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Jacob Adkison
adkison_jacob@yahoo.com

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Promoting Transgender Cultural Awareness and Sensitivity through Education: It Starts with a Pronoun

Jacob K Adkison, MSN, RN, CEN

University of San Francisco

FNP, DNP Student

Dr. Jodie Sandhu, DNP, FNP-C, PA-C, CNL

Committee Chairperson

Dr. Jo Loomis, DNP, FNP-C, CHSE, CLC, ANLC, NCMP, CNL

Committee Member

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Abstract

Background: Health and social disparities affect the quality of life of transgender and gender nonconforming people in a negative manner as opposed to that of their cisgender counterparts (James et al., 2016). Gender discrimination, the lack of medical insurance, and a shortage of culturally competent providers contribute to some of the healthcare barriers in this population. The absence of supportive education for healthcare practitioners for providing culturally sensitive care impacts the transgender and gender nonconforming persons' desire to seek routine health maintenance due to stigma, which can result in poor health outcomes (Bauer et al., 2009).

Methods: To help fill a gap in transgender communication techniques, a Doctor of Nursing Practice (DNP) student at the University of San Francisco facilitated the assessment, development, implementation, and evaluation of a transgender pronoun education/simulation program for use in various settings, including the following: a health center in San Francisco California, a DNP-level assessment course at the University of San Francisco.

Measures: Evaluations of the toolkit were done pre- and post-training to assess level of knowledge through questions asked in the aggregate. Data on apparent effectiveness and applicability of the Transgender Pronoun Toolkit was collected via a Likert scale during post training.

Summary: Post implementation survey revealed an increase in comfort with using the name/pronoun that a patient asks them to use rather than the one in the chart, 85% reported knowing how to recover from mistakes when addressing a transgender person, and 84% reported knowing the steps that should be taken to resolve questions when a patient appears to be male even though the chart indicates them to be female

Keywords: transgender, education, toolkit, transgender health, trans man, trans woman, nursing curriculum, medical curriculum, transgender care, health disparities

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Introduction

The term “transgender” describes a diverse group of people whose gender identity, behaviors, and/or gender expression deviate from their assigned sex at birth (World Professional Association for Transgender Health [WPATH], 2012). The term “transgender” was first used in the mid-1960s and is defined as “a person who experiences incongruence between their body and mind related to gender identity” (Polly & Nicole, 2011, p. 56). There are a variety of identities within the transgender community that individuals can associate with, such as male to female (trans woman), female to male (trans man), and/or non-binary (a gender that does not fit the male or female identity). It is the personal choice of the individual to decide how they wish to be recognized. These personal gender identity choices may involve medical intervention, hormonal therapy, and/or body modifications to physically alter their appearance and to be more harmonious with their preferred gender (Davis & Meier, 2014).

Given the complexity around gender transformation and body changes, this population clearly has distinct health needs. Most organizations and clinical practices are not adept at caring for this population, which leads to gaps in primary care and preventative services, fear and bias for both patients and providers, and premature death from preventable causes and suicides (Bauer et al., 2009). These healthcare barriers contribute to decreased access for preventative medical evaluations demanding the importance of directed healthcare interventions to decrease the gaps in medical care seen throughout this community. As the transgender population increases in visibility within society becoming more accepted, there is a need to education healthcare workers on how to provide competent care to this group.

The change in healthcare needed to improve the overall health of the transgender population must begin with providers. Practitioners must seek educational opportunities to

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improve communication techniques remembering to abandon heteronormative or gender binary healthcare outlook (Alegria, 2011). There are insufficient published articles that address the healthcare needs of the transgender patient (Eliason, Dibble, & DeJoseph, 2010). This lack of literature decreases the available knowledge for the medical community to address the specific needs of the unique patient population.

Current State of Transgender Health

The unique healthcare needs of the transgender population require adequate training and education, satisfactory clinical preparedness, and culturally competent policies and protocols to deliver appropriate care. To date, little research or literature has been conducted or compiled supporting the needs of transgender patients. There are just a few organizations that address guidelines for the implementation of care for transgender health, with little evidence, educational tools, and other resources available to the providers (Donovan, 2014). The lack of evidence in caring for transgender patients affects the quality of care offered by healthcare providers and is linked to poor health outcomes (Shaires & Jaffee, 2015). The results include transgender patients' perception of neglect and stigma by medical professionals (Shaires & Jaffee, 2015). The lack of transgender-based education during the training of healthcare providers contributes to a decrease in the providers' confidence when caring for these individuals. Transgender patients are more likely to feel neglect and stigma by medical professionals, leading to strained interactions with their providers (Shaires & Jaffee, 2015). A relationship that is traditionally based on the foundation of respect and trust is distressed by a lack of comfort in caring for this population. Most physicians, advanced practice providers, nurses, social workers, and mental health providers are not well equipped to handle the healthcare needs of this population (Mustanski & Liu, 2013).

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Transgender patients deserve the same respect and quality of healthcare outcomes that cisgender patients receive. Health care for these individuals should be devoid of stigma, accusations, maltreatment, and judgment. Discrimination against the transgender community has been reported and is the leading cause of poor health outcomes (James et al., 2016). Gonzales and Henning-Smith (2017), Hughto, Rose, Pachankis, and Reisner (2017), and Clark, Veale, Greyson, and Saewye (2017) demonstrated considerable interconnecting disparities that transgender people deal with every day compared with that faced by the members of the cisgender community when it comes to health care.

Gonzales and Henning-Smith (2017) concluded that many of the barriers that the transgender and gender nonconforming adults face are rooted in poor public policy. Hughto, Rose, Pachankis, and Reisner (2017) determined that some of the obstacles to accessing transition-related care for the transgender or gender nonconforming patients were age, income, education, insurance coverage, and healthcare discrimination. Clark, Veale, Greyson, and Saewye (2017) also agreed that poor health outcomes for the transgender and gender nonconforming population revolve around cost, negative experience with providers, and encounters with an undereducated provider. Various types of discrimination and barriers are demonstrated in transgender patients, including lack of access, denial of care, neglect, and physical and verbal abuse (Institute of Medicine [IOM], 2011). Abuse directed toward patients comprises neglect by a provider to address an individual by their chosen name or pronoun, not referring for necessary services, or the choice not to treat the individual altogether (James et al., 2016).

Available Knowledge

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In recent years, more knowledge has become available for providers and organizations with respect to the delivery of care to the transgender population. Several organizations provide resources, tools, references, and guidelines in caring for the transgender population (Appendix A). However, setting standardized protocols, incorporating the knowledge into practice and education, and expanding the dissemination of this information still remains a challenge. This available knowledge is the first step in increasing access to equitable and quality care, but it has not yet proven to be adequate.

The Center of Excellence for Transgender Health, through University of California, San Francisco (UCSF), offers guidelines and best practices through their website for practitioners (University of California, 2017). The website focuses on primary and gender-affirming care for the transgender and gender nonconforming people, comprehensive HIV care for the transgender people, and counseling services and recommendations for preventative screening. There are also many links to the Centers for Disease Control and Prevention (CDC), all located in one place for a provider that is a novice or new to caring for the transgender and gender nonconforming people (University of California, 2017). The World Professional Association for Transgender Health (WPATH) aims to provide clinical guidance, with an emphasis on standards of care, to healthcare providers caring for the transsexual, transgender, and gender nonconforming people (World Professional Association for Transgender Health, 2001). The “standards of care” resource, which is an excellent tool, is focused on primary care, gynecological and urologic care, reproductive options, voice and communication therapy, mental health services, along with surgical and hormonal treatment options (World Professional Association for Transgender Health, 2001). When treating the transgender and gender nonconforming people, the focus should be directed toward the psychological well-being of the person. The American

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Psychological Association (APA) has published mental health guidelines that focus on providing an brief explanation for the delivery of trans-affirmative psychological services, along with larger documents for a more in-depth understanding (American Psychological Association, 2015). The National LGBT Health Education Center has devised a compilation of educational programs, resources, and consultation services with aspirations of optimizing quality and cost-effective health care for the LGBT people (The Fenway Institute, 2017). The center has a plethora of online resources and publications. One such publication is the *Affirmative Care for Transgender and Gender Non-Conforming People: Best Practices for Front-line Health Care Staff*, which provides detailed information about the role that the front-line medical staff play in fostering a healthcare environment that meets the medical needs of the transgender and gender nonconforming people (National LGBT Health Education Center, 2017).

Each of these organizations does an exceptional job of compiling information for the end users. However, there is little dissemination of the information to organizations, providers, counselors, and psychologists that may be caring for this population. The information presented by each of these organizations is complex and unique to the region of the country in which the material was produced. For example, there are resources for the San Francisco greater Bay Area that are specific for care in that population, but this would not apply to the southern United States.

Evidence-Based Literature Review

A literature review was conducted to determine the appropriate methods for educating medical professionals for facilitating an understanding of the cultural and specific healthcare needs of the transgender population through the implementation of an educational curriculum. Few research articles that focused on medical professionals were found; therefore,

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the review focused on identifying acceptable and effective methods for disseminating information and training healthcare providers. A large portion of the information was sequestered from the lesbian, gay, bi-sexual, and transgender (LGBT) education. As a result, any article that included information related to transgender cultural competence was included in the review. Through the in-depth review of the literature, often *cultural competence* was interchanged with *cultural sensitivity*.

The databases searched for the literature review were: The Cumulative Index of Nursing and Allied Health Literature (CINAHL), PsycINFO, PubMed, and the Scopus databases. Research filters included (English only) peer-reviewed journals spanning the years between 2007 and 2017. The keywords for the search included transgender, transsexual, transsexualism, gender queer, gender nonconforming, LGBT, transgender health, trans men, trans women, non-identifying, and education, which yielded 10,711 titles. The list was analyzed using the following Medical Subject Headings (MeSH) terms: curriculum, simulation, counseling, coaching, training, education, and application to narrow articles that were not relevant to the focus of the intended search. The MeSH filter produced a list of 112 titles after the removal of duplicate articles. The list was further broken down by articles that did not specifically address the education of medical professionals. Of the remaining articles, 10 were deemed useful for addressing the methods of training medical professionals about transgender cultural awareness and sensitivity.

A total of 27 articles or studies were chosen based on topic information after review. Of those 27 articles, 10 were identified as focusing on aspects of transgender or gender nonconforming health with sufficient quality used for appraisal (Appendix M). The John Hopkins Nursing Evidence-Based Practice appraisal tool was used to evaluate the strength and quality of the articles or studies that were chosen. Each study was assigned a grade level from I

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to IV and quality rating of high, good, or low (John Hopkins, 2012). Through the utilization of the model, six articles reported evidence of level III with a quality rating of good. There were four articles that were graded with level II strength with a quality rating of good. As a result of the limited number of articles specific to transgender education none of the material reviewed met the criteria, experimental study/randomized controlled trial (RCT) or meta-analysis of RCT, to be designated a level I.

Provider Comfort. There is a misconception that the transgender community is a finite part of the greater population. However, current data suggest that the transgender community could be as large as 1/1500–2000 people within the general population (Bauer et al., 2009). Medical students at the University of Boston were surveyed regarding their comfort level with respect to providing medical services for the transgender community. A total of 38% of these students, reported discomfort-related to knowledge of the best clinical practices for transgender or gender nonconforming people (Safer & Pearce, 2013). An online survey regarding familiarity with current clinical guidelines for the transgender or gender nonconforming people was sent to the providers participating in the Society for Adolescent Health and Medicine and The Pediatric Endocrine Society. Of the 367 respondents, only 62% felt comfortable providing care or services for a transgender patient and less than half (47%) were relating confidence in providing medical services to the gender nonconforming or transgender persons (Vance Jr., Halpern-Felsher, & Rosenthal, 2015). The significant barriers that impacted providers were: lack of training, lack of exposure to the transgender or gender nonconforming populations, lack of access to referrals for mental health services, and unclear guidelines for insurance reimbursement (Vance Jr., Halpern-Felsher, & Rosenthal, 2015).

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Fredriksen-Goldsen et al. compiled a list of reasons suggestive of the healthcare disparities among the LGBT community, specifically mentioning the transgender sector of this population in relation to providers (Mayer et al.,2008). Some of the reasons include; discomfort with disclosing sexual orientation or gender identity with the provider, the providers lack of competence and comfort with LGBT health issues, complications with insurance in the primary care setting, and missing culturally appropriate prevention or education services (Ranji, Beamesderfer, Kates, & Salganicoff, 2014). The World Health Organization (WHO) suggests that sexual health embodies the physical, emotional, social, and psychological aspects of sexuality (Institute of Medicine, 2011). Providers across the board have shown a lack of comfort in providing an affirming approach to human relationships and sexual behavior (Rondahl, 2009).

Provider Education. The Institute of Medicine (2011) released a report, *The Health of Lesbian, Gay, Bisexual and Transgender People: Building a Foundation for Better Understanding,* stressing the importance of meeting the specific health care needs of the LGBT community. Shortly after the publication, The Joint Commission (JC) (2014) developed a field guide to encourage organizations to create a welcoming, safe, and inclusive atmosphere to promote health care quality for the LGBT patient or family, titled *Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community.* Following suit with the other two organizations the US Department of Health and Human Services (HHS) (2016) issued plans for LGBT health by advancing cross-departmental coordination of care, titled U.S. Department of Health and Human Services Advancing LGBT Health and Well-being LGBT Policy Coordinating Committee 2016 Report.

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The Accreditation Council on Graduate Medical Education emergency medicine residency curriculum does not include LGBT-specific education (Moll et al., 2014). In the US medical schools offer less than five hours of LGBT specific material. The results of a survey collected on emergency medicine residency programs concluded that 26% of the programs lectured on LGBT health, with 33% reporting incorporation of LGBT health into the curriculum. The program directors of the emergency medicine program reported the curriculum containing 0 to 8 hours of LGBT material (Moll et al., 2014).

With little published research dedicated to transgender health and limited resources for guidelines, one of the challenges faced by educational institutions is the development of educational competencies (Bauer et al., 2009). The nursing profession has historically received little to no training to support the unique needs of the transgender community (Rondahl, 2009). The National Organization of Nurse Practitioner Faculties (NONPF) developed a concise list of competencies that all nurse practitioners (NPs) should be versed in before practicing (NP Core Competencies, 2017). While the competencies support diverse and culturally competent care as part of standard proficiencies, it is unclear how much curriculum has been dedicated to the categories of reproductive or sexual health to support the future NP workforce in treating this dynamic patient population (National Panel for NP Practice Doctorate Competencies, 2006).

