The Effect Of A Cultural Competency Training Program For Healthcare Providers And Their Attitudes, Knowledge And Clinical Preparedness With LGBTQ+ Patients

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Abstract

Stigma, discrimination, and violence are key contributors to mental health disparities in the LGBTQ+ community (CDC, 2023a). LGBTQ+ patients' frequently report unequal care and negative healthcare experiences, often due to healthcare providers' lack of knowledge and training on LGBTQ+ health needs (Cassanova-Perez et al., 2022; Montero et al., 2024). Culturally competent care should address structural inequalities, avoid stigmatization, and meet the specific needs of this population (Bass & Nagy, 2023). While LGBTQ+ cultural competency training has shown positive outcomes in mental health settings, similar research in the ambulatory care setting is limited (Prepping et al., 2018; Craig et al., 2021).

This project aimed to assess the effect of a cultural competency training program on ambulatory healthcare providers attitudes, knowledge and clinical preparedness towards LGBTQ+ patients.

A quantitative quasi-experimental study was utilized to evaluate pre- and post-intervention LGBT-DOCSS and OMS-HC survey findings amongst a sample of 40 ambulatory healthcare providers in New Jersey. Inferential statistical analysis comparing pre and post intervention data demonstrated quantitative evidence of statistically significant improvement in healthcare providers' knowledge ($p<0.001$) and clinical preparedness ($p=0.002$) towards LGBTQ+ patients. Overall improvement was also noted amongst LGBT-DOCSS findings, ($p<0.001$).

These findings suggest that the LGBTQ+ cultural competency educational intervention is an effective and safe training program for ambulatory healthcare providers. Further recommendations to leverage this education include longitudinal integration of the intervention throughout the healthcare system. Ongoing interprofessional collaboration will be needed to

continue to refine the training and ensure that up to date evidence-based practice is maintained over time.

Introduction

Cultural competence is the integration of knowledge about unique groups of people into attitudes, practices, and standards to be used in appropriate cultural settings to increase the quality of services, thereby producing better outcomes (NPN, 2024)**.** Culture is the patterns of human behavior including beliefs, values, customs, and actions. Competence implies the ability to function within the context of these cultural behaviors. Within healthcare, cultural competency can improve quality of care and health outcomes for minority groups and underserved communities. The LGBTQ+ community is a unique minority group that represents a diverse range of expressions and identities of gender and sexual orientation. Members of this community are also diverse in socioeconomic class, religion, race and ethnicity. Healthcare providers must be aware of this intersectionality, and practice cultural competency to avoid unconscious and perceived bias. Culturally competent care for this community includes social and structural equality of care, avoidance of stigmatization and discrimination, and care that targets community specific health needs (Bass & Nagy, 2023).

Significance Of Problem

Minority stress is the chronic psychological stress experienced by members of a stigmatized social group which results in negative health outcomes. Minority stress is a key social determinant of health associated with mental illness in the LGBTQ+ community due to historic and ongoing social stigma, discrimination, and violence (CDC, 2023b). Despite legal protections, 8% of LGBTQ+ patients report that they were refused evaluation by a healthcare provider based upon their sexual orientation (Mirza & Rooney, 2022). 6% reported that a healthcare provider refused to provide care related to their actual or perceived sexual orientation (Mirza & Rooney, 2022). As a result, 6.7% of LGBTQ+ individuals report avoiding healthcare services in the past year out of fear of discrimination (Mirza & Rooney, 2022). Additionally, LGBTQ+ adults are

more likely than non-LGBTQ+ adults to report adverse consequences due to negative experiences with healthcare providers and report unfair treatment while receiving health care (Montero et al., 2024). This is because lack of provider knowledge and training about LGBTQ+ health needs negatively impact patient-provider interactions, producing health inequalities (Cassanova-Perez et al., 2022)

Purpose

The purpose of this DNP project is to address the impact of a cultural competency training on healthcare provider's attitudes, knowledge and clinical preparedness towards LGBTQ+ patients**.** Attitudes, knowledge and preparedness will be defined based on the instruments, The Lesbian Gay, Bisexual and Transgender Development of Clinical Skills Scale (LGBT-DOCSS) (Biddell, 2017) and The Opening Minds Scale for Health Care Providers (OMS-HC) (Modgill et al., 2014). Baseline assessment will be obtained using the LGBTQ-DOCSS and OMS-HC tools pre-intervention. A LGBTQ+ cultural competency training intervention will be provided and learning outcomes will be validated through Genius Academy, an online educational platform that utilizes artificial intelligence (AI) to create personalized learning simulations. The cultural competency training intervention will provide education on LGBTQ+ beliefs, values, and social determinants of health as well as discuss health disparities and LGBTQ+ affirmative health services. The Genius Academy AI will then create simulations for healthcare providers to practice communicating and providing care for LGBTQ+ patients in clinical scenarios and exercise their skills and ability to provide LGBTQ+ affirmative care. Post intervention the LGBT-DOCCS and OMS-HC tools will be administered to assess for change in attitudes, knowledge and clinical preparedness from baseline.

Research Question

What is the impact of a cultural competency training intervention for healthcare providers on LGBTQ+ attitudes, knowledge and clinical preparedness of advanced practice nurses, physicians, nurses, physician assistants and medical assistants in the ambulatory care setting.

Definition Of Terms

Clinical preparedness is defined by having received adequate clinical training and supervision to work with LGBTQ+ patients, feeling competent to assess a person who is LGBTQ+ in a therapeutic setting, preparedness to discuss sexual orientation and gender identity, and overall clinical experience with LGBTQ+ patients (Biddell, 2017). Knowledge is defined as awareness of institutional barriers that inhibit LGBTQ+ patients from accessing healthcare and understanding of the disproportionate levels of health and mental health problems amongst LGBTQ+ patients compared to cisgender and heterosexual patients (Biddell, 2017). Attitudes examines if LGBTQ+ patients are viewed as mentally ill or morally deviant and discusses acceptance of marriage equality and open expression of sexuality (Biddell, 2017). Attitudes is also defined by compassion, advocacy, and reactions towards mental illness in LGBTQ+ patients (Modgill et al., 2014). The LGBT-DOCSS is an interdisciplinary LGBTQ+ clinical self-assessment for healthcare providers (Biddell, 2017). For this instrument higher scores are indicative of higher levels of clinical preparedness, knowledge, and less prejudicial attitudinal awareness regarding LGBTQ+ patients (Biddell, 2017). The OMS-HC is a self-report questionnaire which assesses healthcare provider attitudes towards patients with mental illness (Modgill et al., 2014). For the OMS-HC, high scores suggest a more stigmatizing attitude whereas low score indicate more positive stance towards mental illness (Modgill et al., 2014). Clinical preparedness is measured by items four, ten, eleven, thirteen, fourteen, fifteen, and sixteen of the LGBT-DOCS instruments. Knowledge is measured by items one, two, six and

eight of the LBGT-DOCSS instrument. Attitudes is measured by items three, five, seven, nine, twelve, seventeen, and eighteen of the LGBT-DOCSS instrument and items one, nine, ten, eleven, thirteen, and fifteen of the OMS-HC instrument.

Significance Of Study

This DNP project seeks to apply LGBTQ+ cultural competency interventions used by psychologists and mental health specialists to healthcare professionals who provide healthcare in ambulatory care centers. Applying an LGBTQ+ cultural competency training intervention can yield valuable insights into how to improve the delivery of care. Additionally, receipt of mental healthcare has been associated with reduction in overall health care costs (Bui et al., 2021). Findings of this study can hopefully also inform future strategies to enhance mental health service delivery, reduce bias, and promote appropriate care for LGBTQ+ patients.

DNP Project Objectives

The objective of this project is to improve LGBTQ+ cultural competency amongst healthcare providers who provide healthcare in the ambulatory setting. This project will support Essentials of Doctoral Education for Advanced Nursing Practice. DNP Essentials address the foundational competencies that are core to advanced nursing practice roles in the following essentials (American Association of Colleges of Nursing, 2006).

Essential VII: Clinical Prevention and Population Health for Improving the Nation's Health is supported by the purpose of this study, to address LGBTQ+ health disparities. By addressing cultural competency, the project assesses the impact of an educational intervention on the quality of healthcare in the LGBTQ+ patient population. This study will offer healthcare providers the cultural skills and sensitivity to address the unique health needs of the LGBTQ+ community and promote inclusive care.

In support of Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes, this project adapts cultural competency educational interventions used by mental health specialists for ambulatory healthcare providers. This adaptation can enhance communication and teamwork through shared understanding across diverse clinical settings. LGBTQ+ cultural competency in the ambulatory setting ensures that all healthcare providers are equipped with the same knowledge and skills for the LGBTQ+ population, reducing the fragmentation of care and improving access to health resources. As a result, an additional objective is to provide comprehensive and affirming healthcare services that promote the health and well-being of all members of the LGBTQ+ community. This project will lay the foundation for future quality improvement strategies in creating and sustaining change by identifying systems issues and facilitating organization-wide changes in practice delivery.

