The Use of Simulation with the School of Nursing and Health Professions (SONHP) Prelicensure Students to Support Affirming Practice with Transgender Communities

Genevieve Charbonneau

Follow this and additional works at: https://repository.usfca.edu/diss

Part of the Education Commons, Lesbian, Gay, Bisexual, and Transgender Studies Commons, Medical Education Commons, and the Nursing Commons
THE USE OF SIMULATION WITH THE SCHOOL OF NURSING AND HEALTH PROFESSIONS (SONHP) PRELICENSIURE STUDENTS TO SUPPORT AFFIRMING PRACTICE WITH TRANSGENDER COMMUNITIES

A Dissertation Presented
To
The Faculty of the School of Education
Department of Leadership Studies
Organization and Leadership Program

In Partial Fulfillment
of the Requirements for the Degree
Doctor of Education

By
Genevieve Charbonneau
San Francisco
May 2022
Dissertation Abstract

The Use of Simulation with the School of Nursing and Health Professions (SONHP) Prelicensure Students to Support Affirming Practice with Transgender Communities

This dissertation examines the disparities in student disciplines and provides critical review of current literature on how microaggressions against transgender communities and more specifically against transgender patients are lacking in many of the prelicensure nursing programs at the School of Nursing and Health Professions Simulation Center. The purpose of this qualitative study was to explore the lived experiences of the prelicensure nursing students working toward achieving an understanding of the health care needs of transgender patients in the San Francisco Bay Area. Using this qualitative method can be a medium to deconstruct the traditional college classroom and reconstruct a transgender space that encourages student self-authorship and questioning of the traditional hierarchy in higher education. The data suggests that with proper training and providing transgender simulation scenarios to the prelicensure classroom in these ways increases students’ knowledge, skills and attitudes towards transgender communities in healthcare settings. This dissertation is an invitation to prelicensure students to own their learning process, and for faculty to re-evaluate their pedagogical practices and choice of content.
This dissertation, written under the direction of the candidate’s dissertation committee and approved by the members of the committee, has been presented to and accepted by the Faculty of the School of Education in partial fulfillment of the requirements for the degree of Doctor of Education. The content and research methodologies presented in this work represent the work of the candidate alone.

Genevieve D. Charbonneau
Candidate

May 09, 2022
Date

Dissertation Committee

Dr. Jane Bleasdale
Chairperson

May 09, 2022

Dr. Daniela Dominguez
May 09, 2022

Dr. David Donahue
May 09, 2022
DEDICATION

To David, Madison, and McKenna.

My life has a purpose because of you.

I love you.
ACKNOWLEDGMENTS

This dissertation was written with so much emotion, passion, and drive. It is a true labor of love, and I could never have done it without the support of so many unbelievable people. These acknowledgements barely scratch my appreciation for the many, many wonderful people who are part of my tribe and helped make this possible. David, my husband, confidant, and best friend, I am who I am today because of you. From the time I announced my intention to pursue a doctorate, I had your untiring support, and that has meant the world to me; but of course, that support started long before this degree. I am grateful for your humor, and your deep intellectual curiosity, but most of all, I thank you for giving me two beautiful, bright girls whom we picked especially, “from the garden.” Dr. Jane Bleasdale, I don’t even know where to begin. As my advisor, professor, and dissertation chair over the last six years, you have challenged me to grow as a researcher and a writer, but most importantly, you’ve taught me to be proud of who I am as a person. Thank you for your constant support, your patience, your salient feedback, and your guidance. You inspire me as a scholar, a leader, and a human being. You gave me a voice and a seat at the table when you introduced me to critical feminism, and I am forever grateful to you.

Dr. Daniela Domínguez and Dr. David Donahue, thank you so much for serving as my dissertation committee. You both were so flexible and caring with your time and energy, and you have both supported me through this journey and helped me to create something that I am truly proud of. To my SO2 prelicensure students who participated in the focus groups and whose life experiences became my platform for truth, and have touched me more than I could have ever anticipated: Thank you for discussing and speaking about your own lived experiences. I learned so much from each of you, and I will be forever grateful to all of you.
To my brothers and sisters; Marie, Carol, Tom, Dominic, and Gene, I could not have asked for a more solid group of tribe members. Our tribe is strong, and I know Mom and Dad are so proud of us. Each and every one of you I hold a special bond with, and I will forever cherish you in my heart. To all of my in-laws, nieces and nephews, thank you for your continued encouragement and patience as I went on and on about my dissertation. Thank you to my mother-in-law, Joan. I have appreciated our almost twenty-year relationship more than I could express. Thank you for always, always believing in me, even when I couldn’t.

To my “Chickies,” Cheryl, Kim, Laura, Mel and Nina. Thank you for being my biggest cheerleaders, for always checking in on me and making sure I knew I was supported. I am so lucky to have friends like you. JP and Martha, your support over the years has had a tremendous impact on me. Thank you both for helping me when I stuck with research questions, edits, or just needed to bounce ideas off someone. Thank you for encouraging me when I felt overwhelmed. I never felt lost because I always had you both to help guide me. The Fem10: I am forever grateful to have found my tribe amongst an unbelievable group of women and scholars. You all will always have a seat at my table and a partner to call upon if you ever need a hand at flipping a table!
Conclusion..................................................................................................................51
Limitations..................................................................................................................52

CHAPTER FIVE: DISCUSSION, RECOMMENDATIONS, CONCLUSION ........53
Introduction..................................................................................................................53
Restatement of Problem..........................................................................................54
Discussion of Findings...............................................................................................55
What is Lacking in Simulation..................................................................................56
Examining Gender Identities and Privilege..............................................................60
Recommendations.....................................................................................................61
Deconstructing and Rebuilding Using Queer Theory.............................................61
Recommendations for Future Research.................................................................62
The Gender Divide ....................................................................................................62
Researcher Reflection...............................................................................................63

REFERENCES.........................................................................................................66

APPENDIX A STUDENT FOCUS GROUP.................................................................77
APPENDIX B SCHEDULE .........................................................................................78
APPENDIX C FOCUS GROUP TRANSCRIPTION.....................................................81
CHAPTER ONE:
THE RESEARCH PROBLEM

Statement of the Problem

I have grown up in the San Francisco Bay Area my whole life and have experienced many inequities, discrimination, violence, and missed opportunities based on the color of my skin and the gender I was assigned at birth. I have worked in San Francisco for many years at a university that has a universal reputation for being a diverse and welcoming place, and for the most part, it is. Working in the School of Nursing’s simulation center, I quickly realized that there was no representation in any of the prelicensure nursing simulation scenarios of the Lesbian, Gay, Bisexual and Transgender (LGBT) community. This is where I learned of our shared inequities between myself and the LGBT communities, more specifically, the healthcare treatment for transgender individuals. There are many in transgender communities who face significant obstacles every day in order to be fully and equally immersed in society and even further accessing programs and services to meet essential needs. Many transgender individuals are finding it very difficult to obtain health care services and what’s more when they do find health care services how they are treated or mistreated by healthcare providers.

Lim and Hsu (2016) state that:

Health inequity is closely tied to sexual and social stigma (IOM, 2011), with sexual stigma defined as the negative regard, inferior status, and relative powerlessness that society collectively accords to any nonheterosexual behavior, identity, relationship, or community (Herek, 2007). The heteronormative construct of society (Röndahl, 2009) has created social
barriers resulting in legal discrimination in access to health care, lack of appropriate social programs for LGBT persons, and a shortage of culturally competent health care providers and educators who are knowledgeable in LGBT health (HealthyPeople.gov, 2016).

I have been working in healthcare simulation on hundreds of patient scenarios but none have included transgender communities. It became apparent to me, as a program evaluator, and director, that there needed to be a change in our current program design. The change needed to happen within the simulation center and more specifically with our current cases and simulation scenarios that our prelicensure nursing students were being assessed on.

Prelicensure nursing programs in healthcare simulation can be a restrictive and binding place for some; it can be exclusive and discriminatory. In other ways, it can make a place like simulation a safe space for others to soar and share thoughts and collaborate on shared experiences. As it stands now, however - I see more often than not - healthcare simulation spaces in which students are confused, but silent. I’ve witnessed the simulation faculty standing in front of the debriefing room pontificating their own learned experiences, knowledge, skills and attitudes onto the minds in the room. This is not teaching, this is rote memorization, and regurgitation. Paolo Freire (1970) describes a very similar idea of a ‘banking’ system in which the student is merely a receptacle of knowledge. I have seen students during simulations try to explore and understand the diverse patient population such as transgender communities only to be shut down by faculty who may have no knowledge about transgender patients.

