

Georgetown iGIANT® Round table Synopsis: March 7, 2019

Peer through the gender/sex lens to envision innovative solutions to improve personal safety and quality of life for men and women.

A special thanks to our Partners:

Georgetown School of Medicine Office of Diversity and Inclusion,

Georgetown School of Medicine American Medical Women's Society (AMWA) and American Women Surgeons chapters,

Georgetown Women in Science and Education (WISE),*

Georgetown Women in Medicine (GWIM)*

**generously provided funding for light dinner provided*

Examples/shared experiences of GAPS where gender/sex innovation solutions are needed

- Difficulty finding women's shoes without heels that would be professional, functional and comfortable to wear on the wards
- Scrubs (required to use) are too big and pose a safety issue for medical professional and patient if rolled to fit, unrolls
- EMT uniform does not fit (belt wrapped around many times), so heavy -> designated too expensive to change so this issue was pushed off
- See Her Work: <https://seeherwork.com/>
- Height may dictate what specialty could go into – stool needed in the OR to see over operating table
- Spanks could be harnessed for shape shifting in transgender patients -> more cost effective and possibly improved QoL using tapes/adhesives rather than binding
- Education – women enter and sustained in the field, 17 male to 3 female ratio top tier Google executives
- Micro inequalities can be low cost to address and fix; leaders can be advocates
- Difference between ***benign neglect*** and ***malignant intention***
- Attention Deficit Disorder (ADD) diagnosis – presents differently in M/W - medical education does not cover how ADD presents in W and should be added just as we learned how heart attacks often present differently in M/W
- Sex gender approach to burn out and sleep
- Resources we use as medical students, ie UWORLD are not inclusive in how questions are asked
- 3 times pub med research articles on ED compared to PCOS
 - Issue compounded by variations in how women describe pain
- Opioid epidemic -> M/W metabolize these drugs differently
 - Incorporated into strategy how to fight this epidemic and address addiction in these patients
- Salary compensation – today this is a policy issue – women enter areas in medicine and whether they stay is reflected in burn out rates and linked to leadership present
- AAMC and HHS publish salary data – leadership could use as resource
- **Strategy in addressing these issues - so what? Space design example** of redesigning the cockpit so women can better drive and decrease ophthalmic intracranial pressure side effects and offer reproductive/fertility options to male and female astronauts
 - **ENGAGE dominant group and their interests in discussion to achieve desired outcomes**

Calls to Action

- Awareness (need to engage people) -> many have same problems
- Fix the scrub issue (more than just S, M, L) – looking at M/W, implement engaging designs for safe, effective scrubs
- Biases strategy thru coaches, engage other/dominant group
- Talk to psych lectures, slide or 2 how ADD presents in F and add a line in first aid
- Knee injury in tall young F – doctors report as common occurrence but why not more research/more known about effective care? Bring it up to surgeon – impact QoL and safety
- Implement bulk order female white coat option for better fit, function & performance
- Contact UWorld to address biased questions and partner with Duke medical students
- Starting conversation, educate/spread awareness, talk to Dr. M to investigate burn out at Georgetown through sex/gender lens to improve physician & medical student well being
- Previously considered gender lens but not applied to technology/development – continue this mindset now, educate, and build awareness in treating patients in atypical presentation and patients treatment protocols
- Continue to think about it, be engaged, connect companies
- Often get told that's the way it is, and thus just how it's going to continue to be so step up in pushing back in this attitude
- Adapt new technologies and empower changes onto the wards, my opinion matters and this session has fostered awareness of these gaps
- In multiple small changes we can slowly change the big picture, get data to back it up and will change – often not very expensive
- Different heights/gender -> safety issue. Cater to other side for safety argument and overcome the “well that's how we have always done it, why change now” attitude
- Host another round table in the fall