Quality of Transgender Healthcare. The U.S. Transgender Survey evaluated 27,500 transgender people, and 33% of the participants reported experiencing antiquated health services related to transgender health and wellness (James et al., 2016). More than 25% of transgender individuals who were observed in healthcare providers' offices, emergency rooms, or other medical facilities were verbally abused or harassed during their encounter (James et al., 2016). It is estimated that suicide attempts nationally among trans men and trans women are as high as

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46% and 42%, respectively (Haas, Rodgers, & Herman, 2014). Due to direct or inadvertent discrimination, transgender patients reported being less likely to seek medical attention when sick or injured and 23% reported delaying or not seeking preventative medical care out of a fear of discrimination (James et al., 2016). Discrimination against any minority or subculture in health care poses ethical dilemmas in caring for that population. Improved education about the potential barriers, challenges, and healthcare delivery in this community is needed to accomplish equal and unbiased care.

Patient satisfaction related to transgender facilities is correlated with a provider, or staffs, knowledge of transgender health services and training provided for medical professionals to respect a transgender patients' gender identity, specifically use of pronouns (Bocketing, Robinson, Benner, & Scheltema, 2004). Bocketing et al. (2004) points out that many transgender patients are fearful to reveal personal or confidential information about themselves to providers or staff out of fear of phone calls, emails, texts, or other forms of communication to third parties that could expose the patients' status as transgender, non-binary, or gender non-conforming.

Healthy People 2020 set forth initiatives to improve the well-being and cumulative health of the transgender communities (Redfern & Sinclair, 2014). In hopes of creating an atmosphere of openness, improving satisfaction, and increasing the quality of care delivered, Redfern and Sinclair (2014) stress the importance of including transgender youth in the outreach to decrease feelings of isolation and need to remain silent about transgender identification.

Transgender health is a rising and important topic. There are financial implications to providing culturally appropriate care to transgender persons (Redfern & Sinclair, 2014). According to Redfern and Sinclair (2014), roughly 30% of Medicare reimbursements to organizations, clinics, and private practices for services rendered is resolute of performance on

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the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey. Satisfaction and quality of care provided to transgender persons is not only affected by HCAHPS surveys but also influenced by the Affordable Care Act (ACA). The ACA provides protection for the transgender client in relation to insurance coverage and is inclusive of federal nondiscrimination policies at centers accepting federal health care funding (Redfern & Sinclair, 2014).

The substantial gap in care and lack of evidence-based protocols or policies designed to protect and streamline care for these patients is evident (Bauer et al., 2009). With the increased visibility and acceptance of the transgender community in society, there is a need to better prepare medical providers in delivering culturally sensitive and competent care (James et al., 2016). Hughto et al. (2017) reported that more than 32% of transgender individuals have to educate their providers with regard to their specific healthcare needs, 25% experienced discrimination while in a healthcare setting, and 6% conveyed that providers refused to treat them medically. The current screening protocols and management guidelines designed for the cisgender community cannot be translated to the provision of equal care for the transgender population. For example, how to approach pap screening in men with female anatomy, what criteria to use when screening for breast cancer in men with breasts, or the approach to prostate care for women who have a prostate.

Setting and Local Problem

Two locations were determined to have a need for improving knowledge about the culture and specific healthcare needs of the transgender population through the implementation of educational materials, seminars, and pronoun simulation. The two sites selected for the intervention were a local medical center in San Francisco, California and The

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University of San Francisco (USF) FNP (Family Nurse Practitioner) Program Assessment course. USF was chosen on the basis of its effort to improve the curriculum to include transgender health on the basis that many of the students engage with transgender or gender nonconforming patients on a routine basis during their clinical rotations. The local medical center in San Francisco, California, was chosen based on an increase in census related to transgender health and services. These facilities were selected for an educational pilot project based on the completed needs assessment that alluded to a gap in the overall LGBT health education knowledge.

Informal polling of educators and administrative leaders at a local medical center in San Francisco, California concluded the organization did not offer staff classroom or simulation lab educational opportunities specific to the treatment and care of the transgender population. Many of the individuals informally polled had reported an increase in the census of transgender patients within the organizations outpatient setting. They denied having received specialized guidance from educators or administration regarding education for their staff related to cultural competence. To confirm these findings emails were sent to the regional education committee to further evaluate the scope of transgender education within the organization. The results of the emails support the informal polling. None of the regional educators indicated having knowledge of the unique healthcare needs of the transgender population or aware of the increase in prevalence of the population in the outpatient clinical setting. The regional education committee confirmed that there was no formal annual education for staff to remain up to date on the health care needs or improve their baseline cultural competence. The results of the email are suggestive that there is a gap in the education provided annually to the medical staff at a local medical center in San Francisco, California regarding transgender care.

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The Medical Center in San Francisco, California, is a 247-bed facility, 26 bed emergency department, 24-hour pharmacy, and 22 bed neonatal intensive care unit (NICU). The facility houses 10 specialty services: Adult Medicine, Ambulatory Surgery, Cardiology, Dermatology, Transgender Care, HIV Management and Prevention, Obstetrics/Gynecology, Oncology, Psychology, and Urology. The organization and its sister facilities provide care for roughly 4.1 million patients annually. The Medical Center has been acknowledged as a center specializing in transgender services and care by the organization's leaders. Transgender services offered are surgeries, hormone therapy, counseling, and specialized cosmetic procedures for those who identify as transgender, gender nonconforming, and those who seek to change their physical appearance. After an in-depth review of the annual educational requirements mandated by the organization, no education was found in the annual competencies related to the transgender knowledge and communication.

The University of San Francisco (USF) is an inner-city Jesuit university that mirrors the city of San Francisco by striving for inclusion, inspiration, and innovation. USF vocalizes a commitment to explore, engage, and improve the would around by providing a platform for dissimilar conversations showcasing diverse perspectives. The commitment to explore, engage, and improve USF's surroundings promotes diversity amidst the school's community. As a student in the FNP program I attended the FNP Assessment course during the summer of 2017. During my time in the course I realized that there was absent content that would benefit the future FNP's of my cohort, transgender health. The void in content related to transgender health led to a realization of a gap in education.

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Email communication with Doctor Alexa Curtis, the instructor for the didactic course of the USF FNP Assessment course for the Fall semester of 2017, transpired to assess the educational curriculum, specific to the treatment and care of the transgender population, provided to the students. Email communication with Doctor Jo Loomis, the instructor for the simulation course of the USF FNP Assessment course for the Fall 2017, also occurred simultaneously. It was confirmed that the USF FNP Assessment course, both didactic and simulation, did not have curriculum specific education related to the health care needs for the transgender population. The results of the emails are suggestive that there is a gap in the curriculum provided to the USF FNP students.

The University of San Francisco FNP Program Assessment course abides by the NONPF list of competencies that all NPs should be competent in before graduating to practicing. The competencies support diverse and culturally competent care as part of standard proficiencies. The faculty at the University of San Francisco FNP program acknowledged, through email and in person communication, an area that needs improvement related to reproductive, sexual health, and transgender care in the primary care setting. This need provided an opportunity to implement a transgender-focused module to provide NP students with a foundation of knowledge related to nonconforming or transgender patients.

An in-depth literature review was completed in conjunction with an internet search in pursuit of current educational materials available for students, educators, and front line medical staff. The search for educational bundles for instructors or universities to use in their curriculum/training environments revealed a lack of material to support transgender cultural awareness. One opportunity for improving nursing knowledge in relation to the

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transgender patients' healthcare needs was to create a transgender pronoun toolkit that could be used to incorporate transgender cultural competence training into a hospital or universities curriculum plan.

Project Overview Statement

Aim Statement. The overall goal of the project is to increase provider, staff, and student understanding of the cultural and specific healthcare needs of the transgender population through the implementation of an educational curriculum by January 1, 2018. Effectively, this project aims to develop, implement, and evaluate a Transgender Pronoun Toolkit (TPT) for medical personnel that will increase an individual's cultural competency levels.

Outcome Measures

1. The staff/providers at the SF hospital will increase their knowledge of gender pronoun usage by 80%.
2. Students at USF will demonstrate an increased understanding of pronoun usage in the transgender population by 80% on the post intervention survey.
3. Overall, the learners will demonstrate increased comfort in caring for the transgender population by demonstrating increased confidence in the post intervention survey.

As a result, this will improve comfort with communication methods in the transgender communities that are served by the organizations and possibly lead to long-term effects such as increased comfort with the utilization of medical services, enhancement of the policies and protocols that address the transgender population, increased awareness of the cultural barriers associated with transgender care, facilitating improvement. IOM 2011 and WPATH 2012 have published guidelines that exemplified

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the goals that would decrease health disparities amongst the transgender populations by increasing the use of routine medical screenings. These guidelines elaborate on how the effects of routine access to medical care can reduce the healthcare costs related to ED visits and comorbidity complications and decrease the loss of life in a vulnerable population that is unnecessarily affected by social and health variances.

Conceptual/Theoretical Framework

After reviewing the literature and analyzing theoretical/conceptual frameworks for this project, it was found that Dr. Marianne Jeffreys' (2010) Cultural Competence and Confidence Model (CCC) fits the scope of this project best. Her book *Teaching Cultural Competence and Confidence in Nursing and Health Care: Inquiry, Action and Innovation* (2nd edition) instructs the mentors on training nurses in the art of cultural competence. The CCC model integrates transcultural self-efficacy as a key motivating influence for the acquisition of new knowledge and facilitating learners' confidence. Jeffreys (2010) developed the CCC model through the utilization of literature about learning taxonomies, Bandura's self-efficacy theory, and transcultural-nursing care.

The intended utilization of the CCC model seeks to provide instructions for the development of a curriculum to secure cultural competence and confidence through a multifactorial process (Jeffreys, 2010). To achieve culturally consistent care, the model assumes that cultural competence is an evolving process. This is best illustrated through Jeffreys' (2010) pictorial representation of the CCC model (Appendix D). Jeffreys (2010) suggests that the nurses must obtain cultural knowledge from the following different categorizations for the CCC model to be effective: the cognitive, practical/psychomotor, and affective domains. These areas of learning taxonomies form the basis for the nurse to

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provide culturally consistent care (Donovan, 2014). Academic institutions can be the ideal settings for education if the instructors are culturally self-aware and competent (Jeffreys, 2010). Jeffreys (2010) suggested many types of learning techniques, of which a few are listed here as follows: classroom presentations, multimedia visuals, case studies, online learning, webinars, and simulation lab.

Methods

The development of pronoun education was a chosen focus area for transgender health as a means to increase communication between patient and medical staff. In hopes of meeting the needs of the of the transgender community, education was established after a gap was found in teaching provided to medical staff at a local medical center in San Francisco, California and the void of transgender curriculum in the USF FNP Assessment Course. The employees approached at the local medical center in San Francisco, California reported having an increase in transgender patients in their respective work settings without receiving specialized guidance from their employer about cultural competence. USF FNP students report engaging with transgender patients during clinical rotations and work settings without guidance from educators, preceptors, or curriculum.

The medical center was chosen as a site for intervention based on the gap analysis and needs assessment (Appendix N). The concept of teaching to appropriate pronoun usage when communicating with patients developed after multiple interactions with patients' and staff who chose not to go by the binary pronouns taught by the educational system. The medical center was ideal for implementation of the "Transgender Pronoun Toolkit" due to the DNP students' role in the organization as a nursing educator. The site had important elements needed for a successful change in practice; annual education

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hours for staff, support from administration, available meeting rooms, engaged staff, large transgender population base, scheduled skills days for all medical staff, and an established online learning environment for annual education.

The USF FNP assessment course was selected as an ideal site to implement the "Transgender Pronoun Toolkit" due to the DNP students' involvement in the program as an FNP student and the desire to impart knowledge about proper communication with the transgender patient. During the assessment course the students are learning how to solicit information from patients to develop a clear picture of the patients' overall health and reason for seeking medical attention. The DNP student had already been through the assessment course and established a relationship with the faculty. The relationships with faculty and having already been through that portion of the FNP program made the site ideal for application. The university uses an integrated online learning environment in conjunction with didactic and simulation learning environments which is ideal for any learner.

The inclusion of this type of toolkit within a curriculum plan would aim to: improve communication between provider and patient, reduce transgender stereotypes, provide a foundation for culturally sensitive transgender terminology, increase clinical knowledge of the unique needs for the transgender patient, and improve overall healthcare to those patients. Failing to incorporate a plan to address the unique needs of the transgender community will perpetuate the heteronormative and gender binary stance that is seen in healthcare today. This viewpoint perpetuates biases that create the health disparities seen in transgender healthcare today.

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The Transgender Pronoun Toolkit that was developed is comprised of four objectives. First being, to provide the current/future medical professionals with a comprehensive learning tool that incorporates traditional and nontraditional learning techniques to improve the learners' knowledge about the transgender and gender nonconforming community. Second, to ensure that the learner has an improved understanding of the cultural competencies that are unique to the transgender community and which are correlated with providing comprehensive care for the transgender patients. Third, to ensure that the transgender toolkit is corroborated for use in medical and educational settings. Lastly, to bring attention to the need for standardization of educational scenarios in medical programs and annual competencies for the practicing medical professionals.

Baseline Knowledge Survey: A baseline knowledge assessment survey was developed and disseminated to the locations mentioned to assess the knowledge base of the learner related to transgender communication and health needs (Appendix B). The survey was developed by compiling questions used for gathering baseline data utilized in an online learning environment to better understand the current competence level of the learners. The questions were modified to specifically target the topic of transgender health. The survey was delivered in written questionnaire format in person prior to the presentation of the "Transgender Pronoun Toolkit". It was determined through consultation with peers that to garner a large number of questionnaires that the most effective mode for completion was to collect prior to implementation of the toolkit. The expectation from the survey was to validate a lack of knowledge established through

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informal conversations had with the local medical center in San Francisco and the USF faculty.

The baseline assessment was given to FNP students, technicians, clerks, registration, physicians, and management. Of the 367 surveys that were returned and complied, the consensus was that little to no education regarding the specialized healthcare needs of the transgender population had been disseminated. Many denied having received cultural sensitivity training for the transgender persons during their medical program, hospital orientation, or department orientation (Appendix O). Lastly, few reported being equipped with the tools to introduce themselves to a transgender patient successfully or how to inquire about patients about their preferred pronouns. These findings suggest a gap in the education and orientation provided to the staff regarding transgender services and care. The DNP project interventions were designed by the author, using this feedback.

Interventions

Educational Presentation: An in-person presentation and online power point with voice over was developed to disseminate information to the learner (Appendix S). The power point was created using up to date recommendations compiled and released by: UCSF, WPATH, and the National LGBT Health Education Center (Appendix A). Statistics were gathered from the 2015 Report of the U.S. Transgender Survey, which was developed by the National Center for Transgender Equality.

