

# Faculty Development As a Tool to Impact Culturally Competent Care of Sexual and Gender Minorities

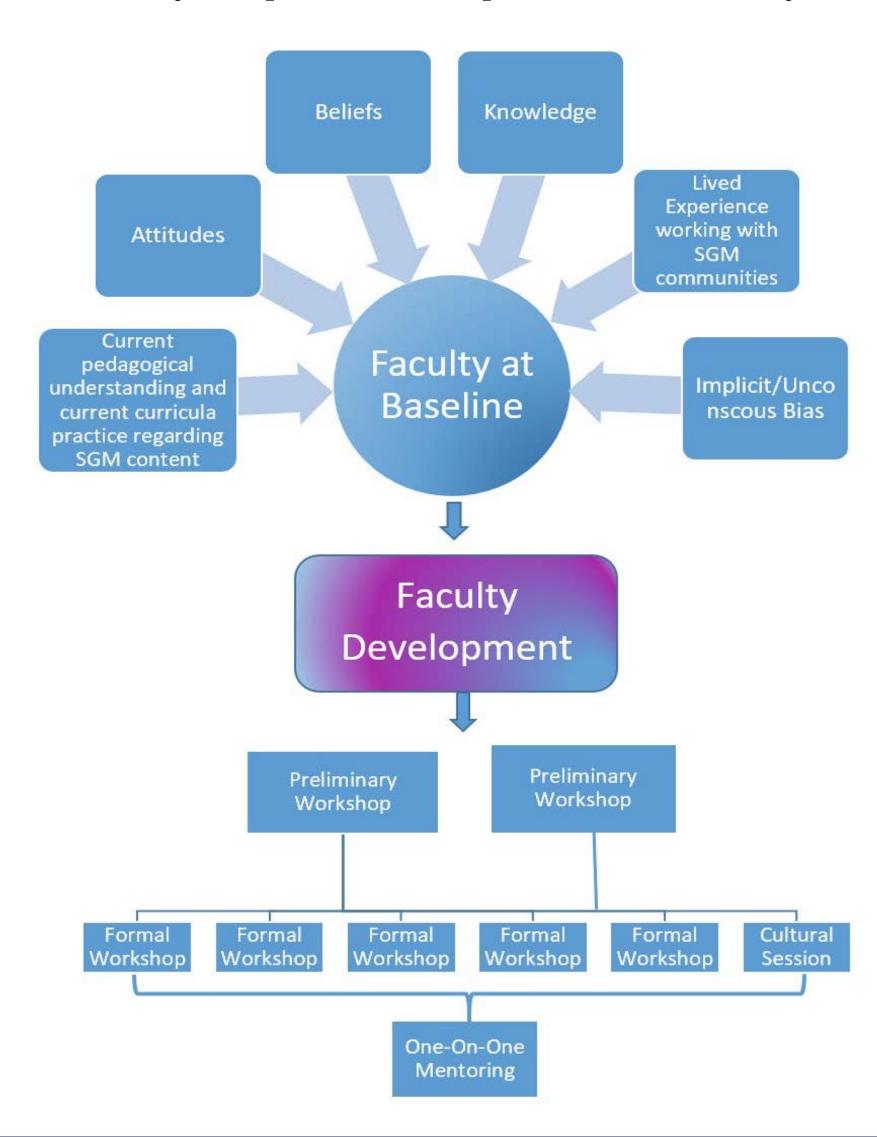
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## Background

- The LGBTQ+ community experiences health disparities due to barriers to care, negative attitudes, and lack of awareness by healthcare providers<sup>1,2</sup>
- Studies have found healthcare professionals are not adequately trained in LGBTQ+  $care^{3,4,5,6}$
- Consistently having inclusive coursework and faculty development for this content area can increase culturally competent care of patients that identify as LGBTQ+<sup>7</sup>



# Objectives

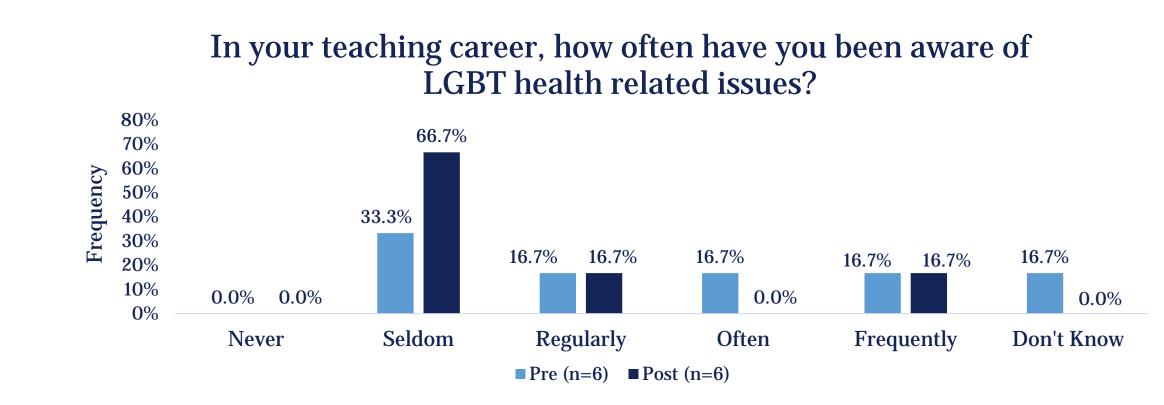
- Enhance knowledge, attitudes, awareness, and cultural humility around sexual and gender minority health in order to:
  - Implement content into classroom curricula for our future health professionals
  - Create an open and inclusive environment for learning