Review of Literature and Theoretical Framework

Literature Review

Related Research- Cultural Competency

Review of literature reveals that the LGBTQ+ community experiences a multitude of health problems, and that there is an ongoing need for healthcare providers to take action to meet their diverse health needs. Moagi et al. (2021) investigated and described these challenges, focusing on the effect of stigma and discrimination on the LGBTQ+ community. Their review analyzed publications on LGBTQ+ mental health and yielded the following main and associated sub themes. The first theme acknowledged emotional distress as a mental health challenge (Moagi et al., 2021). The second theme identified stigmatization, discrimination, victimization, and social exclusion as mental health challenges (Moagi et al., 2021). The final main theme reported barriers to accessing mental health services as a mental health challenge (Moagi et al., 2021). Associated sub themes included incidence of emotional distress, minority stressors, incidence of unmet access, and suggestions to improve access (Moagi et al., 2021). This evidence indicated that disparities were perceived based upon LGBTQ+ patient expectations as well as provider-based mental healthcare inequalities (Moagi et al., 2021).

In order to dimmish stigma in healthcare, one must accurately measure stigmatizing attitudes and behaviors among healthcare providers. The Opening Minds Stigma Scale for Health Care Providers (OMS-HC) was developed to measure stigma for those with mental illness in healthcare provider populations. The OMS-HC assesses attitudes and behavioral intentions towards people with mental illness using item subscales consisting of attitudes, disclosures, help-seeking, and social distance (Modgill et al., 2014). According to Modgill et al. implementing changes in training and continuing education for health care providers to reduce stigmatizing

attitudes toward mental illness have the potential to positively influence clinical practice (2014). The scale proved effective at detecting positive changes in stigmatizing attitudes following anti-stigma interventions which is particularly relevant to this project given the stigma experienced by the LGTBQ+ community, especially those who also experience mental illness.

According to Sevak et al., (2023) tailored educational courses can reduce stigma and improve attitudes towards mental illness. In a study of 202 pharmacy students, neuropsychiatry and case-based courses were introduced to curriculum to examine impact upon mental health stigma. The OMS-HC was completed by students on the first and last day of a neuropsychiatric therapeutics course and repeated at the end of the case-based course 4 months later. Analysis with omnibus Friedman tests examined the main effect of time, while Wilcoxon signed-rank post hoc tests to compared baseline and post course scores. Outcomes showed the OMS-HC total score as well as 3 subscales were significantly reduced compared to the baseline at the end of the neuropsychiatric therapeutics and case-based courses (Sevak et al., 2023). These findings indicate reductions in mental health stigma amongst pharmacy students as a result of the neuropsychiatric therapeutics and case-based courses. Similar educational interventions and the OMS-HC can be translated to attitudes toward LGBTQ+ patients, with the goal of effectively reducing stigma towards LGBTQ+ patients.

In response to LGBTQ+ health disparities Bidell (2017) created a reliable and valid LGBTQ+ self-assessment for healthcare professionals to further the development of competent LGBTQ+ clinical services. Through three studies Bidell provides evidence for the development, factor structure, reliability and validity of the Lesbian, Gay, Bisexual, and Transgender Development of Clinical Skills Scale (LGBT-DOCSS). The psychometric data from these studies demonstrate that the LGBT-DOCSS is reliable, valid, and suitable for research,

particularly in examining LGBTQ+ clinical development, and training programs (Bidell, 2017). The LGBT-DOCSS can be used to explore specific clinician characteristics, or when developing and testing LGBTQ+ research methods. Additionally, the LGBT-DOCSS can be used by healthcare providers in self-exploration of their LGBTQ+ clinical preparedness, attitudinal awareness, and basic knowledge.

The positive effects of LGBTQ+ cultural competency trainings on mental health are well documented amongst mental health professionals. Standardized LGBTQ+ didactic and simulation-based learning strengthen therapists' ability to affirm sexual and gender minority youth identities as well as increase competence to deliver affirmative cognitive behavioral therapy (Craig et al., 2021). Additionally, culturally appropriate training protocols for LGBTQ+ - affirmative psychotherapy can enhance therapist attitudes towards LGBTQ+ patients and reduce homo-negativity and trans-negativity (Pepping et al., 2018). Just as it is vital for psychiatrists and psychologists to understand LGBTQ+ health needs, all healthcare providers who serve this community could benefit from this training.

Assessment of healthcare provider trainings highlights the promising potential to improve LGBTQ+ healthcare through cultural competency. Cultural competency trainings aim to improve healthcare provider attitudes, and knowledge when working with LGBTQ+ patients, to improve patient satisfaction as well as healthcare outcomes. Study of web based cultural competency training have been shown to improve LGBTQ-related knowledge, attitudes, and subsequent clinical practices (Seay et al., 2019). In this study, measurement of attitudes towards LGBTQ+ patients within a healthcare context increased following LGBTQ+ cultural competency training as participants correctly identified statements such as "LGBTQ+ people still need to protest for equal rights" (Seay et al., 2019). LGBTQ+ knowledge also increased post training as participants

correctly defined knowledge items regarding sexual orientation, sexual attraction, and gender identity (Seay et al., 2019). Improvement in clinical practice was identified post training as participants acknowledged LGBTQ+ resources and how to pursue further education regarding LGBTQ+ health needs, thus indicating greater endorsement of LGBTQ+ affirmative practices (Seay et al., 2019).

Salter et al. (2024) utilized the LGBT-DOCSS scale to examine dental students' and residents' self-reported clinical preparedness, prejudicial attitudes, and knowledge of health disparities that exist in the LGBTQ+ community. In this study 178 dental students at a private US dental school ranging from D1 to first-year postdoctoral residency participated in a LGBTQ+ competency course. Students completed both pre-course survey and post-course survey using the LGBT-DOCSS scale. Although 67% of students reported receiving formal training in LGBTQ+ cultural competency prior to the intervention, the results of the LGBT-DOCSS survey post-course still identified a significant increase in clinical preparedness, as well as improved attitudes towards and knowledge of LGBTQ + patients (Salter et al., 2024). Post intervention LGBT-DOCSS reported a 13% increase in self-reported clinical preparedness in treating LGBTQ+ patients, a 32% increase in those who reported enhanced knowledge on LGBTQ+ health disparities and a 10% decrease in participants whose responses indicated negative attitudes towards LGBTQ+ patients (Salter et al., 2024). These findings highlight the value of continuing LGBTQ+ education for healthcare professionals, even those who have already received prior cultural competency training. This study also shows when introduced to curriculum, a LGBTQ+ cultural competency course is an effective intervention to decrease pre-existing biases and improve confidence and awareness in working with LGBTQ+ patients.

Additional research by Yu et al. (2023) assessed 44 published LGBTQ+ cultural competency trainings via systemic review. These articles covered cultural competency skills and practices specifically referring to inclusive clinical practice knowledge, distinct LGBTQ+ care considerations, and bias assessment and mitigation (Yu et al., 2023). This systemic review examined the effectiveness of trainings by quantitatively appraising and evaluating their outcomes. It assessed 1 randomized control trial, 39 quasi-experimental pretest–posttest without control trials, 1 posttest only with control trial, and finally 3 posttest only without control trials. Reviewed cultural competency training methods included multiple modalities with and without simulation, single modality with simulation, and didactic lectures. 28 of 39 studies measured for change in healthcare providers knowledge through self-perceived knowledge and with objective and factual knowledge through multiple choice and true/false questions were found to have statistically significant improvement (Yu et al., 2023). 8 of 12 studies assessed for change in participants' skill reported statistically significant improvement in LGBTQ+ affirming communication skills (Yu et al., 2023). 14 of 27 studies that evaluated changes in attitudes reported significant improvement in positive attitudes towards LGBTQ+ persons compared to baseline assessment (Yue et al., 2023). Finally, 7 of 9 studies that evaluated change in behaviors reported that participants had statistically more positive LGBTQ+ affirming behaviors that those who did not participate in training (Yue et al., 2023). As above discussed, the findings of this review highlight the feasibility of LGBTQ + cultural competency trainings for improving the constructs of cultural competence including knowledge of LGBTQ + culture and health, skills to work with LGBTQ + clients, attitudes toward LGBTQ + individuals, and behaviors toward LGBTQ + affirming practices (Yue et al., 2023).

Lelutiu-Weinberger et al. (2023) evaluated LGBTQ+ affirmative training in high stigma environments. The setting of this study conducted in Romania, has some of the highest reported LGBTQ+ stigma in Europe (Lelutiu-Weinberger et al., 2023). Despite this setting, the study provided substantial evidence that LGBTQ+ affirmative mental health trainings can improve LGBTQ+ cultural competency, with sustained impact over time (Lelutiu-Weinberger et al., 2023). Cultural competency training was based in LGBTQ+ affirmative therapy practices, and evaluation of outcomes was assessed longitudinally at baseline and post training (Lelutiu-Weinberger et al., 2023). A significant decrease in implicit and explicit bias, was found regardless of training modality completed (Lelutiu-Weinberger et al., 2023). Additionally, a significant increase in perceived LGBTQ+ beliefs related to equality, and affirmative clinical skills such as experience in counseling LGBTQ+ clients, and competence in assessing LGBTQ+ mental health needs was recorded (Lelutiu-Weinberger et al., 2023).