The power point presentation had four objectives:

1. To increase the learners' foundational knowledge of the transgender community

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2. To increase awareness of transgender communities
3. To learn key concepts related to terminology; application of skills, both communication and documentation in providing transgender-affirming care
4. To review transgender health services or health models that are being navigated by transgender patients in the greater San Francisco Bay Area.

At the local medical center in San Francisco, California, in person training was the only method utilized to provide education for the medical staff. This method of informational delivery was preferred, over the online learning environment, to take advantage of the annual training hours allotted to the staff.

For the USF FNP Assessment Course, the online power point with voice over was preferred to be inserted in the course as an online component. This method allowed the faculty to disseminate more education to the student but also maintain adequate time for active discussion about transgender health during the physical participation time in the didactic course.

Simulation: A case study scenario was used to apply the information taught in the educational presentation (Appendix L). In the assessment course simulation scenario was used to guide a robust patient encounter. The simulation was used in both the local medical center and the FNP Assessment course. The goal of the simulation was not to diagnose the patient with a medical condition but to properly implement appropriate pronoun usage with a transgender patient. Actors or volunteers were used for the simulation to provide the most realistic interaction between a provider and patient. All volunteers or actors that participated in the scenario were provided 30 minutes before the simulation to review the scenario and ask questions of the DNP student or instructor.

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Handout: A trifold handout was developed using the same resources that were used in the power point presentation (Appendix S). The purpose of the handout was to provide the learner with a practical resource to use as a guide and reference in practice; as well as increase the learners' comfort with using pronouns that they may not have ever used or feel uncomfortable using.

Stakeholders: Many parties or individuals could be affected directly via the implementation of this project. These individuals or groups, labeled stakeholders, were gathered to discuss the transgender educational toolkit in detail before implementation. The stakeholders have been contacted through email and phone conversations to discuss the implementation of the "Transgender Pronoun Toolkit". All individuals who were contacted in each location were supportive of adding the educational toolkit to the annual educational requirements.

The stakeholders for the local medical center in San Francisco, California, are as follows: project sponsor—the Assistant Medical Group Administrator, designated business expert—the Service Director of the Emergency Department, project manager—the Clinical Nurse Educator Emergency Department, project team—the assistant nurse managers, end users—charge nurses, physicians, registration, clerks, technicians, and nurses, others related to the project—regional educational department, public relations, and finance. All stakeholders listed above are key to the successful implementation of the project.

The Assistant Medical Group Administrator and Service Director of the Emergency Department were the designated key individuals who enabled one to gain access to the health center. The DNP student, who is in the role of clinical nurse

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educator, was the project manager and was responsible for ensuring that the project moved forward. The assistant nurse managers were designated transgender champions to serve as resources for the front-line staff in the nursing units. The end users, that is, the charge nurses, physicians, registration, clerks, technicians, and nurses, were the individuals who implemented the toolkit in real time with the transgender and gender nonconforming patient population. Lastly, the regional educational department, public relations, and finance were necessary for approving all the educational material that needed to be presented, how the information may be perceived by the general population, and the amount of money that should be allocated for training and materials.

The USF stakeholders were the two instructors of the assessment course for the Family Nurse Practitioner program. The instructors were the instrumental stakeholders in enabling one to gain access to the USF-FNP program curriculum. Other stakeholders are the FNP students who will become instrumental in creating a change for the transgender community after completion of the FNP program.

Variance Control

There will need to be buy-in from the administration at all sites of implementation to plan for variance control during the implementation of the project. Once the primary stakeholders of both locations agree that this is a necessary change in practice, the content will be presented. Throughout the project, there will be instances when the challenges or variances that arise will need to be managed. Examples of variables are as follows: individuals wishing not to participate in the training for personal reasons, limited funding for training sessions, individuals in both locations with personal agendas that do not align with the scope of the project, and possible special limitations throughout

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the training venues. Each variance will need to be treated with critical thinking to keep the project on track. Always having a contingency plan for any of the above variables, along with buy-in from the site location leaders, will ease the management of variances throughout the implementation of the project. The buy-in for the project will produce transgender champions that will lead by example the improved communication with transgender individuals that present to the implementation sites. As site champions, they will then assist the staff with buy-in and prove to be a vital resource for those in direct communication with the transgender patients in each site, respectively.

“Transgender Education Toolkit” Delivery

Interventions: Interventions for this project include arranging educational seminars using PowerPoint, online modules, educational handouts (Appendix J), and simulation (Appendix L). For the hospital a 60-minute educational session on site was carried out. For the university, an online module of 20-minutes (PowerPoint) followed by an in-class presentation/simulation and debrief/discussion was held.

The educational seminar is provided at both the hospital began with the history of the transgender community. Then, terms and definitions are discussed. This content is followed by the types of medical procedures that an individual can choose to undergo along with the terminology that should be used in medical records. Once the foundation for documentation has been shared, the barriers to communication are discussed along with ways to troubleshoot issues that may arise with pronoun usage in the live setting. The topic of pronoun usage comprises the bulk of the presentation (Appendix S).

The university utilized online modules, containing the same information presented in the educational seminar in PowerPoint format, for the dissemination of transgender

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education in the virtual learning environment. The online modules are composed of parts from each of the learning sections listed above with voice-over PowerPoint, handouts, simulation, and discussion boards, discussing how to handle new interactions with a transgender or gender nonconforming patient.

Handouts were distributed during the presentation of the educational material with an open forum for discussion on communication with the proper use of pronouns with the transgender population, as seen in the respective sites. Each handout has content to help the learners develop a routine for introducing themselves to patients and tips for how to ask a patient the manner in which they would like to be addressed. A chart of common pronouns that are used by the transgender and non-binary community was provided to expound on the participants' knowledge base. This handout can serve as a resource for the individual when engaging with all patients to ensure that all individuals are spoken to with respect and dignity.

Lastly, a simulation experience was utilized to emulate how a scenario may play out when a patient seeks transgender services or desires the usage of pronouns that the provider is not familiar and/or comfortable with using (Appendix J). This portion of the toolkit is not just for those individuals working in the transgender setting. This simulation can be utilized by any population and is a good way to develop a relationship with patients through relaxed dialogs. The simulation lasted for approximately 20 minutes, with participants introducing themselves by sharing their pronouns and asking the patient how they would like to be addressed during their encounter.

Barriers: The barriers to the implementation of the Transgender Pronoun Toolkit were follows: site location, inability to perceive the need for cultural sensitivity

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education for the transgender population, lack of interest from the staff, lack of educational hours for participants, and individuals not understanding or retaining the information due to time constraints for educational opportunities.

SWOT Analysis

Before the development of the Transgender Pronoun Toolkit, a SWOT analysis was completed in February of 2017. Although threats and weaknesses were identified, the strengths and opportunities exhibited significant positive impact to proceed (Appendix E).

Strengths: The strengths of the selected sites for implementation of the toolkit are as follows: active in the application of evidence-based practices, built on the medical model of preventative medicine, and/or educational settings. Other strengths of these locations include the prospective of increasing medical staffs' knowledge and competency regarding communication with transgender patients. Another strength of this project is the ability to use the toolkit online, in person, or via Zoom/FaceTime to spur thoughtful communication.

Weaknesses: The noted weakness of the Transgender Pronoun Toolkit at the San Francisco California medical center is limited staff time for training. However, the DNP student is the nurse educator for the emergency department and has ample opportunity to provide in-services on the material during morning huddles, skills days, and quarterly staff meetings throughout the medical center. Other weaknesses are increased transgender patient census resulting in an immediate need for education, the requirement for self-insight regarding the transgender topic, and the participants' willingness to engage with the patients about their personal information that may be viewed as taboo. For the USF DNP FNP Assessment Course, much of the communication and education is conducted in

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the online realm. However, there are many participants who might learn best from in-person communication.

Opportunities: This project has the potential to address a segment of the medical community that has been uneducated due to the misconception that the transgender census comprises a lesser piece of the greater population. The project has the prospect to address unique community needs, simplify continuity of care with increased dissemination of information in an appropriate language, as well as potentially decreasing communication issues surrounding the culture of the transgender community. Increased communication could embolden transgender individuals to seek routine healthcare services and screenings. This intervention could help reduce the transgender population's attempts of seeking immediate medical care in the emergency setting (Taylor, 2016). Other opportunities could be the possibility for the project to spread throughout Northern California, vastly improving the quality and cultural sensitivity that is provided to the transgender patient population and to be used as an educational kit for different organizations.

Threats: Possible threats to the project include site leaders' lack of commitment to the project, sustaining the project after implementation, and learners' personal or religious biases against transgender education. The foundation of this project is based on a commitment from project leaders at each site. If these individuals lose interest or classify the project as not important, it could be discarded and not be implemented. Sustaining the project after implementation is a large concern due to the other regulations in the medical community that could take priority. Lastly, there could be personal or religious biases against transgender education due to the diverse cultures that are present

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at each of the sites that are chosen for implementation. Although there is a concern for possible disinterest from the targeted population, it should prove unlikely due to the amount of interest and support that are provided by the key stakeholders and the chosen sites as a whole.

GANTT

The project was conducted over 11 months and had four distinct milestones (Appendix F). March through April of 2017 comprised the planning phase of the project, which entailed communication with leadership, approval, and literature review. From June to July 2017 the primary data collection including observation, system assessment, pre-survey, and continued literature review was conducted. In August to December 2017 the implementation phase of the project with education, simulation, stakeholders' meeting, and seminars. From January to May 2018, the evaluation phase was conducted, including analyzing the questionnaires and educational feedback.

Time, Cost and Performance Constraints

The proposed time for the implementation of the transgender toolkit is 11 months—from March 2017 to May 2018. The estimated cost for the implementation of the Transgender Pronoun Toolkit at USF was $985.00, the actual cost for implementation was $1,260.00 (Appendix G). The estimated cost for implementation at the local Medical Center in San Francisco, California was $3400.00 (Appendix H). The performance constraints for the implementation of the project are staff/student availability, holidays, allotted education time, and site compliance.

Proposed Budget

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The proposed budget for the local San Francisco Medical Center was $3,400 (Appendix H). The actual budget was totaled to be $3,700. Direct expenses were: printing/copying services, actor/volunteer fees, travel expenses for the DNP student, and food/beverages for the participants; totaling $3,175. Indirect expenses were: classroom space and office supplies; totaling $525. Due to the organizational structure, the University of San Francisco DNP student was not privy to the exact educational budget for the implementation site. The budget referenced does not include staff salaries for in-service and supplies. Intangible costs are invested time, downtime, and staff resistance due to meetings held during quarterly staff meetings, skills days, and morning huddles

The proposed budget for the University of San Francisco Assessment course was $985 (Appendix G). The actual budget totaled $1,260. Direct expenses were: printing/copying services, actor/volunteer fees, and DNP travel expenses; totaling $775. Indirect expenses were: classroom space and office supplies; totaling $485. Many of the fees were covered by the cost of student tuition, which the student did not have access to. As a result the estimated cost of implementation at USF is based strictly on supplies and factors the student had control.

Ethical Issues

Ethical considerations were taken into account when conversing with the members of the transgender population and the medical staff that participated in the DNP quality improvement project. This project was motivated by the nursing ethical principles of justice, autonomy, and beneficence (Grace, 2016). The providers advocating for a vulnerable population took the principle of justice into account. Respecting individuals' socio-economic and cultural differences when providing medical care is the essence of

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autonomy. Lastly, treating individuals with compassion and always maintaining the intent to cause no harm while practicing medicine whether it is for a transgender or cisgender patient, explains beneficence. As medical providers, it is our ethical responsibility to provide equal care for all communities. A focus of the project was discrimination against the transgender community as a whole. The project was motivated by the increase in the presence of the transgender community seeking medical care and the mainstream literature referencing the health disparities that are impacting the transgender population. The providers and ancillary staff participated in the development of the assessment, implementation, and evaluation of the Transgender Pronoun Toolkit. There are no ethical issues or conflicts of interest within the team.

Three project objectives were selected for the improvement of transgender cultural awareness, listed below. The objectives aim to improve the foundation knowledge of medical staff and future medical professionals.

Project Objectives:

1. The Transgender Pronoun Toolkit will provide educators, medical professionals, and future medical professionals a comprehensive learning tool that combines traditional and nontraditional learning techniques to advance knowledge about the transgender community.
2. Those that complete the transgender pronoun toolkit activities will have an enhanced understanding of cultural competence needs that are linked with providing care for the transgender patient.

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3. The Transgender Pronoun Toolkit will be validated, through feedback from educators and participants, for the use in the traditional classroom setting, non-traditional online learning environment, and medical centers.

Analysis

Questionnaires are an essential method of qualitative data compilation that are used routinely throughout research as a means to offer anonymity and are typically inexpensive to conduct. Noted disadvantages of a questionnaire are: use outside of its intended application is limited and inability to clarify a response, if needed, to a question. The pre-training survey developed for this DNP project included eleven questions that were easy to follow and read, equivalent to a sixth-grade reading level. In order to increase validity, different concepts related to deviance from the typically utilized pronouns were denoted in the questions. The DNP student and site champions acknowledged factors that could skew the responses, such as differing knowledge levels between learners and regularity of exposure to the transgender population.

The Likert scale is often used to gauge attitudes by questioning participants to respond to a sequence of questions regarding a specific topic. Similar to questionnaires, Likert scales provide the learner anonymity and are typically reasonable in cost to produce/conduct. A negative aspect of using the Likert scale is the assumption of linear thinking. For this DNP project, the Likert scale was used on the post-training survey to measure the perception of the learner with regards to the usefulness of the Transgender Pronoun Toolkit. At the bottom of the survey, participants were encouraged to provide open ended feedback for toolkit improvements.

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The qualitative results of the questionnaire and Likert scale survey were collected and analyzed using Microsoft® Excel® for Mac 2016. The data for each question on the questionnaire was entered into the Excel® program with the resulting information displayed as a bar graph, displaying the various answers. The bar graph was selected as the preferred method of displaying information for the simplicity of discerning the results of the Likert scale.

Results

Qualitative questionnaires were collected at two points during the intervention. The first, prior to the dissemination of the PowerPoint to assess the participants foundational knowledge and comfort level when interacting with a transgender patient. The second at the conclusion of the material. A total of 367 individuals attended the training across all venues over the span of five months, from August to December 2017. Although this project did not qualify as research, as evidence by the IRB waiver (Appendix I and J), the author was able to collect qualitative data that supported the efforts of the project and continued improvement.

