

# Core curriculum

## Reference document for Sex and Gender integration in the Swiss medical curriculum

Working group of the project Sex and  
Gender integration in the Swiss Medical  
Curriculum

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## Introduction

This document is the result of an extensive process of reflection and collaboration. Professionals from all Swiss medical faculties as well as from health institutions of higher education participated in the conceptualization and writing of the core curriculum.

Integration of sex and gender in medical education is a major challenge, and this document was designed to support and assist the process. The work was carried out as part of the project “Sex and Gender Integration in the Swiss medical curriculum project” (S&G Integration), supported by a grant from swissuniversities<sup>1</sup>. It involved eight medical schools and one nursing school, in order to allow for the integration of the sex and gender dimension in the most transversal way possible.

The aim of this document is to provide a reference for the teaching of sex and gender in the different universities and institutions in Switzerland in a coordinated and unified manner. It provides a list of courses that should be offered to all students to enable the integration of sex and gender throughout the curriculum in a relevant manner. In addition, other courses may be offered depending on the focus of each individual institution. Recommendations were developed in line with the Principal Objectives and Framework for Integrated Learning and Education in Switzerland (PROFILES), the learning objectives for medical students and are therefore linked to a learning framework.

The recommendations advocate a coordinated approach, aiming for the same objectives, while taking into account the context, the means and the academic freedom of each university. They reflect a consensus among the different universities in order to share a common denominator.

The currently available resources vary greatly from one university to another. The Swiss medical schools and nursing schools are at different stages of gender integration and everywhere work is ongoing. While this makes a coordinated integration of sex and gender education within the medical curriculum more challenging, it harbors the spirit of sharing and collaboration rather than the implementation of ready-made individual solutions. This document represents an important step in the project. It is complemented by an internet platform ([www.gems-platform.ch](http://www.gems-platform.ch)) which hosts course materials made available by the teachers and allows for concrete and effective collaboration.

The work involved in putting together this document, as well as the actual document itself allow for further improvement in an already high quality education. Moreover, the strong and durable links that have been created between members of the different institutions lay down the path for future collaborations.

We would like to thank all contributors to this document for their time and effort and for the constructive and pleasant atmosphere! They are listed in Annex 1.

Special thanks to all the students who took the time to review the document and comment on the proposals. Their support confirmed the usefulness of such work.

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<sup>1</sup> Swissuniversities grant in the frame of the P-7 call for project 2021-2024: Diversity, inclusion and opportunities (equity) in the development of higher education.

## Objectives

The core curriculum for Sex and Gender Integration takes place within the framework of a project sponsored by swissuniversities<sup>2</sup>: Sex and Gender integration in the Swiss medical curriculum (S&G Integration), which includes approaching the topic from different angles. Putting together a core curriculum occupies an important place. The other angles of approach are: the development of an IT platform in order to promote the sharing of teaching materials between universities ([www.gems-platform.ch](http://www.gems-platform.ch)); the involvement of partners at each institution (deanery, faculty, teachers, students) to support and disseminate the project; adequate communication with health professionals, politicians and the general population to increase their awareness of the topic; regular evaluation of the progress of the project.

The objectives of the core curriculum are defined as follows:

- Identify and agree on a common core definition of S&G and gender medicine and integrate these into the medical education
- Develop concepts on how to integrate S&G transversally into all existing disciplines as well as via S&G-specific modules, as well as within exams and bachelor/master theses
- Develop recommendations for pedagogic formats to be used for these objectives
- Create, combine and share the core curriculum and materials for S&G integration
- Define quality criteria and a quality control board who will be responsible for regular updates
- Define the evaluation process of S&G content
- Elaborate a set of teaching priorities on gender integration and intersectionality (based on the PROFILES<sup>3</sup> recommendations) to be integrated in the medical curriculum of all Swiss universities

## Core curriculum

Below is a summary of the content and the suggested structure as defined by the working groups, followed by a more complete description of the courses. For each course, the PROFILES objectives to which it refers are listed. The wording has been taken as it is, in order to have a common frame of reference, although in some cases it would be appropriate to revise it as it dates from 2017.

Title of the course	Year	Nr periods (45 min)	Format	Status
Introduction to sex and gender	1	2	Lecture	Mandatory
Sexual and Reproductive health	3	2	Lecture or small groups	Mandatory
Sex and gender in pharmacology	3	1	Lecture	Mandatory
Prevention of sexism and sexual harassment	3	2	Forum-theatre, videos, role plays, interactions to enable discussion of real cases with theoretical inputs	Mandatory
Sexual orientation, gender identity, gender expression and sex characteristics (SOGIESC) diversity and health	4	2	Lecture and seminar	Mandatory
Sex and gender in specific diseases and clinical situations	3 and 4	2	Lecture and seminar	Mandatory
Sex and gender biases, stereotypes and discrimination	4-5	2	Integrated expert-guided discussion around clinical cases with theoretical inputs	Mandatory
Sex and gender integration in research	3 or 4	1	Integrated into regular methods courses for bachelor and master theses	Mandatory
Career planning/Mentoring	4, 5, 6	2	Lecture and workshop	Optional

<sup>2</sup> Swissuniversities grant in the frame of the P-7 call for project 2021-2024: Diversity, inclusion and opportunities (equity) in the development of higher education.