The nursing literature has been mostly quiet when it comes to broaching the subject of nursing care of transgender patients, which heavily contributes to confusion,
lack of knowledge, and uncertainty about how to interact with transgender patients and their families. The purpose of this study is to ascertain prelicensure nursing students’ understandings of the health care needs of transgender patients in the San Francisco Bay Area which can lead to promotion of knowledge, skills, and attitude (KSAs) in caring for transgender communities and to understand and determine if they can demonstrate favorable practice after a simulation and apply it to their clinical settings. The San Francisco bay area is a region generally considered to be more progressive than much of the United States in terms of knowledge, skills and attitudes about and experience with transgender individuals.

In the San Francisco Bay Area, transgender communities rarely ever are represented and portrayed in mainstream prelicensure nursing simulation courses, curricula, textbooks, and syllabi (Grover, 2016). Research shows that there is still a limited amount of studies to measure transgender population, but LGBT identification has been increasing over time (more than one percentage from 2017) thanks to the younger generations (Jones, 2021). These individuals represent a big portion of the American population with about 700,000 transgender people from the US, about 0.3 percent of that total population, there comes about 3.5 percent of the LGBTQ community (HRC, 2020 as cited in Understanding the Transgender Community). Figure 1 further illustrates a 2020 Gallup poll which shows different percentages to represent the U.S. adult population. It finds 3.1% of Americans identifying as bisexual, 1.4% as gay, 0.7% as lesbian and 0.6% as transgender.
My experience working in the Simulation Center at SONHP as a program evaluator and director for over six years has given me an opportunity to see and evaluate the simulation scenarios that each of the course levels incorporate into the simulation curriculum. Most simulation instructors who are content experts teaching these prelicensure nursing simulation courses were often unable to identify with transgender experiences which led to bigger gaps of knowledge, skills, and attitudes toward this population, becoming more apparent that managing these types of simulation scenarios was of the utmost importance. This particular community is often overlooked in regards to opportunities for better patient care and progressions towards better healthcare and thus, a lack of knowledge, skills, and attitudes (KSAs) of the prelicensure nursing learners as a whole. The study was grounded in the theoretical assumptions of advocacy and a leadership perspective lens holding salience through a worldview integrated with queer theory. The goal of the research contributed to positive social change that replaced currently biased, unbalanced, and unethical social norms that hinder self-actualization for transgender individuals. I was able to touch the surface of social norms and uncovered
and exposed the many assumptions that we as human beings form and understand to be a true depiction of how the world works.

**Background and Need**

I strove to dissect and explore the different disparities through the lens of critical review of current literature on how microaggressions against transgender communities and more specifically against transgender patients that were lacking in the prelicensure nursing programs at the School of Nursing and Health Professions Simulation Center in the San Francisco Bay Area. At the University of San Francisco’s SONHP Simulation Center, prelicensure students, facilitated by simulation faculty and staff, gain valued experiences using high-fidelity and low-fidelity manikins and standardized patients in patient care scenarios based on what they are learning in theory and what learners are practicing in skills. Simulation scenarios are chosen based on high-risk, low-volume conditions or patients, and can involve interprofessional teams of students from different programs in the SONHP Sim Center. Scenarios teach students clinical skills, as well as critical thinking and clinical judgement in addition to crisis management, teamwork and communication, patient safety, social justice, and leadership but what may be lacking is the health care needs of transgender communities. Current evidence shows that there is still a need for a better understanding of the individualized care of transgender communities and further shows how healthcare providers feel uncomfortable serving this particular community (Thompson, 2019). The lack of inclusion of transgender identity regarding KSAs is needed to support inclusive practices in SONHP for the trans community. This is based on a large number of transgender patients who experience shame and discrimination in the healthcare system, *but* the problem can be alleviated by
increased (KSAs) and awareness by nurses, physicians and other providers who treat them (Powell, 2018).

The model presented in Figure 2 offers a guide on Healthcare Providers (HCP) actions when providing health coaching to transgender individuals, family members and community. The Process of Cultural Competence in the Delivery of Healthcare Services by Campinha-Bacote make available an applicable conceptualization to guide HCPs’ actions in delivering a better cultural awareness of health care services to transgender populations (Rowe, O’Keefe, & Crawford, 2017).

**Table 1**

<table>
<thead>
<tr>
<th>Competency</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cultural awareness</td>
<td>A self-examination process through which health care providers start to explore their own culture and professional values. The awareness process allows for personal recognition of biases, prejudices, and assumptions about those with different values, ways of life, and practices.</td>
</tr>
<tr>
<td>Cultural knowledge</td>
<td>Obtaining a thorough educational foundation on diverse cultures with a goal of understanding the client values about their lives and the client’s perspective of his or her worldviews.</td>
</tr>
<tr>
<td>Cultural skill</td>
<td>Learning how to collect clients’ health histories and culturally specific physical health assessments of diverse clients.</td>
</tr>
<tr>
<td>Cultural encounter</td>
<td>A process in which health care providers directly interact cross-culturally with diverse client groups to refine or modify beliefs about a cultural group.</td>
</tr>
<tr>
<td>Cultural desire</td>
<td>The process of motivating the health care provider to want to rather than have to engage in the process of becoming culturally aware, knowledgeable, and skilled in cultural encounters.</td>
</tr>
</tbody>
</table>

*Figure 2.* Table 1 provides definitions that integrate 5 constructs that are fundamental to becoming culturally competent to provide appropriate culturally responsive care to diverse clients: cultural awareness, cultural knowledge, cultural skill, cultural encounters, and cultural desires (Rowe, O’Keefe, & Crawford, 2017).

This holds significance through the lens of Program Evaluation because prelicensure nursing students’ knowledge, skills, and attitudes (KSAs) will hopefully change as a result of these educational experiences. According to the National Center for Transgender Equality (NCTE) National Transgender Discrimination Survey (NTDS) there were 6,450 transgender and nonconforming participants that provided extensive
data on the challenges faced by transgender individuals. This survey also stated that discrimination was habitually experienced in accessing health care. Due to their transgender status, 19 percent were denied care, and 28 percent postponed care due to perceived harassment and violence within a health care setting (Grant, 2017). The NTDS also measures how things are now and how they have changed over the past five years since the release of the NTDS.

**Purpose of the Study**

The purpose of the study is to assess the understanding of the healthcare needs of transgender communities among prelicensure nursing students. It is also to seek evaluation of KSAs of prelicensure students and to assess understanding and areas for improvement and growth where transgender identity can be represented in the prelicensure simulation program. Finally, the purpose of this study is the application to the clinical settings and specific learnings in the simulation center will impact future labs.

I would also like to evaluate theoretical assumptions of advocacy integrated with queer theory. I would like to evaluate how queer theory benefits the many narratives of prelicensure nursing students in higher education and the challenges they face. I would also like to focus on how queer theory helps prelicensure learners, both LGBTQ and heterosexual-identified, and the contradictions and counter-narratives that SONHP have in place regarding policies, practices and pedagogies at USF SONHP sim center.

The goal of the research is to contribute to positive social change that will replace currently biased, unbalanced, and unethical social norms that hamper self-actualization for transgender individuals. I would like to be able to enhance prelicensure nursing student’s readiness for better quality healthcare services for transgender populations by
starting with transgender scenarios in the simulation classroom and clinical setting. As a program evaluator in SONHP simulation center, I would like to provide experiential learning in nursing education as well as knowledge, skills and attitude to have a more effective approach to promote cultural competence and sensitivity in caring for vulnerable populations (Nursing Faculty Readiness for Student Diversity, 2019) such as the underrepresented transgender community among prelicensure nursing students at SONHP.

Theoretical Framework

Queer Theory

Queer Theory was established in the 1990s, and although it’s been in existence for over 30 years, it is still relatively new theory and follows along the coat tails of Critical Theory (Lauretis, T.D., 1991). I chose queer theory because I believe taking a worldview of heteronormativity and seeing it through a queer lens may help to alleviate the different societal constructs that come with race and gender. Queer Theory breaks down this belief that heterosexuality, based on the gender binary, is the default, preferred, or normal mode of gender identity. It is a deconstruction of heteronormativity, aiming to question all societal principles (Douglas, 2018; Sullivan, 2003; Schippert, 2006). The term “Queer Theory” was labeled by Teresa de Lauretis in February of 1990 during a conference she was giving at the University of California Santa Cruz, later published in her article Queer Theory: Lesbian and Gay sexualities (1991). Lauretis did not agree with what was known as Gay and Lesbian studies and invoked re-thinking these studies.

