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CALGARY AND AREA MEDICAL STAFF SOCIETY

NORTH ZONE
Medical Staff Association

Central Zone
Medical Staff Association

SZMSA
South Zone Medical Staff Association

October 23, 2023

ISSUE
There is a significant gap in providing community women's health care.

PURPOSE
Physicians require training to increase community capacity and quality of care for women.

RECOMMENDATIONS

- Add a strong component of gender medicine to the longitudinal theme and/or make women's health a longitudinal theme.
- Increase the amount of time dedicated to women's health, including Indigenous women's health, in the second year Reproductive Medicine and Urology block.
- Change the current women's health electives for first and second year to be mandatory. Explore creating an Indigenous women's health elective (possibly in collaboration with the existing Indigenous health elective)
- Require a **faculty champion** for women's health to ensure that content on women's health is included in lectures and lessons for every block of year one and two: Foundations, Endocrine, Cardiovascular, Pulmonary, Renal, Gastroenterology, Musculoskeletal, Neurosciences, Oncology and Psychiatry.
- Host a **Women's Health Seminar** in collaboration with the Reproductive Health and Sexuality medicine student interest group for after-hours, in addition to curriculum. The purpose is to explore how various aspects of identity intersect with medicine and healthcare. Topic examples include sexual health, gender-based violence, immigrant health, Indigenous health, environmental justice, care for aging population, inequity in the practice of medicine, underfunding of women's health in medicine and inequity in faculty position at universities.
- Create a **Health Equity Thread Advisory Group**. This group would include the Assistant Dean of Equity, Diversity and Inclusion, faculty members, students and community partners. The goal of the group would be to develop best practices for training physicians to respond to inequities that affect health and disease.
- Insure the following important topics are included in the curriculum:
  - Introduction to sex and gender medicine
  - Gender and professionalism
  - Historical harm done to Indigenous women through Canadian legislation and sterilization policies
  - Mentally ill and developmentally delayed women
  - Gender difference in nutrition
  - Gender differences in pharmacology
  - Gender differences in mental health
  - Gender differences in aging – Menopause
  - Female urologic disorders
  - Safe health care delivery
  - Cardiovascular disease in women
  - Sexual harassment and discrimination
  - Women's cancer screening

- Women's disease prevention
- Women's health trials
- Intimate partner violence
- Gender inequity in medicine

RATIONALE

- Sex and gender have an impact on all aspect of medicine. The Canadian Institutes of Health Research (2021) states: "sex (biological attributes) and gender (sociocultural factors) influence our risk of developing certain diseases, how well we respond to medical treatments and how often we seek health care". Women have unique health care needs, are affected by some diseases more frequently than men and can present differently than men with the same condition. However, historically men's health has been a surrogate for the whole population's health.
- Alberta patients often report deficient women's care. The 2023 "Surveying the Silence" report, released by Alberta Women's Health Foundation, identified:
    - Almost two-thirds of women found it difficult to talk to primary healthcare providers about their concerns.
    - Only 24% of women feel their physician is very knowledgeable about gynecological and reproductive health.
    - Delays in treatment were commonly reported and, where a diagnosis is more complicated or specialized, such as endometriosis, a delay was reported by as many as 85% of sufferers.
    - One in five respondents feel that being a woman is a barrier to receiving care.
- Provider lack of knowledge contributes to disparities in the care of women. To increase community capacity, women's health care must be taught at all levels throughout medical school to create a strong foundation of confident practitioners.
- Medical education in women's health is not adequate and several national and international organizations have called for increased training.
    - The medical evidence currently taught by medical programs is heavily biased by a previous male default in clinical trials. The curriculum has not been fully reviewed and updated since these research milestones:
        - In 1993 – 30 years ago – the United Stated Congress mandated the inclusion of women in federally funded research by passing the National Institutes of Health Revitalization Act (Epker, 2023).
        - In 1997 – 25 years ago – the Canadian Federal Minister of Health issued the "Guidance Document on the Inclusion of Women in Clinical Trials" which recommended that women should be included in all phases of clinical trials in an appropriate sample size (Government of Canada, 2013).
    - Canadian clinicians, of varied specialities, interviewed said they lacked training and skill in women's health *(Filler T. et al., 2020*).
    - The women's health curriculum content of 16 of 17 Canadian medical schools were examined in 2021 by Anderson and Gagliardi. Few program overviews and course

documents referred to women's health, although it varied 0 to 37.5% across medical schools.

- Some medical schools have led the way to integrate women's health into their curriculum.
    - In 1993, the Medical College of Pennsylvania became the first medical school in the United States to completely integrate women's health issues into its curriculum. In contrast to schools which present women's health as a punctual block, lecture, or elective, they are committed to integrating women's health issues into every aspect of the curriculum (Drexel University of Medicine). They emphasize the responsibility of all physicians in delivering women's health care.
    - The Yale School of Medicine has a preclinical curriculum designed to teach and integrate the role of sex and gender in health into medical education (Steffen, A., 2022).
- The Liaison Committee on Medical Education (LCME) and Committee on Accreditation of Canadian Medical Schools (CACMS) believe that aspiring future physicians will be best prepared for medical practice in a diverse society if they learn in an environment characterized by, and supportive of, diversity and inclusion (2023).

BACKGROUND

The University of Alberta (UofA) should be a leader in the field and create a robust and comprehensive women's health curriculum that truly incorporates sex and gender medicine by expanding women's health beyond reproductive medicine to the entire lifespan. The UofA currently has a:

- Bachelor of Arts in Women's and Gender Studies.
- partnership with the Women and Children's Health Research Institute to support research dedicated to improving the health and lives of women and children.
- well-established medical school with training including:
    - mandatory longitudinal themes I to IV (MED 516B-526-531 and 541) with a component of Reproduction, Sex and Gender Health;
    - electives in women's health are available in years one through four;
    - a Reproductive Health and Sexuality medical Student interest group;
    - an Assistant Dean for Equity, Diversity and Inclusion, Lisa Purdy; and
    - a Reproductive Medicine and Urology block in second year.

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