

Improving Healthcare Worker Cultural Competence in Caring for the LGBTQ+ Population: A Rural Emergency Department Pilot Program



Jessica S. Rispoli, DNP, FNP-C, APRN, CMTE, CFRN, CEN, EMTP
ECU Health Bertie Emergency Medicine, UNCW Alumni

BACKGROUND

◆ More than **7% of the US population identifies as LGBTQ+** (Jones, 2022), and most healthcare workers have **minimal to no formal education** and training on caring for the LGBTQ+ population (Mukerjee et al., 2022).

◆ The Joint Commission has recommended training in cultural competence for the LGBTQ+ population for over a decade (Joint Commission, 2011).

◆ Large strides are necessary to promote health equity in this population (Mukerjee et al., 2022).

PROJECT AIM

◆ **Increase rural emergency department staff competence and knowledge in caring for the LGBTQ+ population by a statistically significant amount by end of training in 2024.**

PROJECT DESIGN/STRATEGY

◆ A literature review for best practices in improving LGBTQ+ culturally competent care in healthcare workers was performed, with **16 articles** used to find best evidence-based practice.

◆ A focus on rural emergency departments was utilized to keep the pilot program small and manageable.

CHANGES MADE (PDSA CYCLES)

PubMed, MEDLINE, Cochrane Library, Google Scholar, and UNCW Randall Library accessible databases were searched utilizing project key words to find peer reviewed articles within the last 5 years.

A two-hour, in person training program was developed. Four sessions were held at three locations in the health system.

Training included information regarding **terminology**, the importance of **neutral language, health inequities and disparities** for the LGBTQ+ population, treatment options, **patient scenarios**, and group discussion.

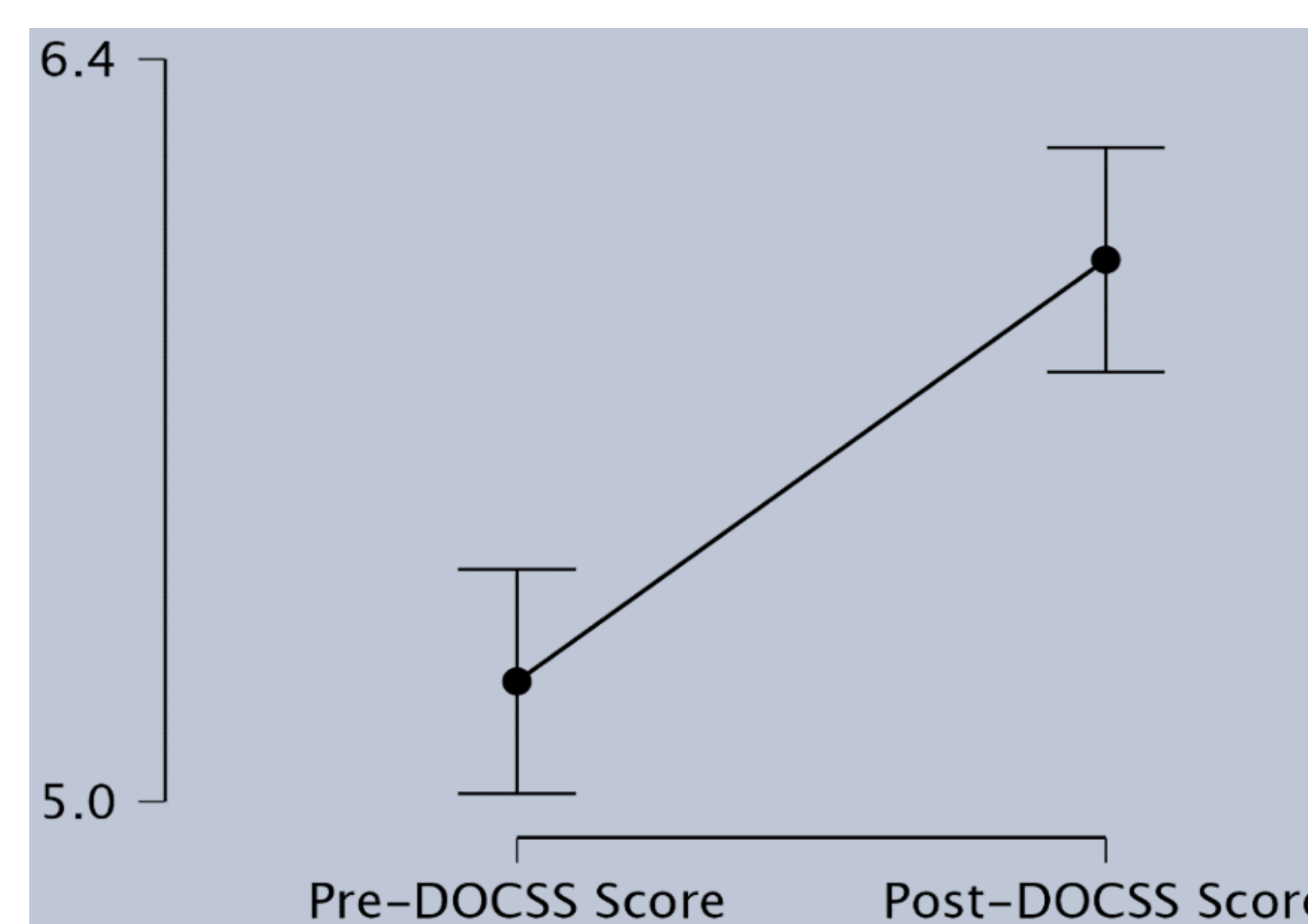
Anonymous pre- and post-training surveys were completed by participants, which included the validated **LGBT-Development of Clinical Skills Scale** (LGBT-DOCSS) which assesses clinical preparedness, attitudinal awareness, and basic knowledge (Bidell, 2017), along with qualitative questions about the program and content. **Mock scenarios** were also completed post training to evaluate effectiveness.

RESULTS/OUTCOMES

◆ Twenty-one participants completed the pre-training survey and the cultural competence training program. **Twelve participants completed (n=12)** both pre- and post-training surveys. Survey results from these 12 participants were used in data analysis.

◆ **83% of the 12 participants reported none or less than 2 hours of previous LGBTQ+ healthcare training.**

◆ There was a statistically significant increase in LGBT-DOCSS scores after training ($p = .001$, using Wilcoxon's signed-rank test; see image below).



LESSONS LEARNED

◆ LGBTQ+ cultural competence training should be **mandated** for all health system staff, ideally in-person, but virtual could be considered for feasibility.

◆ LGBTQ+ cultural competence training would promote the health system's priority of **diversity and inclusion**, with the opportunity to reinforce existing policies.

◆ EHR patient demographics should include **sexual orientation, gender identity, and preferred names/pronouns**.

◆ Healthcare systems should assess, revise, and add to current policies and procedures, including, but not limited to, incorporation of **safe space signals** and **mandatory employee training**.

NEXT STEPS

◆ Expand **mandated LGBTQ+ education** for ECU Health staff.

◆ Collect **patient SOGI (sexual orientation and gender identity)** data utilizing EPIC.

◆ Incorporate **LGBTQ+ safe space signaling** in the health system.

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Jessica S. Rispoli
She/her
Bertie Emergency Department
ECU Health
Greenville, North Carolina 27858
610.334.2667
Jessica.Rispoli@ecuhealth.org