Lauretis criticized the heterosexual underpinnings and assumptions that were accompanying (what is now known as) the queer community, as if the queer community
all fits into one neat box of being gay or lesbian. Rand (2012) who further agrees with Lauretis (1991) and adds that gay and lesbian studies plus queer theory does not automatically equate to queer studies; queer theory is not exclusive. Queer theory has expanded exponentially and become significant in the field of critical theories branching from the foundation of queer society, marginalized identities, and LGBTQIA2+ history, becoming an exploration of marginalized, nonbinary, noncategorical issues and concepts (Rand, 2012, pp. 31-32). As a critical lens, queer theory challenges us to think about how gender binaries are embedded in nursing education from basic anatomy and physiology and courses to clinical care.

Queer theory is a fluid motion that always questions and criticizes what is constantly being assumed in society. On a general level, it begs the question what society has constructed for identities and categories (Sullivan, 2003). On a deeper level, queer theory confronts social constructs such as sexual and gender identity, and what is taken for granted as universal truths in society/societies (Sullivan, 2003). In its essence, queer theory changes heteronormativity by decentering the gender binary and establishing continuums of expression as a means of understanding the lived experience of non-binary and transgender individuals.

Research Questions

I. What are the understandings (knowledge, skills and attitudes) of prelicensure nursing students about the healthcare needs of transgender patients?

II. Based on the understandings of prelicensure students, if simulations were revised, would it develop their knowledge, skills, and attitudes?

III. What do prelicensure nursing students learn from pre-pandemic simulations?
Limitations

There were limitations with my study based on who I knew in the simulation labs. There were limitations on the program that I direct and the students I know because I work there. The study was limited because this study is only based at this particular site. My own personal context in this study and how much I have invested in examining the same vetted cases for simulation scenarios are limited.

There were also limitations because I work in the SONHP Simulation Center and certain factors at the Simulation Center where the study was performed by students and where the learners were biased. I mitigated these biases by establishing clear criteria and expectations, through focus groups and recording these groups using video software such as Zoom. I also had my administrative assistants observing these focus groups and reviewing and checking the data specifically regarding bias.

From my perspective, it was easy for me to see and understand the content and the simulation scenarios since I had experience and background in writing them. The process for introducing new scenarios such as transgender patient simulations would fit in to the SONHP curriculum, ensuring the scenarios correlate with what the students are learning in theory and practicing in skills. Over the course of my research and delving deeper into the abyss of transgender needs in healthcare, I have changed my perspective on certain aspects of how to implement transgender simulation scenarios. However, revised simulation with transgender patients were not introduced to students as part of this study.

In spite of the large overall sample of prelicensure nursing students’ in the San Francisco Bay Area, there were some sampling limitations that exist. Because of resource constraints, and timing, it was difficult to voluntarily disseminate and publicize
the focus groups to a bigger population outside the School of Nursing and Health Professions at the University of San Francisco.

**Educational Significance**

There is very little research that is being done in this field of sim labs regarding the trans community. The Research on trans healthcare that has been done at SONHP has not made it into prelicensure programs (its focus is on DNP program). This proves to be essential for health care providers to understand the healthcare needs of transgender patients and its importance during assessment simulation experiences of prelicensure nursing students. I will use this research to make recommendations for changes in pedagogy in simulation at USF SONHP.

**Definition of Terms**

**Ally**- A term used to describe someone who is actively supportive of LGBTQ people. It encompasses straight and cisgender allies, as well as those within the LGBTQ community who support each other (e.g., a lesbian who is an ally to the bisexual community).

**Cisgender**- The way an individual identifies their gender identity in alignment/conjunction with their assigned sex at birth.

**Come out**- For those within the Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, plus (LGBTQIA2+) community, coming out is when you reveal your true gender identity, gender expression, sexual identity, and/or sexual orientation.

This term can mean different things for different people, and people come out and
different points in their lives based on their feeling of safety and security within their
family dynamic, support system, employment, location, and ethnicity/culture.

**Gender Identity**- The way an individual identifies based on their sex assigned at birth.

**Gender Expression**- The way an individual presents and expresses their gender identity externally.

**Heteronormative**- The mainstream and normative functionality of the greater masses, which typically aligns with white, heterosexual, cisgender, and male.

**LGBTQ** - An acronym for “lesbian, gay, bisexual, transgender and queer.”

**Queer**- The concept of operating outside of heteronormativity. Previously a derogatory term, queer has come to represent the LGBTQIA2+ community, and also alternative ways of viewing and processing the world (see Literature Review).

**Sexual orientation**- An inherent or immutable enduring emotional, romantic or sexual attraction to other people. Note: an individual’s sexual orientation is independent of their gender identity.

**Transgender**- An umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth. Being transgender does not imply any specific sexual orientation. Therefore, transgender people may identify as straight, gay, lesbian, bisexual, etc.
CHAPTER TWO: REVIEW OF THE LITERATURE

The trans community remains at high risk groups for early death, medical complications, and death as a result of violence in society. There has been a stigma by healthcare providers that treating transgender individuals is complicated and therefore, healthcare remains very focused on heteronormative healthcare experiences (male/female). More importantly, the literature on healthcare treatment for trans individuals in prelicensure programs is very limited. Transgender treatment is not taught in conventional medical curricula and there are very few healthcare providers who meet the requirements or lack the knowledge, skills, awareness and comfort level (Safer, J.D., 2016). Table shows percentage of patients reporting barriers.

<table>
<thead>
<tr>
<th>Type of Barrier</th>
<th>% Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial</td>
<td>46</td>
</tr>
<tr>
<td>Prejudice</td>
<td>47</td>
</tr>
<tr>
<td>Discrimination</td>
<td>68</td>
</tr>
<tr>
<td>Lack of culturally competent providers</td>
<td>28</td>
</tr>
<tr>
<td>Health System Barriers</td>
<td>20</td>
</tr>
<tr>
<td>Socioeconomic Barriers</td>
<td>54</td>
</tr>
</tbody>
</table>

Transgender individuals self-report on barriers, rather than using direct methods. The main barrier to healthcare conveyed by transgender individuals is the lack of access because healthcare providers frequently lack knowledge on the topic. These barriers include: financial barriers (little to no income, lack of insurance), prejudice, discrimination, lack of cultural competence by healthcare providers (little to no training), health systems barriers (missing information on electronic health records, forms, etc.)
and socioeconomic barriers. (Safer, J. D., Coleman, E., Feldman, J., Garofalo, R., Hembree, W., Radix, A., & Sevelius, J. (2016)).

The literature used in this review positions how simulation can be used to ascertain prelicensure nursing students’ understandings of the health care needs of transgender patients in the San Francisco Bay Area which can lead to promotion of KSAs, provide pedagogy based on transgender simulation scenarios’ in prelicensure nursing programs and establish the context through queer theory. The main purpose of the literature review is to establish and provide content for my hypothesis and the methodology being utilized in this dissertation.

Finally, literature is very limited about nursing simulation labs and the role it plays in prelicensure programs on how to care for the trans patient in healthcare simulation. Healthcare providers need to understand and provide necessary action when faced with trans patients who have barriers which include: financial barriers (trans patients with little to no income, lack of insurance), prejudice, discrimination and ignorance.

**Queer Theory and Nursing Programs in Higher Education**

Queer Theory is meant to be understood outside the normal view of how “bodies and psyches” are shaped and not so much through individual intent or experience, but slightly through what Butler refers to as “matri[ces] of intelligibility” (Butler, 1990, p. 17). In terms of gender and sexuality specifically, Butler describes “the matrix of coherent gender norms” (Butler, 1990, p. 24). Nikki Sullivan (2003) introduces the fact that Queer Theory is meant to challenge and question the limitations of traditional education, especially in higher education, as it is a discipline “that refused to be disciplined” (Sullivan, 2003, p. v) in order to maintain its critical perspective. Queer
theory challenges the views of what may be perceived as normative practices in higher education, by putting into question the very nature of how universally one learns from the student perspective, as well as their own experiential learning processes and personal background, identity, and life of the individuals in the classroom, hence queer pedagogy (Schippert, 2006; Douglas, 2018). Queer pedagogy relies on the combination of nontraditional literature, concepts, and overall approach to the classroom structure (Yanow, 2019).

School of Nursing education in the traditional sense of learning has different aspects of firm and customary ways of teaching. Claudia Schippert (2006) comments on the rigidity that is traditional higher education and the archetype of the college professor. The college professor appears to students as stagnant, and unwilling to self-disclose (Schippert, 2006). Schippert argues that the effective teacher is willing to make an example of themselves and queerly teach or seek to teach resistance to heteronormativity in the classroom by utilizing the teacher as an example of the content being presented in the course. The course utilizes the teacher as an example of the content being presented in the course: learning will not happen when both the teachers and students refuse to become the, “...identified body of evidence” (Schippert, 2006, p. 283). From Schippert’s perspective, in order to teach the content, one must truly know and take ownership of the content, otherwise, it is stale (2006).

