IMPROVING COMPETENCE IN SEXUAL HEALTH CARE FOR ADVANCED PRACTICE NURSES WITHIN AN ONLINE ENVIRONMENT:

DEVELOPMENT, IMPLEMENTATION, AND EVALUATION

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OBJECTIVES

• At the conclusion of this presentation, the participants will be able to:
  • Identify areas of knowledge deficiency about the LGBTQI healthcare needs of advance practice nursing students that can be focused on within a curriculum.
  • Express how utilization of an instrument, such as a questionnaire survey, can adequately assess the knowledge deficit of a specific population on a given topic.
  • Illustrate skills that may decrease barriers to healthcare for the LGBTQI client and that may be implemented within any healthcare profession.
LITERATURE REVIEW

• Approximately 9 million people in the United States identify as lesbian, gay, or bisexual, and 700,000 adults are transgender.

• Most medical students (67.3%) evaluated their LGBT-related curriculum as “fair” or worse.

• Many attitudes in medical care assume that all patients are heterosexual and these heteronormative assumptions may lead to poor communication, which in turn influences the quality of nursing.

• The lack of knowledge about different forms of personal relationships and how these can influence one's wellbeing may lead to the asking of incorrect questions, and thereby to incorrect judgements being made.
BACKGROUND

CORE COMPETENCIES

NATIONAL ORGANIZATION OF NURSE PRACTITIONER FACULTIES

• Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision-making

AMERICAN COLLEGE OF NURSE-MIDWIVES

• Transform health care systems to address social justice and health disparities
BACKGROUND
WORLD HEALTH ORGANIZATION

• Healthcare providers have responsibility to provide respectful and competent sexual health care for all individuals that seek their care, regardless of age or sexual orientation

• WHO LGBT Report (2013)
  • Identification of adequate training for health care providers to improve outcomes is highlighted
IF IT’S NOT ASKED, LIKELY THE PATIENT WILL NOT TELL...

BARRIERS TO CARE

• Lack of resources, education, and clinical experience
  • Knowledge, Skill, and Attitude

• Nondisclosure of LGBT identity by the client

• Victims of human trafficking are often people who are vulnerable and living in unsafe situations
BREAKING DOWN BARRIERS TO CARE
CREATING A CULTURALLY-SENSITIVE ENVIRONMENT

• Inclusive Clinical Environment
  • Wall art to bathrooms

• Client-Provider Communication
  • Terminology
  • Obtaining relevant and appropriate questions
    • PLISSIT Model

• Preventive Care and Screening
  • Sexual activity
  • Drugs, alcohol, and smoking
THE STORY...
HOW THE COURSE WAS DEVELOPED...
THE COURSE WAS BORN!

COURSE SYLLABUS

Course provides

- Skills to assess, coordinate, consult, promote, maintain and/or restore sexual health in diverse patient populations
- Emphasis is placed on risk reduction and the promotion of sexual well-being

Purpose of the course

- To increase and promote expertise in clinical competencies and management of groups of people, using theories, research findings, evidence based practice and clinical decision making
COURSE STRUCTURE

• Sexual Health Concepts and Theory
  • Adolescent, young adult, adult, and older adults

• How-tos…
  • Interviewing, counseling, and education

• Gender-Specific Sexual Health

• LGBT Health

• Intimate Partner Violence

• High-risk Population
  • eg. Sex-Workers & human trafficking
APPLICATION OF KNOWLEDGE

• Self-Assessment & Reflection
  • At start and end of course

• Discussion Boards
  • Barriers to providing culturally competent care in relation to sexual health
  • Case presentation
    • Evidenced-based resources

• Case Studies
  • Examine what healthcare needs to be provided to a particular client
  • Education points to be provided
  • Identify bias and reflect on the case
EXIT PROJECT

Community Health Fair
DELIVERING CONTENT

- *Required Readings*
  - Current evidence-based research
- *Voice Over PowerPoints*
  - Utilizing Echo 360 Software
- *Synchronous discussions*
  - Utilizing Adobe Connect
- *Asynchronous discussions*
  - Utilizing LMS Discussion Board
ASSESSING THE "TRUE" NEED

• Searched for tested and reliable instruments
  • Health & Psychosocial Instruments (HAPI)

• Survey administer via Survey Monkey
  • De-identified Data

• Examined personal view and knowledge of
  • Domestic Violence
  • LGBT Community
STUDENT POPULATION

FIRST COHORT (N=30)

- 97% of the students have taken care of a LGBT patient
- 77% of the students have NOT had any course work on in relation to sexual health within the last five years
- 67% of the students did NOT know the difference between sexual behavior and gender identity
- 39% of the students have NOT had any course work on domestic violence (recognition and/or treatment) within the last 5 years
- 3% of the students felt that homosexuality is an illness that could be treated
COURSE OPENING
SELF-ASSESSMENT

