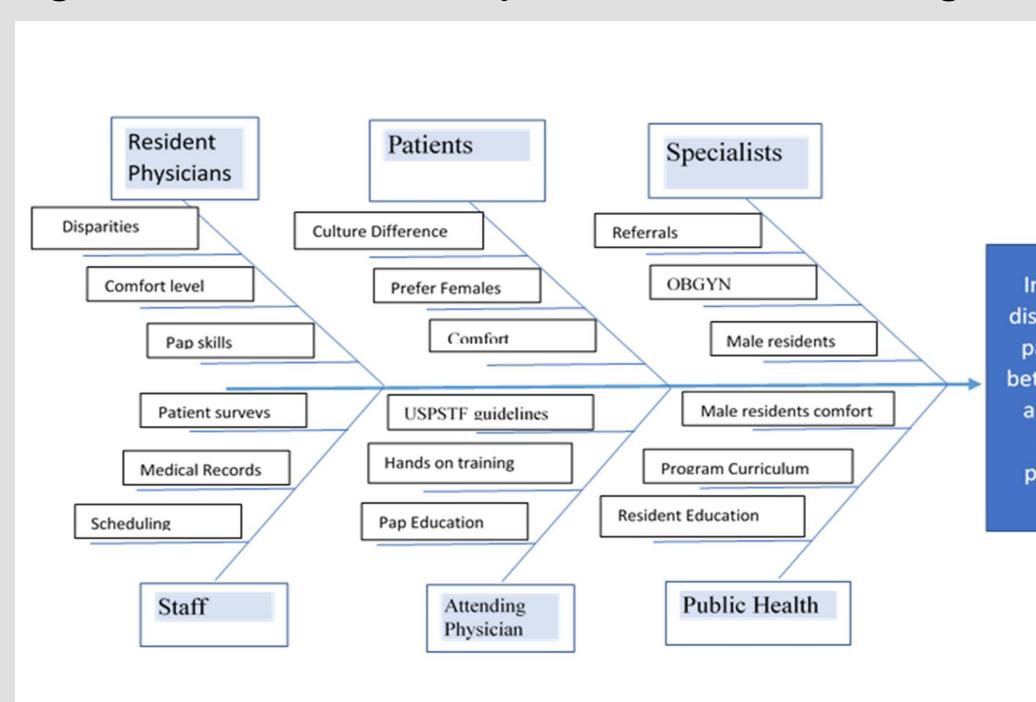


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Introduction

- Cervical cancer is the second most common cancer among women worldwide. If detected early, the 5-year survival rate is 92%.
- Similar to disparities noted in the literature, a review of the electronic medical record at Rochester Academic Family Medicine Center (RAFM) over 1-month revealed females residents completed nearly 4 times as many cervical cancer screenings(pap smears) as male residents.
- Residency is an important time to ensure equity in screening rates to maximize the number of physicians who can competently complete this screening and contribute to increased rates of early cervical cancer detection.

Root Cause Analysis



Cervical Cancer Screening Rate Disparities among Male and Female Residents &

Quality Improvement Objectives

- patients out for pap smears.
- 2) Increase screenings completed by male residents.

<u>Plan</u>

- Intervention: reviewing of pap screening guidelines and simulation of pelvic exam/pap smear using manikins.
- Changes in resident comfort with pap smears assessed pre/post intervention.
- Knowledge of screening guidelines assessed with postintervention quiz

Figure 1. Cause Analysis: Fishbone Diagram

Inequitable distribution of pap smears etween male and female resident physicians.

Do

Fifteen residents (8 males) completed intervention. Intervention delivered by senior residents and attending physician in one

Equitable distribution of pap smear screenings between male and female residents may improve rates of earlier detection of cervical cancer, which can be accomplished by increased training of male residents.

1) Increase self-reported comfort level with completing pap testing among male residents through interactive education and training. Resident comfort measured by self-reported likelihood to refer

PDSA CYCLE

<u>Study</u>

Passing rate for the postintervention quiz was higher for female (100%, n=3) than male (n=5; 71%) residents.

• In the month following intervention, 58% (n=7) of pap smears were completed by female residents and 25% (n=3) were completed by male residents.

30-minute didactic session.

Public Health Implications

Ascension

Hospital

Providence Rochester

<u>Act</u>

Males appeared more comfortable after the intervention because they were less likely to refer out. Education reduced the number of male physicians who would refer to another physician for cervical cancer screenings.

Adopt: Provide regular scheduled educational and hands on training to male residents during residency training.

Adapt: Distribute surveys to RAFM patients to assess reasoning behind physician preference for their pap smears. This information will help determine future directions to increase screenings completed by male residents.