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Cultural Competence Module 12
Cultural Knowledge – LGBT

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Module 12: Cultural Knowledge – LGBT

Module Estimated Time: 35-40 minutes

Statement of Purpose:

The purpose of this module is to introduce barriers that LGBT patient populations may experience as they seek health care. Furthermore, it provides some basic definitions around some terminology and concepts associated with the LGBT population, and it presents some tips to creating a medical environment that is more culturally sensitive to LGBT patients, such as integrating appropriate questions on intake forms.

Objectives:

Upon the completion of this module, the learner will:

1. Learn terminology and concepts related to lesbian, gay, bisexual and transgender (LGBT) populations
2. Understand some barriers that may exist when LGBT patients seek health care
3. Be able to identify specific strategies for creating a safe and welcoming environment for LGBT patients
4. Learn tips for creating intake forms that may be culturally sensitive to LGBT patients

Terminology

Lesbian
Gay
Bisexual
Transgender
Sexuality
Gender
Male Transgender
Female Transgender
LGTB
Sexual Orientation
Identity
LGBTQIA: Lesbian, Gay, Bisexual, Trans, Queer, Intersexed, and their Allies
Gender Minority
Gender Identity
Gender Role
Intersex
Sexual Development
Disorders
Genital Surgery
Same Sex Households
Respect
Empathy
Homosexuality

1. **LGBT and Quality of Care (Introductory Lecture)**
   Discuss the importance to provide cultural competent care with LGTB patients

Time: 2 minutes

Materials: None

In order to establish trust, providers have to create an atmosphere of openness, understanding and attention to individual needs. When patients perceive that providers come into the encounter

with strong bias against them, patient/provider trust is compromised and the result can have a great impact on the patient's quality of care.

One grave result of providers' lack of culturally sensitive care is the lack of trust that patient will feel toward their care provider, causing patients to be reluctant to openly share their medical condition or follow any treatment that the "un-trusted" provider may prescribe or suggest.

There are several components to creating a safe and welcoming environment with LGBT patients. These include integrating culturally sensitive elements into a provider's office space, the outreach efforts, some intake forms, healthcare staff training and more.

2. LGBT as a Minority group (Lecture)

Time: 10 minutes

Materials: Laptop/Computer
LCD Projector/Screen
PowerPoint of Module 12

Preparation: Before class, prepare laptop, screen and LCD projector. Have remote control at hand to advance PowerPoint Slides.

Slide 1

Often providers are not aware of the level of discrimination that an LGBT individual may experience in the healthcare setting, nor may they fully relate how this discrimination affects the quality of care for that patient.

Some discrimination is obvious and intentional. Other degrees of discrimination, however, may occur inadvertently and even with the best of intentions on the provider's part.

Several surveys of nursing students conducted in the early, mid and late 90's, showed fair percentages of self-reported feeling of disgust for lesbian, gay and bisexual people. Higher percentages indicated that respondents felt that lesbians, gays and bisexuals should keep their sexuality private.

Similarly, other surveys of physicians indicate a fair percentage of: denial of gay and lesbian applicants to medical school; belief that gay and lesbian physicians should be discouraged from seeking obstetrics/gynecology training; and discontinuation of patient referrals to gay and lesbian surgeons.

Some of the more recent numbers positively contrast survey results from the 80s as they show improvement in the overall degree of comfort that providers show once their patient states that they are lesbian or gay.

Slide 2

Although some LGBT people dislike being called a "minority," the term "sexual and gender minority" is frequently used to refer to the LGBT patient population.

The reason for LGBT to be identified as a minority is that for research purposes it has been important to define LGBT as one population group that has and continues to experience health disparities. In addition, in order to create policy changes to achieve protection against discrimination, LGBT had to be identified as minority group.

Slide 3

In order to build Culturally Competent health care, it is important to understand the diverse terminology associated with LGBT population.

Slide 4

Lesbians and Gays are people who have (or desire to have) intimate relationships with people of the same gender.

Slide 5

Bisexuals refers to people who have (or desire to have) intimate relationships with people of the same and different genders.