<sup>3</sup> Principal Objectives and Framework for Integrated Learning and Education in Switzerland ([PROFILES](#))

## INTRODUCTION TO SEX AND GENDER

### DESCRIPTION OF CONTENT

- Definition of the concepts of sex and gender:
  - Definition of Sex and Gender
    - Description of sex characteristics (SC): e.g. genes, hormones
    - Description of gender dimensions: individual (GIE – gender identity and gender expression), relational and structural
  - Genetic, epigenetic and hormonal basis for sex and gender differences in disease manifestations and outcomes; including cellular and organ level
  - Sociocultural basis for sex and gender differences in disease
  - Inclusion of sex and gender in an intersectional perspective: interactions of sex and gender with other dimensions such as sexual orientation (SO), class, ethnicity, age, religion, ability
- Introduction to the concept of sex and gender differences with examples: life expectancy, cardiovascular disease, COVID, diabetes, the immune system, and other diseases and pharmacotherapy
- Impact of sex and gender on health care
- Definition and illustration of the interaction of sex and gender

### LEARNING OBJECTIVES

1. To know the main characteristics of a sex and gender perspective in medical practice
2. To know how to define the concepts of sex and gender
3. To understand how sex and gender interact and how they can influence health and healthcare, in an intersectional perspective
4. Being able to list some S&G differences in frequent diseases and at cellular level,
5. Being able to describe the role of genes, hormones and sociocultural aspects in development of S&G differences.

### LINK TO PROFILES OBJECTIVES

- ❖ GO 1.17 develop a critical awareness of common stereotypes that might bias clinical activities, related to factors such as age, gender, ethnicity, culture and representations
- ❖ GO 1.18 identify the impact on health of sex (i.e. biological difference related to sexual determination), and gender (cultural and social differences between men and women in terms of roles and expectations). Address these issues in medical activities
- ❖ GO 2.4 deal effectively with diverse groups of patients such as children, adolescents and seniors; men, women and people with other gender identities (e.g. transgender); and patients with different cultural backgrounds and languages
- ❖ EPA 1.6; 3.1; 6c; 7.4

GRADE	NUMBER OF PERIODS	PEDAGOGICAL FORMATS	STATUS
Year 1	2 x 45 min	Lectures	Mandatory

## SEXUAL AND REPRODUCTIVE HEALTH

### DESCRIPTION OF CONTENT

- Embryology & anatomy of sexual organs with a focus on the variations of sex development
- Physiology and variation of sexual hormones including awareness of overlapping spectrum between sexes
- Physiological, social and cultural aspects of reproduction from a life course and sex/gender perspective
- Sexually transmitted infections: gender and sexuality-related risk factors and aspects of stigmatisation
- Social/gender-related aspects of (in-)fertility diagnostics and respective treatment
- Female genital cutting
- Reproductive situations taking into account the diversity of sexual orientations, gender identities, and sex characteristics
- Sex and gender aspects of family planning
- Sex and gender-related specificities of menopause and andropause

### LEARNING OBJECTIVES

1. Being able to describe sexual organs and their function in every gender including variations of sexual development
2. Describe physiology and variation of sex hormones and being aware of the overlapping spectrum between sexes
3. Describe the physiological, social and cultural aspects of reproduction from a life course and sex/gender perspective
4. Describe the gender- and sexuality-related risk factors and aspects of stigmatisation related to sexually transmitted infections
5. Be aware of social/gender-related aspects of (in-)fertility diagnostics and respective treatment
6. Describe the gendered social, cultural and medical aspects of female genital cutting
7. Knowing how to do a sexual anamnesis taking into account the diversity of sexual orientations, gender identities, and sex characteristics
8. Awareness of gendered expectations related to contraception
9. Describe the sex and gender-related specificities of menopause and andropause

### LINK TO PROFILES OBJECTIVES

- ❖ GO 1.1 describe and integrate the structures and underlying mechanisms governing the function of the human body, from molecular to organ level
- ❖ GO 2.8 assist patients in the adoption of health promoting habits and provide effective counselling in the use of personal data obtained through screening procedures, imaging, serologic or genetic findings (precision / prediction medicine)
- ❖ EPA 1.13, 1f, 2y, 2z, 2aa, 2bb, 2cc, 2hh, 2ll, 4.4, 5r
- ❖ SSP 62, 72, 182, 235, 237, 253

GRADE	NUMBER OF PERIODS	PEDAGOGICAL FORMATS	STATUS
3 (taught in reproductive health courses)	2	Lectures on social/cultural/gender determinants of reproductive health; most topics should be integrated in existing teaching on physiology and pathology of reproduction	Mandatory

## SEX AND GENDER IN PHARMACOLOGY

### DESCRIPTION OF CONTENT

- Mechanisms for sex and gender differences in pharmacology
- Sex differences in pharmacokinetics based on drug absorption, drug metabolism, cytochrome p450 system, excretion; interaction with sex hormones
- Sex differences in pharmacodynamics based on examples from cardiovascular drugs, anti-diabetics, anti-inflammatory drugs
- Sex and gender differences in drug effects and adverse effects
- Role of sex and gender in drug development, approval, testing, prescription, adherence

### LEARNING OBJECTIVES

1. Being able to list sex differences in pharmacokinetics
2. Being able to explain sex differences in pharmacodynamics based on examples
3. Being able to explain and to give examples for the role of sex and gender in drug development, in drug use and drug effects

### LINK TO PROFILES OBJECTIVES

- ❖ GO 1.18 identify the impact on health of sex (i.e. biological difference related to sexual determination), and gender (cultural and social differences between men and women in terms of roles and expectations). Address these issues in medical activities
- ❖ EPA 7.4: Take into account the patient's specific profile and situation, such as gender, age, culture, religion, beliefs and health literacy; take into account the vulnerability of specific groups such as immigrants, patients with low socioeconomic status, adolescents

GRADE	NUMBER OF PERIODS	PEDAGOGICAL FORMATS	STATUS
3	1	Lecture	Mandatory

## PREVENTION OF SEXISM AND SEXUAL HARASSMENT

### DESCRIPTION OF CONTENT

- Role plays on situations of sexism / sexual harassment, and harassment linked to sexual orientation and gender diversity
- Debriefing/discussion on these situations (what can be done individually and collectively)
- Definitions of sexism, sexual harassment and gender-based discrimination across the spectrum of SOGIESC diversities and systemic dynamics
- Definition of the legal framework in Switzerland
- Description of the positions of institutions (University, hospital/institution), and existing provisions
- Presentation of the available support instances (students' association, psychological support, denunciation bodies, etc.)

