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Enhancing Nursing Education Through LGBTQ+ Inclusive Curriculum

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Nursing education, while rooted in evidence-based practice and scientific knowledge, is routinely informed by societal assumptions and implicit bias. These assumptions and biases are omnipresent in society and are often carried over to nursing didactic and clinical instruction. The routine pathologization of sexual and gender minorities is informed by cis- and heteronormativity, which encourage a social hierarchy that maintains cisgender expression and heterosexuality as the norm and places those with LGBTQ+ identities on the margins. These power dynamics permeate the clinical setting where they establish parameters for health and wellbeing. Deviation from these traditional norms can result in LGBTQ+ patients and their families being misunderstood and made invisible (Rondahl, 2010). When nursing education fails to include representations of the health and wellbeing of LGBTQ+ patients, institutions become complicit in the marginalization of the very members of society who they wish to serve.

Much of the current nursing curricular models emphasize a binary classification of both sex and gender while erroneously conflating sex assigned at birth with gender identity. Historically, nursing education delivers information through a cis- and heteronormative lens to the student learner. The lack of provider preparation to understand diverse sexual and gender identities can result in inadequate health care delivery, lapses in communication and inaccurate assessment of risk factors. Additionally when LGBTQ+ individuals are mentioned in nursing curriculum, they're commonly associated with content on sexually transmitted infections and mental health disorders. This compartmentalization of sexual and gender minorities can sustain harmful assumptions and stereotypes that constrain the LGBTQ+ community into a monolith, only to be defined by their deviation from an established cis- and heteronormative setpoint. It is critical for nurses to receive accurate and evidence based information to improve their social and contextual understanding of LGBTQ+ patients and the impact that present day health disparities have on their physical and emotional wellbeing.

This poster presentation, entitled "Enhancing Nursing Education Through LGBTQ+ Inclusive Curriculum" outlines a process model for integrating content regarding the care of LGBTQ+ communities across the lifespan into nursing curriculum. This specific model was co-created, co-led, and implemented at the Emory University Nell Hodgson Woodruff School of Nursing (NHWSN). In accordance with the NHWSN values of leadership and social responsibility as well as the objectives of Healthy People 2020, student leaders within NHWSN drafted a concept paper outlining the current gaps in the nursing curriculum, which included solutions to remedy these gaps alongside NHWSN leadership. Student nurses and future healthcare providers possess an ethical responsibility to educate themselves on the needs of all patient communities and work towards the elimination of health disparities. Because the vast majority of nursing curriculum includes little or no LGBTQ+ content, curriculum integration is an important first step to ensuring that all people receive quality, equitable healthcare.

The urgent need for curricular integration of LGBTQ+ content in nursing education is made evident by the stark health disparities faced by this population. LGBTQ+ patients encounter unique disparities in the healthcare setting as a result of a historically pathological understanding of their identities and behaviors (National LGBT Health Education Center: A Program of the Fenway Institute, 2012). Currently, LGBTQ+ individuals continue to experience both overt discrimination as well as unconscious bias during interactions with healthcare providers (Association of American Medical Colleges, 2014). The 2015 U.S Transgender Survey (USTS), the largest survey ever to examine the experiences of transgender Americans with 27,715 respondents, shed light on the lack of access to gender-affirming care, discrimination, and outright abuse that transgender individuals experience in the healthcare setting. According to the survey:

"In the year prior to completing the survey, one-third (33%) of those who saw a health care provider had at least one negative experience related to being transgender, such as being verbally harassed or refused treatment because of their gender identity. Additionally, nearly one-quarter (23%) of respondents reported that they did not seek the health care they needed in the year prior to completing the survey due to fear of being mistreated as a transgender person, and 33% did not go to a health care provider when needed because they could not afford it."

These results provide a snapshot of the inequity of our healthcare system and indicate the need for intervention at the educational level in order to equip future providers with the tools to adequately care for this patient population. Equity is one of the six aims put forth by the Institute of Medicine (IOM) in its 2001 report "Crossing the Quality Chasm: A New Health System for the 21st Century" and constitutes a foundational value in both nursing education and health care delivery. In order to meet the aim of providing equitable healthcare, defined as "care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status." (IOM, 2001). Providers must be trained from the start of their education to address the unique and varied needs of all patient populations.

The clear need for curricular integration of LGBTQ+ content in nursing education inspired the writing of a content paper, which outlined the issues stated above and offered opportunities for inclusion across all aspects of the nursing curriculum. This content paper was then presented to NHWSN Deans and leadership in order to implement these changes through the initiation of student-led task force. Curricular integration can be divided into didactic and clinical learning modalities. Didactic information is presented in the classroom lectures and online learning modules where students receive the theoretical knowledge required to care for patients. In their content paper, student leaders at NHWSN emphasized both didactic and clinical-based learning methods were required for students to feel competent providing care for LGBTQ+ patients and their families. Through clinical integration, student nurses actively engage with patients to obtain social and medical histories that will inform their physical evaluation and guide the plan of care. These interactions can be simulated with standardized patients or obtained through clinical rotations at sites that specialize in LGBTQ+ patient care. Didactic teaching methods utilize written and computer-based exams for students to demonstrate their understanding of the theoretical knowledge delivered. Clinical integration methods utilize objective performance measures that outline evaluation criteria such as development of rapport, clinical reasoning skills and the ability to establish a plan of care with the patient. Ideal integration of LGBTQ+ health into nursing curriculum involves both didactic and clinical components of learning. For those wishing to promote LGBTQ+ health care topics, a needs assessment of the current state of curricular content can be an important first step, followed by the curricular mapping of both didactic and clinical content.