### Methods

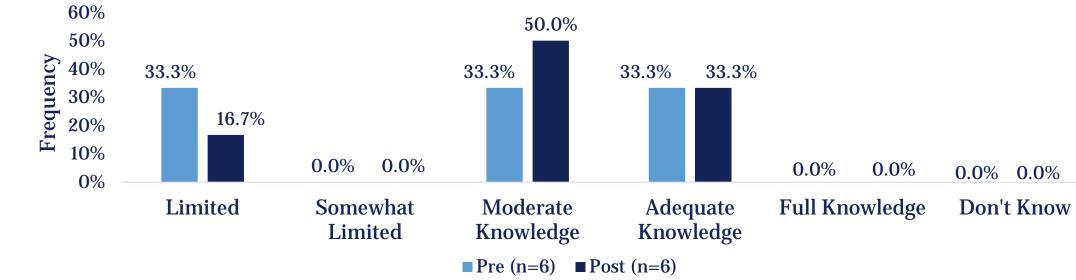
- Participants were n=11 faculty members at a northeastern University, recruited through the use of flyers, town hall & program chair meetings, and verbal invitations
- The program consisted of monthly structured learning sessions paired with 20-30 minute mentoring check ins over the course of seven months
- Participants completed the following measures:
  - Faculty Knowledge and Experience with Lesbian, Gay, Bisexual and Transgender (LGBT) Health and Readiness for Inclusion in Teaching tool<sup>8</sup>
  - Lesbian, Gay, Bisexual, and Transgender Development of clinical Skills Scale (LGBT-DOCSS)<sup>9</sup>
  - Midterm and final evaluations evaluating to what extent participants agreed they were (1) discussing new concepts and questions presented in the learning sessions; (2) brainstorming new ways to apply the new information towards personal growth, and (3) feeling safe and supported in discussing biases with others
- Descriptive statistics used to analyze quantitative data
- Thematic analyses used to analyze qualitative data

### Faculty Knowledge and Experience Tool Results

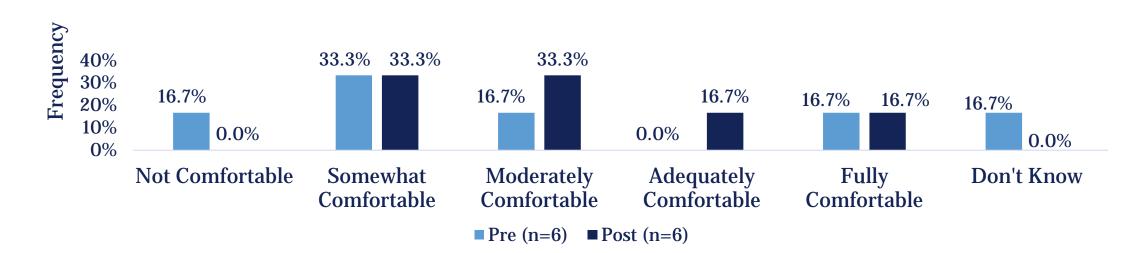
- 100% of participants pre and post indicated that LGBT health related content is important to teach in a health profession curricula (rated as important or very important)
- 80% of participants pre and 100% post indicated that it is important to provide faculty development and training regarding integrating LGBT health into the curriculum (rated as important or very important)



