Enhancing Nursing Education Through LGBTQ+ Inclusive Curriculum

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Introduction and Background

- **Health disparities** among lesbian, gay, bisexual, and transgender (LGBT) individuals display negative health consequences attributed to **systemic discrimination** and provider knowledge deficit1,2.
- Negative health consequences include:
  - Poor mental and physical health outcomes
  - Decreased access to **competent and affirming healthcare services**
  - Increased healthcare costs
  - Lack of preventative screenings
- The **National Academy of Medicine** identifies lack of education on LGBT health as a barrier in the delivery of competent care1.
- The **2015 U.S. Transgender Survey** found 24% of respondents (n=27,715) had to teach their providers about their health needs3.
- Current nursing education lacks **inclusion of LGBT health** in the following areas:
  - Curricular Content
  - Research Concentrations
  - Clinical Rotations
  - On-Campus Simulations

Methods

- A **concept paper** was composed by students from the LGBT community at Nell Hodgson Woodruff School of Nursing (NHWSN) and endorsed by over 100 student signatures.
- Student authors partnered with NHWSN leadership to develop curricula that promotes inclusion of LGBT health topics.
- **Student-faculty partnerships** were established to address issues of diversity and inclusion.
- Students networked with the Atlanta community to obtain clinical sites specializing in LGBT healthcare delivery.

Results

- A student advocacy group (**SpeakOUT**) was established to host LGBT trainings and conferences.
- A clinical site was secured (**QueerMed**) to train nurse practitioners in transgender affirming care.
- **LGBT curriculum recommendations:**
  - **Pediatrics:** Counseling guardians regarding TGNC youth, increased risk for bullying, violence, homelessness and substance misuse.
  - **Mental Health:** Disparities in both depression and suicide risk in LGBT+ patients, implications of pathologizing gender identity.
  - **Maternity:** Case studies featuring patients outside the heteronormative nuclear family model as well as family planning and fertility.
  - **Pharmacology:** Hormone blocking and hormone replacement therapy (HRT), ART to treat HIV, pre and post-exposure prophylaxis (PrEP and PEP).
  - **Pathophysiology:** Normal variations in sex development, sex chromosome aneuploidies, **Theoretical framework:** Intersectionality, minority stress theory, heteronormativity, medicalization of queer identities.

Conclusions

- LGBT patients incur greater difficulties in obtaining compassionate and **patient-centered** care6.
- At present, the vast majority of nursing curriculum includes little to no LGBT content7.
- **Evidence-based guidelines** exist to provide faculty a framework on how to incorporate this content.
- Curriculum integration is an important first step to ensuring that all people receive quality, equitable healthcare.
- Future research is needed to evaluate successful curriculum integration and the effects it has on LGBT affirming care.

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