Background

- Lesbian, gay, bisexual, transgender, and queer (LGBTQ) patients face unique challenges addressing their medical concerns.
- They encounter insensitivity and a lack of knowledge regarding their sexuality or gender identity. It is imperative that pediatric healthcare providers are educated on sensitivity to LGBTQ patients, to ensure more positive experiences, and better healthcare outcomes for the LGBTQ community.
- We surveyed pediatric perioperative staff to evaluate knowledge and comfort when caring for LGBTQ patients.

Methods

- A confidential survey was distributed before and after a lecture series on cultural competency in caring for LGBTQ patients.
- Providers self-reported knowledge and comfort in 6 domains: sensitivity about language; sensitivity about nonverbal communication; not assuming patients are heterosexual; not assuming patients identify with their sex assigned at birth; awareness of multiple minority status; and nonjudgmental communication.
- Responses were on a 1-5 scale from low to high. Providers were also scored on 7 questions testing knowledge about LGBTQ cultural competency. Responses with complete demographics and study identifiers were selected for analysis.

Results

- 201 responses by 167 participants were analyzed.
- Roles included medical doctor (MD) faculty or trainee (n=25), registered nurse (RN), nurse anesthetist (n=125), and others (n=17).
- 167 completed the pre-training self-rated knowledge and comfort with caring for LGBT patients.
- 34 participants completed both pre- and post-training surveys.
- Overall, there was no significant change in self-rated measures.
- Knowledge of multiple minority status improved after training in 6 providers with low pre-training self-ratings (median of 3 [IQR: 3, 3] to 4 [IQR 3,4]; p=0.049).
- Median scores on the 7-item test improved by 1 point (from 5 [IQR: 5, 6]; to 6 [IQR: 4, 7]; p=0.057).

Conclusion

- Health care providers participating in LGBTQ cultural competency training reported high knowledge and comfort with caring for LGBTQ patients, potentially due to previous education.
- There was some evidence for improvement among providers with initially low self-rated knowledge or comfort. Improvement in demonstrated knowledge of LGBTQ cultural competency requires confirmation in a larger sample.