Furthermore Boekeloo et al. (2024) addressed empirically validated training opportunities to improve LGBTQ+ mental health services at the organizational and therapist levels. For this study a multi-disciplinary team designed a multi-level and multi-strategy sexual and gender diversity program intervention, and participants were randomly assigned to either the intervention group or control group. This intervention utilized both didactic lectures and experiential learning activities that involved role-play. Focus of the sexual and gender diversity program education included interrogating stereotypes, examining the importance of language, LGBTQ+ health disparities, facilitating sexual health conversation in mental health care, and providing affirming practices and health conversations (Boekeloo et al., 2024). Therapist and administrator satisfaction scores were rated high for the intervention group and improvement in scores from pre to post intervention were found to be higher for the intervention group regarding

therapist self-reported affirmative attitudes, practice self-efficacy, and affirmative practices (Boekeloo et al., 2024).

Related Research- Cultural Competency Training Programs With Artificial Intelligence And Simulation

Educational interventions that utilize medical interviews and AI-simulated patients have demonstrated safety and effectiveness in improving clinical skills. Yamamoto et al. (2024) investigated the impact of AI-simulated patients on medical students interviewing skills. This study designed an AI technology educational program with simulated patients and instructors to improve student medical interviewing skills by providing live feedback while also assessing clinical skills. This intervention created realistic patient scenarios, allowing healthcare providers to practice and refine their communication as well as improve understanding of patient health complaints. Results showed no safety concerns and found that the AI intervention group had significantly higher scores on medical interviews compared to the control group (Yamamoto et al., 2024). Additionally, the AI intervention was found to enhance self-efficacy and reduce anxiety with practice (Yamamoto et al., 2024). AI simulated patients show promise in improving the diagnostic process and in building patient provider trust and rapport.

Research has shown that use of simulated patients can foster cultural sensitivity and knowledge for healthcare providers working with minority patient groups. Borowicz et al. (2024) designed a blended program that utilized online modules and live simulation to educate internal medicine residents on transgender and non-binary patients. This simulation promoted sensitivity to the transgender community, terminology, medical disparities, and ways to incorporate affirming behaviors into practice. Results provided evidence that the live simulation was effective in increasing participants knowledge and attitudes to transgender and non-binary

patients (Borowicz et al., 2024). Reported feedback from participants was positive, praising the education's effectiveness, expressing gratitude, and reporting increased confidence as nearly all participants testified that the training allowed them relevant practice (Borowicz et al., 2024). Inclusive continuing education can improve provider knowledge and attitudes toward the transgender community, increasing patient satisfaction and positive healthcare outcomes.

Garcia-Acosta et al., (2023) found simulation videos to be effective training tools and learning resources for nursing students on creating safe inclusive healthcare environments for transgender patients. A quasi-experimental intervention study on active learning methodologies for gender diversity was conducted in two phases and featured post session questionnaires, satisfaction tests, and debriefings. Within the first phase, virtual reality and simulation video scenarios were created for nursing students to replicate consultation with a transgender patient. These scenarios were then implemented in the second phase as an educational intervention. Participants completed a pretest on LGBTQ+ knowledge, attended a short educational lecture then engaged with the virtual reality and stimulation video tools before completing the post test. Statistically significant differences were found between mean scores of pre and posttest. Analysis revealed skills development with a clear increase in knowledge: specific needs of trans people; attitudes: sensitivity and respect towards trans people; and procedure: creation of safe, inclusive healthcare environments (Garcia-Acosta et al., 2023). Debriefing found that nursing students were comfortable using the virtual resources, very satisfied with the methodology employed, and would recommend the training received (Garcia-Acosta et al., 2023). Virtual reality and simulation videos can be implemented to create a dynamic learning process for students to promote inclusive healthcare regarding gender diversity.

Theoretical Framework

The Culture Care Theory

The Theory of Culture Care Diversity and Universality Theory, or The Culture Care Theory, is used to examine how different cultural practices are related to care and how they can influence the health of different cultural groups (Leininger & McFarland, 2006). The Culture Care Theory explores concepts of emic and etic cultural knowledge, integrative care, cultural congruence, care diversity and universality, ethnohistory, environmental context, and world view (Leininger & McFarland, 2006). Leininger's theory proposes that healthcare providers develop cultural care that can preserve, accommodate, and restructure practices to improve overall wellness (Leininger & McFarland, 2006). This project's cultural competency training will be created in such a manner to support the LGBTQ+ community. The Culture Care Theory also provides a comprehensive and holistic cultural assessment to guide the provision of care, which for the purpose of this project will be focused on its effect on LGBTQ+ attitudes, knowledge and preparedness.

The LGBTQ+ cultural group comprises of individuals that do not conform to the sexual and gender ideas of the society. Sexuality and gender orientation are components of an individual's culture. Concepts of the Culture Care Theory are particularly relevant to this project as the LGBTQ+ community is diverse and contains multilayered and intersectional sexual and gender identities (Medina-Martínez et al., 2021). LGBTQ+ health needs are complex due to historic discrimination which has contributed to violence, social isolation, and financial insecurity (CDC, 2023a). This theoretical framework serves to assist health care providers to understand LGBTQ+ experiences to avoid biased and discriminatory attitudes during care, and to attend to the specific health needs of LGBTQ+ patients (Medina-Martinez et al., 2021). Attention

and understanding will be required to address health needs in a manner that is culturally appropriate. Cultural care should blend nursing care knowledge with cultural practices in an inclusive manner so that patients' values and beliefs are met throughout the health promotion and healing process (Leininger & McFarland, 2006). This approach will be utilized in a training intervention for healthcare providers to foster trust and reduce barriers to healthcare for LGBTQ+ patients.

Concepts

According to the APA (2021) guidelines for best clinical practice, healthcare providers must educate themselves on psychological issues relevant to sexual minority persons and utilize such knowledge to improve training programs. This includes recognizing the influence of minority stress and culture on LGBTQ+ mental health. Leininger describes mental and physiological illness as a consequence of intercultural diversity challenges (McFarland & Wehbe-Alamah, 2014). While intercultural stress can manifest in illness, cultural competency presents the opportunity to ameliorate these challenges by understanding and interacting with people from outside one's own culture. In this study LGBTQ+ cultural competency refers to the attitudes, knowledge, and clinical preparedness healthcare providers must develop to effectively interact with and care for LGBTQ+ patients. LGBTQ+ knowledge includes understanding of history, terminology, health needs, gender identity, and sexual orientation. Per the Culture Care Theory, understanding culture care factors allows transcultural healthcare providers to develop mental health principles and practices to transform care (McFarland & Wehbe-Alamah, 2014). The goal of cultural competency training interventions in this study is to increase knowledge about LGBTQ+ health needs, improve LGBTQ+ attitudes and progress clinical preparedness. This aligns with Leininger's aim for transcultural nurses to consider ways technology can be

used to prevent harm and influence care patterns (McFarland & Wehbe-Alamah, 2014). In healthcare, LGBTQ+ cultural competency training can ensure that LGBTQ+ patients receive clinically appropriate care that is also socially, mentally, and emotionally supportive.

Methods

Research Design

This study examined what the impact is of a cultural competency training intervention for healthcare providers on LGBTQ+ attitudes, knowledge and clinical preparedness in the ambulatory care setting. To address the purpose of the proposed study, a quantitative quasi-experimental study was utilized to evaluate pre- and post-intervention findings in North New Jersey ambulatory care clinics.

Sample

This study utilized a convenience and snowball sample of healthcare professionals in North New Jersey. Inclusion criteria for participation were any healthcare provider, such as physicians, nurse practitioners, nurses, physician assistants, and medical assistants who provide care in the ambulatory care setting. These healthcare providers were any gender, 18 years old or older, currently licensed and practicing within the state of New Jersey without restriction, able read and write in English, and voluntarily consented to participate in the study. Exclusion criteria were healthcare providers who were not currently providing care in the ambulatory care setting, or healthcare providers who declined to consent to participate in the study. The study recruited participants on a volunteer basis through healthcare system wide email campaigns and informational flyers (Appendix A) to attempt to obtain as large a sample as possible so that the study could be representative of the overall population (Terry, 2018). To obtain a medium effect size, 80% power and significance level of 0.05 approximately 60 participants would be required. However systemic review of 44 LGBTQ+ cultural competency studies revealed that the majority of studies are conducted on small to moderate sized samples, 27.3% of the studies were

conducted on relatively small samples ($n \leq 30$); 63.6% on moderate sized samples ($31 \leq n \leq 300$) (Yu et al., 2023). Therefore, a minimum sample size of 40 was accepted.

Instruments

The LGBTQ+ cultural competency training program intervention consisted of two components, an initial learning foundation session and a subsequent online practicum simulation using the Genius Academy Platform. This training program was created by myself, in partnership the quality department at the Valley Hospital. I developed and directed an animated video presentation to serve as a multimedia learning foundation. Creation of the online practicum took place through ongoing collaboration with the Genuis Academy to create the outlines for and script each individual simulation over several weeks. Following approval of the simulations, I continued to work with the Genuis Academy to cast LGBTQ+ actors for the simulations and made ongoing revisions to each edit produced. Approval of all content was provided by a clinical expert, the medical director of the LGBTQ+ Health Clinic at The Valley Hospital.

In the initial learning foundation session, participants received education on LGBTQ+ beliefs, values, social determinants of health, health disparities, and LGBTQ+ affirmative health services. For this component participants had the option to attend synchronous sessions in person at The Valley Hospital or attend asynchronously via virtual online recordings.

