

GENDER INTEGRATION IN THE MEDICAL CURRICULUM

CHECKLIST FOR TEACHERS

The medicine and gender Unit at Unisanté – mandated by the Faculty of biology and medicine at the University of Lausanne, Switzerland – developed this tool. The checklist is designed to help teachers integrate gender into their teaching and course materials. The Commission on Medicine and Gender has validated the tool. The four dimensions addressed below provide a framework that can be used as a reference.

Teach important differences between men and women.

These differences can exist in various fields: epidemiology, pathophysiology, symptoms, care, prognosis, prevention. Pragmatically, it may be useful to ask the question: “in a given situation, would care be different if the patient were a woman or vice versa? ¹.

Example: present differences in symptoms of acute coronary disease between women and men, as they exist.

GOAL: to make students aware of these differences to promote better and more equitable care.

Avoid sexist stereotypes in clinical vignettes.

Examples:

- avoid presenting clinical vignettes featuring only men in cardiovascular diseases or only women in depression;

- ban the use of images with a sexist connotation.

GOAL: to limit the transmission of gender bias.

Avoid gender stereotypes.

Examples:

- avoid presenting women via their family and social context, and men via professional context;

- for example, mention migraine in the differential diagnosis of headaches in a clinical vignette presenting a man, as migraine is easily categorised as a so-called « female » disease.

GOAL: to limit the transmission of stereotyped representations as well as the transmission of generalisations that can lead to poor patient care.

Use gender-inclusive language when possible.

Example: “the surgeon talks to her or his patients”, instead of “the surgeon talks to his patient”;

GOAL: gender-inclusive language addresses both sexes without perpetuating gender stereotypes (e.g. all surgeons are men and all nurses are women). A leaflet published by the UNIL is available to guide you in its use, which proposes solutions to avoid clumsiness in the text:

In French :

www.unil.ch/egalite/files/live/sites/egalite/files/Egalite_UNIL/Publications%20et%20liens/Guide_mots_egalite_2018.pdf

In English:

<https://www.un.org/en/gender-inclusive-language/guidelines.shtml>

Adapté de Zelek and al. ²

* This document refers to the binary categories female/male. It is important to be aware of issues of diversity of sexual categorisation (intersex) and gender identity (non-binary, transgender people). Those should never be neglected in any teaching, for the sake of inclusiveness and representativeness.

Some reminders

Gender mainstreaming in medical education aims to promote better care for men and women by ensuring equity of care. The aim is to reduce the transmission of two major gender biases that contribute to health inequalities:

- **Gender stereotypes:** thinking that there are differences between men and women, and viewing individuals differently, without any clinical justification.
Example: it has been shown that women receive less potent and less effective medication in the management of abdominal pain. Women are prescribed more low-dose analgesics or even anxiolytics, while men receive more morphine ³.
- **Gender blindness:** thinking that there are no differences between men and women, and treating individuals equally, when there is a clinical case for tailoring management according to gender.
Example:
 - The under-diagnosis of depression in men is (partly) due to a lack of awareness of their specific symptoms;
 - A notable proportion of drugs are used indiscriminately according to patient gender, when they have only been tested on male populations.

Keywords

Sex refers to the biological differences between men and women (reproductive organs, hormones, chromosomes: 'every cell has a sex').

Gender refers to the socio-cultural differences between men and women, i.e. the range of roles, identities and social relations defined in a given society (social constructions of masculine and feminine, established on a continuum: 'every body has a gender') ⁴.

These two factors interact and exert a joint influence on health.

Further information

The medicine and gender Unit is available for any further information.
We can offer support for your teaching.

www.unil.ch/ecoledemedecine/Medecine&Genre

www.unisante.ch/fr/formation-recherche/recherche/groupe-recherche/medecine-genre

Contact: medgenre@unisante.ch



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