Slide 6

Sexual Orientation is shaped by the combination of Gender Identity, Sexual Behavior and Sexual Attraction of an individual person.

<u>Gender Identity</u> is a person's sense of this/her own gender (it answers questions such as, "Do I feel like a male or a female?")

<u>Sex Identity</u> is the sex an individual person identifies with, regardless of his/her biologic birth gender. In addition, Sexual Identity is independent of a person's partner's sex.

<u>Sex</u> is the biology and the anatomy that determines if a person is male, female or intersexed.

Sexual Identity, Behavior and Attraction are not static as they can change over time based on the individual developmental stage. As an example, 30-40% of self-identified lesbians are or have been married to men.

Slide 7

Whether sexual attractions, behaviors and identity are aligned or not, it could very much be influenced by cultural values and background, especially since traditional differences in gender and gender role are defined by culture.

Slide 8

Transgender refers to people who identify and/or express their gender as the opposite of the biologic birth sex.

It also refers to people who define themselves as a gender outside the either/or construct of female/male (e.g., having no gender, or having elements of multiple genders)

Transgender individuals choose to present themselves in variety of ways:
- With medically or surgically altered body to affirm their gender identity
- Some changes in hairstyle and attire
- Some present no change in appearance
- Many will change their birth name

It is important to distinguish that Sexual Orientation and Gender Identity are two separate concepts. A transgender person may think of themselves straight, gay, lesbian, bisexual, or none of the above.

Slide 9

Another concept to understand is that of Intersex or Variation of Sexual Development. The female or male gender identity is assigned at birth. When gender identity occasionally does not correspond with gender designation at birth, or genital surgery is performed on infants, an individual may be identified with the name Intersex.

3. Hello Doctor… (Role Play Activity in Triads)
Students will engage in a role-play about a Patient/Doctor conversation.

Time: 5-7 minutes

Materials: Role Play Activity Handouts for Module 12

Before activity-
1) Instruct students to form groups of three
2) Ask each triad to decide who will play the Doctor, the Patient and The Observer
3) Give the handout for Module 12 to students based on their selected roles
4) Explain that it is important for them to read the instructions quietly, and not share the handout prior to starting the play role activity.
During Activity - In each triad, one student plays the role of the Provider, one student plays the role of the Patient; one student will be the Observer

4. Debriefing (Whole Class Discussion)
Observers or other students will share their observed reactions as a result of the Role-Play activity.

Time: 5 minutes

Materials: None

Elicit students' feedback by asking

1- "What sort of feeling were you overcome by?"
2 - "What went through your mind as the patient asked you, doctor, the question?"

5. **Healthcare Barriers to LGBT And Cultural Sensitivity (Lecture)**

Time: 10 minutes

Materials: Laptop/Computer
LCD Projector/Screen
PowerPoint of Module 12

Slide 10

Many LGBT patients experience discrimination or are faced with barriers while seeking health care. These barriers can be created when providers feel uncomfortable upon learning that their patient has identified as a gay, lesbian, bisexual or transgender person.

- Transgendered people are more like to be the subject of misunderstanding and bias in the healthcare setting since most healthcare providers, and most people in general, either do not know any transgender people or they do not understand the motivations behind transgender identification.

- Bias and judgment represent the greatest barrier in healthcare for many cross-cultural issues, especially for LGBT patients.

Slide 11

Everyone is influenced by cultural attitudes about sexuality and gender roles. Assessing your own bias and avoiding general assumptions toward homosexuality/intersexuality is a first step toward creating a more culturally sensitive environment for LGBT patients. Here are some typical assumptions to avoid:

- Don't assume that your patient is heterosexual just because they have not told you otherwise. They may need to build trust with you prior to identifying themselves as LGBT.
- If a teenager identifies as gay, lesbian or bisexual, don't assume it is just a phase. Teenagers are very aware of their sexual attractions; don't assume that they cannot know for sure.
- All women need a Pap test, even lesbians.
- Transgender men (female to male) also need a Pap test, unless they have had a complete hysterectomy.
- Transgender women (male to female) still need prostate exams.
- Avoid assumptions that a gay man's health issue revolves around sexuality, transmitted diseases, HIV/AIDS. Consider all possible diagnoses as you would for other patients.