In the second component participants engaged in asynchronous online practicum using the Genius Academy platform. The Genius Academy provides virtual simulations for learners to practice health assessment and treatment skills. This program utilizes accredited tools to offer an approach that focuses on building competency through experiential learning (Genius Academy, 2024). Genius Academy offers a customizable online library of academically backed multimedia case studies that utilize AI to deliver a unique learning experience catered to the learner (Genius

Academy, 2024). Specific LGBTQ+ modules were assigned for the purposes of this study to curate cultural competency in the setting of healthcare (Appendix B). The experiential curriculum was LGBTQ+ focused and provided integrated feedback to assess skill competencies. Participants engaged in online, asynchronous interactive simulations that reflected real-world patient scenarios with each experience structured around competencies in cultural competency. The following eight simulations were provided to participants: introductory cultural competency training, respectful communication techniques, sensitive sexual and reproductive care, addressing social determinants of health, trauma informed care for LGBTQ+ patients, advanced engagement with LGBTQ+ individuals, responding to resistance on inclusivity efforts, and managing complex medical histories and LGBTQ+ specific needs.

The practicum allowed providers to engage with the content at their own pace and provided real-time feedback through video reflections, and self-assessment. The program followed four key stages: observe, conceptualize, strategize and communicate, to guide participants through patient interactions that emphasize respectful, LGBTQ+ centered care. Each simulation was directly aligned with the LGBT-DOCSS scale and OMS-HC scale, validating participants across essential LGBTQ+ attitudes, knowledge and clinical preparedness. Permission for use of all tools has been obtained (Appendix C, Appendix D).

The Lesbian, Gay, Bisexual, and Transgender Development of Clinical Skills Scale (LGBT-DOCSS) is a LGBTQ+ clinical self-assessment for health and mental health providers (Bidell, 2017). This scale is an eighteen question self-reported skills assessment that utilizes a seven-point Likert scale. Items on this scale examine clinical preparedness, attitudes, and basic knowledge regarding LGBTQ+ patients (Bidell, 2017). Clinical preparedness is measured by items four, ten, eleven, thirteen, fourteen, fifteen and sixteen of the LGBT-DOCSS instrument.

Knowledge is measured by items one, two, six and eight. Attitudes is measured by items three, five, seven, nine, twelve, seventeen, and eighteen. To calculate the total mean score, all test items are added together and divided by eighteen. To calculate individual subscale of clinical preparedness, attitudes and basic knowledge, the scores of the items listed must be divided by the number of questions in each subscale. Items three, four, five, seven, nine, twelve, seventeen, eighteen are reverse scored. Higher scores indicate higher levels of clinical preparedness, greater rudimentary knowledge, and higher attitudinal awareness, whereas lower scores indicate lower levels of clinical preparedness, less knowledge and more prejudicial attitudes towards LGBTQ+ patients (Bidell, 2017).

Through three studies Bidell provides evidence for the development, factor structure, reliability and validity of the Lesbian, Gay, Bisexual, and Transgender Development of Clinical Skills Scale (LGBT-DOCSS). In study 1: Item Development and Factor Analyses, test items were adapted from the mental health research LGBTQ+ competency assessment the Sexual Orientation Counselor Competency Scale (SOCCS). Experts in LGBTQ+ care working in applied psychology, counseling, psychotherapy, nursing and primary care within the United States and United Kingdom developed LGBTQ+ competency items. Exploratory and confirmatory factor analyses substantiated three subscales: Clinical Preparedness, examining LGBT training and clinical experiences; Attitudinal Awareness, assessing LGBT explicit bias and prejudice; and Basic Knowledge, inquiring about LGBT health and mental health disparities (Bidell, 2017).

Study 2: Reliability Estimates and Test-retest Reliability, examined estimates of internal consistency and measured the 2-week stability of the results which showed strong internal consistency with overall LGBT-DOCSS: $\alpha = .86$, clinical preparedness subscale: $\alpha = .88$,

attitudinal awareness subscale: α = .80 and basic knowledge subscale: α = .83 (Bidell, 2017). Test–retest correlation coefficients were strong for the overall LGBT-DOCSS *r* = .87, for the clinical preparedness subscale r = .88, for the attitudinal awareness sub- scale *r* = .85, and for the basic knowledge subscale *r* = .86 (Bidell, 2017). These findings suggest strong internal consistency and good temporary stability of the LGBT-DOCSS.

Finally Study 3: Construct Validity, established construct validity by using scales measuring LGBTQ+ prejudice, assessment skills, and social desirability. Bivariate correlations showed relationships between the LGBT-DOCSS and several other scales. The LGB-CSI Assessment Skills subscale had the strongest correlation with the LGBT-DOCSS clinical preparedness subscale (*r* = 0.69), a moderate correlation with the basic knowledge subscale (*r* = 0.51), and a weak correlation with the attitudinal awareness subscale (*r* = 0.12) (Bidell, 2017). The LGBT-DOCSS attitudinal awareness subscale was most strongly correlated with the GTS-R-SF Genderism/Transphobia subscale (*r* = -0.84), and the sexuality items on the RWA-S scale (*r* = 0.62) (Bidell, 2017). Discriminant validity was supported by a weak correlation with the MCSD-SF-A scale (Bidell, 2017). Participant criteria including sexual orientation and education was also evaluated. The psychometric data from these studies demonstrate that the LGBT-DOCSS is reliable, valid, and suitable for research, particularly in examining LGBTQ+ clinical development, and training programs.

The Opening Minds Scale for Health Care Providers (OMS-HC) is a self-report questionnaire which assesses healthcare provider behavioral intentions and attitudes towards patients with mental illness. The scale consists of a series of fifteen items assigned to a five-point Likert scale (Modgill et al., 2014). Items on this scale examine five dimensions to measure stigma and mental illness which are recovery, social responsibility, social distance, diagnostic

overshadowing, and disclosure (Modgill et al., 2014). Total score is calculating by summing all the responses, with a possible range of fifteen to seventy-five. For each item, scores rank from "strongly disagree" as 1 to "strongly agree" as 5 and items two, six, seven, eight and fourteen are reverse coded. High scores suggest a more stigmatizing attitude whereas low score indicate more positive stance towards mental illness (Modgill et al., 2014). For the purposes of this study items one, nine, ten, eleven, thirteen, and fifteen of the OMS-HC instrument are used to measure attitudes.

Modgill et al. (2014) collected baseline data from 1,523 participants across twelve anti-stigma programs and the OMS-HC was administered pre- and post-intervention. Demographic data such as gender, age, profession, and specialization were collected where applicable. Factor analysis showed a Kaiser-Meyer-Olkin measure of 0.841, surpassing the 0.60 benchmark, and Bartlett's Test of Sphericity was significant ($\chi^2 = 3969.47$, $p < 0.001$), supporting the factorability of the correlation matrix (Modgill et al., 2014). The OMS-HC scale showed acceptable internal consistency, with Cronbach's alpha ranging from 0.74 to 0.79 overall and 0.67 to 0.68 for subscales (Modgill et al., 2014). Subscales were strongly correlated with the total scale: attitude ($r = 0.82$), disclosure ($r = 0.73$), and social distance ($r = 0.74$), and also correlated with each other: attitude and disclosure ($r = 0.36$), attitude and social distance ($r = 0.31$), and disclosure and social distance ($r = 0.45$) (Modgill et al., 2014).

Procedure For Data Collection

The intervention took place over a three-month period, July through September 2025. After the subjects agreed to participate and provide consent, they provided demographic information and completed pre-test LGBT-DOCSS and OMS-HC to obtain a baseline assessment. This measured initial levels of knowledge, clinical preparedness, and attitudinal

awareness, towards LGBTQ+ patients. Demographic items included health care provider role, level of education, gender identity, age, race/ethnicity, and sexual orientation. Subjects then participated in the LGBTQ+ cultural competency training program. This two-part multimedia intervention utilized the Genius Academy platform and had an emphasis on simulation, exposure to LGBTQ+ patients, and unique LGBTQ+ health needs while providing learner feedback. Participants repeated the LGBT-DOCSS and OMS-HC immediately following the intervention to assess for change and improvement. Pre and post intervention survey information was collected electronically using Microsoft Forms. Pen and paper pre intervention surveys were also provided at request for those attending synchronous sessions of the learning foundation. All electronic data was be stored in a password protected database and all paper materials was stored in a locked, secure location. Sustainability is ensured as virtual online recordings and asynchronous self-paced practicum provide allowed participants flexible, continuous and scalable access.

Protection Of Human Subjects

The potential risks involved in participating in a research study are no greater than those typically encountered in everyday life. Anonymity of all subjects was maintained in the surveys, and no identifying information was collected. All subject responses were kept confidential. An informed consent statement was obtained (Appendix E). Internal Review Board approval from The Valley Hospital has been obtained (Appendix F). International Review Board approval from William Paterson University has been obtained (Appendix G). No conflict of interest was identified for this study.

Data Analysis Plan

IBM Statistical Package for the Social Sciences software was used for computing comparative analysis to evaluate findings in the pre- and post-intervention surveys. Inferential statistics was performed with a paired t-test. Demographic items including health care provider role, level of education, gender identity, age, race/ethnicity, and sexual orientation was also included in data analysis. Descriptive statistics analyzed demographic variables.

Results

Demographics

Sample

A total of 50 participates completed the pre-intervention survey and initiated the LGBTQ+ cultural competency education intervention. Of the 50 participants who began the intervention, 40 completed the LGBTQ+ cultural competency training program and submitted a post-intervention survey. Descriptive statistics and demographic variables are shown in **Table 1.**

Table 1.