Without a particular connection to the content, the learner objectives or student outcomes of the course might be lost, and the simulation faculty and/or content expert is a huge player in that calculation. There may even be unintentional bias towards the heteronormative culture and microaggressions may spur towards transgender populations. The teacher’s personal connection and passion to the topic at hand, and the main focus of
the class is represented by the teacher/simulation facilitator’s investment in it, thus inspiring the students in the class to also engage and invest (Schippert, 2006) in what is being taught. There are ways to broaden the learners’ needs in nursing education to incorporate more inclusion of the trans community. There are strategies for developing and planning nursing activities to include transgender patients which would assure that newly-graduated nursing students have the right tools for transitioning into the clinical setting. Queering nursing education is valuable and effective for a safe and non-judgmental experience for providers to care for the trans community (Burton, Nolasco, and Holmes 101-107).

Transgender pedagogy of critical review of current literature regarding microaggressions against transgender persons is very limited. The authors Tiffany Chang and Y. Barry Chung discuss existing microaggressions taxonomies for transgender populations and identify gaps in this literature. The heterogeneity of transgender identities is addressed along with microaggressions experiences. The authors propose new themes that may be considered for further conceptualization, along with implications for research and practice (Chang & Chung, 2015).

**Support of Transgender Individuals Based on Maslow’s Hierarchy of Needs**

Abraham Maslow is known as one of the founders of humanistic psychology (citation). In 1943, he introduced a theory of human motivation that used clinical psychological theories of human behavior to help explain what motivates people.

Maslow asserted in his theory that there are five basic needs common to all humans. These needs are arranged in hierarchical order but are nonetheless interrelated. According to Maslow, if a person does not satisfy any of the earlier needs, it would essentially halt a person from moving forward and from meeting subsequent needs. The
first, and hierarchically most important, set of basic needs that drive human motivation are the physiological needs, including hunger, thirst, sleep, and sex.

Maslow (1943) stated that if the physiological needs were not adequately met, “all other needs may become simply non-existent or be pushed into the background” (p. 373). Maslow argued that once the set of physiological growth needs have been satisfied, the next set of needs that must be met are the safety needs. This set of needs include being free from illness, living in a world with little disruption, structure and routine, and the need to feel unaffected by physical danger. Assuming the safety needs are gratified, a person may next move on to the love needs. The set of love needs generally consist of friendship, affection, belongingness, and a deep connection with other human beings. Maslow was careful to separate sex, a physiological need, from the love and affection sought out in this stage of the hierarchy. After a person fulfills the set of love needs, esteem needs would be the next addressed.

Maslow defined people’s esteem needs as an enduring and unwavering “high evaluation of themselves, for self-respect, or self-esteem, and for the esteem of others” (p. 381), and indicated that gratification of this set of needs would lead to personal strength, self-confidence, and competency. The final set of needs in Maslow’s (1943) hierarchy, and the most relevant to this study, is self-actualization. Maslow defined self-actualization as “the desire to become more and more what one is, to become everything that one is capable of” (p. 382). In short, self-actualization refers to a person’s desire for self-fulfillment in doing and being exactly what he or she is meant to do and be; a self-actualized person lives entirely to potential. Maslow (1965) later described self-actualization more concretely, arguing that life consists of a series of choices. He
suggested that a self-actualized person would always make choices leading to personal
growth, rather than choices that are safe or easy.

In explaining his theory of self-actualization, Maslow (1965) asserted that being
honest with and taking responsibility for oneself is of paramount importance to realizing
a state of self-actualization. He argued that speaking honestly about oneself, including
thoughts, feelings, desires, hopes, and fears is a courageous, self-actualizing work of
growth. I understand how Maslow’s theory about the five basic needs which are
common to all humans ties in and is directly correlated with the trans community and
how others can be a direct ally by starting with Maslow’s hierarchy of needs. I
understand this hierarchal framework, and how we can work on becoming allies,
specifically with simulation and how this modality can be used in supporting inclusive
practices in the SONHP for transgender communities through Maslow’s theory of human
motivation as a theoretical lens.
Figure 3. Supporting transgenders based on Maslow’s hierarchy of needs. Retrieved from https://medium.com/@dialoguetoday101/how-to-support-our-transgender-friends-based-on-maslows-hierarchy-of-needs-6f1f7f84a99b

Each of these frameworks have a specific purpose for this research. Queer Theory’s critical lens deconstructs heteronormativity, breaking down any sort of traditional assumptions of what gender identity is presumed to be, positing; that gender identity is a fluid, fragmented, and dynamic collectivity of possible sexualities that may vary at different points during one's life (Lewis, 2016). This research was created through the symbolic interactionism which is the theoretical perspective of the qualitative method I used in my research.
Accountability

Orfield and Hillman (2018) deliberated that “a poorly designed patchwork of policies” cannot meet the demands of large segments of the population in terms of equity. To promote consumer protection within rule and regulation is challenging because of the complexity of the higher education system, stratification of the society, and polarization of its politics (Orfield and Hillman, 2018, p. 3).

According to Orfield and Hillman (2018) university accountability is not universal. Therefore, each university's standards have to represent their own contextual limitations, my critique is that the “university cannot measure what difference schools made, but instead falsely assumed that all schools deal with similar challenges” (p. 13). The ideology that inclusivity of SONHP Simulation Center students to support affirming practice with transgender communities teaching matches this false assumption.

In conclusion, leadership needs some major elements to disrupt the dominant norms. To the words of Orfield and Hillman (2018), “[w]ith no clear leadership from the world of higher education, since each sector tried to protect its part of shrinking pie, it was nearly impossible to take any bold action in favor of equity for the groups in most urgent need of mobility and least able to pursue college opportunity without major support” (p. 5). To challenge the dominant pattern or in this research the bias assessment, USF School of Nursing needs to collect data from all sim faculty to create fundamental restructuring of policy and alterations in operation.

To ensure that imposing that the School of Nursing and Health Professions (SONHP) Simulation Center Students’ to support the practice toward the Lesbian, Gay, Bisexual, Transgender and Queer Communities is based on accountability policies that sensitive to differences expectations from various groups of sim faculty. This pilot
project will serve as a way to reflect the difference between simulation faculty limitations and bodies. Hence, data and research are needed to explore what effects are attributable to individual faculty as opposed to management policy, including discrimination (Orfield & Hillman, 2018, p. 44).

**Public Pedagogy**

Public Pedagogy is a tool for addressing difference and inequity in educational practices. Antonio Gramsci stated that “education as a cultural pedagogical practice takes place across multiple sites as it signals how, within diverse context, education makes us both subjects of and subject to the relations of power” (Giroux, 2010, p. 492). To create the pedagogy that is directive and interventionist on the side of reproducing a democratic society. Democratic societies need educated citizens who are steeped in more than just the skills of argumentation (Giroux, 2010, p. 497).

To embed inclusiveness and sense of belonging among sim faculty I used a public pedagogy lens to discern the dominant education discourses and practices at USF. According to Burick and Sandllin (2010) public pedagogy is a polyvocal and polymodal discourse frequently employed to “counterhegemonic pedagogies and pedagogues.” To address “otherness of public pedagogy” requires “ethical disposition” to be part of the research (p. 118). Public pedagogy and educational inquiry are critical interventions as they appropriately apply to dynamic, dialectic, political intervention in complex situations, multi-layered consequences and full of power relation (Burick & Sandllin, 2010, p. 122).

Giroux (2010) emphasized that transforming School of Nursing into a public space where common matters, shared solidarities, and public engagements for democracy requires pedagogical and political ground signaling to democratic
possibilities to the public. In doing so, the public pedagogy helps to link private issues to larger social conditions and collective forces. The processes of building inclusiveness depend on “the political mechanisms through which identities are shaped, desires mobilized, and experiences take on form and meaning within those collective conditions and larger forces that constitute the realm of the social” (Giroux, 2010, p. 491-492).

Moreover, incorporating public pedagogy is used for interpreting data collected from the culture and climate assessment and the needs assessment. The framework was demystified on how the School of Nursing was able to pluralize political standpoints, reach out for varied identities within an ongoing project. The findings helped the Simulation Center to recognize the crisis of democracy and unpack the complexity of politics, culture, and education differences in the public space of the School of Nursing.

