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Short Communication

Sexual Orientation/Gender Identity Cultural Competence: A Simulation Pilot Study

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Abstract

Background: Gaps in educational preparation may prevent nurses from providing culturally competent care to all patients independent of their sexual orientation and gender identity. In particular, the specific needs of patients in the lesbian, gay, bisexual, and transgender (LGBT) community are inadequately addressed in the traditional nursing curriculum.

Method: To bridge the gap in LGBT nursing education, a simulation program based on standardized patients, small group instruction, and evaluation was created. This program was used by senior-level undergraduate baccalaureate and accelerated nursing students enrolled in the required Community and Public Health Nursing Course at The University of Pennsylvania School of Nursing (n = 230).

Results: This program was implemented in the summer of 2016. Student evaluation revealed increased confidence in assessment and care of LGBT patients.

Conclusion: When nursing students receive less training about LGBT issues than they need, simulation may be the optimal means for bridging that gap.

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Approximately 4% of Americans publicly identify as lesbian, gay, bisexual, and transgender (LGBT) with an unmeasured additional proportion likely sharing these orientations, albeit privately (Ranji, Beamesderfer, Kates,

& Salganicoff, 2014; Ward, Dahlhamer, Galinsky, & Joestl, 2014). LGBT individuals may have specific medical, cultural, and psychological needs that are not yet adequately met within health or community systems. For example, within the LGBT community, social isolation, marginalization, and discrimination are more common; likewise, LGBT community members have increased incidence of

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depression and obesity, higher rates of sexually transmitted infections (STIs), and human immunodeficiency infections (human immunodeficiency virus), and an overall increase in drug and tobacco usage (Healthy People 2020, 2013; Lim, Brown, & Jones, 2013; Ranji et al., 2014; Substance Abuse and Mental Health Services Administration, 2012).

Key Points

- Nursing Education may not fully meet the specific health care needs of the LGBT community.
- A pilot study simulation was created to bridge the gap in the education of LGBT issues.
- LGBT simulations increased knowledge, preparation and skills.

Furthermore, LGBT teens have two to three times the incidence of suicidal ideation and attempts and are more likely to experience being homeless or incurring dating violence (Healthy People 2020, 2013; Ranji et al., 2014; Substance Abuse and Mental Health Services Administration, 2012). Nursing educational programs do not fully address these social and health disparities (Brennan,

Barnsteiner, Siantz, Cotter, & Everett, 2012; Eliason, Dibble, & DeJoseph, 2010; Institute of Medicine, 2011; Lim, Johnson, & Eliason, 2015).

Gaps in Lesbian, Gay, Bisexual, and Transgender Education

Our school's Curriculum Committee performed an analysis and content mapping that identified deficiencies in both the content hours and competencies taught related to LGBT health. Although the curriculum included instruction regarding LGBT competencies that focused on families, parenting, pregnancy, and infertility, there was no education related to the social and health disparities noted previously. Therefore, a group of faculty and content experts was convened. This group comprised members of the nursing school faculty, colleagues at The Gender and Sexuality Clinic, and clinical nurses from Children's Hospital of Philadelphia. We also worked with students from the Penn Understanding Sexuality in Healthcare, a school-sponsored organization that helps promote education and awareness for LGBT health and collaborated with an independent LGBT youth center in our community. We hired young gay men as actors who helped to provide a realistic scenario for the students.

We surveyed and collaborated with these key stakeholders to improve student and new graduate knowledge, skills, and attitudes related to LGBT health. The content experts helped to design a pilot study simulation that best represented a common LGBT patient encounter.

The group of experts developed the following objectives.

Objectives

- Create an atmosphere that makes the patients feel respected, safe, and encouraged to share their views.
- Communicate using open inclusive language.
- Use skills to obtain a complete sexual health history.
- Use skills to encourage compliance with safer sex recommendations.
- Increase students' sense of confidence and competence after participation.

Methods

The authors strategically aligned the objectives and competencies for LGBT health in our senior-level course in Community and Public Health Nursing. The Community and Public Health Nursing course occurs during 14 weeks in the students' senior year and has more than 200 clinical hours affiliated with this course. Simulation time and experiences count as part of the total clinical hours. We used our instructors in the simulation center. These instructors have been specifically trained in innovative technology, simulation methodologies, and debriefing strategies. Nursing students (n = 230) enrolled in our Community/Public Health Nursing Theory Course in our baccalaureate undergraduate and accelerated program are required to attend this simulation as part of the course and clinical requirements. We chose a combination of classroom content, assigned readings, and simulation to implement our pilot program. We distributed a postsimulation survey to assess satisfaction, perceptions related to realism, and self-assessed competency. The study was designated as exempt by the university institutional review board.

Classroom Curriculum and Assigned Readings

Our educational endeavor began with a 90-minute lecture given by an expert in Gender and Sexuality Health in children and teens. The content focused on gender and sexuality development in childhood, language, terms and definitions, health care providers' practices and biases caring for LGBT children, teens, and their families. The lecturer provided further examples of how the nurse can provide competent and holistic care for LGBT patients and their families. In the classroom, the students and content expert further discussed assigned research articles, best practices, and personal experiences.

Simulation Scenario

The simulation room was set up to mimic a health care clinic and provide video and audio technology. For each

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