Demographic Variable Table

N=40		Count	Percent	Mean	Max	Min
Gender Identity	Male	3	7.50%			
	Female	37	92.50%			
Age				41.45	63	26
Sexual Orientation	Heterosexual	37	92.50%			
	Bisexual	2	5.00%			
	Gay/Lesbian	1	2.50%			
Race/Ethnicity	Whtie/Caucasian	28	70%			
	Asian	6	15.00%			
	Hispanic/Latino	3	7.50%			
	Black/African Ameri	2	5.00%			
	Other	1	2.50%			
Healthcare Provider Role	Nurse Practitioner	14	35.00%			
	Nurse	12	30.00%			
	Physician	7	17.50%			
	Medical Assistant	2	5.00%			
	Other	5	12.50%			
Level of Education	Doctoral	10	25.00%			
	Masters	19	47.50%			
	Bachelors	6	15.00%			
	Trade/ Certification	5	12.50%			

Gender Identity

The majority of participants identified as female, 92.5%, and the remaining minority of participants identified as male 7.5%. There were no transgender or non-binary participants.

Age in Years

The healthcare providers who participated in the study ranged in age from 26 to 63 with a mean age of 41.45 years.

Sexual Orientation

Participants largely identified as heterosexual, 92.5% (N=37). Of the remaining participants, 2 identified as bisexual and 1 selected other, identify as gay/lesbian.

Race/Ethnicity

The largest race/ethnicity of participants was White/Caucasian at 70% and Asian at 15%. 7.5% of participants were Hispanic/Latino, 5% were Black/African American. 2.5% of participants selected other/not listed race/ethnicity.

Healthcare Provider Role

Most healthcare providers who participated in the LGBTQ+ cultural competency intervention were either nurse practitioners 35.%, or nurses 30%. Physicians made up 17.5% of participants and medical assistants made up 5% of participants. 12.5% of participants specified "other" as healthcare provider role.

Level of Education

Level of education was overall high as 87.5% of participants had a college degree. Specifically, 15% of participants reported a bachelor's degree, 47.5% reported a master's degree and 25% reported a doctoral degree. The remaining 12.5% of participants report a trade degree or certification.

Survey Findings

For inferential statistics, the pre intervention LGBT-DOCSS and OMS-HC surveys were compared to post intervention LGBT-DOCSS and OMS-HC surveys to evaluate for quantitative evidence for improvement in healthcare providers' attitudes, knowledge and clinical preparedness toward LGBTQ+ patients. Increase in mean LGBT-DOCSS overall score and increase in its calculated attitudes, knowledge and clinical preparedness subscales indicate

healthcare provider improvement. Conversely, decrease in mean OMS-HC overall score and its calculated attitude subscale indicate healthcare provider improvement. Paired sample statistics for the LGBT-DOCSS, OMS-HC, and subscales for attitudes, knowledge, and clinical preparedness are shown in **Table 2.** The paired samples T test conducted on the pre and post intervention LGT-DOCSS, OMS-HC, attitudes subscale, knowledge subscale and clinical preparedness subscale are shown in **Table 3.**

The paired difference between pre intervention and post intervention overall LGBT-DOCSS score was statistically significant -4.440(39) <0.001, p<0.001 as mean scores increased from 94.38 to 104.75. Overall mean OMS-HC score did decrease from 29.23 pre intervention to 26.83 post intervention, however this was not considered statistically significant 1.412(39) =0.166, p=0.166. The paired difference in clinical preparedness significantly improved from pre to post intervention with mean scores increasing from 25.45 to 31.05, -3.389(39) = 0.02, p= 0.002. The paired difference in knowledge also significantly increased from pre to post intervention, with mean scored improved from 20.53 to 24.60, -4.100(39) < 0.001, p<0.001. Attitudes did not show statistically significant improvement, 0.336(39) =0.738, p=0.738 as measured by LGBT-DOCSS subscale and 1.485(39)= 0.145, p= 0.145 as measured by OMS-HC subscale. The LGBT-DOCSS attitudes subscale showed a negative change in mean score from 46.85 pre intervention to 46.60 post intervention. However, the OMS-HC mean score was improved from 10.70 pre intervention to 9.60 post intervention.

Table 2.
Paired Sample Statistics

Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	PRE LGBT-DOCSS	94.38	40	9.968	1.576
	POS TLGBT-DOCSS	104.75	40	11.107	1.756

Pair 2	PRE OMS-HC	29.23	40	8.842	1.398
	POST OMS-HC	26.83	40	7.682	1.215
Pair 3	PRE Clinical Preparedness	25.45	40	7.400	1.170
	POST Clinical Preparedness	31.05	40	7.490	1.184
Pair 4	PRE Knowledge	20.53	40	4.619	.730
	POST Knowledge	24.60	40	4.396	.695
Pair 5	PRE Attitudes (LGBT-DOCSS	46.85	40	3.476	.550
	POST Attitudes (LGBT-DOCSS)	46.60	40	3.862	.611
Pair 6	PRE Attitudes (OMS-HC)	10.70	40	3.618	.572
	POST Attitudes (OMS-HC)	9.60	40	3.045	.481

Table 3.

Paired Sample T-Test

Paired Samples Test

		Paired Differences					Significance	
		Mean	Std. Deviation	Std. Error Mean	t	df	One-Sided p	Two-Sided p
Pair 1	PRELGB - POSTLGB	-10.375	14.780	2.337	-4.440	39	<.001	<.001
Pair 2	PRE HC - POST HC	2.400	10.748	1.699	1.412	39	.083	.166
Pair 3	PreClinPrep - PostClinPrep	-5.600	10.451	1.652	-3.389	39	<.001	.002
Pair 4	PreKnowlRange - Post KnowlRange	-4.075	6.285	.994	-4.100	39	<.001	<.001
Pair 5	PreAttLGB - PostAttLGB	.250	4.700	.743	.336	39	.369	.738
Pair 6	PreAttHC - PostAttHC	1.100	4.684	.741	1.485	39	.073	.145

Discussion

Discussion

Healthcare providers' role in providing care to the LGBTQ+ community is greatly influenced by adequate clinical training and experience, awareness of institutional barriers and LGBTQ+ specific health needs, and finally compassion towards and acceptance of LGBTQ+ patients. However, healthcare providers may lack sufficient knowledge or skills, which can negatively impact their attitudes towards or care they provide to LGBTQ+ patients. The theoretical framework of the Culture Care Diversity and Universality Theory offered a comprehensive and holistic cultural assessment to guide the project. Based upon the above findings, providing an LGBTQ+ cultural competency educational intervention was statistically significant in improving healthcare provider knowledge and clinical preparedness. Results of both the LGBT-DOCSS and OMS-HC showed positive improvement amongst participants. These findings are supported by current literature (Salter et al., 2024; Seay et al., 2019; Yue et al., 2023). Specifically, results of the LGBT-DOCSS following the educational intervention in this sample revealed that knowledge of LGBTQ+ health issues increased significantly, and that healthcare providers had significantly increased feelings of preparedness to treat LGBTQ+ patients. As identified in studies by Craig et al. (2021) and Pepping et al. (2018) culturally competent, educated, and experienced healthcare providers are better equipped to provide care to LGBTQ+ patients. Although improved, there was not a statistically significant change in attitudes toward LGBTQ+ patients following the LGBTQ+ cultural competency intervention within the OMS-HC subscale. Interestingly, the LGBT-DOCSS attitude subscale score slightly decreased, indicating a minor negative change, but this was also not statistically significant. This finding was not consistent with studies conducted by Salter et al. (2024) and Yue et al. (2023)

who noted statistically significant improvement in positive attitudes towards LGBTQ+ persons compared to baseline assessment. However, participant scores in both the LGBT-DOCSS and OMS-HC attitudes subscales ranked very high in the pre intervention survey results. These scores indicate that participants already accepted open expression of sexuality, had positive views of marriage equality, and denied views of LGBTQ+ moral deviancy, thus limiting the impact of the LGBTQ+ cultural competency education upon their attitudes.

Limitations

Although the DNP project yielded valuable findings, limitations that can impact the generalizability of findings must be acknowledged. Because this project only examined healthcare providers working in ambulatory care, the findings can only be generalized to this care setting. Attrition was a significant limiting factor for this project. While participants originally expressed eagerness to engage with the LGBTQ+ cultural competency training program, the project experienced a 20% attrition rate. Feedback from participants cited time constraints as the primary reason for drop out from the study. 0 participants elected to schedule for the synchronous session of the initial foundational learning session. While participants proceeded with the online recorded foundational learning session and subsequently engaged with the asynchronous online practicum using the Genius Academy platform, they describe difficulty allocating the time to complete the simulation module due to their challenging nature. The Genuis Academy platform also required an active update to software during the intervention period which caused a delay in completion. These factors ultimately resulted in a smaller sample size (n=40).

Implications for Practice

Therapeutic relationships between healthcare providers and LGBTQ+ patients must be developed to provide high quality inclusive care and reduce health disparities. The Genuis Academy offers a safe and reliable learning environment for healthcare providers to safely develop knowledge, attitudes, and clinical preparedness while avoiding risk of harm to actual patients by use of virtual patient simulation and AI. LGBTQ+ targeted cultural competency education positively impacts healthcare providers in the ambulatory care. Therefore, further consideration should be given to ongoing interprofessional collaboration between healthcare providers and mental health specialists to continue to develop this educational intervention. Through interprofessional collaboration the LGBTQ+ cultural competency intervention may be expanded upon so that it can be distributed as an ongoing educational resource to healthcare providers throughout the healthcare system.