A Pedagogy of Defiance posited by Giroux also explained that “Power is not as an individual's ability to act, but to act in concert. Importantly, power as a collective force. Importantly, power as a collective force suggests that it must originate from below; it cannot be generated from above since “power from below” is not sufficient to assume that power cannot generate in the spontaneous activity of social actors given the limitations and constraints that stem from above (p. 505).
CHAPTER THREE: METHODOLOGY

Qualitative Method

The main purpose of this qualitative study was to investigate the understanding of prelicensure nursing students and their experiences working toward achieving an understanding of the health care needs of transgender patients in the San Francisco Bay Area. The focus of the prelicensure program in the simulation lab leads nursing students to promotion of knowledge, skills, and attitude (KSAs). The focus of this study was to evaluate the current lab process in preparing prelicensure nursing students to care for transgender communities.

The qualitative study included collecting data through the method of focus group debriefing protocol process to identify perceptions and explore the insights and beliefs of the participants. The study further aimed to answer the research questions:

1. What are the understandings (knowledge, skills and attitudes) of prelicensure nursing students about the healthcare needs of transgender patients?
2. Based on the understandings of prelicensure students, if simulations were revised, would it develop their knowledge, skills, and attitudes?
3. What do prelicensure nursing students learn from pre-pandemic simulations?

Research Design

Using a queer theory lens, this study investigated the role of the sophomore 2 prelicensure students enrolled in the University of San Francisco’s School of Nursing and Health Professions prelicensure program. The focus groups were video recorded using Zoom and Zoom transcription. Data gathered from these focus groups were transcribed and checked for accuracy. I used emergent coding in a single coding process which consists of descriptive coding that included reading through the data and
identifying the topics that broadly surfaced in the data; creating codes for each topic; using code excerpts according to the topic; collating all the excerpts together that are related to each descriptive code; and used thematic analysis to compare and analyze themes.

I used qualitative methods for my research and used focus groups with current students in simulation courses at the prelicensure level, and in the current curriculum. The semester is 15 weeks long and the simulation students visited the simulation center four times within that 15-week period. The focus group was held each time students visited the simulation center. 32 prelicensure students were included in the data. This data included participant ages ranging from 18-50 years which are representative of sophomore 2 level (2nd semester, 2nd year learners in prelicensure program). I asked each participant their name, preferred pronoun and racial identity. There were four focus groups with eight participants per group. The questions included transgender specific healthcare provider questions:

Focus group questions:

1. Do you think treating a transgender patient will require a specific set of skills?
2. What are those skills?
3. Do you think you have been prepared to work with transgender communities during your simulation lab experience?
4. Yes- How so?
5. No- What was missing?
6. What would make you more confident about working with transgender patients?
7. What is your level of personal knowledge, and exposure to transgender individuals?
8. What is your general attitude toward transgender communities?

The data I focused on was on participants’ opinions and inclination towards the new knowledge, skills and attitudes assessment and preparation measures; perceived evaluations in simulation; learner development in simulation to support the affirming practice toward transgender communities.

Study Site

The University of San Francisco School of Nursing and Health Professions (SONHP) Simulation Center was established in 2012 and began hiring adjunct clinical nursing faculty who served in a non-traditional role in USF SONHP sim center. Typically, an adjunct sim faculty member is hired by the Associate Dean of Nursing and the chairs of the program on a semester-to-semester basis depending on the needs of the institution (Anibas, Brenner, & Zorn, 2009). In addition to their employment at schools of nursing, many adjunct nursing faculties are employed as practitioners at healthcare institutions (Duff, Stuart, & Smith, 2008; Forbes, Hickey, & white, 2010).

At USF SONHP, the current trend for their nursing programs is to hire adjunct faculty who have MSN in nursing (MSN) degrees and are also employed full-or part-time in other nursing jobs. As of 2018-19 Academic Year, USF SONHP sim center had almost 786 students come through the sim center and taught by adjunct faculty across 4 different programs:

The Simulation Program Purpose Statement and Definition of Simulation Learning states:

The purpose of the SONHP Simulation Program is to assist faculty to develop, integrate, and evaluate clinical simulation activities in four key areas: curriculum, instruction, operations, and research. Teaching Faculty in the SONHP oversee the
development, implementation, and evaluation of all educational activities conducted in
the Simulation Center that are conducted as a requirement of clinical practicum courses.

Full-time faculty teaching simulations are hired and their performance evaluated by the
Deans; part-time (adjunct) faculty are hired and their performance evaluated by
Department Chairpersons in collaboration with the Deans’ Offices. (Simulation Program

The University of San Francisco School of Nursing and Health Professions
(SONHP) Simulation Center is a department within the School of Nursing and works
closely with SONHP and the Simulation Committee, which is a charter that helps to
assist faculty to develop, integrate, and assess outcomes of clinical simulation activities
in four key areas: curriculum, instruction, operations, and research.

At USF SONHP, the Simulation Center has an entire family of high-fidelity
mannequins including adults, pediatrics and obstetrics. Students have the opportunity to
care for various patients throughout the simulation curriculum. Examples of scenarios
include caring for patients with sepsis, stroke, hemorrhage, or cancer. Students also
engage with other disciplines to enhance communication and team building skills.

Construction of the simulation center broke ground in December 2012 and required the
construction of a new lab which is housed in the School of Education—paid for by the
U.S. Department of Defense (DOD), with some funds contributed by the university.

Officials at the DOD, drawing on their past experience with flight simulation, believe
that faculty who teach medical simulation can increase nurses’ skills, reduce training
costs, and improve patient care.
This study was qualitative research based on an attempt to find the opinions and attitudes of respondents rather than any scientifically measurable data. The aim was to understand the phenomenon of what is experienced by research subjects such as knowledge, skills, attitudes, perceptions, motivations and actions. Given that nursing programs are becoming more and more reliant on simulation experiences in lieu of actual clinical experiences due to the COVID-19 pandemic, a rare opportunity to address the inequities faced by certain groups, such as transgender communities, present itself. The thoughtful creation of new scenarios addressing the needs of these communities will enable nursing programs and administrators to take advantage of this important opportunity to address some healthcare inequities.

**Student Focus Groups**

The second, and equally imperative part of my research methodology was qualitative methods (see Appendix A). The focus groups I conducted collected a variety of information. There were approximately 35-40 prelicensure students this year who were included in the data. This data included participant ages ranging from 18-50 years which are representative of sophomore 2 level (2nd semester, 2nd year learners in prelicensure program). I asked each participant their name, preferred pronoun and racial identity. There were four focus groups which had eight participants per group. This allowed me to gather information from the prelicensure students who took the simulation course that included transgender scenarios taught by the simulation faculty; it was scaled to my project to gather the largest amount of student feedback possible. The focus groups were vital to my research process because their perspective as a student having engaged in the classroom environment prior to having a transgender scenario in the classroom was what I was studying, and an important part to gauging the effectiveness of
developing courses. These courses will assess nursing students’ understandings of the health care needs of transgender patients in the San Francisco Bay Area leading to integration of KSA’s in caring for transgender communities and to evaluate students’ ability to demonstrate favorable practice after a simulation and apply it in clinical settings.

Participants & Data Collection

I worked on focus groups hoping to disseminate to nursing students who are enrolled in the simulation scenario course, both currently and previously. The focus groups were structured for a prelicensure nursing level. The focus groups included questions such as skills being taught, and exposure to transgender patients such as head to toe assessments and knowledge and attitude assessments for health coaching.

There were minimal requirements for the students who were asked to participate in the focus groups, given that only students who have taken or will take a simulation level course that includes exposure to transgender community simulation scenarios were recruited. Socio economic status, and disability were not measured or evaluated for the purpose of this research, course history was the deciding factor. I asked the students to identify their name, gender identity, sexual orientation, and race. Student Participation in this study required that all participants:

1) Have taken, or are currently enrolled in, a prelicensure simulation nursing course which will incorporate transgender patient scenarios, readings, class discussion, or the overall curriculum.

Participant Demographics and Profiles

Over the course of the Fall 2021 semester, I spoke with 32 prelicensure students in four different SOPH2 cohorts. This accounts for the wide range of viewpoints
represented in the findings, meaning that I was able to collect perspectives from those more willing to participate because of the email invitation sent out prior to the start of the semester. I sent out emails to 113 students enrolled in the SOPH2 simulation course for the Fall of 2021 prior to the start of the semester. The focus groups yielded 31 responses total. 27 percent (31 respondents) had participated in the focus groups (anytime from 8/30/21 to 9/3/21), all of which were second semester SOPH2 prelicensure nursing students taking the simulation course for Fall of 2021. See Appendix C – Focus Group Transcription.