• Why did you enroll in this course?
• What program are you in?
• How do you think this course will improve your practice?
• What type of patients do you see in your clinical setting?
• Do you perform sexual health histories in your clinical setting?
• Are you anxious performing a sexual history in your clinical setting?
SELF ASSESSMENT THEMES

- “I enrolled in this course because I thought it would be beneficial to understand the full scope of sexual health across the lifespan.”
- “I have not had this content in my course work before”
- “I am nervous asking clients about their sexual health history”

- Students from all APRN programs including Undergraduate
- Acute Care arena was the majority of the employment setting
  - Medical-Surgical
  - Psychiatry
  - Critical Care
CASE STUDY THEME
ELDERLY PATIENT WITH A STI

• Initial presentation
  • Obtains an appropriate history
  • Identifies assumptions/bias
  • Student identifies how he/she would approach the care of this patient

• Case unfolds
  • Student explores concerning statement(s)
  • Identify opportunities to counsel and provide education
  • Identify additional screenings
  • Identify interprofessional referral(s)
“… While I do not personally agree with LGBT lifestyle, I completely agree that people should be treated equally on all levels. People are people, no matter who they are, where they came from, how they live. Just so, people come to us with complete confidentiality. Therefore we ought to rise to the modeled role of our profession and provide quality, unbiased, efficient care, no matter what. That means, we must learn to be considerate of the different needs and outlooks of every patient.”
“… in some of our communities people do not believe HIV is real, therefore they do not entertain discussion about it… In the early days of HIV epidemic a great awareness was raised in my country when a popular musician died and his brother who was a minister of health announced that he died of AIDS. During his lifetime, this musician led a reckless and non-chalant lifestyle of drugs and sex. He even told people there was no AIDS, and that it was CIA invention to destroy sex… As we can see these statements were misleading, however the path of openness about the cause of his death that his brother pursued sensitized the people in the country of existence of HIV and this was unprecedented…”
EXIT PROJECT EXAMPLES
POWERPOINT PRESENTATION & FACT SHEET

INTIMATE PARTNER VIOLENCE (IPV) IN PREGNANCY

Sexually Transmitted Infection Prevention

Testicular Cancer
Get the Facts!

Sharing the Insight:
Enhancing Sexuality in Adult Care Facilities
COURSE FINAL SELF ASSESSMENT

• What did you learn in this course that you did not know coming into it?
• Do you understand the difference between gender and sexual identity?
• Are you more comfortable asking a patient about their sexual health?
• What barriers to care for the LGBT community can you identify that you did not know before you started this course?
• Do you have a better understanding of Emergency Contraception and PEP/PrEP?
• Did you identify your own biases and has this course changed your thoughts regarding sexual health?
• Did you feel the discussion board was a safe environment to discuss the topics presented by the faculty?
• What do you know now about IPV that you did not before the course?
FINAL REFLECTION

DID YOU IDENTIFY YOUR OWN BIASES AND HAS THIS COURSE CHANGED YOUR THOUGHTS REGARDING SEXUAL HEALTH?

“After taking this course, I now realize how important it is to not judge or stereotype any patient. It is very important to question every patient, whether they are male or female and old or young, about their sexual health practices, beliefs, behaviors, etc. As a Nurse Practitioner, one cannot assume that just because their patient is a widowed elderly woman, they are not engaging in unsafe sexual practices, therefore, it is vital that every patient be assessed regarding sexual health”
TAKING THE COURSE

TEST DRIVE
GRANDMA HAS CHLAMYDIA?

- A widowed 84-year-old white woman resides in a senior living complex and presents to the office with vaginal discharge, pain, and odor for 3 weeks.
- The nurse who transported the client to your office suspects an STI because they have had an increase of such cases at this complex.
- Your client states she has never had this issue before and doesn’t want her son to find out.
YOUR REACTION

• What is your initial reaction to this client?
• Did any of the initial background learning preparation change this reaction?
• How did this case make you feel?
• What personal history or experience do you have that impacts your reaction to this client?
• How do you feel about the client’s living arrangements if STIs are growing in frequency there?
• Should her son be notified?
HOW WOULD YOU INTERVIEW HER?
PRACTICE ASKING

I HAVE NO IDEA

WHAT YOU'RE TALKING ABOUT
KEY POINTS OF THIS CASE

- Examine personal bias
- Obtain sexual health history
  - Using PLISSIT model or 5 P Model
- Health screening
  - STI
  - Pregnancy
- Clinical interventions
- Appropriate education
- Community referrals
FOR MORE INFORMATION

QUESTIONS
REFERENCES