Recommendations

Based on the findings of this study, further research across the hospital system, including inpatient and outpatient care areas, would enhance understanding of how to effectively implement the LGBTQ+ cultural competency intervention to ensure LGBTQ+ care needs are met throughout the healthcare environment. Additionally, longitudinal assessment of knowledge, clinical preparedness and attitudes towards LGBTQ+ patients' may be conducted at 6 months, and even 12 months post intervention to determine the ongoing effectiveness of the LGBTQ+ cultural competency educational intervention. Furthermore, integrating the LGBTQ+ cultural competency intervention within annual educational modules can standardize baseline knowledge, update evolving clinical information, address deficits, foster positive attitudes, and embed LGBTQ+ inclusive practices into the organizational culture. Providing continuing medical

education contact hours and allocating time for this education to occur during working hours can further motivate healthcare providers to participate, creating a larger sample pool. With longitudinal data and a larger sample size, future research on LGBTQ+ cultural competency interventions can be more reliable and accurate, have a narrow margin of error, and have increased statistical power to detect effects.

Summary

This project examined the impact of a LGBTQ+ cultural competency training on ambulatory healthcare providers. The aim was to enhance LGBTQ+ attitudes, knowledge and clinical preparedness amongst these healthcare providers. When analyzing the data reflected in the pre and post intervention LGBT-DOCSS and OMS-HC, statistically significant improvement in both knowledge and clinical preparedness was identified. These key findings indicate the success of the LGBTQ+ cultural competency training program. This project emphasizes the importance of integrating LGBTQ+ cultural competency education in an ongoing effort to reduce health disparities and provide inclusive care to the LGBTQ+ community.

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Appendix

Appendix A: Recruitment Email for Participants in LGBTQ+ Educational Intervention

Subject: Invitation to Participate in LGBTQ+ Cultural Competency Training

Dear [Staff Member's Name],

I hope this message finds you well. We are excited to announce an upcoming educational intervention aimed at enhancing cultural competency in providing care for our LGBTQ+ patients at Valley Medical Group. As healthcare providers and staff, your role is vital in creating an inclusive and supportive environment for all patients.

About the Training: This comprehensive training program will focus on improving our understanding of LGBTQ+ health needs and reducing stigma in care. The sessions will include a variety of engaging methods, such as videos, simulated patient interactions, and discussions with members of the LGBTQ+ community. We aim to foster a more inclusive atmosphere for our patients and ensure that all staff members feel confident and prepared to provide the best possible care.

Who Can Participate: We invite all staff members aged 18 and older who interact with or care for LGBTQ+ patients, including Physicians, Advanced Practice Providers, and nurses.

Training Schedule: The training will take place over a one-month period, with multiple session times in person to accommodate different schedules. Exact dates and times will be shared soon.

Why Participate?

· Enhance your skills and knowledge in providing culturally competent care.

· Contribute to improving health outcomes for LGBTQ+ patients.

· Receive feedback and support from experienced facilitators in a safe learning environment.

If you are interested in participating or have any questions, please reply to this email by [insert response deadline]. Your participation is voluntary, and all information collected will be kept confidential.

Thank you for considering this opportunity to expand your skills and make a meaningful impact in our community. Together, we can make a difference in the care we provide

Appendix B: Simulation Modules and Learning Objectives

1. Introductory Cultural Competency Training
    - The learners practice introducing themselves respectfully, confirming the patient's pronouns and preferred name, and adapting their communication if they observe any discomfort. They also learn to de-escalate situations involving third-party comments while protecting the patients'' privacy and dignity.
2. Respectful Communication Techniques
    - The learners will observe the patient's reactions and recognize how repeated misgendering, if not properly addressed, can erode trust and damage the patient-provider relationship. They will practice appropriate self-correction techniques, demonstrate empathy, and apply verbal and non-verbal sensitivity to rebuild trust after a misstep. Learner will also explore strategies to alleviate patient apprehension and ensure confidence in the care being provided.
3. Sensitive Sexual and Reproductive Care
    - The learners will explore both inappropriate and appropriate ways to address the patient's healthcare needs, focusing on fostering trust, utilizing trauma-informed care, and engaging in shared decision-making to create a patient-centered experience.
4. Addressing Social Determinants of Health
    - The learners must navigate the conversation while avoiding, judgement, addressing implicit biases, and exploring potential patient assistance programs or alternative solutions. This scenario highlights the importance of understanding financial barriers as a key social determinant of health and ensuring equitable access to preventive care.
5. Trauma-informed Care for LGBTQ+ Patients'

- The learners will practice observing the patient's discomfort, validating their concerns, and applying trauma-informed techniques to ensure the patient feels safe, respected, and supported during their care. This scenario emphasizes the importance of preparing referral locations to ensure they are equipped to provide sensitive and trauma-informed care.

6. Advanced Patient Engagement with LGBTQ+ Individuals
    - Learners will practice using trauma-informed care techniques to assess the patient's emotional state, validate their experiences, and engage in active listening to help them feel supported. This scenario emphasizes the critical role of healthcare providers in addressing the impacts of violence and creating a safe affirming environment for LGBTQ+ patients in crisis.
7. Responding to Resistance on Inclusivity Efforts
    - Learners will explore the impact of affirming versus dismissive responses to inclusivity-related resistance. They will practice responding professionally and respectfully to patient concerns while understanding how dismissive behavior can harm LGBTQ+ patients' who may overhear such interactions.
8. Managing Complex Medical Histories and LGBTQ+ Specific Needs
    - The learners must differentiate between symptoms of opioid withdrawal and medical concerns related to hormone therapy while providing affirming, trauma-informed care. Learners will practice balancing mental health support with medical decision-making, de-escalating distress, addressing withdrawal symptoms, validating identity, and ensuring clear, professional communication to the patient engaged in care.

Appendix C: The Lesbian, Gay, Bisexual, and Transgender Development of Clinical Skills Scale

LGBT-DOCSS

Instructions: Items on this scale are intended to examine preparedness, attitudes, and basic knowledge regarding lesbian, gay, bisexual and transfer (LGBT) people. Please use the provided scale to rate your level of agreement or disagreement for each item. Please note, items on this scale primarily inquire about either sexual orientation (LGB) or gender identify (transgender). Two questions are inclusive and refer collectively to lesbian, gay, bisexual and transgender (LGBT) clients/patients.

1. I am aware of institutional barriers that may inhibit transgender people from using health care services.

Strongly disagree **Somewhat Agree/Disagree** **Strongly Agree**

1 2 3 4 5 6 7

2. I am aware of institutional barriers that may inhibit LGB people from using health services.

Strongly disagree **Somewhat Agree/Disagree** **Strongly Agree**

1 2 3 4 5 6 7

3. I think being transgender is a mental disorder.

Strongly disagree **Somewhat Agree/Disagree** **Strongly Agree**

1 2 3 4 5 6 7

4. I would feel unprepared talking with a LGBT people about issues related to their sexual orientation or gender identity.

Strongly disagree **Somewhat Agree/Disagree** **Strongly Agree**

1 2 3 4 5 6 7

5. A same sex relationship between 2 men or 2 women is not as strong and as committed as one between a man and a woman.

Strongly disagree **Somewhat Agree/Disagree** **Strongly Agree**

1 2 3 4 5 6 7

6. I am aware of research indicating that LGB individuals experience disproportionate levels of health and mental health problems compared to heterosexual individuals.

Strongly disagree **Somewhat Agree/Disagree** **Strongly Agree**

1 2 3 4 5 6 7

7. LGB individuals must be discreet about their sexual orientation around children.

Strongly disagree **Somewhat Agree/Disagree** **Strongly Agree**

1 2 3 4 5 6 7

8. I am aware of research indicating that transgender individuals experience disproportionate levels of health and mental health problems compared to cisgender individuals.

Strongly disagree **Somewhat Agree/Disagree** **Strongly Agree**

1 2 3 4 5 6 7

9. When it comes to transgender individuals, I believe they are morally deviant.

Strongly disagree **Somewhat Agree/Disagree** **Strongly Agree**

1 2 3 4 5 6 7

10. I have received adequate clinical training and supervision to work with transgender clients/patients.

Strongly disagree **Somewhat Agree/Disagree** **Strongly Agree**

1 2 3 4 5 6 7

11. I have received adequate clinical training and supervision to work with lesbian, gay, and bisexual (LGB) clients/patients.