The participants in this study provided a perspective based on their own experiential learning processes in the simulation center and their exposure to transgender patients. Some of the profiles captured below serve to provide context to the findings and conclusions discussed in the following chapters. These lived experiences help to create a clearer understanding of the role that the program plays in transgender communities and the impact that it has on the prelicensure nursing students’ and of answering research questions as authentically as possible through the salient lens of the people for whom this curriculum is intended: the prelicensure nursing students’ themselves. Below are synopses of four students. These students were selected for this profile on the basis of their participation level. The less vocal participants did not have experience with transgender individuals and some appeared anxious about the discussion.
Vivian

Vivian is a SOPH2 prelicensure student who identifies as an Asian American. Her pronouns are she, her and hers, and she was born and raised in the San Francisco Bay area. She says that even though she grew up in San Francisco she has had little exposure to transgender communities, and has, “no idea” how to treat a transgender patient. She feels that when it comes to treating transgender communities and its patients, there needs to be more practice in the simulation center and states, “I feel like we haven’t done a simulation lab, so we really haven't experienced anything yet.” She currently is working on getting the pronouns correct when she is in clinicals and is exposed to transgender patients.

Jesse

Jesse is a second generation Mexican American SOPH2 prelicensure student whose pronouns are he, him and his, and he was born and raised in Southern California, San Fernando Valley area. He says as a prelicensure student, the most important thing regarding transgender patient care is, “Getting their pronouns correct which is very important. I feel like we touched on it a little bit in Fundamentals 1, but in terms of actual community, no. I do not think that the populations we served in the Geriatrics last year prepared us.”

Teo

Teo is a transgender prelicensure nursing student who identifies as they, them, and theirs. Their racial identity is white, and they were raised in Northern California. Teo has had no experience treating the trans community and they want to feel comfortable in clinicals prior to treating trans patients. They feel there isn’t enough diverse representation in the School of Nursing and would like to see more simulation scenarios
vetted in the undergraduate nursing program. What Teo has noticed the most as a prelicensure student is the lack of attention on the part of nursing faculty when it comes to familiarity with basic terminology and correct use of names and pronouns. This lack of understanding and preparation to teach students about transgender patients is abundantly clear to Teo because of how they have been treated as a transgender student. When asked if they think that treating a transgender patient will require a specific set of skills, Teo answered:

There are no genitalia for the trans patient. I would like to know how to treat a trans patient who is going through gender reassignment. If I were to walk into a clinical setting today, and I had a trans patient, I would not be able to properly perform a head to toe assessment.

Mina

Mina is a Iranian/American prelicensure nursing student who identifies as she/her. She grew up in a very strict Iranian family and grew up with respect to the principle of modesty and Islamic religion. The separation of genders in her family is followed and Mina wears a ‘partition’ (hijab’) which she as a woman is expected to dawn. According to Mina, she is expected to cover up anything that could be considered an erotic provocateur or bring any unsolicited attention to her hair, her body, etc. Mina often will wear a ‘shayla’ which is a much looser fitting form of the traditional ‘hijab.’ When asked about needing a certain skill set in order to help assess transgender patients, Mina responded with:

I also think it's a certain skill to have to put aside your own biases towards the transgender community, because you're treating the person as it is today, you don't feel like taken into consideration, but at the end of the day, you want to make sure it's been addressed in the best way possible.
Data Collection

The nature of this qualitative study includes collecting data through the method of focus groups’ debriefing process to identify perceptions and explore the insights and beliefs of the participants. These focus groups allowed me to take a closer look at each of the research questions, self-reflect, and collaborate with those working closely with me on this research methodology. I started introducing my research to my administration team when we were in a meeting at the School of Education, in the Simulation Center conference room in May, 2021. However, I had been speaking about my project to the team since the Fall of 2020. The team consisted of two people: one was a student worker who was a psychology major and the other was a full-time employee. Both were very interested in being recorders on this project. We mainly talked about what the project was about and what their roles, would be.

My original base group of recruits was 75. The total number of participants recommended, and Wilkinson (2004) suggested an over recruitment rate of 50 percent. I recruited 113 candidates based on the 50 percent of the recommended over recruitment rate when planning and organizing a focus group (Onwuegbuzie, Anthony & Dickinson, Wendy & Leech, Nancy & G Zoran, Annmarie, 2009). I appreciated the variance in perspective because it brought in recency bias.

I conducted four separate focus groups which consisted of seven to eight SOPH2 prelicensure learners. The focus groups used a semi-structured discussion and focus group guide that allowed for open-ended questions and built a dialogue rather than a strictly question and answer process (Patton, 1990).
Data Analysis

Each focus group session was recorded and transcribed using Zoom. Once the information was downloaded and secured on a cloud server alongside the consent forms and participant information, the focus group transcripts were cleaned using the recording concealment of each individual. The consent forms as well as the video files will be destroyed after 5 years. However, the transcripts will be kept and filed under an alias. A first read through of all of the transcripts gave an initial understanding of the depth and breadth of the data collected. The transcripts were then read a second and third time by myself and my admin team to create segments of information and identify significant sentences or quotes that contributed to understanding the participants’ experience. The focus groups were divided into four segments based on their cohort and then labeled with codes, in this case, codes included repetitive words like, transgender, community, they, need, patient, feel, think, etc. The codes were assigned to the segments, and then into themes.

Ethical Considerations

In order to ensure that each participant of the study was cared for and did not experience any harm during the focus group process, there were a series of precautions and procedures that needed to be put in place. The University of San Francisco’s Institutional Review Board for the Protection of Human Subjects (IRBPHS) received my application, informed consent, and focus group protocol and verified that the study did not contain any objectives or questions that were detrimental to any of the participants. Each participant signed an informed consent form that clearly laid out what the study entailed. Participants were also given anonymity as well as the right to withdraw from the study at any time including any data that precipitated from their focus group.
Positionality

In order to produce the most authentic discussion for the purpose of this research, I approached the written communication with a sense of vulnerability both within myself and in my personal truth.

I identify as a Filipina cisgender woman from a working-class background, educated, and currently working as the Director of Clinical Labs at SONHP, and as a program evaluator with more than 15 years of experience. I have worked in healthcare simulation with hundreds of patient scenarios but none have included transgender communities. It became apparent to me, as a program evaluator, and director, that there needed to be a change in our current program design. The change needed to happen within the simulation center and more specifically with our current cases and simulation scenarios that our prelicensure nursing students were being assessed on.

In my study I strove as a cis ally to enact an allyship, by being a supportive person and in my own reflections tried to seek to disrupt status quo power relations to advance health justice for transgender communities.

I know that it is necessary to reflect (through journaling) on my subject position as a researcher and I was mindful of this during my qualitative research. My social position as a non-white, educated, cisgender woman factored into account my interactions with members of the trans community. Being non-transgender may not provide me a comfortable entry way in to the trans community and members of the group may not welcome me, first, as a member of their community and, second, as a researcher. I believe my allyship puts participants at ease when confiding in me. My hope was to provide a safe space in SONHP to discuss trans experiences and collect enough data and transferability to the degree my analysis would be based on a thorough review of literature in the sociology of gender, transgender studies, and medical sociology.
From a Catholic school position, USF does support and welcome the LGBTQIA+ community. Dr. Camille Shira Angel, and Dr. Jane Bleasdale, both USF educators, discuss these efforts in an article which they share a revised mission statement to include sexual orientation and gender as two of the many identities of community members that are now acknowledged and affirmed publicly at USF (Angel, Bleasdale, 2021). Although USF is a Catholic institution, many Catholic hospitals do not always support transgender patients.

Mercy San Juan Medical Center in Sacramento, California, deemed gender-confirmation surgery a hysterectomy for a transgender patient, a form of sterilization, and that this type of surgery, “wasn’t a procedure the hospital could perform because it’s a Catholic institution” (Feiger, 2020).
CHAPTER FOUR: FINDINGS

This chapter presents the findings of the prelicensure student focus groups, conducted to respond to the three research questions that inform this study. The focus groups allowed me to engage in a planned discussion with the SOPH2 cohorts, which were facilitated. These findings are organized in themes that emerged during the coding processes. This qualitative study included collecting data through the method of focus groups and the accompanying debriefing protocol process, designed to identify perceptions and explore the insights and beliefs of the participants. The analyses of each of the research questions are presented in the following chapter.

The findings will answer the following research questions:

1. What are the understandings (knowledge, skills and attitudes) of prelicensure nursing students about the healthcare needs of transgender patients?
2. Based on the understandings of prelicensure students, what simulations would develop their knowledge, skills, and attitudes?
3. What do prelicensure nursing students learn from these simulations?