### LEARNING OBJECTIVES

1. Identify problematic situations (decode/deconstruct) and understand the legal and institutional framework (zero tolerance) and the impact on health.
2. Understand how to act in case of a problematic situation both as a target and as a witness (know what to do)
3. Know where to go in case of a problematic situation - both as a target and as a witness
4. Prevent the perpetration of sexism, sexual harassment and harassment linked to sexual orientation and gender diversity

### LINK TO PROFILES OBJECTIVES

- ❖ GO 3.1 Optimize health care delivery in identifying and understanding the roles and responsibilities of individuals such as physicians from other disciplines, nurses, pharmacists, physiotherapists, psychologists, dieticians, social workers, religious ministers and, when appropriate, the patient him/herself
- ❖ GO 3.2 Communicate with respect for and appreciation of team members, and include them in all relevant interactions; establish and maintain a climate of mutual respect, dignity, integrity and trust
- ❖ GO 3.3 Participate in team building strategies and conflict resolution approaches based on the model of inter professional education and practice; define overlapping and shared responsibilities between colleagues from all healthcare professions as required
- ❖ GO 7.8 Recognize and respond appropriately to unprofessional and unethical behaviour by physicians and other health care professionals.
- ❖ EPA 1.13

GRADE	NUMBER OF PERIODS	PEDAGOGICAL FORMATS	STATUS
3	2	Forum-theatre, use of videos, role plays, interactions (to enable discussion of 'real' cases), with theoretical inputs	Mandatory



## SEXUAL ORIENTATION, GENDER IDENTITY, GENDER EXPRESSION AND SEX CHARACTERISTICS (SOGIESC) DIVERSITY AND HEALTH

### DESCRIPTION OF CONTENT

- Definition of sexual orientation, gender identity, gender expression and sex characteristics (SOGIESC)
- The « diversity of SOGIESC approach » versus the LGBTI categorisation
- Social determinants of health inequities among people with diverse SOGIESC<sup>4</sup>
- Main health challenges among people with diverse SOGIESC
- Inclusive and affirmative attitude and language in health care
- Gender-affirming treatments, effects and adverse effects

### LEARNING OBJECTIVES

1. Understand the universal diversity and fluidity of SOGIESC
2. Be aware of the health inequalities faced by people with diverse SOGIESC and the impact of stigma and discrimination on their health and access to care
3. Be aware of the heterosexual, cisgender and dimorphic assumptions and know how to avoid them during consultations
4. Be aware of health care, prevention and health promotion measures relevant to people with diverse SOGIESC
5. Understand the basis of gender affirming treatments and the related adverse effects
6. Identify useful community resources and understand their role in the care of people with diverse SOGIESC

### LINK TO PROFILES OBJECTIVES

- ❖ GO 1.17 develop a critical awareness of common stereotypes that might bias clinical activities, related to factors such as age, gender, ethnicity, culture and representations.
- ❖ GO 2.4 Deal effectively with diverse groups of patients such as children, adolescents and seniors; men, women and people with other gender identities (e.g. transgender); and patients with different cultural backgrounds and languages
- ❖ EPAs: 1.2; 1.3; 1.6; 1.8; 1.10; 1.12; 1.13; 1f; 7.4; 7.7
- ❖ SSPs: 62; 72; 122; 129; 130; 185; 223; 233; 234; 235; 236; 237; 240; 241; 253; 265

GRADE	NUMBER OF PERIODS	PEDAGOGICAL FORMATS	STATUS
3 or 4	2	Lectures and seminars	Mandatory

<sup>4</sup> People with one or more SOGIESC characteristics placing them outside culturally mainstream categories

## SEX AND GENDER IN SPECIFIC DISEASES AND CLINICAL SITUATIONS

### DESCRIPTION OF CONTENT

- Differentiation of biological and sociocultural effects in specific frequent diseases, for example cardiovascular, neurological, orthopaedic, psychiatric, rheumatic, infectious diseases and cancer and pain management
- Illustrate sex and gender stereotypes influencing care seeking and the clinical management of specific diseases, including SOGIESC stereotypes
- Analysis of case studies for sex and gender related effects

### LEARNING OBJECTIVES

1. Recognize and differentiate the influence of sex and gender in clinical situations
2. Explain sex and gender related aspects in frequent diseases, for example cardiovascular, neurological, orthopaedic, psychiatric, rheumatic, infectious diseases and cancer and pain management
3. Identify and prevent sex, gender and SOGIESC bias in the management of clinical situations

### LINK TO PROFILES OBJECTIVES

- ❖ GO 1.17 develop a critical awareness of common stereotypes that might bias clinical activities, related to factors such as age, gender, ethnicity, culture and representations
- ❖ GO 1.18 identify the impact on health of sex (i.e. biological difference related to sexual determination), and gender (cultural and social differences between men and women in terms of roles and expectations). Address these issues in medical activities
- ❖ GO 2.4 deal effectively with diverse groups of patients such as children, adolescents and seniors; men, women and people with other gender identities (e.g. transgender); and patients with different cultural backgrounds and languages

GRADE	NUMBER OF PERIODS	PEDAGOGICAL FORMATS	STATUS
3 and or 4	2	Lecture and seminars	Mandatory

## SEX AND GENDER BIAS, STEREOTYPES AND DISCRIMINATION

### DESCRIPTION OF CONTENT

- Define the notions of implicit bias, stereotypes, prejudice and discrimination
- Understand how these phenomena impact health and clinical practice
- Introduce the notion of “reflexivity” and “positionality” and describe how a reflexive approach can be used to identify, understand and minimize implicit gender biases in an intersectional perspective (e.g. class, ethnicity, SOGIESC)
- Apply a reflexive approach in clinical practice: integrated collective and/or individual reflexion, guided by an experienced teacher, on existing or potential biases in the management of real clinical cases (along the different steps of clinical reasoning), and discuss ways to mitigate such bias and their consequences for patients.

