



# Cervical Cancer Screening Rate Disparities Among Male and Female Residents



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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%.
- Sex disparities exist for residents in cervical cancer screening rates at our clinic, with female residents completing 4 times more screenings than males.
- To address this gap, the broad aims of this QI initiative are:
  - 1) to improve training equity amongst our male and female residents
  - 2) to ensure female patients have access to cervical cancer screening, and to help aid in early detection of cervical cancer
- Cycle 1 found education and increasing male resident comfort of performing the pap procedure did not equate to equitable distribution of cervical cancer screening among male and female residents.
- The next phase of our work thus focused on eliciting feedback from female patients on preferences and barriers regarding completing cervical cancer screening with male residents at our clinic.

## PDSA CYCLES

### Cycle 2

- Plan:** questionnaire asking 1) comfort of completing CCS with male vs. female physicians 2) preference for completing CCS with primary care vs. OB/GYN
- Do:** distributed at preventive care visits over 2 weeks
- Study:**
  - More comfortable with female (M=8.6, SD=3.17) vs. male (M=6.3, SD=3.68) residents
  - Higher preference for pap with OB/GYN 46% (n=7) vs. primary care 33% (n=5).
- Act:** Continue cervical cancer screening with both male and female resident physicians. Explore the reason for comfort M vs. F vs. OBGYN.

### Cycle 3

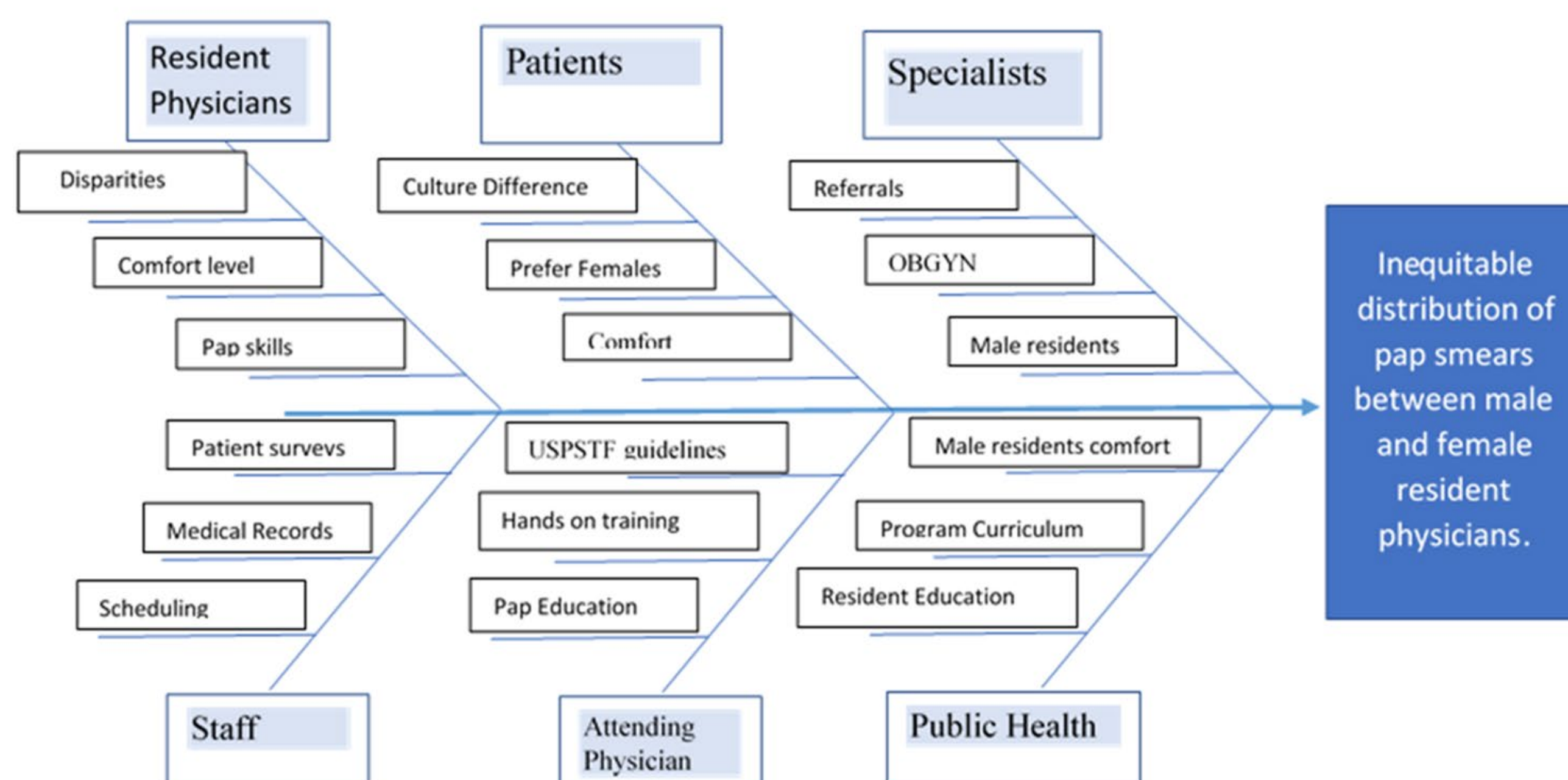
- Plan:** Expanded questionnaire asking 1) reasons for comfort and 2) if aware could complete CCS in primary care
- Do:** distributed during preventive care visits over 2 weeks
- Study:**
  - 32% (n=4) prefer female physician.
  - Top responses for reason for comfort with female residents: increased female understanding of the procedure, sympathy, and embarrassment by male completing the procedure.
  - 64% (n=9) reported they were informed could do paps at preventative visits.
- Act:** There is need to inform patients that they can get their pap smears at time of preventive visits at pcps office.

### Cycle 4

- Plan:** 1) develop educational letter prior to preventive care visit and addressing FAQs about CCS and 2) Post-visit questionnaire to determine if pap completed
- Do:** mailed to patients prior to preventive care visits over three weeks.
- Study:**
  - 50% (n=3) completed CCS at annual visit
  - Reasons for not completing CCS at annual visit: planned f/u w/ OBGYN, planned f/u w/PCP, or did not discuss CCS w/PCP
- Act:** Patient education that screening can be done by PCP and increasing PCP consistency in recommending screening during annual preventative visits

## Root Cause Analysis

Figure 1. Cause Analysis: Fishbone Diagram



## Conclusions

- Patients are comfortable having completing pap smears with the female and OBGYN.
- Increasing patient knowledge that PCPs, including males, can perform pap smears during their annual physicals may lead to more screening and earlier detection.

## Public Health Implications

- Equitable distribution of CCS between male and female residents may improve rates of earlier detection of cervical cancer.
- Further PDSA cycles are necessary to determine how to best accomplish this and may include increasing patient knowledge and comfort with having pap smears at the primary care physician office.