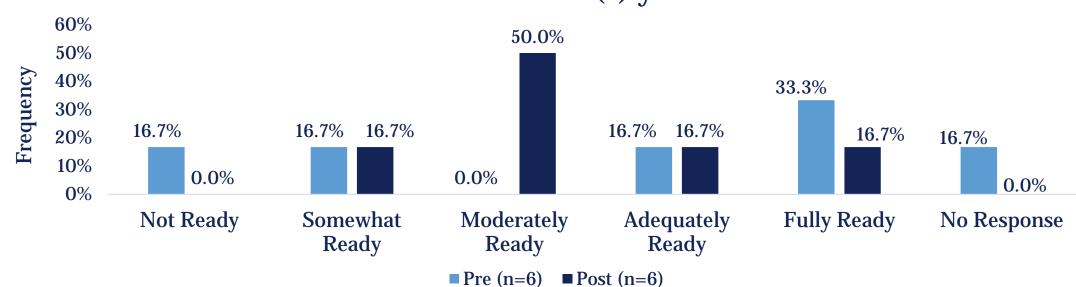




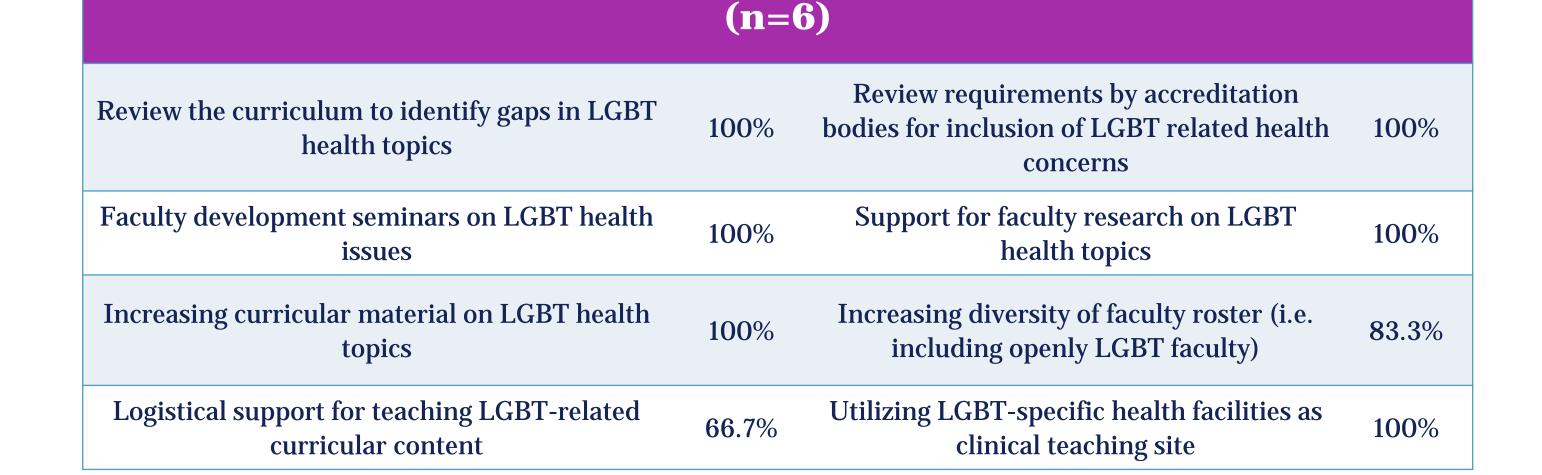
How would you rate your comfort level in discussing LGBT issues in your courses (e.g., transgender health care needs, health disparities among LGBT persons)?