The pre- and post-PowerPoint/educational seminar questions were varied to act as a means for collecting a broad swath of information about the audience (Appendix B and C). Information that was captured explained the role of the individuals in their current place of employment or school. The total number of participants was 367, the largest group for both implementation settings was comprised of nurses, who accounted for 57% of the participants. The key information collected from the pre-intervention survey was the participants' comfort level regarding transgender topics indicating 79% of the participants reported being not comfortable and comfort regarding interacting with

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someone who identifies as transgender where 49% of the participants reported being uncomfortable. Other key information that was captured were the participants' history of having received cultural sensitivity training for the transgender persons during a nursing program, residency, medical school, hospital orientation, or department orientation. Of the participants 60% reported having received no training. This suggests that many of the learners had no prior experience with members of the transgender community or prior content regarding this topic.

Post Training Evaluation: To evaluate the learners knowledge after the presentation of the educational material and simulation a post training survey is taken. The survey is given in person as a written Likert scale of one through five, one being strongly disagree to five being strongly agree. The survey queries the learners comfort level when engaging with a transgender patient in the clinical setting. The intent for using the Likert scale versus the standard "yes or no" questionnaire was to gain a deeper insight into what the learner is thinking and feel about the material presented.

Post-PowerPoint/educational seminar was to be completed post educational presentation. Each individual that took part in the training had the opportunity to become a transgender champion. The champion will be engaged in the following activities: leading by example and seeking to help those involved in direct transgender care, recruiting other individuals in the site to champion their shift and be a role model for others, developing a standardized method of communication that is suitable for their work environment to disseminate pertinent information about the transgender patient to alleviate confusion, developing and implementing simulation, as needed, to educate new staff and keep current staff up to date with the latest literature, presenting new

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information to coworkers on a regular basis, as needed, to keep all individuals up to date, familiarizing themselves with the available resources in their geographic region for transgender patients, and coordinating meetings with transgender resource centers to familiarize themselves with what the center has to offer to patients.

The post- PowerPoint/educational seminar survey comprised eight questions that were scored using the 5-point Likert scale, with one “Yes” or “No” question and two open-ended questions that took suggestions for project improvements (Appendix C). The survey aimed to gather information regarding: increased comfort, increased knowledge, and increased ability to implement education at the clinical practice sites. Of the 367 collected surveys, 66% of the participants reported feeling comfortable with using the name/pronoun that a patient asks them to use rather than the one in the chart, 85% of the learners reported knowing how to recover from mistakes when addressing a transgender person, and 84% of the students reported knowing the steps that should be taken to resolve questions when a patient appears to be male even though the chart indicates them to be female (Appendix P). According to the results of the survey, few of the participants had a high level of transgender knowledge before receiving the training that was provided through the implementation of the Transgender Pronoun Toolkit.

Of the 367 respondents who participated in the learning activities, 77% reported that they were likely to attend a webinar, seminar, or training on transgender health and culture in the future (Appendix P). After the implementation of the Transgender Pronoun Toolkit, the participants were asked if they would be interested in being a champion for the transgender services at their place of work, and 67% reported “Yes” (Appendix P).

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When the participants were asked, “What did you like about the training that should be continued?” 78% mentioned the increased ability to speak directly to members of the transgender community without the fear of making a mistake. One learner mentioned, “This was a very safe learning environment for such a sensitive topic,” and another indicated that the handout and simulation was the most valuable portion of the toolkit. No one documented any responses in the section that asked the participants to document what they liked the least about the training. Overwhelmingly, the feedback regarding the content and the testing of the Transgender Pronoun Toolkit has been positive.

The stakeholders in the project were supportive through all aspects of the DNP improvement project. As a result of their support, the project moved forward without difficulty. There appears to be no concern for project sustainability as a result of the overwhelming affirmation received from administration at the local medical center in San Francisco, California and faculty of the Assessment Course in the USF FNP program. After the final implementation of the Transgender Pronoun Toolkit the author was approached by the regional education department at the San Francisco medical center to pull parts of the material for a standardized regional online learning module for all current and future staff to complete on an annual basis.

Summary

This quality improvement project conducted in a local medical center in San Francisco, California and the USF FNP Assessment Course highlighted gaps in education provided to current and future medical professionals. It was determined that neither location had an educational curriculum devoted to the unique health care needs of the

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transgender population. Practicing medical professionals reported relying on organizations, outside their place of employment, for varying healthcare related inquiries or resources to address the needs of the patient. Additionally, learners verbalized gaps in their training to properly address the transgender clients' basic medical needs. For example, when should a woman begin to receive routine prostate exams.

This assessment of medical professionals at the local medical center in San Francisco, California garnered support from key individuals to improve the transgender education professionals receive annually resulting in the support of a quality improvement project to increase base knowledge of communication techniques utilizing proper pronouns to address a client. The author consulted with the stakeholders throughout the assessment, construction, implementation, and evaluation of the project. The results of the collaboration with stakeholders resulted in a well-developed Transgender Pronoun Toolkit that is applicable in the hospital setting, classroom setting, and validated for both current and future medical professionals.

The DNP Project met the following outcomes:

1. The Transgender Pronoun Toolkit will provide educators, medical professionals, and future medical professionals a comprehensive learning tool that combines traditional and nontraditional learning techniques to advance knowledge about the transgender community.
2. Those that complete the transgender pronoun toolkit activities will have an enhanced understanding of cultural competence needs that are linked with providing care for the transgender patient.

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3. The Transgender Pronoun Toolkit will be validated for the use in the traditional classroom setting, non-traditional online learning environment, and medical centers.

Factors that backed the successful execution of this project included chosen sites that promote evidence-based practice improvement, as evident by both locations quickly integrating and utilizing of the Transgender Pronoun Toolkit in the educational curriculum. Also, both entities understanding the role of the DNP/FNP student affected the involvement and sustainability of stakeholders, approval of project goals, as well as planned interventions.

Implications for Practice: Discrimination, lack of medical insurance and lack of access to care, along with poorly prepared medical and nursing staff influence limited enrollment in preventative medical screenings for transgender patients (James et al., 2016). The inability to provide preventative care for transgender patients is linked to substandard health (Gonzales & Henning-Smith, 2017). There is a lack of knowledge focused on the unique health and cultural needs of the transgender individuals in both the curriculum and the literature (NP Core Competencies, 2017). The lack of evidence based literature and guidelines results in medical and nursing staff being less cognizant of the specific needs of the transgender community, specifically communication techniques with emphasis on pronoun usage (Jalali & Sauer, 2015).

Without sufficient education and research in transgender health, the medical care disparities continues to widened, and it poses challenges for building evidence-based protocols and policies (Bauer et al., 2009). Alegria (2011) reported that as a direct result of little to no culturally competent standardized education, there arises the notion that cisgender care involves

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the standard presentation of individuals in the healthcare setting. This mentality denotes a worldview that promotes heterosexuality as the normal sexual orientation, creating a void of transgender training. Therefore, the hospital process improvement should consider the moral, social, and behavioral needs of the transgender population.

Conclusion

Following the release of the Institute of Medicine's (2011) and the Joint Commission's (2014) evaluation of the LGBT health inequalities, there has been a surge in public awareness of healthcare needs in this population. Both of the documents, *The Health of Lesbian, Gay, Bisexual and Transgender People: Building a Foundation for Better Understanding* (2011) and *Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community* (2014), released by each organization encouraged the education of medical professionals to increase the foundation of cultural sensitivity (IOM, 2011). Healthy People 2020 further elaborated on the need to address LGBT health needs by pointing out the lack of culturally competent medical professionals (Redfern & Sinclair, 2014). Although the previously mentioned resources are available to educators to aid in development of a robust competency training program, there is lacking literature on the number of educational programs currently being implemented or their influence on patient outcomes.

After the implementation of the Transgender Pronoun Toolkit, the results showcased an increase in knowledge regarding appropriate communication with a transgender client. Most learners indicated that the learning material was effective and applicable for their practice environments. Over half of the participants, 67%, reported that they would be interested in leading the implementation of transgender education at their facility of employment.

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Following the implementation of the Transgender Pronoun Toolkit, a fellow DNP student requested for the toolkit to be presented at their place of employment in the Central Valley, California. The student reported an increase in transgender patients in the Central Valley medical system. There were approximately 120 participants for that specific implementation of the toolkit. Surveys were collected to assess application of the material outside of the San Francisco Bay Area. The 120 surveys were not used in the calculation of the results section for the author. However, the results of the questionnaire confirmed the need for the Transgender Pronoun Toolkit in rural areas of California where current and future medical professionals reported having not been trained in the use of appropriate pronoun usage when caring for a transgender client (Appendix Q and R).

Future Direction: As providers in the medical community, we need to increase research and clinical practice dedicated to the transgender population, standardize curriculums for all medical programs, and adopt transgender care into every institute's annual education model. Practitioners need to take action by adopting evidence-based care models, adjusting beliefs or preconceived ideas about the community, and learning to treat the transgender population to understand their culture and specific healthcare needs better. According to Taylor (2016), for the healthcare arena to achieve notable customer service toward the transgender population, healthcare providers must first examine their biases and educate themselves. Nurse practitioners (NPs) are well placed to impact the transgender community by fostering a welcoming environment, implementing protocols, and developing policies. Through this work, an individual can seek care, self-identify, and receive the medical treatment that they deserve without stigma (Bauer et al., 2009). Respecting individuals' socio-economic and cultural differences when

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providing medical care is the essence of autonomy. Treating individuals with compassion and always maintaining the intent to cause no harm lies in our ethical duty of beneficence, whether it is for a transgendered, gender nonconforming person, or cisgender patient. This simple toolkit is just the beginning of increasing comfort and confidence increasing comfort and confidence in caring for a segment of the population with specific needs. There are opportunities to enhance this work, develop more comprehensive cultural competence and close the gap in transgender healthcare disparities.

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Appendix A
Available Online Resources for Providers

Name of Agency	Website	Information Available
University of California San Francisco (UCSF)	http://transhealth.ucsf.edu/trans?page=lib-00-02	• Guidelines and best practices for practitioner • HIV care • Counseling services, preventative screening.
The World Professional Association for Transgender Health (WPATH)	http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1351	• Clinical guidelines, standards of care • Primary care gynecological /urologic care • Reproductive options • Voice and communication therapy • Mental health services • Surgical • Hormonal treatment options.
The National LGBT Health Education Center	https://www.lgbthealtheducation.org/	• Educational programs • Resources • Consultation services to optimize quality along with cost.

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Appendix B
Pre-Education: Transgender Awareness Survey

The purpose of this survey is to measure the knowledge and comfort of the transgender health and culture. This survey will advise how the emergency department of an inner city hospital in San Francisco, California can improve future communication and education regarding transgender health and culture.

Please indicate your role in your department below:
-Select only one choice.
[ ] Physician
[ ] Nurse
[ ] Technician
[ ] Clerk
[ ] Registration

How would you describe your level of comfort with transgender topics?
-Select only one choice.
[ ] Very Comfortable
[ ] Somewhat Comfortable
[ ] Not Comfortable

What is your level of comfort regarding interaction with someone who identifies as transgender?
-Select only one choice.
[ ] Very Comfortable
[ ] Somewhat Comfortable
[ ] Not Comfortable
[ ] No Interactions

How would you rate your willingness to befriend someone who identifies as transgender?
-Select only one choice.
[ ] Very Comfortable
[ ] Somewhat Comfortable
[ ] Not Comfortable

Does your work/school have policies that are inclusive of the transgender persons?
-Select only one choice.
[ ] Yes
[ ] No
[ ] Not Sure

How much discrimination is there against transgender individuals in our society today?
-Select only one choice.
[ ] A lot
[ ] Some
[ ] Only a little
[ ] None at all

Have you ever witnessed somebody being verbally harassed based on their gender identity or expression?
-Select only one choice.
[ ] Yes
[ ] No
[ ] Not Sure

Do you feel that medical staff have a positive or negative view of transgender people?
-Select only one choice.
[ ] Very Negative
[ ] Neutral
[ ] Very Positive

Have you received education regarding the specialized healthcare necessities of the transgender population at any time in the past year?
-Select only one choice.
[ ] Yes
[ ] No
[ ] Unsure

Have you received cultural sensitivity training for the transgender person during your nursing program, residency, medical school, hospital orientation, or emergency department orientation?
-Select only one choice.
[ ] Yes
[ ] Maybe
[ ] No
[ ] I Cannot Remember

How likely are you to attend a webinar, seminar, or training on transgender health and culture?
-Select only one choice.
[ ] Yes
[ ] Maybe
[ ] No
[ ] Uncertain

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Appendix C
Post-Implementation Evaluation: Serving the Transgender Community

Thank you for undergoing the training! Please complete this anonymous survey to support improvements.
Instructions: Indicate your level of agreement with the statements given below by circling your response.

I am comfortable providing high-quality service to the transgender and gender nonconforming patient.

1	2	3	4	5
Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree

I am comfortable using the name/pronoun that a patient asks me to use rather than the one in the chart.

1	2	3	4	5
Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree

I know how to recover from mistakes when I make them.

1	2	3	4	5
Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree

I understand the difference between sexual orientation and gender identity.

1	2	3	4	5
Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree

If a patient appears to be male but the chart indicates female, I know what steps to take to resolve my questions and how to address them.

1	2	3	4	5
Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree

I know how to ask for a transgender patient's name and pronouns in a sensitive way.

1	2	3	4	5
Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree

How would you rate the presenter's familiarity with the presentation material?

1	2	3	4	5
Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree

How would you rate the quality of this presentation?

1	2	3	4	5
Not Effective	Somewhat Effective	Neither Effective Nor Ineffective	Effective	Very Effective

I would be interested in being a champion for transgender services at my place of work.

Yes ☐ No ☐

What did you like about the training that we should **continue** to do?

What about the training could be improved? Is there anything we should **stop** doing or **start** doing?