Slide 12

To foster a more culturally inviting environment:

- Communicate with patients and follow their lead in terms of how they like to describe themselves.
- If in doubt, ask patient what terms they prefer; be curious without over-worrying about offending patients.

- Should you "slip up," apologize and ask patients what they prefer. They will appreciate your sincerity and good intentions.
- See your patient as an individual, not as part of a group.
- Make sure that you keep a courteous tone and good customer skills as you would with other patients, and provide a welcoming atmosphere.

Slide 13

- Ensure that Staff receives training to become comfortable communicating with LGBT patients.
- Discuss and distribute information about LGBT-friendly community resources and organizations to your staff to be used with patients.

Slide 14

- Create intake forms that include a broad range of sexual and gender identity questions or expressions.
- Ensure confidentiality of forms.

Slide 15

- Post signage that includes non-discrimination policies toward sexual orientation and gender identity.
- Display posters and literature with images that reflect the life of LGBT patients (e.g., same sex couples, etc.) Conduct patient outreach and marketing in LGBT venues, websites and media.
- List your practice in Gay and Lesbian Associations.

6. Final Thoughts on working with Interpreters (Closing Lecture)

Time: 2 minutes

Materials: None

Close this lesson with these points:

- Fostering a Pro-Diversity Workplace policy and attitude is key to reducing discrimination and barriers to health care in general.

- Enhance Healthcare by enhancing Human Rights; assess your attitudes and the attitudes of those who you work with, and provide the pathway to building knowledge and skills to serve all patients as individuals with individual needs that should be met in the most unbiased, dignified and safest manner.

- Consider that many of your LGBT patients, older or young ones, have already experienced enough emotional distress for "coming out" with friends, family,

schoolmates and co-workers. Some of them may be estranged from family members, or even their children.

- Finding a welcoming healthcare environment is conducive to the therapeutic process; after all, all patients regardless of culture, language and color seek healthcare with one goal in mind: to heal.

Module 12
Role Play (Observer's Handout)

Instructions:

- Work with two other students who will role-play a Patient/Doctor conversation during a Medical Exam.
- Observe the body language on the patient's part, as well as the provider's part.
- Take any notes as they may apply to either role player.
- Note how the provider answered the patient's question at the end of dialogue.
- Note any thoughts about how the student who played the provider felt about the patient.
- Note any thoughts about how the student who played the patient felt about the doctor's response.

Module 12
Role Play (Patient's Handout)

Work with two other students to role-play a Patient/Doctor conversation during a Medical Exam

Patient's Scenario for Female student:

You are seeing your doctor for a routine physical as well as some disturbances in the lower abdomen. As you are being examined, the doctor asks you 5 questions. Feel free to use your creativity in answering those questions. After all 5 questions are asked, tell your doctor that you are sexually active with women and identify as lesbian. Ask your doctor, "How do you feel about that?"

Patient's Scenario for Male student:

You are seeing your doctor for a routine physical as well as some disturbances in the lower abdomen. As you are being examined, the doctor asks you 5 questions. Feel free to use your creativity in answering those questions. After all 5 questions are asked, tell your doctor that you are sexually active with men and identify as gay. Ask your doctor, "How do you feel about that?"

Module 12
Role Play (Provider's Handout)

Work with two other students to role-play a Patient/Doctor conversation during a Medical Exam

You are seeing this patient for the very first time and after reading the questionnaire that the patient has filled out prior to the visit, you are following up with additional questions, especially about the patient's complaints regarding the lower abdomen.

Questions:

How long have you had this pain?

Does it hurt more during a certain time of the day?

Are you sexually active?

Does the pain get worse after you have intercourse?

Do you have one or multiple partners?

If the patient asks you a question, be sure to answer their question as honestly as you would in a real case!