### LEARNING OBJECTIVES

1. Define the concepts of gender and gender bias, stereotype, prejudice, discrimination, and privilege
2. Understand the impact of gender bias on clinical practice and quality of care in an intersectional perspective
3. Understand the impact on individual’s health of stereotype, prejudice and discrimination
4. Detect the discrimination a patient may be experiencing and introduce the topic of self-stigmatization
5. Reflect on one’s own privileges and how they impact social interaction (“positionality”)
6. Develop strategies to better identify bias and stereotypes and to minimize their impact on patient care (“reflexivity”)

### LINK TO PROFILES OBJECTIVES

- ❖ GO 7.1 display integrity, honesty, commitment, empathy and accountability in taking care of patients and communicating with families and colleagues
- ❖ GO 7.5 recognize that the patient’s wishes and preferences are central for medical decision-making (“shared decision-making”)
- ❖ EPA 9.3
- ❖ SSP 234; 265

GRADE	NUMBER OF PERIOD	PEDAGOGICAL FORMATS	STATUS
4-5	2	Integrated expert-guided discussions in clinical case restitutions (with theoretical inputs)	Mandatory

## SEX AND GENDER INTEGRATION IN RESEARCH

### DESCRIPTION OF CONTENT

- Integration of sex and gender analyses in courses and requirements for research projects conducted by students (bachelor thesis, master thesis):
  - Inclusion of sex and gender dimensions (provide disaggregated data by sex and gender) – in an intersectional perspective (e.g. considering ethnicity, race, class, sexual orientation, religion, disability,...) – in methodological courses for the preparation of BMed and MMed theses, including teaching/requirements materials
  - Sensitization of tutors/supervisors on the need to include sex and gender in health research
  - Integration of sex and gender dimensions as a requirement for the evaluation of BMed and MMed theses, based on the SAGER Guidelines<sup>5</sup>. Research projects should mention sex and gender aspects in the introduction, methods, analysis of results, and discussion. If sex and/or gender are not relevant within the topic, it should be briefly specified why

### LEARNING OBJECTIVES

1. To be able to critically read scientific articles and assess evidence, considering sex and gender effects in relation to other dimensions (intersectionality)
2. To be able to include sex and gender in Bachelor and Master theses

### LINK TO PROFILES OBJECTIVES

- ❖ GO 6.2 apply principles of critical appraisal of sources to the best available evidence-based medical information. Identify ethical principles that apply to basic and clinical research
- ❖ GO 6.5 identify and develop a research question or hypothesis, work out a procedure to address the issue, analyse and synthesize the results, and publish these as a scientific report or article. Effectively present medical information based on scientific evidence

GRADE	NUMBER OF PERIODS	PEDAGOGICAL FORMATS	STATUS
From 3 or 4 depending on faculty programs	1	Integrated into regular methods courses, from first research projects to specific methods courses for bachelor and master theses	Mandatory

<sup>5</sup> Heidari S., Babor T.F., De Castro P. et al. Sex and Gender Equity in Research: rationale for the SAGER guidelines and recommended use. Res Integr Peer Rev 1, 2 (2016). <https://doi.org/10.1186/s41073-016-0007-6>

## CAREER PLANNING / MENTORING

### DESCRIPTION OF CONTENT

- Presentation of typical career pathways in various medical specialities
- Describe gender repartition in function of hierarchical (vertical discrimination) level and speciality (horizontal discrimination)
- Present gender bias that could influence specialities or career choices

### LEARNING OBJECTIVES

1. To identify career choices early and plan for future training and activity
2. To raise awareness of the benefits of mentoring: to provide career counselling, develop professionalism, increase students' interest in research, and support them in their personal growth

### LINK TO PROFILES OBJECTIVES

- ❖ GO 7.10 anticipate career choices and plan their own future training and activity

GRADE	NUMBER OF PERIODS	PEDAGOGICAL FORMATS	STATUS
Master years (1st, 2nd, 3rd)	2 (ideally one in M1, another in M3)	Lecture and workshop	Optional

## Definitions

### **Sex** [Canadian Institutes of Health Research<sup>6</sup>](#)

Sex refers to a set of biological attributes in humans and animals. It is primarily associated with physical and physiological features including chromosomes, gene expression, hormone levels and function, and reproductive/sexual anatomy. Sex is usually categorized as female or male but there is variation in the biological attributes that comprise sex and how those attributes are expressed.

### **Gender** [Canadian Institutes of Health Research<sup>6</sup>](#)

Gender refers to the socially constructed roles, behaviors, expressions and identities of girls, women, boys, men, and gender diverse people. It influences how people perceive themselves and each other, how they act and interact, and the distribution of power and resources in society. Gender is usually conceptualized as a binary (girl/woman and boy/man) yet there is considerable diversity in how individuals and groups understand, experience, and express gender.

