

Submission Id: 4390

Title

How are chest pain symptoms described in female vs. male patients during clinical teaching of family medicine residents?

Priority 1 (Research Category)

Education and training

Presenters

Shelley Ross, PhD, Zoë Brody

Abstract

Context: Cardiovascular disease is the leading cause of death for female patients. Despite recent clinical practice guidelines about how female patients present with chest pain, many physicians may be misclassifying female patients' symptoms as 'atypical'. This can result in discrepancies in care for female vs male patients and put female patients at risk for poor outcomes. It is crucial to ensure that future family physicians are getting the right teaching about appropriately diagnosing and managing female patients' chest pain. Objective: To examine how chest pain symptoms are discussed during workplace-based clinical teaching in family medicine residency training. Study Design: Secondary data analysis. Database: Archived (July 2010 to June 2022), de-identified electronic narrative workplace-based formative assessment forms (FieldNotes) from a mid-sized Canadian family medicine residency program. FieldNotes can be used as a proxy for workplace-based clinical teaching discussions. Population studied: Family medicine preceptors and residents. Instrument: FieldNotes include a narrative of feedback shared with a resident during a clinical teaching encounter, as well as a brief description of the patient and presentation. Narratives were searched for: 'chest pain', 'heart', 'MI', 'STEMI', 'NSTEMI'. Identified FieldNotes were then further searched for the term 'atypical', and to determine the sex of the patient. Outcome Measures: Numbers of FieldNotes about chest pain; percentage of chest pain FieldNotes where symptoms were described as 'atypical'; comparison of 'atypical' designation by sex of patient. Chi-square goodness of fit tested the assumption that the proportion of 'atypical' assignment was equal across sexes Results: Of all FieldNotes (N = 64942), 677 (1.04%) included narratives about chest pain. Of those FieldNotes, 76 (11.2%) indicated that the symptoms were 'atypical'. 'Atypical' classification varied by patient gender (male = 11; female = 32; unspecified = 33). A significant difference was found for female patients with 'atypical' chest pain ($\chi^2 = 18.24$; $df = 2$; $p = 0.00011$). Expected Outcomes: Chest pain symptoms were more likely to be described as 'atypical' when patients were female. This finding suggests a need for faculty development about approaches to female patients with chest pain that align with best clinical practice. This should lead to improvements in how family medicine residents are taught about chest pain in female patients.