Consistent with the coding methodology, the themes emerged organically and are of equal importance in revealing the three foci of knowledge, skills, and attitudes of the prelicensure nursing students. These themes are illustrated and represented in the rhetoric of the prelicensure nursing students’ responses and intertwined throughout this chapter. The chapter closes with a summary of findings, reflected in the prelicensure nursing students’ words.
Findings

Four themes were identified through the coding process. The main themes are as follows: (1) exposure to transgender communities in healthcare, (2) knowledge about transgender healthcare and patient assessment, (3) understanding about transgender communities, and (4) experience with transgender patient care during clinical and simulation settings.

The first (1) theme emerged when the participants expressed that the exposure to transgender communities in healthcare at SONHP was absent or had become very limited in clinical settings, given the COVID-19 pandemic. Only some prelicensure students were allowed to attend simulation in person, while others attended only via Zoom. Even though they had two different experiences and were not directly engaged with each other the two groups reached very similar conclusions. They both stated, up until this point of their prelicensure studies, there had been no exposure to transgender communities in healthcare.

The second (2) theme emerged when participants shared their lack of knowledge about transgender healthcare and patient assessment. As Teo stated, “I feel like we haven’t done simulation lab, so we really haven’t like experienced anything yet.” They added: “I feel like we touched on it a little bit in Fundamentals 1, but in terms of actual community, no. I do not think that the populations we served in the Geriatrics last year prepared us.”

The third (3) theme that emerged had to do with the participants’ limited understanding about transgender communities as a whole. As Vivian shared, “To at least have a basic understanding of what transgender individuals may be going through, at least from a medical standpoint, would be so helpful for us.” Vivian also said that, as a
person who was not trans, she wanted to understand more about trans healthcare services and access for them. It is important to note that the SOPH2 prelicensure learners in this research were selected on the criteria that they would have some knowledge on the topic. Through a critical queer theory lens, student voice will help to deconstruct heteronormativity, breaking traditional assumptions of what gender identity are presumed to be (Lewis, 2016), making it applicable, relatable and empowering for prelicensure students themselves to take ownership of their own experiential learning process while in simulation. Furthermore, through the use of focus groups, I was able to gather several student quotes that produced authentic perspectives from the prelicensure students.

The fourth (4) theme, about limited experience with transgender patient care during clinical and simulation settings, emerged throughout all four cohorts who participated in the focus groups. The participants shared their individual experiences or lack of experiences with transgender patient care in the simulation course curriculum, pedagogy, and their overall development during their SOPH2 level prelicensure courses at SONHP.

The focus groups reflected the same thematic pattern of information around the three points of inspection and exploration of knowledge, skills, and attitudes of prelicensure students’ development, from the standpoint of the dissertation’s three research questions (New Designs, 2013). The prelicensure student perspective was of equal importance to the research. A main goal was engaging with a small number of the students and creating a queer space which focused on conversations around exposure, non-binary identities, understanding and allyship of transgender patient care (Wilkinson, 2004).
Saturation

While I was reviewing the findings and started the emergent coding process of the qualitative responses, I started to get immersed in all of the transcriptions and free-responses to the questions, assuming that exposure towards transgender communities would be abundant. I assumed that many of these participants would have learned how to care for transgender patients in their theory classes, and a few participants would have interacted with the trans community during clinicals. However, I was wrong. The assumption was that being in San Francisco, a city filled with a queer community, would automatically lead to gained access to transgender individuals. But, more often than not, the learners shared their limited exposure to transgender patients. At SONHP simulation center, the prelicensure simulation scenarios are absent of any content, when it comes to caring for transgender communities.

The responses to these focus group questions were so similar in all four groups that I often thought that using multiple focus groups was causing me, as the researcher, to assess the extent to which saturation had been reached (cf. Flick, 1998; Lincoln & Guba, 1985; Morse, 1995; Strauss & Corbin, 1990). The way I mitigated this was two-fold. First, by allowing each participant full reign of the discussion in order not to guide them in any way. I intentionally waited for the participants to speak up during any awkward silence. Usually, after 10-15 seconds of silence, when the participants realized I was not going to speak, someone in the group would start talking. Secondly, I mitigated for bias by checking in with my dissertation chair to review my data.
**Emergent Themes**

There were themes identified during the emergent coding process: (1) limited exposure to transgender communities in healthcare, (2) limited knowledge about transgender healthcare and patient assessment, (3) limited understanding about transgender communities and (4) limited experience with transgender patient care in simulation and specific attitudes toward the healthcare needs of transgender individuals.

The prelicensure students felt that particular simulation experiences involving transgender patients could be achieved in a safe classroom space, in which the student could be fully immersed.

This was not consistent with the majority of the respondents who participated, but Teo, who is a transgender prelicensure student, shared an experience when their culturally insensitive preceptor reprimanded them when they questioned the way a head to toe assessment was being performed: “This is how things are done in nursing, we’ve been doing it like this for years, that’s how I learned, and this is how you will learn.” This response discouraged Teo to ask any more questions moving forward. It was also a missed opportunity for Teo to bring the richness of their lived experiences to the table and share their culture.

This type of censoring breeds fear among the participants that they say the wrong thing, as though they are not allowed to speak for themselves and, worst, stand up for their views. Many participants during this focus group felt as though they could not “be authentic” for fear of not “being accepted” in their different cohorts or among the different clinical instructors when addressing the problem of the absence of diversity among simulation scenarios. In particular, the topic of how to treat transgender patients in the simulation center was ignored. The prelicensure student experience in the SONHP
simulation center continues to be a construct of heteronormativity and whiteness and its power, infiltrating prelicensure teaching modalities and setting these notions as the norm. Participants in the prelicensure program require an evolving teaching modality that includes transgender pedagogical narratives in the simulation center and the incorporation of related simulation scenarios.

Finally, inexperience was a phrase that presented itself many times in the student responses, which seems to fall in alignment with queerness and heteronormative bias and thought (Van der Toorn, J., Pliskin, R., & Morgenroth, T., 2020).

**Research Question One: Prelicensure Student Preparedness**

Research Question 1: What are the understandings (knowledge, skills and attitudes) of prelicensure nursing students about the healthcare needs of transgender patients?

Through the focus groups, I was able to analyze and confirm whether or not there is a need to understand and incorporate transgender patient assessments in the prelicensure programs through simulation scenarios: there is indeed. Through the focus group questions and discussions, I learned that our prelicensure students are not fully prepared to care for transgender communities. The focus-group questions confirm a need to gain a sense of understanding about the lens through which prelicensure nursing students view the healthcare needs of transgender patients. The first research question also pinpoints the specific understandings about the prelicensure students’ knowledge, skills and attitudes toward such aspects as non-binary identities. Similarly, the specific skill sets that the participants had experienced to prepare for caring for transgender patients were discussed, a topic which was addressed in several of the questions that were asked during the focus groups (see Appendix B). The lack of preparedness was the main theme that emerged from the focus groups.
Limited Preparedness to Work with Transgender Communities

Every participant was very clear about recommending to implement a simulation scenario which involves a transgender patient into the curriculum program. It was also very clear that the participants did not think they were fully prepared to care for a transgender patient. Mina agreed that they had not been prepared: “Not from school or anything, just not prepared from like, especially me, like from school. No, I'm not prepared.” Furthermore, the content presented in prelicensure theory classes did not provide any education on how to treat transgender patients and only reinforced societal norms by not questioning or challenging our typical assumptions and entrenched biases.

Mina drew from her background and her own lived experiences and said: “I do think there needs to be more education, like, I think everyone should be educated, so therefore transgender communities can be treated properly.” This further affirmed how profound is the need for preparedness in KSAs during the prelicensure program, when exposure to specific simulated scenarios can positively impact how learners care for transgender patients.

Other respondents, such as Teo, related the aspect of preparedness to the absence of queer theory and non-normative identities in their prelicensure nursing courses. They stated they’ve never been exposed to these concepts of transgender care in any of their courses they were enrolled in:

I think that it needs to be incorporated into the curriculum, and I think it needs to be, you know, talked about more in education, because like, when we go into a clinical setting, and we do come across a patient like this, like I, I can say, I don't think I would know what to do honestly.

These responses express the main purpose of why I am interested in the topic of why there needs to be a better understanding (knowledge, skills and attitudes) among
prelicensure nursing students about the healthcare needs of transgender patients. Even though there were four different focus groups, and there were individual perspectives that were transcribed, the same concepts were all coming together thematically throughout all four cohorts. Many learners expressed that transgender healthcare was not required in their prelicensure education. Mina, like many other participants, was very uncomfortable with providing healthcare to transgender patients because of her lack of knowledge she had at the SOPH2 level. She goes on to explain that at this level, they barely know how to do a head to toe assessment. Consequently, they get very anxious when coming into a patient room because of their lack of skills. Mina says that a way to alleviate anxiety and stay focused while assessing a patient is to go over a mental checklist that they have all learned in theory classes.