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Appendix D
Cultural Congruent Care Model

CULTURAL COMPETENCE

CONFIDENCE
(Transcultural Self-Efficacy)

Past Experience & Observation
Actual Performance
Vicarious Experience (Models)
Forms of Persuasion (Encouragement)
Emotional Arousal (Physiological Indicators)

Transcultural Self-Efficacy Appraisal

Transcultural Nursing Skills

Cognitive
Practical
Affective

Assess, Plan, Implement, Evaluate
Culturally Congruent Care

Formalized Educational Experiences
Other Learning Experiences

CULTURALLY CONGRUENT CARE

(Source: Jeffreys, 2010)

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Appendix E

SWOT Analysis

SWOT Analysis	
Internal	
Strengths	**Weaknesses**
Provides the new clinical staff with education about the transgender patient population	Requires training time outside of work hours (This results in a direct conflict of the California Nurses Association's contract with the organization).
Improves seasoned clinical staff's knowledge	Requires self-insight
Applicable to all medical and non-medical staff throughout the organization	Requires participants' willingness to engage with patients about personal information viewed as taboo
Handouts can be tailored for the increased knowledge base and updated easily for changes in literature	
Handouts, PowerPoint, and electronic learning encourage the application of newly learned material	
External	
Opportunities	**Threats**
Each department within the organization will adopt the educational material into their staff onboarding	Some site leads that are responsible for education may have personal or religious biases against transgender education, affecting their desire to participate in the quality improvement project.
The education developed may be recommended throughout the region of Northern California	Some site leads responsible for education may not identify the need for transgender education in their unit or throughout the organization.
Improvement in quality and cultural sensitivity provided to transgender patients	

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Appendix F
GANTT Chart

Gantt Chart
Transgender Education ED
March 2017-May 2018

2017										2018				
March	April	May	June	July	August	September	October	November	December	January	February	March	April	May
W1 W2 W3 W4 W5	W1 W2 W3 W4	W1 W2 W3 W4 W5	W1 W2 W3 W4 W5	W1 W2 W3 W4	W1 W2 W3 W4 W5	W1 W2 W3 W4	W1 W2 W3 W4 W5	W1 W2 W3 W4 W5	W1 W2 W3 W4	W1 W2 W3 W4 W5	W1 W2 W3 W4	W1 W2 W3 W4 W5	W1 W2 W3 W4	W1 W2 W3 W4 W5

Deliverables	Duration
Planning Phase	**14 W**
Planning	14 W
Communication with Leadership	14 W
Approval	4 W
Literature Review	14 W
Data Collection	**9 W**
System Assessment	6 W
Observation	5 W
Interviews Pre-Survey	5 W
Literature Review	9 W
Implementation	**23 W**
Stakeholders Meeting	3 W
Simulation	
P.D.S.A.	
Morning Huddle	23 W
Literature Review	23 W
Analytic Phase	**5 W**
Formulation of Recommendations	2 W
Presentation	1 W
Interviews Post-Survey	3 W
Literature Review	5 W
Final Phase	**18 W**
Writing Publication	18 W

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Appendix G
University of San Francisco Budget

USF Expected and Actual Budget for the Trangender Pronoun Toolkit					
Direct Expenses				**Projected**	**Actual**
	Printing/Copying Services (1)			$325.00	$500.00
	Actor(s) Fees (2)			$300.00	$0
	Travel Expenses (3)			$100.00	$275.00
		Total Direct Expenses		**$725.00**	**$775.00**
	(1) Toolkit printing and binding				
	(2) 2 actors at a rate of $20.00 per hour. Expected 4 hours of work per actor. Projected:				
		30 minutes to review the scenarios and 3.5 hours for implementation.			
		Actual: students volunteered for project at no fee.			
	(3) Parking fee, Transportation needs, and food during travel				
Indirect Expenses				**Projected**	**Actual**
	Classroom Space (4)			$60.00	$0
	Office Supplies (5)			$200.00	$485.00
		Total Indirect Expenses		**$260.00**	**$485.00**
	(4) Classroom space $30.00/hr x 2 hours. Inclusive: electric water and janitorial services.				
		This is an estimated cost because there was no expense to the DNP student.			
	(5) Office supplies included paper, pens, staplers, and paperclips.				
				Projected	**Actual**
		Total Direct Expenses		$725.00	$775.00
		Total Indirect Expenses		$260.00	$485.00
		Projected Budget		**$985.00**	**$1,260.00**

All amounts shown above are in U.S. Dollars

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Appendix H
Local Medical Center Budget

Local Medical Center Expected and Actual Budget for the Trangender Pronoun Toolkit			
Direct Expenses		**Projected**	**Actual**
	Printing/Copying Services	$700.00	$1,200.00
	Actor(s) Fees (2)	$300.00	$0
	Travel Expenses (3)	$200.00	$225.00
	Food/Beverages (4)	$1,500.00	$1,750.00
	Total Direct Expenses	**$2,700.00**	**$3,175.00**
	(1) Toolkit printing and binding		
	(2) 2 actors at a rate of $20.00 per hour. Expected 4 hours of work per actor. Projected:		
	30 minutes to review the scenarios and 3.5 hours for implementation.		
	Actual: students volunteered for project at no fee.		
	(3) Parking fee, Transportation needs, and food during travel		
	(4) Food/Begerages Provided: $5 a person, expected 300 individuals to participate in training		
Indirect Expenses		**Projected**	**Actual**
	Classroom Space (5)	$300.00	$0
	Office Supplies (6)	$400.00	$525.00
	Total Indirect Expenses	**$700.00**	**$525.00**
	(5) Classroom space $30.00/hr x 10 hours for all sessions. Inclusive: electric water and janitorial services.		
	This is an estimated cost because there was no expense to the DNP student.		
	(6) Office supplies included paper, pens, staplers, and paperclips.		
		Projected	**Actual**
	Total Direct Expenses	$2,700.00	$3,175.00
	Total Indirect Expenses	$700.00	$525.00
	Projected Budget	**$3,400.00**	**$3,700.00**

All amounts shown above are in U.S. Dollars

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Appendix I
DNP Statement of Non-Research Determination Form

Student Name: Jacob K Adkison

Title of Project: It Starts with a Pronoun

Brief Description of Project: The transgender community experiences greater social and health disparities that can impact its members quality of life in a negative way. Discrimination, lack of medical insurance, along with culturally incompetent hospital staff contribute to limited enrollment in preventative medical screenings. This lack of preventative medicine directly correlates to substandard health outcomes. There is a void of literature focused on the unique health and cultural needs of the transgender individuals. The lacking literature results in hospital staff being under-informed of the specific needs of the transgender community, specifically of the communication techniques with emphasis on pronoun usage.

A) Aim Statement: The overall goal of the project is to increase understanding of the cultural and specific healthcare needs of the transgender population through the implementation of educational materials, seminars, and pronoun simulation project by January 1, 2018. Effectively, this project aims to collaboratively develop, implement, and evaluate a Transgender Pronoun Toolkit for medical personnel that will increase an individual's cultural competency levels.

B) Description of Intervention: Implementation of educational materials, seminars, and simulation in morning huddles, quarterly staff meetings, and skills day.

C) How will this intervention change practice? It will provide a basis for education in culturally competent care in a healthcare system to train the future providers and develop a foundation of tools to address this population.

D) Outcome measurements:
1. The staff/providers at the SF hospital will increase their knowledge of gender pronoun usage by 80%.
2. Students at USF will demonstrate an increased understanding of pronoun usage in the transgender population by 80% on the post intervention survey.
3. Overall, the learners will demonstrate increased comfort in caring for the transgender population by demonstrating increased confidence in the post intervention survey.

The following criteria outlined in federal guidelines will be used (http://answers.hhs.gov/ohrp/categories/1569) to qualify as an evidence-based change in a practice project rather than in a research project:

✓ This project meets the guidelines for an evidence-based change in practice project, as outlined in the project checklist (attached). Student may proceed with implementation.

☐ This project involves research with human subjects and must be submitted for IRB approval before project activity can commence.

Comments:

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Appendix J
EVIDENCE-BASED CHANGE OF PRACTICE PROJECT CHECKLIST

Instructions: Answer YES or NO to each of the following statements:

Project Title: Promoting Transgender Cultural Awareness and Sensitivity through Education: It Starts with a Pronoun	**YES**	**NO**
The project aims to improve the process or delivery of care with established/accepted standards or to implement evidence-based change. There is no intention of using the data for research purposes.	✓	
The specific aim is to improve performance on a specific service or program as **is a part of usual care**. ALL participants will receive a standard of care.	✓	
The project is **NOT** designed to follow a research design, e.g., hypothesis testing or group comparison, randomization, control groups, prospective comparison groups, cross-sectional, case-control). The project does **NOT** follow a protocol that overrides clinical decision-making.	✓	
The project involves the implementation of established and tested quality standards and/or systematic monitoring, assessment, or evaluation of the organization to ensure that the existing quality standards are being met. The project does **NOT** develop paradigms or untested methods or new, untested standards.	✓	
The project involves the implementation of care practices and interventions that are consensus-based or evidence-based. The project does **NOT** seek to test an intervention that is beyond the current scope of science and experience.	✓	
The project is conducted by staff in a location where the project will take place and involves staff who are working at an agency that has an agreement with USF SONHP.	✓	
The project has received **NO** funding from federal agencies or research-focused organizations and is not receiving funding for conducting the research.	✓	
The agency or clinical practice unit agrees that this is a project that will be implemented to improve the process or delivery of care, i.e., **NOT** a personal research project that is dependent upon the voluntary participation of colleagues, students, and/ or patients.	✓	
If there is an intent to or possibility of publishing your work, you and supervising faculty and the agency oversight committee are comfortable with the following statement in your methods section: *"This project was undertaken as an Evidence-based change of practice project at X hospital or agency and as such was not formally supervised by the Institutional Review Board."*	✓	

ANSWER KEY: If the answers to **ALL** of these items are yes, the project can be considered an evidence-based activity that does NOT meet the definition of research. **IRB review is not required. Keep a copy of this checklist in your files.** If the answer to ANY of these questions is **NO**, you must submit the project for IRB approval.

*Adapted with permission of Elizabeth L. Hohmann, MD, Director and Chair, Partners Human Research Committee, Partners Health System, Boston, MA.

STUDENT NAME (Please print): Jacob K Adkison
Signature of Student:_Jacob K Adkison, MSN, RN, CEN___**DATE:**__4/7/2017_

SUPERVISING FACULTY MEMBER (CHAIR)
NAME (Please print): ____
Signature of Supervising Faculty Member (Chair):
____**DATE**____________

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Appendix K
Educational Material Handouts

When Giving Report

Avoid Saying:
"Max is a transgender,"

Instead Say:
"Max is a transgender person."

Gender-Neutral Pronouns

1	2	3	4	5
(f)ae	(f)aer	(f)aer	(f)aers	(f)aerself
e/ey	em	eir	eirs	eirself
he	him	his	his	himself
per	per	pers	pers	perself
she	her	her	hers	herself
they	them	their	theirs	themself
ve	ver	vis	vis	verself
xe	xem	xyr	xyrs	xemself
ze/zie	hir	hir	hirs	hirself

Every Patient is different and identifies with a chosen pronoun, above are examples.

Statistics

According to the 2015 Report of the U.S. Transgender Survey:

- One-third (33%) of those who saw a health care provider in the past year reported having at least one negative experience related to being transgender.
- 23% of respondents did not see a provider when they need to because of fear of being mistreated as a transgender person.
- 40% have attempted suicide in their lifetime, nearly nine times the rate in the U.S. population (4.6%).
- Nearly one-third (29%) were living in poverty, more than twice the rate in the U.S. population (14%).
- The unemployment rate among respondents (15%) was three times higher than the unemployment rate in the U.S. population (5%).
- More than three-quarters (77%) of respondents who had a job in the past year took steps to avoid mistreatment in the workplace, such as hiding or delaying their gender transition or quitting their job.
- More than half (57%) of respondents said they would feel uncomfortable asking the police for help.

"It is time that we all see gender as a spectrum instead of two sets of opposing ideals. We should stop defining each other by what we are not, and start defining ourselves by who we are."

~Emma Watson

Created By: Jacob K Adkison RN, MSN, CEN

Do You Know Your Patient?

Know Your Patients

- **Transgender** is a term used to describe people whose gender identity differs from the sex the doctor marked on their birth certificate.
- **Gender identity** is a person's internal, personal sense of being a man or a woman.
- For transgender people, the sex they were assigned at birth and their own internal gender identity do not match.
- Always use the name, pronoun, and gender that the person designates for themselves, regardless of legal name, gender change, medical interventions (surgery or hormones).

How To Address Your Patient

"Hi my name is _______, how would you like to be addressed?"

"What are your pronouns?"

If you accidently use the wrong pronoun for someone, apologize quickly and sincerely, then move on. The bigger deal you make out of the situation, the more uncomfortable it is for everyone.

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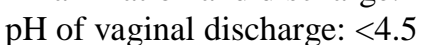
Appendix L
Simulation

Case Study: Transgender health of Armani Degresso
Goal of Case Scenario: Perform a focused physical exam and assess chief complaint of burning discomfort while urinating.
Patient:
Chief Complaint: Armani Degresso, 25-year-old transgender female to male.
Prep/Supplies needed for Patient: Photos and physical assessment sheet.
Summary of Patient's Chart:

Past Medical/Surgical/OB/Psychiatric Health: History of depression and suicidal ideations as a teenager	**Medications and Allergies/ADRs** Testosterone Injection (100mg/week) Tamoxifen Finasteride Depo-Prover Growth Hormone Multi-Vitamin	**Family History** Parents alive and well One brother with no medical conditions
Social History: Denies recreational drug use **Diet:** Regular **Exercise:** Occasionally **Interests/Hobbies:** Mountain biking and swimming **Housing Situation:** Lives with partner **Sexual History**: History of working as a "rent boy" to pay for college and medical bills. Currently, lives with a partner in a monogamous relationship. **Born in:** San Francisco **Education:** High school and some college **Occupation:** Bartender **Family/Support:** Little to no help	**Tobacco:** Smoked for five years but quit last year **Drug:** Recreational marijuana user **Alcohol:** Drinks occasionally	**Health Care Maintenance** **Vaccinations:** UTD **Screenings:** PAP, STD, HIV, Hep B, HTN screening, smoke cessation, CAGE