### **Gender dimensions**

Depending on sources, gender as a concept can be described as having three or four dimensions. Four dimensions usually encompass gender identity, gender relations, gender roles or norms and institutional gender.

When described with three dimensions<sup>7</sup>, the last two dimensions situated at a structural level are combined (i.e. gender roles or norms and institutional gender). Three dimensions separate the **individual** level, the **interactional** (relational) level and the **structural** (norms and institutions) level.

**Individual level** (or micro level): gender is internalized through the construction of selves and identity. Individuals develop a deeply held inner feeling of their own gender (gender identity). They can choose to express it or another gender through their behavior, manner and appearance along feminine, masculine or non-binary traits (gender expression).

**Interactional level** (or meso level): it is about interpersonal interactions in various contexts (e.g., couple, workplace, group) that are subject to gendered social norms, with women and men facing different cultural expectations, which limit their choices and actions. Even in a similar social position, women and men are expected to behave differently. For example, the "good parenting norm" does not have the same effect on women and men, because society expects different things from a mother and a father.

**Institutional level** (or macro level): it is about gender-specific regulations, laws and organizational practices regarding the distribution of material goods and resources. Indeed, most institutions are not gender-neutral (e.g. the difference between maternity and paternity leave).

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<sup>6</sup> Canadian Institute of Health Research. Definitions of sex and gender. <https://cihr-irsc.gc.ca/e/47830.html>. Accessed on September 29, 2022.

<sup>7</sup> Risman B. J. (2004). Gender as a Social Structure: Theory Wrestling with Activism. *Gender & Society*, 18(4), 429–450. <https://doi.org/10.1177/0891243204265349>

## **SOGIESC**

SOGIESC is an acronym for sexual orientation (SO), gender identity and gender expression (GIE) and sex characteristics (SC). Unlike the more rigid and labeling LGBTI categorization, the « SOGIESC diversity » concept encompasses the complex realities of all individuals (see the schematic representation below)<sup>8,9</sup>. Some subgroups within the SOGIESC diversity are exposed to stigma and discrimination because they depart from restrictive sex and gender norms. This frequently results in specific health care and public health needs.

### **Sexual orientation**

Sexual orientation is a multidimensional concept that refers to the gender(s) to which a person is romantically or sexually attracted. People may be stigmatized or discriminated against because of their sexual orientation and are frequently targeted because they diverge from the gender norm of heterosexuality, or the norm to be masculine for a man and feminine for a woman.

### **Gender identity**

The deep inner feeling of being a man, a woman, in between, or neither. It can be congruent or not with the sex assigned at birth.

### **Gender expression**

The adoption of behaviors, attributes, or roles that are socially defined as feminine, masculine, androgynous, or other (according to the prevailing norms in a given society at a given time). It is therefore fluid and does not necessarily correspond to what is expected based on the person's gender identity or sex assigned at birth.

### **Sex characteristics**

Primary and secondary biological and physiological characteristics, including chromosomal, gonadal, hormonal and genital characteristics that cause a person to be considered medically female, male or with a variation of sex development.

### **Sex assigned at birth**

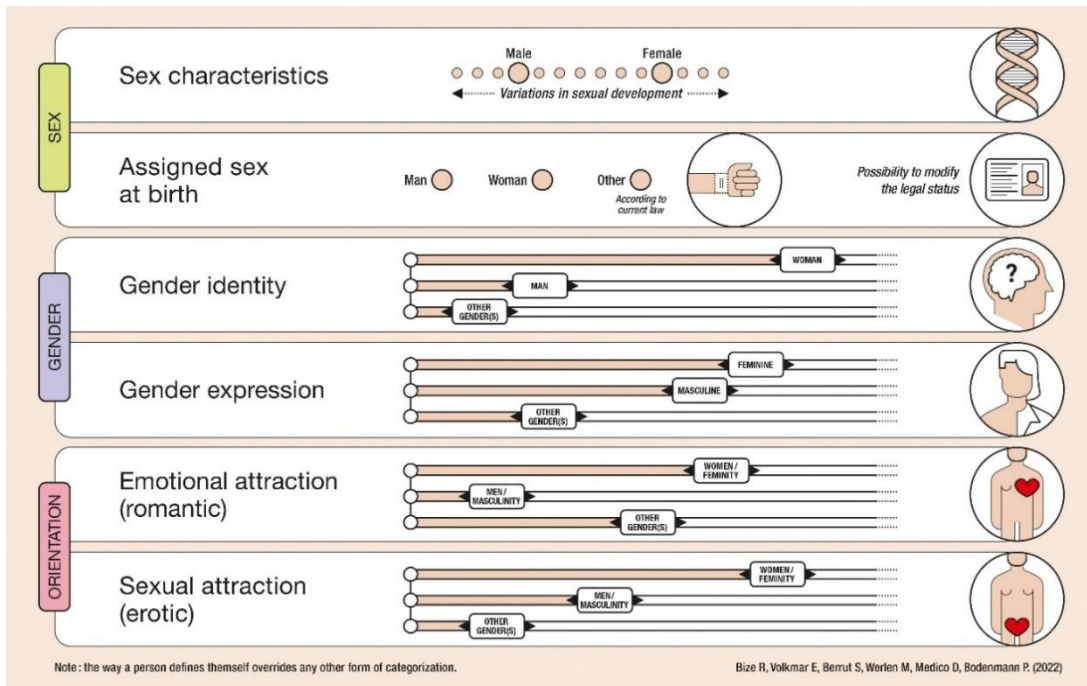
After the sex characteristics have been established at birth (usually based on external genitalia), the child is legally assigned Female or Male at the civil status office within 72 hours. Since 01.01.2022, this assignment can be changed in Switzerland on simple request and without medical requirements to a registrar. Until the age of 16, the parents' consent is mandatory. To date, Switzerland does not have a third option (X for other or undetermined).