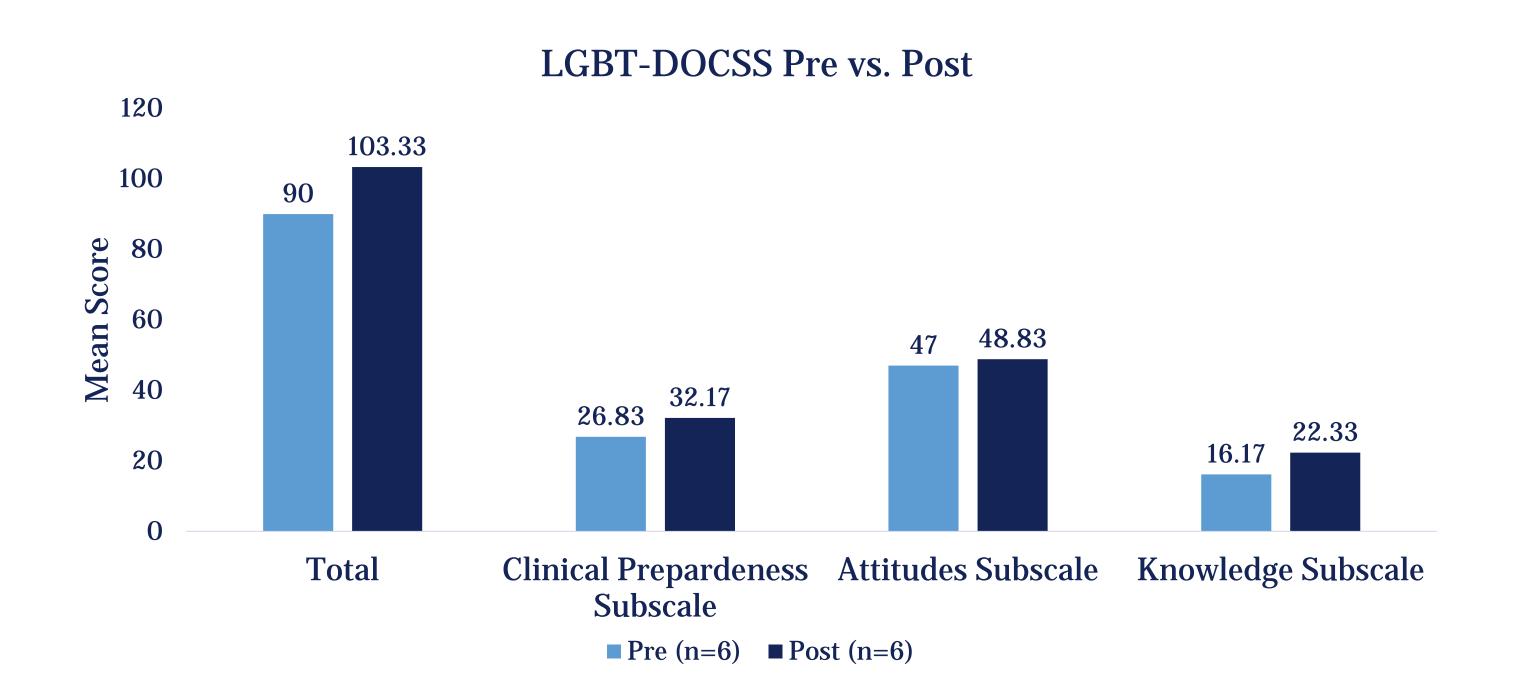




# Post-program perceptions of strategies that would be successful in promoting faculty readiness in integrating LGBT health topics into the curriculum.



### LGBT-DOCSS Results



# Final Program Evaluation Results

- 100% of participants strongly agreed that participating in SG-MET allowed them to discuss new concepts and questions and feel safe while doing so
- 100% of participants strongly agreed participation in SG-MET allowed them to brainstorm ways to apply new knowledge to course development, advising students, and personal growth
- 100% of participants reported it was extremely likely they would make changes to their personal communication approach, class environment/climate, and advising as a result of participating in this program

"We can do a lot as faculty to set a tone of inclusion."

### Conclusions

- Participants reported increased clinical preparedness and knowledge of LGBT clients and decreased prejudicial attitudes following the conclusion of SG-MET
- Participation in a structured program such as SG-MET can increase awareness of, comfort discussing, and knowledge of LGBT health care issues
- Faculty were ready to make curricular changes to increase cultural competence following participation SG-MET

#### References

<sup>1</sup>Gonzales, G., & Henning-Smith, C. (2017). Health disparities by sexual orientation: Results and implications from the behavioral risk factor surveillance system. *Journal of Community Health*, 42(6), 1163–1172. https://doi.org/10.1007/s10900-017-0366-z

<sup>2</sup>Strong, K. L., & Folse, V. N. (2014). Assessing undergraduate nursing students' knowledge, attitudes, and cultural competence in caring for lesbian, gay, bisexual, and transgender patients. *Journal of Nursing Education*, *54*(1), 45–49. https://doi.org/10.3928/01484834-20141224-07

<sup>3</sup>Hafeez, H., Zeshan, M., Tahir, M. A., Jahan, N., & Naveed, S. (2017). Health care disparities among lesbian, gay, bisexual, and transgender youth: A literature review. *Cureus, 9*(4). https://doi.org/10.7759/cureus.1184

<sup>4</sup>Korpaisarn, S., & Safer, J. D. (2018). Gaps in transgender medical education among healthcare providers: A major barrier to care for transgender persons. *Reviews in Endocrine and Metabolic Disorders, 19*(3), 271–275. https://doi.org/10.1007/s11154-018-9452-5

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<sup>6</sup>White Hughto, J. M., Reisner, S. L., & Pachankis, J. E. (2015). Transgender stigma and health: A critical review of stigma determinants, mechanisms, and interventions. *Social Science & Medicine, 147*, 222–231. https://doi.org/10.1016/j.socscimed.2015.11.010

<sup>7</sup>Powell Sears, K. (2012). Improving cultural competence education: The utility of an intersectional framework. *Medical Education, 46*(6), 545–551. doi: 10.1111/j.1365-2923.2011.04199.x <sup>8</sup>Lim, F., Johnson, M., & Eliason, M. (2015). A national survey of faculty knowledge, experience, and readiness for teaching lesbian, gay,

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<sup>9</sup>Bidell, M. P. (2017). The lesbian, gay, bisexual, and transgender development of clinical skills scale (LGBT-DOCSS): Establishing a new interdisciplinary self-assessment for health providers. *Journal of Homosexuality, 64*(10), 1432–1460.

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