Instructions to Standardized Patient:
Chief Complaint: Burning and discomfort during urination.
Demographics: Armani is a 25-year-old man (transgender female to male) who presented to the clinic complaining of a three-day history of bringing and genital discomfort when urinating. He reported no previous history of UTIs, sexually transmitted infections, or gynecological or reproductive problems. He is in a long-term relationship and reports no recent unprotected sexual intercourse.
Presenting Complaint: Burning and discomfort during urination.
General Appearance: Armani appears well dressed, alert, and steady on his feet with a fair Caucasian complexion. Lips dry, pinkish in color, with no lesions or ulcerations, and gums/tongue appear pink in color.
Mental and Social Status: Armani is alert and oriented to time, place, and year. He is able to follow directions and reports currently being employed as a bartender and lives with his partner. He is a social drinker and had smoked for five years in college and quit last year. He is a recreational marijuana user. History of working as a "rent boy" to pay for college and medical bills. History of depression and suicidal ideations as a teenager. Armani denies being on medication for depression or experiencing symptoms of HI/SI now.
Family History: All family healthy. No medical problems are known. He has one sibling with no medical conditions.
Medications: Testosterone injection (100mg/week), Tamoxifen, Finasteride, Depo-Provera, Growth Hormone, multi-vitamin.
Respiratory Status: Air entry was bilaterally equal with good air entry to the bases, and no wheezes/cough or stridor or use of accessory muscles or rib retractions was noted.
Extremities: Nail bed pink, skin warm, and well perfused with capillary refill time <2 sec.
Nutritional Status: Armani reports reduced appetite but is tolerating fluids. No significant weight loss was reported in today's visit.
Elimination: Bowel function regular with soft formed stool. Bladder function reported as irregular with urgency, dysuria, and frequency noted. Urine color is pale yellow.
Physical Exam:
Vital Signs: T37.3 R13 HR 73 BP110/70
Vaginal Exam:
External genitalia, labia, and introitus showing signs of inflammation and edema thick curd-like vaginal discharge adhering to vaginal walls. Vaginal mucosa reddened. Cervix nulliparous, pink with white discharge. No cervical motion tenderness. Uterus anterior, midline, smooth, and not enlarged. No adnexal tenderness. Pap deferred due to inflammation and discharge. Rectal vault without masses. Stool brown and negative for fecal blood.

pH of vaginal discharge: <4.5

Differential diagnosis and de-brief: Take-home points to discuss post case
Pathophysiology and teaching points:
Diagnostics: Urine Dip—Positive for leukocytes, nitrates, and a trace of non-hemolyzed blood. Urine hCG: negative. Urine sent for culture. Culture returns: Escherichia coli. Swartz Lamkins Fungal stain and vaginal pH.
Dx: Candid vulvovaginitis with UTI
Treatment: Before having culture sent to patient's home with Ciprofloxacin (500mg q24hrs x 3 days) and AZO (190mg 3x's daily x 2 days) along with Fluconazole.
Education/Follow-up: Needs follow-up with PCP (or You), AZO side effects, and course of treatment relief.
Clinical Features:
Vulvar pruritus is the dominant feature of vulvovaginal candidiasis. Vulvar burning, soreness, and irritation are also common and can be accompanied by dysuria (typically perceived to be external or vulvar rather than urethral) or dyspareunia. Symptoms are often worse during the week before menses. The intensity of signs and symptoms varies from mild to severe, except in women with C. Glabrate or C. parasitosis infection who tend to have mild or minimal clinical findings. Physical examination of the external genitalia, vagina, and cervix often reveals erythema of the vulva and vaginal mucosa and vulvar edema. Vulvar excoriation and fissures are present in about one-quarter of the patients. There can be little or no discharge; when present, it is classically white, thick, adherent, and clumpy (curd-like or cottage cheese-like) with no or minimal odor. However, the discharge may be thick or loose, watery, homogenous, and indistinguishable from that in other types of vaginitis. The cervix usually appears normal.

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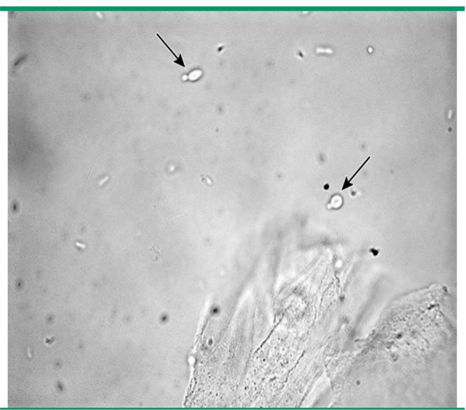
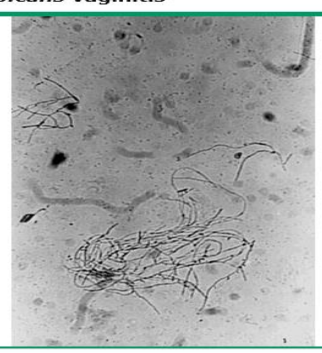
Office diagnosis: The vaginal pH in women with Candide infection is typically normal (4 to 4.5), which distinguishes candidiasis from trichomoniasis or bacterial vaginosis. Candida species can be seen on a wet mount of the discharge. Adding 10 percent potassium hydroxide destroys the cellular elements and facilitates recognition of budding yeast, pseudo hyphae, and hyphae. The use of the Swartz Lamkins fungal stain (potassium hydroxide, a surfactant, and blue dye) may facilitate diagnosis by staining the Candida organisms blue, so they are easier to identify. However, microscopy is negative in up to 50 percent of the patients with culture-confirmed vulvovaginal candidiasis. Microscopy is also important for looking for clue cells or motile trichomonas, which indicate bacterial vaginosis and trichomoniasis, respectively, as alternative diagnosis, co-infection, or mixed vaginitis.

Budding yeast



Budding yeast representing *Candida glabrata*.

***Candida albicans* vaginitis**



Low-power micrograph of hyphal elements seen on 10% potassium hydroxide examination of a patient with *C. albicans* vaginitis.

Clinical findings in women with vaginitis

Parameter	Normal findings	Vulvovaginal candidiasis
Symptoms	None or mild, transient	Pruritus, soreness, dyspareunia
Signs	Normal vaginal discharge consists of 1 to 4 mL fluid (per 24 hours), which is white or transparent, thin or thick, and mostly odorless	Vulvar erythema and/or edema. Discharge may be white and clumpy and may or may not adhere to vagina.
Vaginal pH	4.0 to 4.5	4.0 to 4.5
Amine test	Negative	Negative
Saline microscopy	PMN:EC ratio <1; rods dominate; squames +++	PMN:EC ratio <1; rods dominate; squames +++; pseudohyphae (present in about 40% of patients); budding yeast for nonalbicans *Candida*
10% potassium hydroxide microscopy	Negative	Pseudohyphae (in about 70% of patients)
Other tests	-	If microscopy nondiagnostic: • Culture • DNA hybridization probe (eg, Affirm VP III)
Differential diagnosis	Physiologic leukorrhea	Contact irritant or allergic vulvar dermatitis, chemical irritation, focal vulvitis (vulvodynia)

PMN: polymorphonuclear leukocytes; EC: vaginal epithelial cells.

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Appendix M
Literature Review utilizing John Hopkins Nursing Evidence-Based Practice Appraisal Tool

Author & Date	Evidence Type	Sample Size	Intervention	Key Findings	Evidence Rating Level & Quality
Davis & Meier (2014)	Cross-sectional/Non-experimental study with controls	N = 208 trans men	Qualitative questions measuring levels of anxiety, depression, anger, mood and sexuality, and body dissatisfaction between three trans men groups as follows: trans men receiving testosterone only (T), trans men receiving both testosterone and chest reconstruction surgery (T+CRS), and trans men who have received no treatment.	In comparison to (Nt), (T+CRS) reported fewer symptoms of anxiety (p<.001), depression (p<.001), anger (p<.001), and less body dissatisfaction (p<.001) compared with (Nt), (T) reported fewer symptoms of anxiety (p<.01), depression (p<.01), and less anger (p<.01). NT and T groups reported same levels of body dissatisfaction (p>.05) compared with (T), (T+CRS) reported less body dissatisfaction (p<.001)	Level III Evidence, good quality
Mustanski & Liu (2013)	Longitudinal, mixed methods prospective study with no controls	N = 248 LGBT individuals	Structured psychiatric interviews assessing clinical depression and quantitative surveys assessing clinical depression and quantitative surveys	Total lifetime suicide attempt history in sample: 31.6% (transgender individuals in study: 52.4%) Depressive disorder symptoms: 9.95 (mean) in sample; 10.43 in transgender risk factors as follows: hopelessness (2.01), impulsivity (64.0), family support (4.01), Peer support (5.42), & victimization (1.53).	Level III Evidence, good quality
Shires & Jaffee (2015)	Retrospective secondary data analysis/non-experimental with no controls	N = 1711 trans men	Secondary data analysis of trans men discrimination in health care from survey data by national Gay and Lesbian Task Force	Multiracial, public health insurance vulnerable to discrimination (p<0.001) trans men living full time as nonbirth gender and with the medical transition (p<0.001)	Level II Evidence, good quality
Bauer et al. (2009)	Qualitative retrospective secondary data analysis/non-experimental	N = 85 trans community members	Demographic data were collected via a brief survey before the soundings. The survey was completed by 65 (76.5%) of the trans participants. Discussions were recorded, transcribed, and errors were checked	Demographic information was collected (n = 5 65), income levels were low, with 32 (49.2%) earning less than $20,000 annually. A total of 10 (29.2%) described themselves as unemployed or underemployed, and an additional 8 (12.3%) reported that they were unable to work. Participants worked in a wide range of occupations. About one-third (n = 5 23, 35.4%) had partners or were married, and a smaller number (n = 5 10, 15.4%) had children. Participants were born in a range of countries, and 55 (84.6%) were Canadian citizens. Most (n = 5	Level III Evidence, good quality

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				45; 69.2%) had lived in Canada their entire lives, and 14 (21.5%) had lived in the country more than 10 years.	
Gonzales & Henning-Smith (2017)	Systemic Review with meta-analysis	Cisgender women (n = 183,370), Cisgender men (n = 131,080), transgender women (n = 724), transgender men (n = 449), and gender nonconforming adults (n = 270)	Data from the 2014–2015 Behavioral Risk Factor Surveillance System to estimate the prevalence of having no health insurance, unmet medical care needs due to cost, no routine checkup, and no usual source of care for cisgender women	Transgender women were more likely to have no health insurance (OR = 1.60; 95% CI = 1.07–2.40) compared with cisgender women; transgender men were more likely to have no health insurance (OR = 2.02; 95% CI = 1.25–3.25) and no usual source of care (OR = 1.84; 95% CI = 1.18–2.88), and GNC adults were more likely to have unmet medical care needs due to cost (OR = 1.93; 95% CI = 1.02–3.67) and no routine checkup in the prior year (OR = 2.41; 95% CI = 1.41–4.12)	Level II Evidence, good quality
Haas et al. (2014)	Mixed methods study/non-experimental study with no controls	N = 6,456 self-identified transgender and gender nonconforming adults aged 18 and over	The specific aims of the analysis were to identify the key characteristics and experiences associated with lifetime suicide attempts in the NTDS sample as a whole and to examine how lifetime suicide attempts vary among different groups of transgender and gender nonconforming people.	The prevalence of lifetime suicide attempts was the lowest (31%) among the respondents who felt that being transgender or gender nonconforming had not markedly affected the quality of their lives. Those who felt that their life was "much worse" because they were transgender or gender nonconforming had a much higher prevalence of suicide attempts (56%).	Level III Evidence, good quality
James et al. (2015)	Systemic review with meta-analysis	N = 27,715 transgender respondents	A detailed portrait of the experiences of transgender people across many areas, including health, family life, employment, and interactions with the criminal justice system	Overall, the report provides evidence of the hardships and barriers faced by transgender people on a day-to-day basis. It portrays the challenges that transgender people must overcome and the complex systems that they are often forced to navigate in multiple areas of their lives to survive and thrive. Given this evidence, governmental and private institutions throughout the United States should address these disparities and ensure that transgender people are able to live fulfilling lives in an inclusive society.	Level III Evidence, good quality
Safer & Pearce (2013)	Mixed methods study without controls	N = 167 medical students	Curriculum content was added to the endocrinology unit of the Boston University second-year pathophysiology course regarding the rigidity of gender identity, treatment regimens, and monitoring requirements. The questionnaire asked about predicted	A total of 38% of the students self-reported anticipated discomfort with caring for transgender patients. There was a 67% drop in discomfort with providing transgender care (P<.001), and no second-year students reported the opinion that treatment was	Level II Evidence, good quality

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			comfort using hormones to treat transgender individuals. Shifts in the views of the second-year students were compared with the views of the students who are not exposed to the curriculum change.	not a part of conventional medicine	
Vance et al. (2015)	Retrospective, non-experimental with no controls	N = 475; members of the Society for Adolescent Health and Medicine and the Pediatric Endocrine Society	An online survey was administered to the members of the Society for Adolescent Health and Medicine and the Pediatric Endocrine Society with items querying about clinical exposure to transgender youth, familiarity with and adherence to existing clinical practice guidelines, perceived barriers to providing transgender-related care, and comfort and confidence with providing transgender-related care.	A total of 66.5% had provided care to transgender youth, 62.4% felt comfortable with providing transgender medical therapy, and 47.1% felt confident in doing so. Principal barriers to the provision of transgender-related care were lack of the following: training, exposure to transgender patients, availability of qualified mental health providers and insurance reimbursement.	Level II Evidence, good quality
White et al. (2017)	Non-experimental online survey study with no controls	N = 364	A multivariable logistic regression model tested whether individual, interpersonal, and structural factors were associated with access to transition-related care.	A total of 23.6% reported being unable to access transition-related care in the past 12 months. In a multivariable model, younger age, low income, low educational attainment, private insurance coverage, and healthcare discrimination were significantly associated with being unable to access transition-related care (all $p<0.05$).	Level III Evidence, good quality

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Appendix N

Gap Analysis

DNP Project Vision	**Provide education and evidence-based resources regarding proper pronoun usage when communicating with transgender patients, with aspirations of creating a stronger relationship with the client to better meet the populations health care needs resulting in reduction in disparities seen in the transgender community.**
3rd Goal	The Transgender Pronoun Toolkit will be validated for the use in the traditional classroom setting, non-traditional online learning environment, and medical centers.
2nd Goal	Those that complete the transgender pronoun toolkit activities will have an enhanced understanding of cultural competence needs that are linked with providing care for the transgender patient.
1st Goal	The Transgender Pronoun Toolkit will provide educators, medical professionals, and future medical professionals a comprehensive learning tool that combines traditional and nontraditional learning techniques to advance knowledge about the transgender community.
Current Reality	**Current and future medical professionals lack the skillset to communicate effectively with clients when their appearance is not congruent with their assigned gender at birth.**

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Appendix O
Local Medical Center & USF Assessment Course Pre- PowerPoint/Seminar Survey

Please indicate your role in your department
Pre-EducationSurvey Collected = 367
250 200 150 100 50 0
Physician 76
Nurse 200
Technician 36
Clerk 8
Registration 47
Job Title

How would you describe your level of comfort toward Transgender topics?
Pre-EducationSurvey Collected = 367
250 200 150 100 50 0
Very Comfortable 50
Somewhat Comfortable 115
Not Comfortable 202
Level of Comfort

What is your level of comfort regarding interating with someone who identifies as Transgender?
Pre-EducationSurvey Collected = 367
250 200 150 100 50 0
Very Comfortable 49
Somewhat Comfortable 77
Not Comfortable 202
No Interactions 39
Level of Comfort