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<sup>8</sup> Van Lisdonk J., Schelfhout J., Bilajbegovic A., Bakker B. Sexual and gender diversity in SRHR. Towards inclusive sexual and reproductive health & rights through mainstreaming. ©Rutgers 2018, Utrecht. <https://rutgers.international/wp-content/uploads/2021/09/Knowledge-file-Sexual-and-gender-diversity.pdf>. Pages 9-12, accessed on September 29, 2022.

<sup>9</sup> International Organization for Migration. Full glossary of terms. <https://www.iom.int/sites/g/files/tmzbd1486/files/documents/IOM-SOGIESC-Glossary-of-Terms.pdf>. Accessed on September 29, 2022

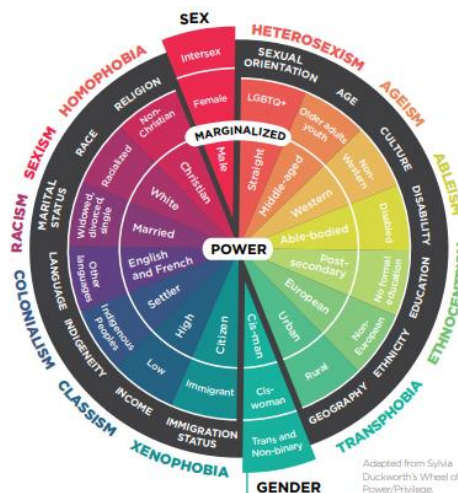
Schematic representation of SOGIESC diversity<sup>10</sup>, with the courtesy of Dr R. Bize, Unisanté, Lausanne



Intersectionality [WHO<sup>11</sup>](#)

Intersectionality builds on, and extends, the understanding of how gender power dynamics interact with other power hierarchies of privilege or disadvantage, resulting in inequality and differential health outcomes for different people. These factors include sex, gender, race, ethnicity, age, class, socioeconomic status, religion, language, geographical location, disability status, migration status, gender identity and sexual orientation.

Wheel of power/privilege<sup>12</sup>



<sup>10</sup> Bize R., Berrut S., Volkmar E., Medico D., Werlen M., Aegerter A., Wahlen R., Bodenmann P. Soins de qualité pour les personnes lesbiennes, gays, bisexuelles, transgenres et intersexuées. In : Bodenmann P., Jackson Y., Wolff H. (Dir.) Vulnérabilités, équité et santé. Chêne-Bourg, RMS éditions / Médecine et Hygiène. 2e édition. 2022, pp. 347-360. ISBN:978-2-88049-512-1.

<sup>11</sup> WHO. Gender and Health. Questions and answers. <https://www.who.int/news-room/questions-and-answers/item/gender-and-health>. Accessed on June 6, 2022.

<sup>12</sup> Sex-Gender-Power-Wheel © 2021 by CIHR, adapted from Sylvia Duckworth, Wheel of Power/Privilege is licensed under [CC BY 4.0](#). Accessed on 28 June 2022.



## Gender Stereotypes [Council of Europe](#)<sup>13</sup>

According to the Council of Europe Gender Equality Strategy 2018-2023, gender stereotypes are preconceived social and cultural patterns or ideas whereby women and men are assigned characteristics and roles determined and limited by their sex. Gender stereotyping presents a serious obstacle to the achievement of real gender equality and feeds into gender discrimination. Such stereotyping can limit the development of the natural talents and abilities of girls and boys, women and men, their educational and professional preferences, and experiences, as well as life opportunities in general. Gender stereotypes both result from and are the cause of deeply engrained attitudes, values, norms, and prejudices. They are used to justify and maintain the historical power relations of men over women, as well as sexist [homophobic and transphobic]<sup>14</sup> attitudes, which are holding back the advancement of gender equality.

### From gender stereotypes to gender discrimination<sup>15</sup>

In a medical consultation, the social and individual representations of health professionals in relation to the gender of patients are unconsciously manifested. Implicit associations are made through an unconscious and uncontrollable process, they are called **stereotypes**. If implicit associations have an influence (positive or negative) on the attitude towards patients, then this is a gender **bias**. If the bias leads to a difference in treatment with negative consequences for patients, then this is **discrimination**.

**Distinction between stereotypes, bias, discrimination**<sup>16</sup> (reproduced with the courtesy of Dr. M. Dominicé Dao)

Concept	Definition
<b>Stereotype</b>	<u>Categorisation</u> concerning the allegedly typical characteristics of members of a social group. This categorization often has a collective character, shared within a social group.
<b>Bias</b>	Positive or negative <u>attitude</u> towards the members of a group. Usually based on one or more stereotypes. Judgement of a person or group without sufficient knowledge.
<b>Discrimination</b>	<u>Action</u> whereby members of a given group are treated differently from the rest of the community on the basis of certain criteria or distinctive features. This discrimination can be positive or negative, direct or indirect, individual, collective or even institutional.

## Gender medicine

Starting in the early years of 21 century, interest in the differences between women's and men's health grew giving rise to the new discipline of gender medicine.<sup>17</sup> Gender-specific medicine was defined as the study of how diseases differ between men and women in terms of prevention, clinical signs,

<sup>13</sup> Council of Europe. Gender Equity Glossary. March 2016. Revised January 2022. <https://rm.coe.int/council-of-europe-gender-equality-glossary-bilingual-march-20216-updat/1680a56775>. Page 12, accessed on June 6, 2022.

