

NIH New Research Policy - need to evaluate the results based on the sex at all levels, including laboratory animals and cells

Results of cell culture studies - only about 20-30% are reporting cell culture based on sex

Human and Animal studies - (2009) - some improvement but still work to do on reporting on sex

Pain

- chronic pain - more frequent in women
- there are both sex and gender influences
- where does estrogen and other hormones fit in?
- is there something inherently different to understand pain differences in man and women
 - almost all studies only use male only in understanding chronic pain
 -

Human studies

no significant difference in growth of incorporating women in studies (13% to 25%)

Musculoskeletal Studies

- osteoarthritis of knee more common in women
- rotator cuff does not appear there is no difference with sex however - no one is looking

The ISSUE - biomedical research is biased - we do not have the research to translate into medical care and education

Are women and men the same?

it is more than just the obvious

- more than 200 health conditions with documented differences
 - Concussions - more prolonged symptoms, women are more susceptible given the same amount of force, different symptoms long term
 - Ischemic heart Disease (hi LDL in men, low HDL in women) more difficult to detect in women, as not presenting in the same way as man
 - Lung Carcinoma -
 - Musculoskeletal systems
 - adol. scoliosis
 - low back pain
 - sholder instability
 - ACL injuries
 - Anterior knee pain (syndrome)
 - Hallux valgus
 - athlete energy imbalance
 - stress fracture
 - Osteoporosis
 - etc...

OA Risk factors

differences in injury risk
inherent of impact of estrogen, muscle strength, anatomy

Joint injuries: significantly higher risk of OA in younger people after knee injury due to initial cartilage damage

Knee replacement in women less - they are not being offered as a treatment in most cases

Adverse drug reactions - many drugs removed due to the adverse effects on women - testing was not done on women and later needed to be removed from the market

Barriers in women's health - education must find a means to get this into the medicine realm

Jenkins study on medical students' perceptions across sex in medicine

- student perceive that sex and gender differences are important
- disconnect between importance and medical education coverage

Sex and Gender summit - topic needs to be integrated thru curriculum, not a separate course or clerkship
find ways to embed in curriculum...

Barriers - time, resources, faculty development, presence of content experts, ready access to new materials,

Resources: Jo of Women's Health, sexandgenderhealth.com (resources search tool)

NIH office of women's health (orwh.od.nih.gov/resources/cme.asp) - resources for faculty

sgwhc.org - online and free to develop materials for med students or med school faculty

Strategies for Change (Mary Rojek, PhD)

- **individual** (see slide) - ask the questions, add a few slides, ask questions in journal club, encourage students and colleagues to ask these questions, identify and use resources
- **organizational** - assess where it exists or could exist, build on strengths, seize opportunities, consider possible alliances
 - leadership support - does it align with mission and goals of the medical school, faculty development
 - organizational learning - consider piloting and expand upon it...
 - sustainability - longitudinally and horizontally across curriculum
- **societal** - mobilize patients (has treatment been tested on women?), LCME expectations, create faculty development programs,

Next summit - April 8-10, 2018 University of Utah - Advancing Curricula through a multidisciplinary lens

POWER POINT PRESENTATION & Dr. Templeton CV & Bio sketch

 Dr. Kimberley Templeton 8-29-17.firstelpasotalk.pptx  Biosketch2017.docx  CV.DOCX

3. DISCUSSION

General Note

Questions - is the women's health phase the problem
tried to add sex and gender based perspective is improving

Dr. Chambers - sex is not binary, we need to open that for discussion and how we approach those patients, those issues are rarely in a gender sensitive fashion

Dr. Brower - from a curr planning - always this issue of topics, are you just trying to build in enough of insight, or is there a standard we need to meet? - trying to get concept in there - but get students using this framework to consider the possibility of sex and gender

Dr. Davis - do you have any thoughts about targets that would impact clinical practice more immediately? OA in women and osteoporosis in men, pulmonary, asthma, lung,

Dr. Pfarr - research and drug project, there is a bit of a parallel in age, need to be more articulate in a scientific methods, we need advocacy to bring that along - have patients ask their provider where it has been tested - to be advocates for their own care

Dr. Chambers - how we approach our patients based on their sex, it may be how we also treat male vs. female students, something that we need to be mindful of - careful with assumptions

Dr. Rosenthal - lessons learned - barriers at own campus - most common - "I don't know anything about the topic",

4. OPEN FORUM

Brower, Richard

Dr. Brower

- two pivotal things
 - ◊ distraction of LCME and thinking about curriculum
 - ◊ 10th year as a medical school is approaching - time to look at our model, refresh the materials, update cases, we are headed into a period of brain storming and refreshing, redeveloping, work case and schemes, integrated more across all four years, thinking about topics like this are more important as we move forward, social problems, disparities, opioid crisis