How would you rate your willingness to befriend someone who identifies as Transgender?
Pre-EducationSurvey Collected = 367
350 300 250 200 150 100 50 0
Very Comfortable 29
Somewhat Comfortable 289
Not Comfortable 49
Willingness to Befriend

Does your work/school have policies that are inclusive of the Transgender Person?
Pre-EducationSurvey Collected = 367
250 200 150 100 50 0
Yes 89
No 66
Not Sure 212
Work/School: Policies Inclusive of the Transgender Person

How much discrimination is there against transgender individuals in our society today?
Pre-EducationSurvey Collected = 367
150 100 50 0
A Lot 101
Some 98
Only a Little 138
None at All 30
Discrimination

Have you ever witnessed somebody being verbally harassed based on their gender identity or expression?
Pre-EducationSurvey Collected = 367
250 200 150 100 50 0
Yes 100
No 202
Not Sure 65
Witnessed Verbal Harrssment

Do you Feel that medical staff have a positive or negative view of transgender people?
Pre Education Survey Collected = 367
300 250 200 150 100 50 0
Very Negative 87
Neutral 241
Very Positive 39
Positive vs Negative View

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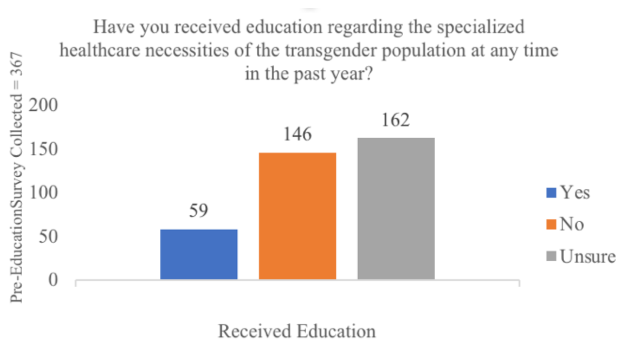

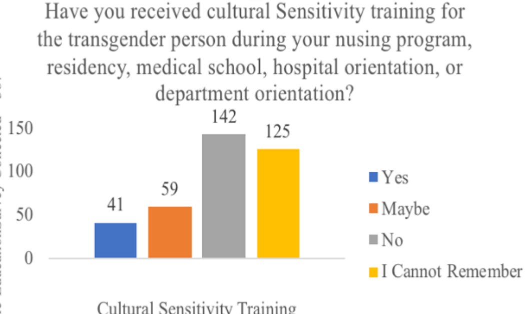

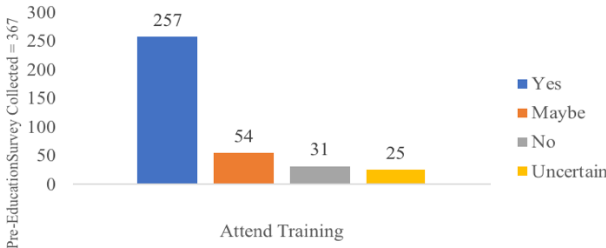

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Appendix P

Local Medical Center & USF Assessment Course Post- PowerPoint/Seminar Survey

I am comfortable providing high quality service to the transgender and gender nonconforming patient.

Post Education Survey Collected = 367

300
250
200
150
100
50
0

30 35 125 254 48

Rating

Strongly Disagree
Disagree
Neither Agree Nor Disagree
Agree
Strongly Agree

I am comfortable using the name/pronoun a patient asks me to use rather than the one in the chart.

Post Education Survey Collected = 367

250
200
150
100
50
0

10 15 60 200 82

Rating

Strongly Disagree
Disagree
Neither Agree Nor Disagree
Agree
Strongly Agree

I know how to recover from mistakes when I make them.

Post Education Survey Collected = 367

350
300
250
200
150
100
50
0

1 10 50 297 10

Rating

Strongly Disagree
Disagree
Neither Agree Nor Disagree
Agree
Strongly Agree

I understand the difference between sexual orientation and gender identity.

Post Education Survey Collected = 367

300
250
200
150
100
50
0

6 25 13 50 273

Rating

Strongly Disagree
Disagree
Neither Agree Nor Disagree
Agree
Strongly Agree

If a patient appears to be Male but the chart indicates Female, I know what steps to take to resolve my questions and how to address them.

Post Education Survey Collected = 367

400
300
200
100
0

1 13 50 293 10

Rating

Strongly Disagree
Disagree
Neither Agree Nor Disagree
Agree
Strongly Agree

I know how to ask for a transgender patients' name and pronouns in a sensitive way.

Post Education Survey Collected = 367

350
300
250
200
150
100
50
0

7 12 40 303 5

Rating

Strongly Disagree
Disagree
Neither Agree Nor Disagree
Agree
Strongly Agree

How would you rate the presenter's familiarity with the presentation material?

Post Education Survey Collected = 367

350
300
250
200
150
100
50
0

1 1 14 20 331

Rating

Very Weak
Weak
Neither Strong Nor Weak
Strong
Very Strong

How would you rate the quality of this presentation?

Post Education Survey Collected = 367

300
250
200
150
100
50
0

1 9 15 60 282

Rating

Not Effective
Somewhat Effective
Neither Effective Nor Ineffective
Effective
Very Effective

I would be interested in being a champion for transgender services at my place of work.

Post Education Survey Collected = 367

250
200
150
100
50
0

206 161

Yes or No

Yes
No

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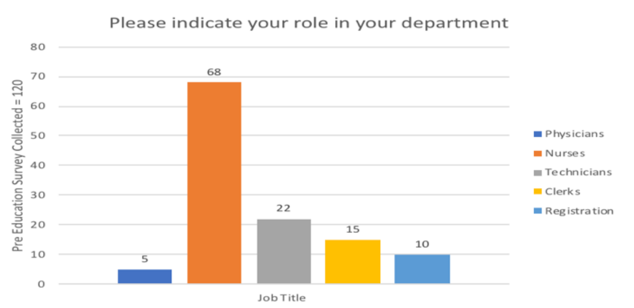
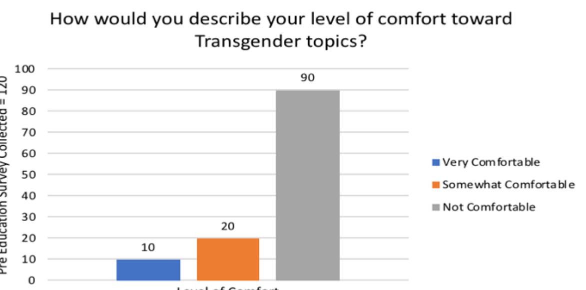
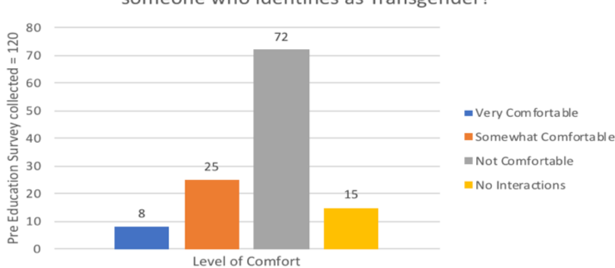
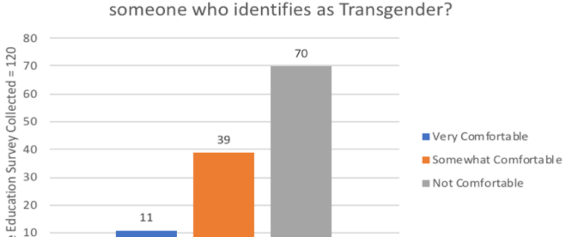
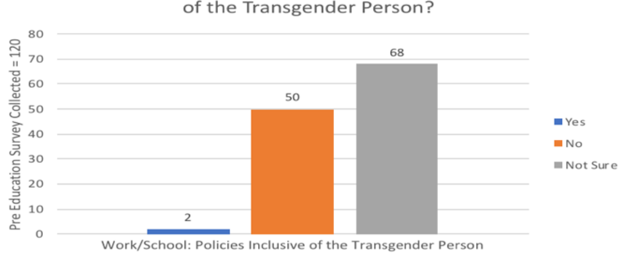
Appendix Q
Central Valley Pre- PowerPoint/Seminar Survey

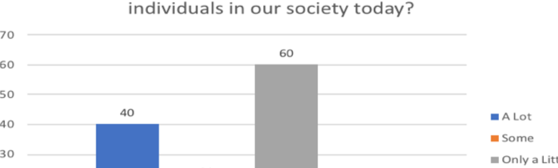


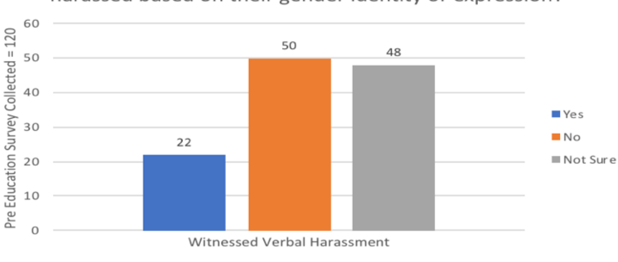


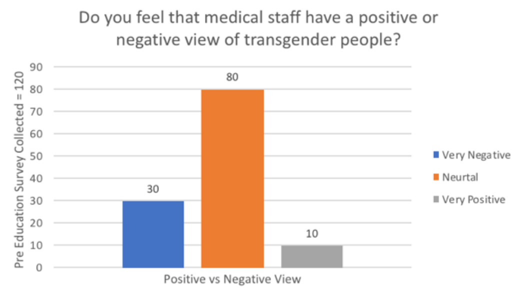












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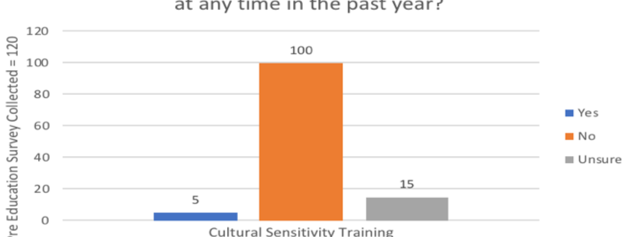

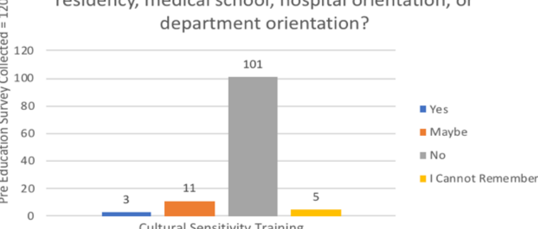

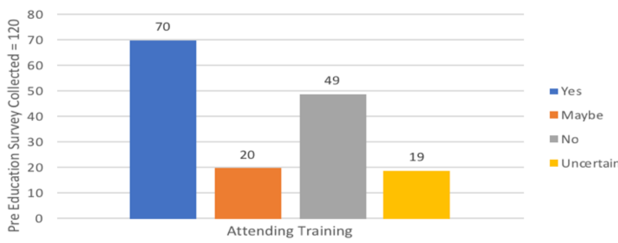

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Appendix R
Central Valley Survey Post- PowerPoint/Seminar Survey

I am comfortable providing high quality service to the transgender and gender nonconforming patient.

Post Education Survey Collected = 120

10, 15, 11, 35, 49

Rating

Strongly Disagree, Disagree, Neither Agree Nor Disagree, Agree, Strongly Agree

I am comfortable using the name/pronoun a patient asks me to use rather than the one in the chart.

Post Education Survey Collected = 120

6, 4, 8, 97, 5

Rating

Strongly Disagree, Disagree, Neither Agree Nor Disagree, Agree, Strongly Agree

I know how to recover from mistakes when I make them.

Post Education Survey Collected = 120

1, 10, 50, 49, 10

Rating

Strongly Disagree, Disagree, Neither Agree Nor Disagree, Agree, Strongly Agree

I understand the difference between sexual orientation and gender identity.

Post Education Survey Collected = 120

6, 10, 8, 30, 66

Rating

Strongly Disagree, Disagree, Neither Agree Nor Disagree, Agree, Strongly Agree

If a patient appears to be Male but the chart indicates Female, I know what steps to take to resolve my questions and how to address them.

Post Education Survey Collected = 120

1, 13, 15, 81, 10

Rating

Strongly Disagree, Disagree, Neither Agree Nor Disagree, Agree, Strongly Agree

I know how to ask for a transgender patients' name and pronouns in a sensitive way.

Post Education Survey Collected = 120

7, 12, 11, 85, 5

Rating

Strongly Disagree, Disagree, Neither Agree Nor Disagree, Agree, Strongly Agree

How would you rate the presenter's familiarity with the presentation material?

Post Education Survey Collected = 120

1, 1, 14, 20, 84

Rating

Very Weak, Weak, Neither Strong Nor Weak, Strong, Very Strong

How would you rate the quality of this presentation?

Post Education Survey Collected = 120

1, 9, 15, 20, 75

Rating

Not Effective, Somewhat Effective, Neither Effective Nor Ineffective, Effective, Very Effective

I would be interested in being a champion for transgender services at my place of work.