<sup>14</sup> Addition by the authors of the core curriculum

<sup>15</sup> FitzGerald C., Hurst S. Implicit bias in healthcare professionals: a systematic review. BMC Med Ethics 18, 19 (2017). <https://doi.org/10.1186/s12910-017-0179-8>

<sup>16</sup> Dominicé Dao M. Préjugés? Pas dans ma pratique! Prim Hosp Care Med Int Gen. 2018;18(14):250-253. doi: 10.4414/phc-f.2018.01767

<sup>17</sup> Legato M.J. Beyond women's health the new discipline of gender-specific medicine. Med Clin North Am. 2003 Sep;87(5):917-37, vii. doi: 10.1016/s0025-7125(03)00063-4.

therapeutic approach, prognosis, psychological and social impact<sup>18</sup>. Gender-specific medicine focuses the attention and efforts of the scientific community on understanding the differences in pathophysiology, clinical signs, prevention and treatment of diseases equally represented in men and women.

The World Health Organization defines gender medicine as the study of how (sex-based) biological and (gender-based) socioeconomic and cultural differences influence an individual's health<sup>19</sup>. This includes interactions of the patients with the health care system and vice versa. Gender medicine addresses these topics in women, men, and gender diverse persons. (Regitz-Zagrosek, Gebhard, Nature RC, 2022, in press).

### **Gender mainstreaming [UNWomen](#)<sup>20</sup>**

Mainstreaming a gender perspective is the process of assessing the implications for women, men [and gender diverse persons]<sup>21</sup> of any planned action, including legislation, policies or programs, in any area and at all levels. It is a strategy for making the concerns and experiences of women as well as of men [and gender diverse persons]<sup>21</sup> an integral part of the design, implementation, monitoring and evaluation of policies and programs in all political, economic and societal spheres, so that women and men [and gender diverse persons] benefit equally, and inequality is not perpetuated. The ultimate goal of mainstreaming is to achieve true gender equality.

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<sup>18</sup> Baggio G., Corsini A., Floreani A., Giannini S. & Zagonel V. Gender medicine: a task for the third millennium. Clin Chem Lab Med 51, 713-727, doi:10.1515/cclm-2012-0849 (2013)

<sup>19</sup> WHO. Gender and Health. <https://www.who.int/health-topics/gender#tab=ta> Accessed on September 5, 2022.

<sup>20</sup> United Nation Women. Gender mainstreaming. Extract from the Report of the economic and social council for 1997 (A/52/3, 18 September 1997). <https://www.un.org/womenwatch/daw/csw/GMS.PDF> Page 2, accessed on 22 June 2022.

<sup>21</sup> Addition by the authors of the core curriculum.

## Principal Relevant Objectives and Framework for Integrated Learning and Education in Switzerland (PROFILES)

The core curriculum was written in the context of the PROFILES, which constitutes the frame of reference for students and includes all Swiss medical universities. Stated in 2017, it outlines the level of expertise that a physician must possess at the beginning of his/her postgraduate training. It was developed by a group of experts from six Swiss medical faculties as well as representatives of other institutions involved in these developments. The foundations of PROFILES are grounded in the evolution of medical practice and public health and are based on up-to-date teaching concepts.

PROFILES relies on three key concepts to describe what is expected of students at the end of their pre-graded course:

### General Objectives (GO)

It describes the [skills expected of physicians](#) to respond effectively to the needs of the patients they care for. It is based on the idea that each doctor exercises seven generic roles in his/her clinical activity: medical expert, communicator, collaborator, leader, health promoter, scholar and professional.

### Entrustable Professional Activities (EPAs)

EPA's consist of [nine generic professional activities](#) that a student must master at a sufficient level of autonomy.

### Situations as starting point (SSPs)

SSPs comprise a list of [265 generic clinical settings](#), which cover the clinical situations, symptoms and common complaints that physician should be able to manage on day one of his/her residency.

As listed below, gender issues are specifically embedded in different parts of the [PROFILES](#) reference document<sup>22</sup>. The pedagogical activities necessary for the development of students' skills are left to the discretion of the medical faculties, which therefore retain great autonomy in defining the content and organization of their curriculum.

#### a) PROFILES objectives related to sex and gender :

GO	1.1	Describe and integrate the structures and underlying mechanisms governing the function of the human body, from molecular to organ level
G.O	1.17	Develop a critical awareness of common stereotypes that might bias clinical activities, related to factors such as age, gender, ethnicity, culture and representations.
GO	1.18	Identify the impact on health of sex (i.e. biological difference related to sexual determination), and gender (cultural and social differences between men and women in terms of roles and expectations). Address these issues in medical activities
GO	2.4	Deal effectively with diverse groups of patients such as children, adolescents and seniors; men, women and people with other gender identities (e.g. transgender); and patients with different cultural backgrounds and languages
GO	2.8	Assist patients in the adoption of health promoting habits and provide effective counselling in the use of personal data obtained through screening procedures, imaging, serologic or genetic findings (precision / prediction medicine)

<sup>22</sup> Michaud P.-A., Jucker-Kupper P., and members of the Profiles working group. PROFILES; Principal Objectives and Framework for Integrated Learning and Education in Switzerland. Bern: Joint Commission of the Swiss Medical Schools; 2017.