Strongly disagree **Somewhat Agree/Disagree** **Strongly Agree**

1 2 3 4 5 6 7

12. The lifestyle of a LGB individual is unnatural or immoral.

Strongly disagree **Somewhat Agree/Disagree** **Strongly Agree**

1 2 3 4 5 6 7

13. I have experience working with LGB clients/patients

Strongly disagree **Somewhat Agree/Disagree** **Strongly Agree**

1 2 3 4 5 6 7

14. I feel competent to assess a person who is LGB in a therapeutic setting.

Strongly disagree **Somewhat Agree/Disagree** **Strongly Agree**

1 2 3 4 5 6 7

15. I feel competent to assess a person who is transgender in a therapeutic setting.

Strongly disagree **Somewhat Agree/Disagree** **Strongly Agree**

1 2 3 4 5 6 7

16. I have experience working with transgender clients/patients.

Strongly disagree **Somewhat Agree/Disagree** **Strongly Agree**

1 2 3 4 5 6 7

17. People who dress opposite to their biological sex have a perversion

Strongly disagree **Somewhat Agree/Disagree** **Strongly Agree**

1 2 3 4 5 6 7

18. I would feel morally uncomfortable working with a LGBT client/patient.

Strongly disagree **Somewhat Agree/Disagree** **Strongly Agree**

1 2 3 4 5 6 7

Scoring instructions for the LGBT-DOCSS

1) Reverse score all 8 questions in parenthesis (3), (4), (5), (7), (9), (12), (17), (18). Use the reverse scoring Likert Scale [1=7, 2=6, etc.]
2) Calculate total mean score: Add all test items (using the reverse score for items in parentheses) and divide by 18
3) Calculate Subscale Scores: For each subscale, add up the scores of the questions listed (using the reverse score for items in paratheses) and divde by the number of questions in each subscale
   - Clinical Preparedness Subscale: (4) + 10 + 11 +13 +14 +15+16
     - Add up then divide by 7
   - Attitudes Subscale: (3) + (5) + (7) + (9) + (12) + (17) + (18)
     - Add up then divide by 7
   - Knowledge Subscale: 1+ 2 + 6 + 8
     - Add up then divide by 4
4) Higher scores are indicative of higher levels of clinical preparedness and rudimentary knowledge and less prejudicial attitudinal awareness regarding LGBTQ clients/patients

SCORING

1.____ score /18	[K]	10. _____ [CP]	Total Mean Score: Total
2._____	[K]	11. _____ [CP]	_____
3._____ score /7	[A]	12. _____ [A]	Clinical Preparedness: Total CP
4._____	[CP]	13. _____ [CP]	_____
5._____	[A]	14. _____ [CP]	Attitudes: Total A score / 7
6._____	[K]	15. _____ [CP]	_____
7._____	[A]	16. _____ [CP]	Knowledge: Total K score /4
8._____	[K]	17. _____ [A]	_____
9._____	[A]	18. _____ [A]	

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The Lesbian, Gay, Bisexual, and Transgender Development of Clinical Skills Scale (LGBT-DOCSS): Establishing a New Interdisciplinary Self-Assessment for Health Providers

Author: Markus P. Bidell, Bidell Markus P.
Publication: Journal of Homosexuality
Publisher: Taylor & Francis
Date: Jun 28, 2017

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BACK CLOSE

LGBT-DOCSS permission request

To: Day, Annette <Annette.Day@tandf.co.uk>
Subject: RE: LGBT-DOCSS permission request

Hi Annette

The requested article was published under an open access licence, so they did not need to obtain our permission.

Best wishes

Karin

From: Day, Annette <Annette.Day@tandf.co.uk>
Sent: 27 February 2025 11:36
To: Beesley, Karin <Karin.Beesley@tandf.co.uk>
Subject: FW: LGBT-DOCSS permission request

Hi Karin

Can I just ask your advice?

Is what Shannon shows below, what a requester would receive if they had completed the journal process for a thesis permission? I would have expected a licence to be sent, rather than that short statement, and think she may not have completed her application?

Kind regards

Annette

Appendix D: The Opening Minds Scale for Health Care Providers

Opening Minds Scale for Health Care Providers (OMS-HC-15)*

Mental Health Commission of Canada | Commission de la santé mentale du Canada

These questions ask you to agree or disagree with a series of statements about mental illness. There is no correct answer. Please mark the box that best fits your opinion.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1. I am more comfortable helping a person who has a physical illness than I am helping a person who has a mental illness.	☐	☐	☐	☐	☐
2. If a colleague with whom I work told me they had a mental illness, I would be just as willing to work with him/her.	☐	☐	☐	☐	☐
3. If I were under treatment for a mental illness I would not disclose this to any of my colleagues.	☐	☐	☐	☐	☐
4. I would see myself as weak if I had a mental illness and could not fix it myself.	☐	☐	☐	☐	☐
5. I would be reluctant to seek help if I had a mental illness.	☐	☐	☐	☐	☐
6. Employers should hire a person with a managed mental illness if he/she is the best person for the job.	☐	☐	☐	☐	☐
7. I would still go to a physician if I knew that the physician had been treated for a mental illness.	☐	☐	☐	☐	☐
8. If I had a mental illness, I would tell my friends.	☐	☐	☐	☐	☐
9. Despite my professional beliefs, I have negative reactions towards people who have mental illness.	☐	☐	☐	☐	☐
10. There is little I can do to help people with mental illness.	☐	☐	☐	☐	☐
11. More than half of people with mental illness don't try hard enough to get better.	☐	☐	☐	☐	☐
12. I would not want a person with a mental illness, even if it were appropriately managed, to work with children.	☐	☐	☐	☐	☐
13. Healthcare providers do not need to be advocates for people with mental illness.	☐	☐	☐	☐	☐
14. I would not mind if a person with a mental illness lived next door to me.	☐	☐	☐	☐	☐
15. I struggle to feel compassion for a person with mental illness.	☐	☐	☐	☐	☐

*Modgill G, Patten SB, Knaak S, Kassam A, Szeto AC. Opening minds stigma scale for healthcare providers (OMS-HC): Examination of psychometric properties and responsiveness. *BMC Psychiatry* 2014; 14(1):120. http://www.biomedcentral.com/1471-244X/14/120.

*Kassam A, Papish A, Modgill G, Patten S. The development and psychometric properties of a new scale to measure mental illness related stigma by health care providers: The opening minds scale for Health Care Providers (OMS-HC). BMC Psychiatry 2012; 12:62. DOI: 10.1186/1471-244X-12-62.

September 2016 MRC2.CORP.X.00851

PsycTESTS®

Opening Minds Stigma Scale for Health Care Providers--Revised

Note: Test name created by PsycTESTS

PsycTESTS Citation:
Modgill, G., Patten, S. B., Knaak, S., Kassam, A., & Szeto, A. C. H. (2014). Opening Minds Stigma Scale for Health Care Providers--Revised [Database record]. Retrieved from PsycTESTS. doi: https://dx.doi.org/10.1037/t49537-000

Instrument Type:
Rating Scale

Test Format:
The measure has 15 items that are measured on a scale 1-5, ranging from strongly agree to strongly disagree, some items were reverse coded.

Source:
Modgill, Geeta, Patten, Scott B., Knaak, Stephanie, Kassam, Aliya, & Szeto, Andrew C. H. (2014). Opening Minds Stigma Scale for Health Care Providers (OMS-HC): Examination of psychometric properties and responsiveness. BMC Psychiatry, Vol 14. doi: https://dx.doi.org/10.1186/1471-244X-14-120

Appendix E: Consent Information Sheet

RESEARCH PARTICIPANT CONSENT INFORMATION SHEET

Title:	The Effect Of A Cultural Competency Training Program For Health Care Providers And Their Attitudes, Knowledge And Clinical Preparedness With LGBTQ+ Patients
Sponsor:	The Valley Hospital
Investigator:	Shannon Ross 4 Valley Health Plaza Paramus, NJ, 07652 United States of America
Daytime Phone Number:	xxx-xxx-xxxx

This consent form is part of an informed consent process for a research study and it will provide information that will help you decide whether you want to take part in this study. It is your choice to take part or not. After all of your questions have been answered and you wish to take part in the research study, you will be asked to sign this consent form. You will be given a copy of the signed form to keep. Your alternative to taking part in the research is not to take part in it.

Who is conducting this research study and what is it about?
You are being asked to take part in research being conducted by Shannon Ross. The purpose of this study is to address the impact of a cultural competency training on healthcare providers' attitudes, knowledge, and clinical preparedness with LGBTQ+ patients.

What will I be asked to do if I take part?
The Cultural Competency Training Program will take about 2 hours to complete. We anticipate 40 subjects will take part in the study.

What are the risks and/or discomforts I might experience if I take part in the study?
The potential risks involved in participating in this research study are no greater than those typically encountered in everyday life. Breach of confidentiality is a risk of harm but a data security plan is in place to minimize such a risk. Also, some questions may make you feel uncomfortable. If that happens, you can skip those questions or withdraw from the study altogether. If you decide to quit at any time before you have finished the survey your answers will NOT be recorded.

Are there any benefits to me if I choose to take part in this study?

You will be contributing to knowledge about LGBTQ+ cultural competency so that healthcare providers can gain the cultural skills and sensitivity to address the unique health needs of the LGBTQ+ community, thereby promoting inclusive care.

Will I be paid to take part in this study?
You will not be paid to take part in this study.

How will information about me be kept private or confidential?
All efforts will be made to keep your responses confidential, but total confidentiality cannot be guaranteed.

- We will not collect any information that can identify you or other subjects. Completed forms will be stored in a locked cabinet controlled by the investigator. Responses may be converted to digital format and stored on a password-protected computer that can only be accessed by the study team. Paper copies will then be destroyed. There is no plan to delete the responses. We plan to study the data for some time.
- No information that can identify you will appear in any professional presentation or publication.

What will happen to information I provide in the research after the study is over?

- Responses may be used or distributed to investigators for other research without obtaining additional informed consent from you.