Post Education Survey Collected = 120

85, 35

Yes or No

Yes, No

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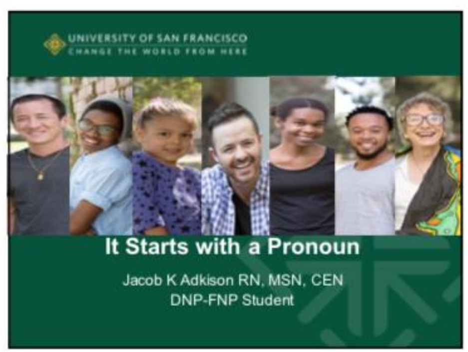
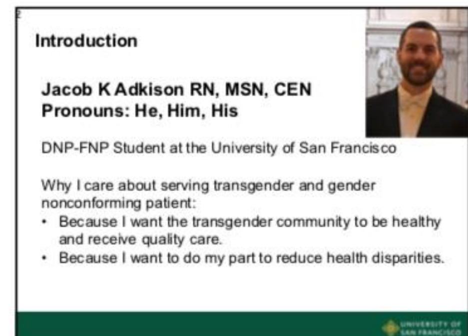
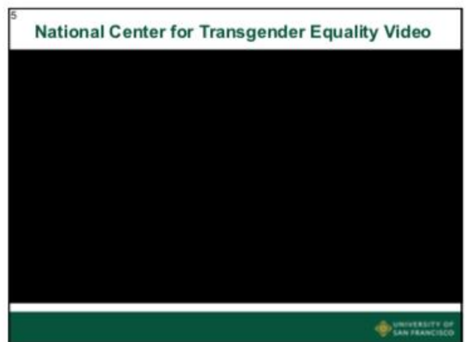
Appendix S
PowerPoint Slides







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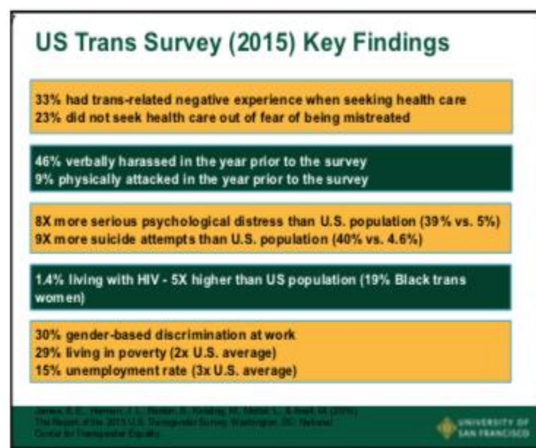

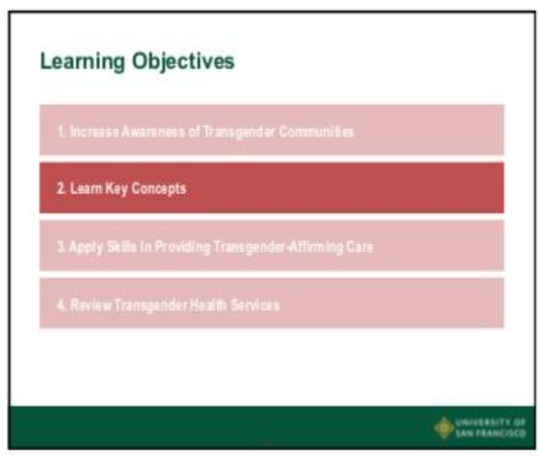

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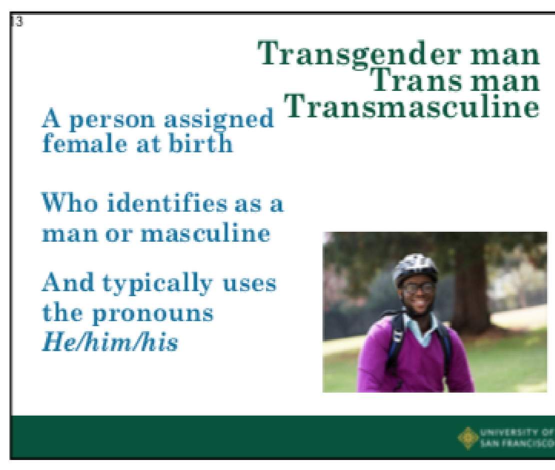

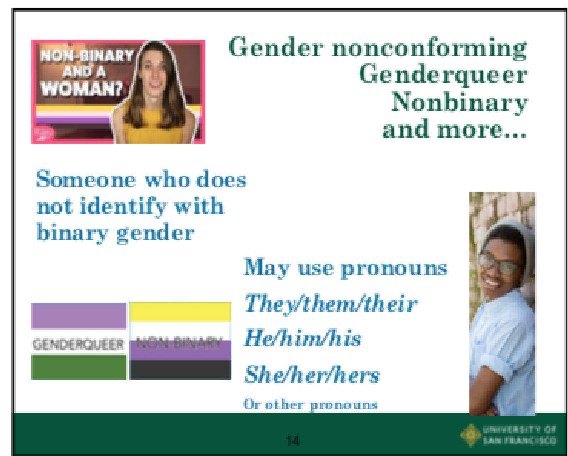

15

Sexual orientation A person's physical and/or romantic attractions

These are not the same.

Transgender people can identify as straight, gay, lesbian, bisexual, or something else.

A person's internal sense of their own gender **Gender identity**

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16

Some transgender people have gender dysphoria.

Some transgender people transition reduce gender dysphoria and/or live more comfortably in their bodies and lives.

Transgender people who are supported have better outcomes.

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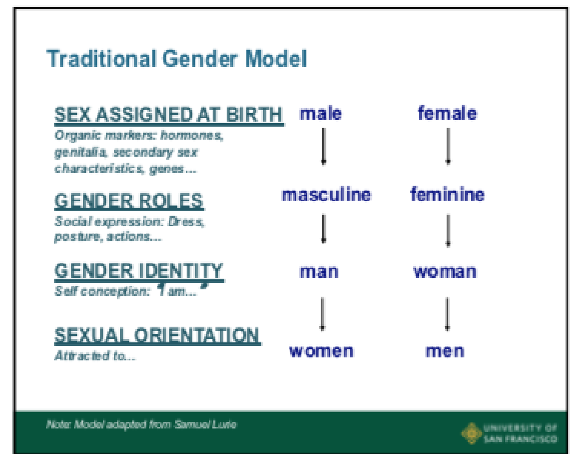

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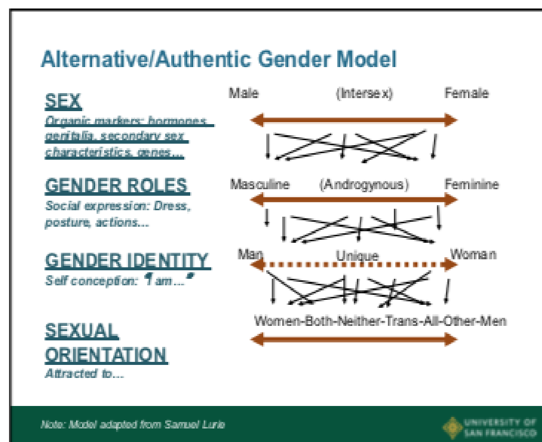

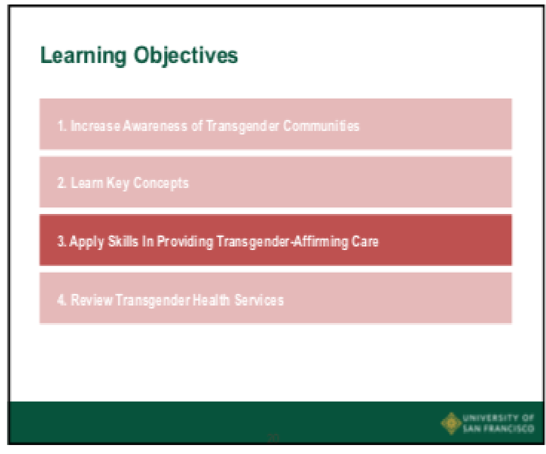

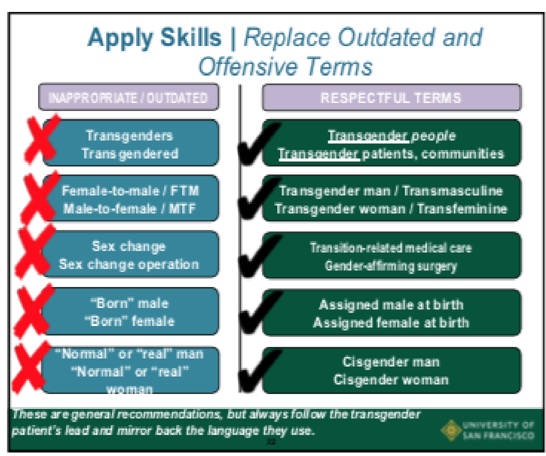

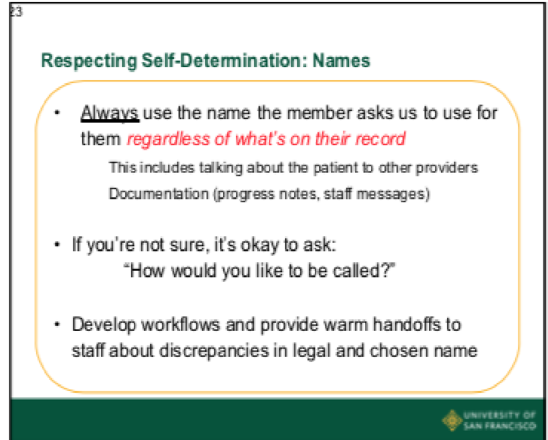

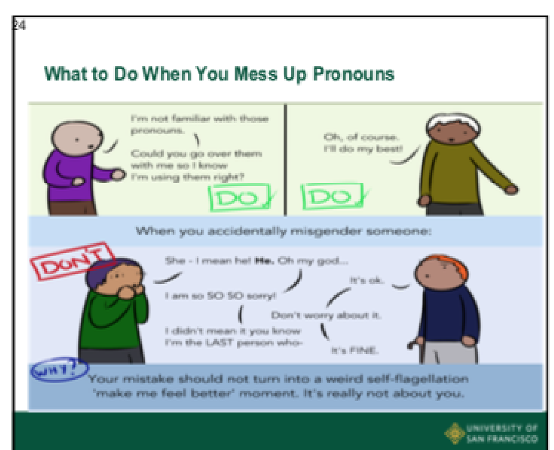

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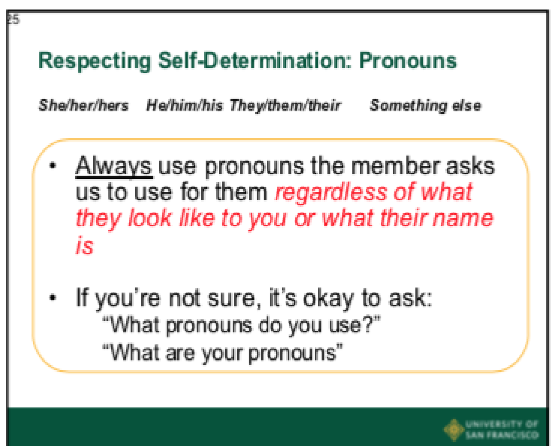

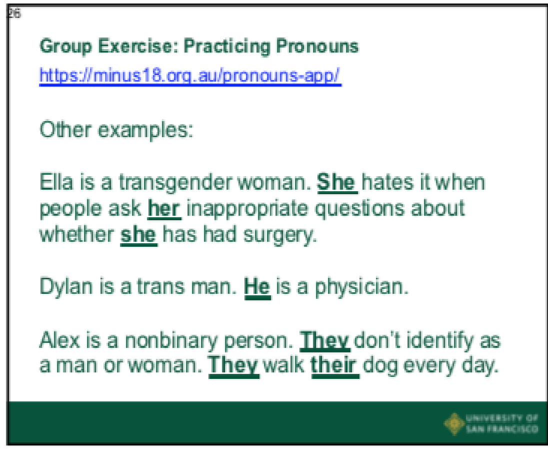

27

Apply Skills | *Recovering From Mistakes*

"Don't worry about being perfect, it's still important to try."

We all make mistakes. If you do make a mistake, try being gracious and acknowledge the error with a promise to do better.

Tips to recover from a mistake:

- Apologize and correct yourself promptly.
- Refrain from giving reasons for excuses for the mistake.
- Move forward by using the correct name and pronouns.
- Do not over-apologize and put your patient in the place of having to comfort you.

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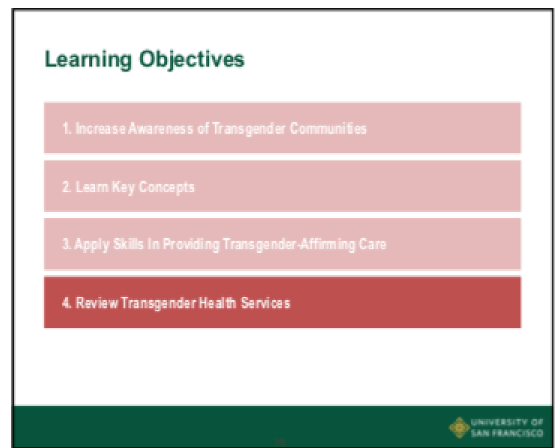

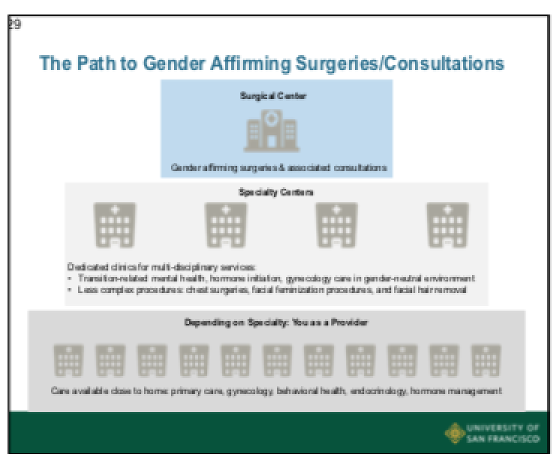

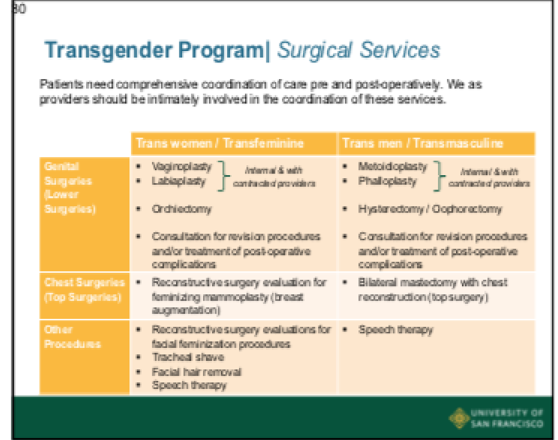

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Appendix T

Letter of Support from the Local Medical Center in San Francisco, California

This letter states that Jacob Keith Adkison, DNP/FNP student from the University of San Francisco completed his DNP project in the local medical center in San Francisco, California with permission, from August 2017 to December 2017. The DNP project regarding the Development, Implementation and Evaluation of a Transgender Pronoun Toolkit was concluded in collaboration with stakeholders at the medical center.

Jacob Keith Adkison, RN, MSN, CEN

Student Signature

28, 2018

Local Medical Center San Francisco, California Stamp of Approval or Signature

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Appendix U

Letter of Support from the Faculty of USF DNP FNP Assessment Course

This letter states that Jacob Keith Adkison, DNP/FNP student from the University of San Francisco completed his DNP project in the USF FNP Assessment Course with permission, from August 2017 to December 2017. The DNP project regarding the Development, Implementation and Evaluation of a Transgender Pronoun Toolkit was concluded in collaboration with faculty.

Jacob Keith Adkison, RN, MSN, CEN

Student Signature

Jo Loomis   *Jo Loomis, DNP, FNP*   *Date: 4-28-2018*

USF DNP FNP Assessment Course Stamp of Approval or Signature

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