GO	7.4	Show awareness of cultural, societal and spiritual/religious issues that impact on the health and delivery of care of individuals and of the community
GO	7.10	Anticipate career choices and plan their own future training and activity
EPA	1.6	Assess gender, social, cultural and other factors that may influence the patient's perception and description of symptoms; demonstrate cultural awareness and humility, and be conscious of the potential for bias in interactions with the patient
EPA	1.13	Recognize situations involving potential self-harm or victimization, such as interpersonal violence, assault
EPA	1f	Take a history of sexual and reproductive health
EPA	2y	Examination of male genitalia
EPA	2z	Rectal examination in male (anus, rectum, prostate gland, sacrum) and female
EPA	2aa	Speculum examination: inspection of vagina and cervix
EPA	2bb	Bimanual examination: vagina, cervix, uterine corpus, ovaries
EPA	2cc	Palpation of breast
EPA	2hh	Assessment of pubertal growth (pubertal stages)
EPA	2ll	Documentation of physical/sexual violence
EPA	3.1	Synthesize essential data from previous records, integrate the information derived from history, meaningful physical and mental symptoms and physical exam; provide initial diagnostic evaluations; take into account the age, gender and psychosocial context of the patient as well as social determinants of health
EPA	4.4	Demonstrate awareness of differences in values and thresholds regarding sex and age in the interpretation of biological test results: use reference values
EPA	5r	Performance and interpretation of a pregnancy test
EPA	7.4	Take into account the patient's specific profile and situation, such as gender, age, culture, religion, beliefs and health literacy; take into account the vulnerability of specific groups such as immigrants, patients with low socioeconomic status, adolescents
SSP	62	Pelvis, urogenital system atypical sexual development
SSP	72	Sexual complaints and dysfunction
SSP	182	Request for abortion
SSP	235	Domestic violence, sexual abuse, rape
SSP	237	Issues regarding sexual orientation
SSP	253	Patient with sexually transmitted infection

b) PROFILES objectives related to diversity and intersectionality:

GO	1.24	Take into account the economic, social and cultural aspects of health maintenance prevention and care at individual and community levels
GO	1.9	Establish a patient-centred, shared management plan and deliver high quality cost-effective preventive and curative care, especially when dealing with a patient who is vulnerable and/or multimorbid (elderly) or who suffers from a terminal illness

GO	3.2	Communicate with respect for and appreciation of team members, and include them in all relevant interactions; establish and maintain a climate of mutual respect, dignity, integrity and trust
GO	4.4	Identify and address the special needs of vulnerable populations, showing awareness of the importance of equity in the delivery of care. They seek collaboration with social services if appropriate
GO	4.8	Identify and engage in opportunities for continuous improvement of the healthcare system, based on a critical understanding of the continuous transformation of medicine and society
GO	5.1	Recognize issues, settings, circumstances, or situations that require advocacy on behalf of patients, professions, or the general population, keeping in mind the structure and function of the healthcare system and insurance coverage of disease, accidents and disability in Switzerland
GO	5.3	Work with a community or population to identify the determinants of health that affect them, how to address them and promote system-level change in a socially accountable manner
GO	6.4	Understand the general theoretical principles of medical and scientific knowledge and show an awareness of its development, its problems and limits
GO	7.8	Recognize and respond appropriately to unprofessional and unethical behaviour by physicians and other health care professionals
EPA	1.1	Obtain a complete and accurate history in an organized fashion, taking into account the patient's expectations, priorities, values, representations and spiritual needs; explore complaints and situations in persons of all ages; adapt to linguistic skills and health literacy; respect confidentiality
EPA	1.2	Explore patient expectations, values and priorities / Use patient-centred, hypothesis-driven interview skills; be attentive to patient's verbal and nonverbal cues, patient/family culture, concepts of illness; check need for interpreting services; approach patients holistically in an empathetic and non-judgmental manner
EPA	3.3	Demonstrate awareness of multimorbidity and atypical presentation of disease, especially in elderly patients

c) Other PROFILES objectives mentioned in the courses listed above

GO	6.2	apply principles of critical appraisal of sources to the best available evidence-based medical information. Identify ethical principles that apply to basic and clinical research
GO	6.5	identify and develop a research question or hypothesis, work out a procedure to address the issue, analyse and synthesize the results, and publish these as a scientific report or article. Effectively present medical information based on scientific evidence
GO	7.1	display integrity, honesty, commitment, empathy and accountability in taking care of patients and communicating with families and colleagues
GO	7.5	recognize that the patient's wishes and preferences are central for medical decision-making ("shared decision-making")
EPA	1.3	Use patient-centred, hypothesis-driven interview skills; be attentive to patient's verbal and nonverbal cues, patient/family culture, concepts of illness; check need for interpreting services; approach patients holistically in an empathetic and non-judgmental manner

EPA	1.8	Review the patient's health behaviour and lifestyle as part of a routine check-up, or as far as possible, and assess the patient's opinions, representations and expectations
EPA	1.10	Explore the patient's use of psychoactive substances
EPA	1.12	Identify issues not mentioned spontaneously by the patient (hidden agenda)
EPA	6c	Acute chest pain
EPA	7.7	Demonstrate an insight into emotional factors that can interfere with patient-doctor communication and their management
EPA	9.3	Admit and disclose one's own errors, reflect on one's contribution and develop an improvement strategy
SSP	78	uterine prolapse, pelvic relaxation
SSP	122	change in mood
SSP	129	self-harm, including suicide
SSP	130	non-medical substance use ("misuse"), addiction e.g. tobacco, alcohol, illegal substances ("controlled medicines"), gambling and gaming
SSP	185	behavioural issues in childhood and adolescence
SSP	223	promotion of healthy life style
SSP	234	concern about appearance, body image
SSP	236	harassing, bullying, mobbing
SSP	240	mental or spiritual suffering
SSP	241	problems related to work conditions, burnout, unemployment, financial problems
SSP	265	vulnerable patient

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## Annex 2 List of institutional supports. Last updated on 15 May 2024.

List of the institutions and names of personalities supporting the reference curriculum and committed to supporting the integration of sex and gender issues in medical education.

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