What will happen if I do not want to take part or decide later not to stay in the study?
Your participation is voluntary. If you choose to take part now, you may change your mind and withdraw later. You may leave without turning in a completed form or by turning in a blank or incomplete form. However, once you turn in the form, you can no longer withdraw your responses as we will not know which ones are yours.

Who can I call if I have questions?
If you have questions, concerns, or complaints, or think this research has hurt you or made you sick, talk to the research team at the phone number listed above on the first page.

This research is being overseen by an Institutional Review Board ("IRB"). An IRB is a group of people who perform independent review of research studies. You may talk to them at (800) 562-4789, help@wirb.com if:

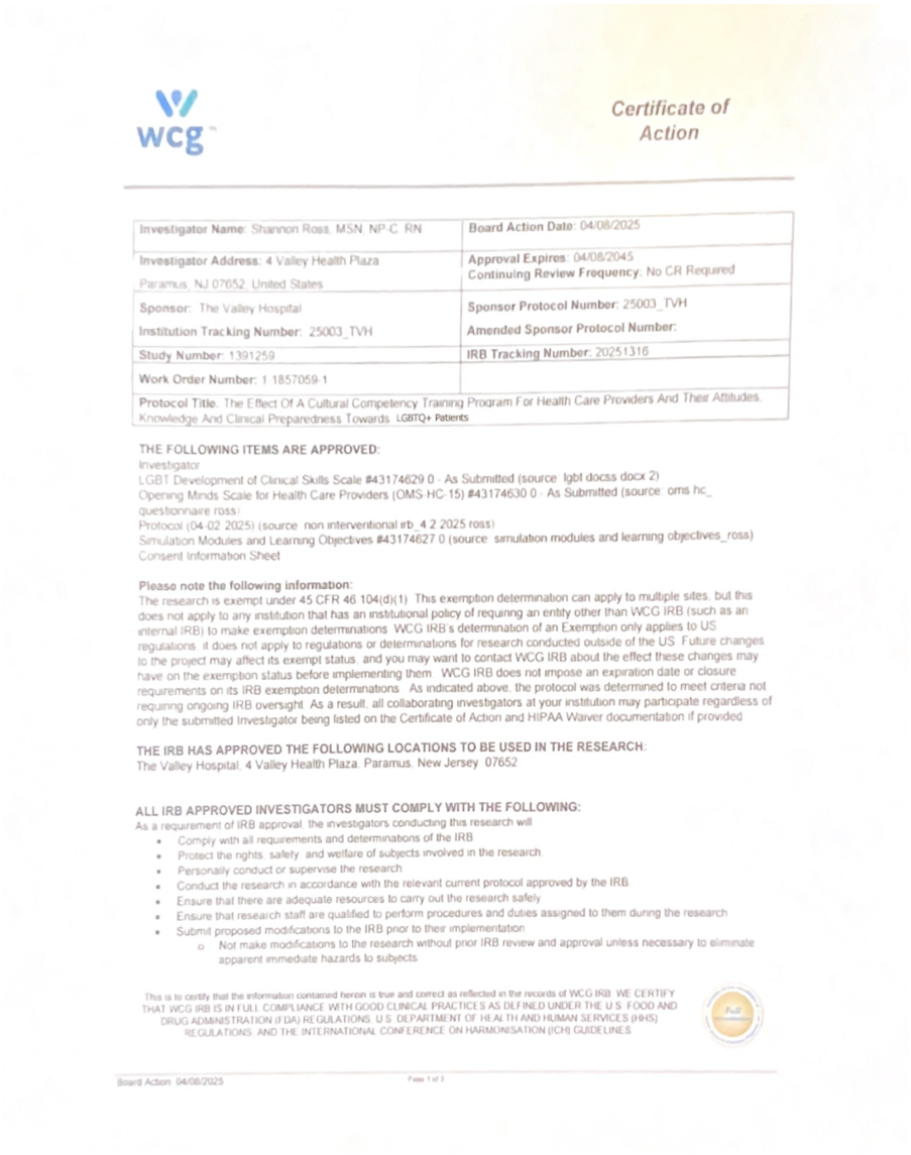
- You have questions, concerns, or complaints that are not being answered by the research team.
- You are not getting answers from the research team.
- You cannot reach the research team.
- You want to talk to someone else about the research.
- You have questions about your rights as a research subject.

Please keep this consent form if you would like a copy of it for your files.

By beginning this research, you acknowledge that you have read the information and agree to take part in the research, with the knowledge that you are free to withdraw your participation without penalty.

Print Name Signature Date

Appendix F: Valley Hospital IRB Approval



wcg

Certificate of Action

Investigator Name: Shannon Ross, MSN, NP-C, RN	**Board Action Date:** 04/08/2025
Investigator Address: 4 Valley Health Plaza Paramus, NJ 07652, United States	**Approval Expires:** 04/08/2045 **Continuing Review Frequency:** No CR Required
Sponsor: The Valley Hospital **Institution Tracking Number:** 25003_TVH	**Sponsor Protocol Number:** 25003_TVH **Amended Sponsor Protocol Number:**
Study Number: 1391259	**IRB Tracking Number:** 20251316
Work Order Number: 1 1857059-1	
Protocol Title: The Effect Of A Cultural Competency Training Program For Health Care Providers And Their Attitudes, Knowledge And Clinical Preparedness Towards LGBTQ+ Patients	

THE FOLLOWING ITEMS ARE APPROVED:
Investigator
LGBT Development of Clinical Skills Scale #43174629.0 - As Submitted (source: lgbt docss.docx 2)
Opening Minds Scale for Health Care Providers (OMS-HC-15) #43174630.0 - As Submitted (source: oms hc_ questionnaire ross)
Protocol (04.02.2025) (source: non interventional irb_4.2.2025 ross)
Simulation Modules and Learning Objectives #43174627.0 (source: simulation modules and learning objectives_ross)
Consent Information Sheet

Please note the following information:
The research is exempt under 45 CFR 46.104(d)(1). This exemption determination can apply to multiple sites, but this does not apply to any institution that has an institutional policy of requiring an entity other than WCG IRB (such as an internal IRB) to make exemption determinations. WCG IRB's determination of an Exemption only applies to US regulations; it does not apply to regulations or determinations for research conducted outside of the US. Future changes to the project may affect its exempt status, and you may want to contact WCG IRB about the effect these changes may have on the exemption status before implementing them. WCG IRB does not impose an expiration date or closure requirements on its IRB exemption determinations. As indicated above, the protocol was determined to meet criteria not requiring ongoing IRB oversight. As a result, all collaborating investigators at your institution may participate regardless of only the submitted Investigator being listed on the Certificate of Action and HIPAA Waiver documentation if provided.

THE IRB HAS APPROVED THE FOLLOWING LOCATIONS TO BE USED IN THE RESEARCH:
The Valley Hospital, 4 Valley Health Plaza, Paramus, New Jersey, 07652

ALL IRB APPROVED INVESTIGATORS MUST COMPLY WITH THE FOLLOWING:
As a requirement of IRB approval, the investigators conducting this research will:

- Comply with all requirements and determinations of the IRB
- Protect the rights, safety, and welfare of subjects involved in the research
- Personally conduct or supervise the research
- Conduct the research in accordance with the relevant current protocol approved by the IRB
- Ensure that there are adequate resources to carry out the research safely
- Ensure that research staff are qualified to perform procedures and duties assigned to them during the research
- Submit proposed modifications to the IRB prior to their implementation
    - Not make modifications to the research without prior IRB review and approval unless necessary to eliminate apparent immediate hazards to subjects

This is to certify that the information contained herein is true and correct as reflected in the records of WCG IRB. WE CERTIFY THAT WCG IRB IS IN FULL COMPLIANCE WITH GOOD CLINICAL PRACTICES AS DEFINED UNDER THE U.S. FOOD AND DRUG ADMINISTRATION (FDA) REGULATIONS, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) REGULATIONS, AND THE INTERNATIONAL CONFERENCE ON HARMONISATION (ICH) GUIDELINES.

Board Action: 04/08/2025 Page 1 of 3

Appendix G: William Paterson University IRB Approval

THE WILLIAM PATERSON UNIVERSITY OF NEW JERSEY
INSTITUTIONAL REVIEW BOARD FOR HUMAN SUBJECT RESEARCH

c/o Office of Sponsored Programs
1800 Valley Road, Room 222
973-720-2852 (Phone)
973-720-3573 (Fax)
http://www.wpunj.edu/osp/

Chair: Professor Michelle Gonzalez (GonzalezM77@wpunj.edu)
College of Education
Contact: Kate Boschert (irbadministrator@wpunj.edu)
Office of Sponsored Programs

To: Shannon Ross
Doctoral Candidate of Nursing

From: Michelle Gonzalez

Subject: IRB Determination: Exempt Review

Study: Protocol # 2025-352: The Effect Of A Cultural Competency Training Program For Health Care Providers And Their Attitudes With LGBTQ+ Patients.

Date: May 12, 2025

The IRB has reviewed the above study involving humans as research subjects. **This study was determined to be Exempt from further review under Category: Exempt 45 CFR 46.104(d)(1);** special class of subjects: None. However, you must still submit protocol modifications to the IRB.

IRB Number: This number is WPU's IRB identification that should be used on all consent forms and correspondence.

Review Date: 05/12/2025