The promotion of a more inclusive classroom and clinical environment is not met without challenges. Some of these barriers include reluctance amongst faculty to provide instruction on these topics due to a personal lack of familiarity and expertise. Others have expressed a need to adhere to content that will assuredly be included in licensing examinations. Additionally, it may be difficult for some to justify large curricular changes for the LGBTQ+ population, who they argue, constitute a small minority. An awareness of this resistance is need to successfully promote inclusivity of LGBTQ+ health in nursing education. Nursing education possess immense potential to influence how LGBTQ+ individuals navigate the clinical setting, obtain services and retain agency in achieving their healthcare goals. Ultimately, nursing education must continue to evolve alongside the dynamic nature of patient identities and behaviors. The delivery of equitable, patient-centered healthcare begins with the inclusion of sexual and gender minority health in health professions education as part of a holistic understanding of health and wellbeing.

Title:

Enhancing Nursing Education Through LGBTQ+ Inclusive Curriculum

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Abstract Summary:

Lesbian, gay, bisexual and transgender, and questioning (LGBTQ+) patients face health disparities attributable to systemic discrimination, provider knowledge deficit and unconscious bias. The lack of LGBTQ+ content in health professions education is a barrier to the provision of compassionate patient-centered care, which can be addressed through curricular integration.

Content Outline:

The Need For LGBTQ+ Health in Nursing Education

- Health disparities impacting LGBTQ+ population.
- Lack of provider confidence in addressing LGBTQ+ health care needs.

- Lack of curricular content included across healthcare professions education to prepare future providers to address the needs of this population.
- An explanation of the role of nurses in healthcare delivery for LGBTQ+ patients.
- Utility of a student-faculty task force that prioritizes LGBTQ+ curricular changes.

Didactic Education Integration

- Students develop an understanding of the historical, political and systemic factors that contextualize LGBTQ-related healthcare disparities.
 - Demonstrate awareness of the implicit biases surrounding sexuality and gender identity.
 - Display insight into restrictions of the binary medical model of gender within the current educational framework.
- **Classroom content**
 - **Pediatrics:** Counseling parents regarding gender nonconforming and transgender youth, addressing increased risk for bullying, violence, homelessness and substance misuse among LGBTQ+ youth
 - **Mental Health:** Disparities in both depression and suicide risk in LGBTQ+ patients, particularly transgender individuals. Implications of pathologizing of gender identity within the current mental health model.
 - **Maternity:** Case study scenarios featuring patient populations outside the traditional heteronormative nuclear family as well as the complexities of family Planning and fertility considerations for LGBTQ+ families.
 - **Pharmacology:** Hormone blocking (“puberty blockers”) and hormone replacement therapy (HRT), the use of antiretrovirals to treat HIV as well as pre and post-exposure prophylaxis (PrEP and PEP).
 - **Pathophysiology:** Understanding of normal variations in sex development, sex chromosome aneuploidies, intersex patients
 - **Theoretical framework:** Intersectionality, minority stress theory, heteronormativity, medicalization of queer identities.
 - Inclusion of cases studies that integrate LGBTQ+ patients and their healthcare needs across the full spectrum of healthcare curricula.
 - Electives that offer students the opportunity to receive special training related to human sexuality and network with nurse leaders who currently provide LGBTQ+ primary care.

Clinical Integration

- Clinical Simulations
 - Appropriately eliciting sexual health history and gender identity information.
 - Utilization of proper STI prevention, diagnosis and treatment.
 - Performing trauma informed physical assessment (includes genital and chest exams).
 - Screening patients for interpersonal violence and abuse.
 - Choosing appropriate preventative health care screenings for transgender patients as needed for physical anatomy.
 - Utilization of evidence-based guidelines in management of LGBTQ+ patients.
- Clinical Rotations
 - Expansion of clinical sites that are inclusive of LGBTQ+ patients (i.e. QueerMed in Atlanta, Ga).
 - Seeking out clinical preceptors who integrate LGBTQ+ health, including transgender and HIV care into their primary care practice.
- Community Trainings
 - A series of on-campus speaking engagements and trainings open to NHWSN students, faculty, and staff, as well as the larger community

- Financial support and transportation assistance for conferences that center LGBTQ+ health care.

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Professional Experience: January 2018 - Present - Chair, Dean's Executive Student Council March 2018 - Present - Cofounder, SpeakOUT (LGBTQ+ Advocacy organization) November - December 2017 - Mercy Care Street Medicine Outreach 2017- Registered Nurse, Georgia 2010-2014 - Caseworker and undergraduate coordinator, Mobile Clinic Project at UCLA Author and coauthor of several publications addressing LGBTQ+ health disparities and curricular integration Numerous presentations at nursing conferences

Author Summary: Tara is a Family Nurse Practitioner candidate at Emory University and serves the LGBTQ+ community in at QueerMed, a clinic that provides hormone replacement therapy for transgender patients. She developed of a student group called SpeakOUT to advocate for sexual and gender minorities. On the Dean's Executive Student Council she works to create a more inclusive student experience and has given multiple presentations to nursing students regarding LGBTQ+ competent care for healthcare providers.

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Author Summary: Sasha Cohen is currently a BSN/FNP candidate at Emory University. At Emory Sasha serves as their class's Vice President and a member of the Dean's Executive Student Council, which focuses on promoting diversity and inclusion. They have a long history of providing affirming care to the LGBTQ+ community in various capacities. Sasha is passionate about providing underserved communities with empathetic and affirming care in the future as a Nurse Practitioner.