

Background

Identification of sex and gender identity is the first step to inclusive care for sex and gender minorities, and studies have shown that health care providers may make heteronormative assumptions about sex and gender.

Implemented in 2007, the Jefferson Health Mentors Program (JHMP) involves first- and second-year students from couple and family therapy, human genetics and genetic counseling, medical laboratory sciences, medicine, nursing, occupational therapy, pharmacy, physical therapy, and physician assistant studies. In the first assignment, 140 student teams complete a comprehensive questionnaire, the Individual Life and Wellness History with their Health Mentor. Health Mentors live with one or more chronic conditions and range in age from 27 to 95 years old, with the majority over age 50.

Interprofessional education where students learn from, with, and about each other is an ideal place for students to be exposed to the sex and gender two-step question.

Objective

To describe our experience with 713 students involved in the JHMP asking the two-step sex and gender question

Methods

In Fall 2018, the two-step sex and gender question was added to the questionnaire.

The module evaluation included both a quantitative and a qualitative inquiry.

Quantitative Question: *“The visit with the Health Mentor and completion of the Individual Life and Wellness History with my team allowed me to identify my Health Mentor’s biological sex and gender identity”*

Qualitative Question: *“Please offer comments about the questions regarding biological sex, gender identity, and pronouns”*

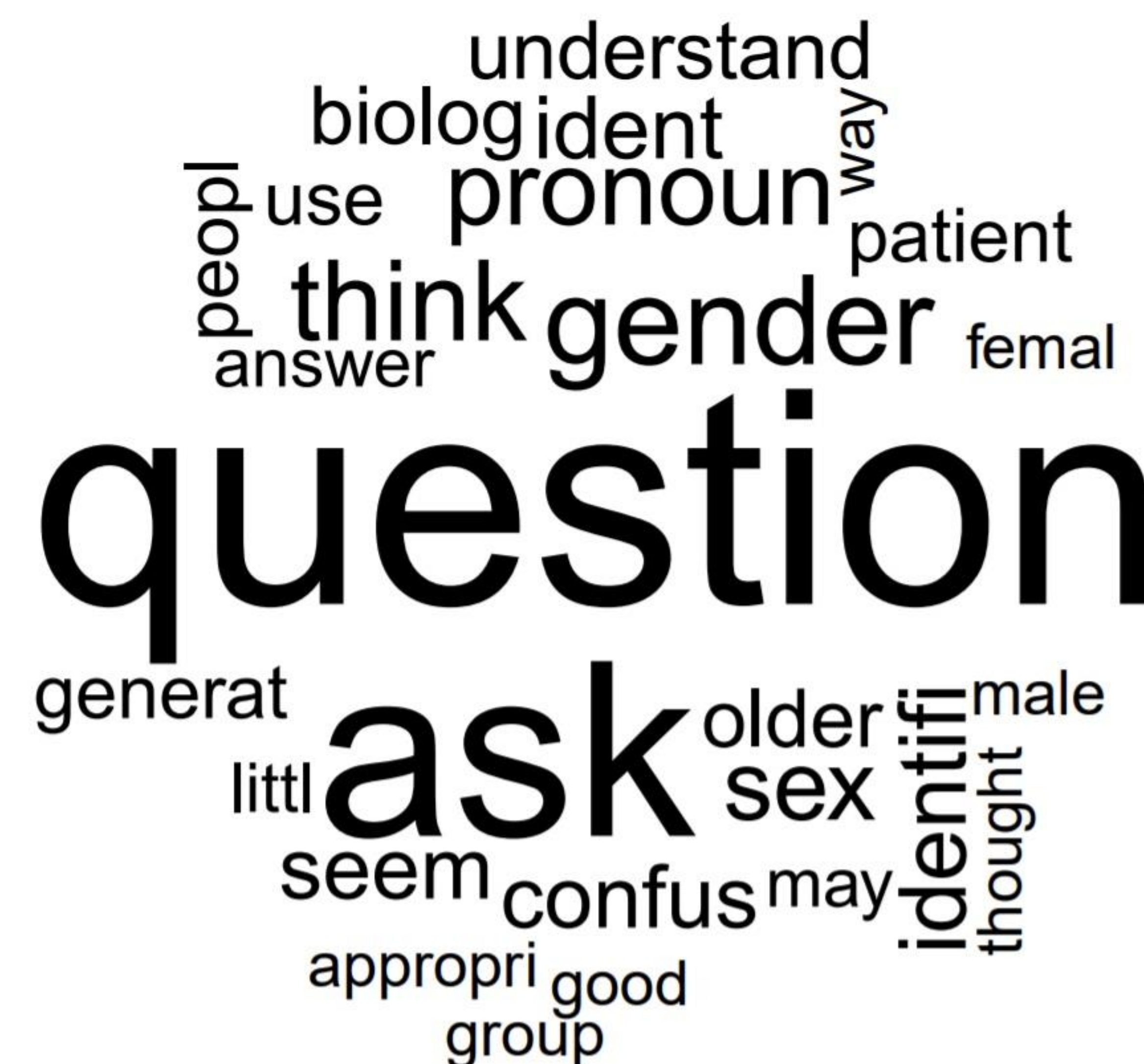


Figure 1: Word Cloud showing the frequency of words used by students in responses

Common Themes

1. Student appreciation of the importance of the questions
2. Confusion of the Health Mentors with the questions
3. Student perception of generational differences
4. Student teams having no issues with the questions.

Quantitative Responses

93.5% of students agreed or strongly agreed with the quantitative question.

Conclusions

- Health Mentors were perceived to be confused in regards to the questions or perceived to not understand the questions due to generational differences.
- No Health Mentors dropped out of the program after the first assignment, due to being offended.

More investigation is needed to understand the experience of the Health Mentors in hearing the questions and the students in asking the questions. Interprofessional education can provide a venue for normalizing the two-step sex and gender question