Mina recalls learning about what to do when first meeting her patients. Her instructor told her to go over specific tasks when caring for a patient when they first arrived into a room. Some of these tasks listed by Mina and Vivian are things like introducing themselves to the patient, performing hand hygiene when entering a patient room, writing their names on the board, and asking the patient about their comfort level. Teo adds that they noticed there has not been a lot of preparation about transgender communities in SONHP as a whole and says:

Not from school or anything, just not prepared from like, especially me, like from school. No, I'm not prepared. But yeah, from experience, like, I just know, from awareness like, yeah, I need to take this precautionary approach when I'm coming in to see my patients.

Teo notes that when they are taught in school, preparing to see a patient comes with specific communication questions that they are instructed to ask the patient. These questions pertain specifically to pain, orientation, current illness, and past medical history. Teo continues:
That's the best way to kind of learn about the patient, kind of knowing them if they're transgender or not because none of the communication questions ask that specifically. There are no pronoun questions. Then after that, if you know, they're transgender, kind of educate yourself to be prepared to go inside that room.

The excerpts above describe the many complex layers of skills that are required and that students like Mina, Vivian, and Teo have to experience and acquire as SOPH2 prelicensure nursing students. Jesse echoes these sentiments in his understanding of the challenges that come with preparing for treating transgender patients. He says:

I feel like the most important part about treating a transgender patient is addressing how they want to be called or what their name is. That is not part of our communication to our patients. It also depends on the assignment surgery because we wouldn’t know how to treat them. Because I am not really knowledgeable on that, I don’t really know if it works the same way if you got the surgery for it.

Jesse, Vivian, Mina and Teo understand their roles as SOPH2 prelicensure nursing students at SONHP, and there is also a mutual understanding of how limited their KSAs are when it comes to treating a transgender patient.

In this example, the pressure to complete tasks while caring for a patient is overwhelming and, often times, prelicensure students experience burnout. Teo shared that they felt so much pressure to finish head to toe assessments with patients and admitted to treating them as “tasks” rather than human beings:

So with that I’ve been able to have more empathy and compassion knowing that there is a lot of change going on for transgender patients, but there is a lot of change that isn’t accepted by most people so I guess understanding that has made me a lot more susceptible to understanding the vulnerability of the population as a whole. I feel like we hear a lot about this community, but never really understand how they feel, or what’s going on there, with the patient care that they get.

Teo came to San Francisco and USF SONHP because they felt that they would be more comfortable in what they understood to be a very LGBTQ-friendly city. Being from
Northern California, they experienced a lot of homophobic attitudes growing up as a child. There was a motivation to seek out safe spaces, where they would feel at ease being transgender. Unfortunately, college campuses are not necessarily immune from gender norms.

These discussions demonstrate how gender intersects with each of these participant’s stories. Vivian, Mina, Jesse, and Teo share stories from their own experiences and pull from what they understand to be KSAs about healthcare needs of transgender patients.

The students expressed another important point: the need to consolidate supportive and safe campus spaces. The discussions with the participants revealed that many feel that while in clinical settings, there may be some disconnect between instructors and students in terms of understanding transgender communities and, specifically, transgender patients. Prelicensure students discussed that transgender and gender-nonconforming curricula in the simulation center was not taught. The participants conformed with societal expectations, rather than question the absence of trans patient curriculum due to feeling victimized and feeling unsafe by the faculty.

However, prelicensure students as a whole feel supported and safe inside the simulation classroom and in their respective classrooms. Jesse explains:

I don't think we have, like, any way of like experiencing, it's not an attack on instructors or the school, but, like everybody said, there is no textbook, little hospital, like it's more experienced base, but I feel like because we do have this community in the sim class, to kind of just have the practice, because everything we do with around patient centered care, right. So, every patient is different, everyone you encounter is going to be different, or you have to find different ways to kind of accommodate every single person. That's exactly I feel like without the sim experience, like going into the hospital, and you do meet someone who's like from the transgender community, I feel like some things will be harder because we don’t understand how to assess, like, for example, like a head to toe assessment for someone who might be transgender. I'm sorry, I probably feel like they might not be comfortable with their body. And you have to do this head to
toe assessment, like, how can you make them more comfortable? What can you say? What do you not think? And I feel like that's like something that we just don't learn or understand.

Jesse wants to challenge our current, heteronormative-centric, sim program and turn the sim classroom into a safe space for understanding knowledge, skills and attitudes towards the support of transgender patients. The hope of all of these participants is to gain a better understanding and to experience and seek safe academic sim spaces and community outside the classroom.

Summary

The participants have confronted issues that concern treating patients but, more specifically, not understanding how to treat transgender patients. Outside of the prelicensure classroom, they have sought community but had difficulty finding hospital staff or faculty that recognized and supported all the aspects of how to treat transgender patients. Inside the classroom, participants state that faculty discussed very summarily, if at all, transgender communities.

The participants’ notions of experience, as this pertained to transgender patients, was that of selective identity. The group challenges the dominant power structure that exists within the School of Nursing and critiques this structure, which is based on their experience of seeking out resources that they can identify with. Gender roles and expectations were defined by these participants, and the role of the healthcare patient deemed only to have cultural heteronormativity, extending from their childhood experiences into prelicensure education.

Research Question Two: Student Development

Research Question 2: Based on the understandings of prelicensure students, what simulations would develop their knowledge, skills, and attitudes?
Transgender patients often experience discrimination, bullying, and violence within clinical environments from ill-informed health care professionals (Safer, J. D, 2016). Though all four of the cohorts that participated in the focus groups may have had different experiences and different instructors in simulation, the student responses were alarmingly similar. The participants wanted more scenarios in simulation that would include caring for the trans community. The prelicensure students also addressed specific themes that were emerging and were not part of the focus group questions, but came up nonetheless: establishment of space, anxiety, and cultural competence were the three emergent themes that revealed themselves in response to the second research question.

**The Need to Establish a Safe Space**

The overall consensus about the establishment of a safe space was evident. Participants stated that there needed to be effort put into establishing and turning the simulation space into a physical, mental, and emotional space. This would have to be a space that provided content expertise and support for major discussions that might not have been able to take place in other spaces. Teo felt that having a safe space would alleviate so much anxiety:

> I was just, I just have like a few things in my head. And I think just like, learning some tidbits on how to create that safe space atmosphere to learn how to care for those people. I wouldn’t be so nervous if we had a space to practice before going and seeing a trans patient.

Several participants discussed the types of implementations that could help to develop prelicensure students’ knowledge, skills, and attitudes more effectively towards caring for transgender patients in simulation spaces. In order to develop a more inclusive, diverse, physical space in the simulation center, the prelicensure students stated they all wanted to be able to learn in a safe environment. A safe space is one where making simple mistakes, like addressing trans patients with the wrong pronouns, can prove to be
detrimental, but learning from these mistakes in the simulation center could help in future clinical settings.

Mina has always felt nervous practicing simulation scenarios in front of her peers. She feels that if there was a safe space for her to be able to practice first, and develop a clear understanding of how to treat a transgender patient, then she would feel more comfortable when she actually saw a transgender patient in the clinical setting:

I just want to learn how to treat people in a safe space and I want them to feel comfortable with us. Because like, we're, like you said allies. And I feel like when you go into a patient room, I mean, I don't want to speak for everyone, either just because people grow up differently and have different beliefs and ideologies.

Anxiety and uncertainty came up a lot amongst the speakers about treating a transgender patient. Similar to Mina, Vivian also has high anxiety when performing simulation scenarios. She says, “Okay, I feel like if I walked into a room, and like, I knew my patient was transgender, I would get like anxiety.” She shares:

Because I wouldn't know what to do and because of this, it would only increase the level of my discomfort. I'm uncomfortable with it, but just getting used to the idea of it in simulation helps me.

Jesse wants to develop a more positive attitude towards treating transgender patients and adds:

You were not taught much about the trans patient, we weren't really taught about it at all in the class because the professor said we didn't have enough time to go through that specific lesson in class, I think. So, we kind of skipped over that. And, yeah, it was optional.

He had constant reminders from both his family and instructors on heteronormative behavior, which has impacted his outlook on treating patients in clinical settings.
The Need for Supportive Simulation Programs

Providing a safe space, Teo says, may help support transgender communities rather than have a classroom space which historically was established for heteronormativity and the cisnormativity narrative. Teo says:

So, I feel like we know other she/him pronouns, because that’s what we are taught. You never want your patient to be called the wrong pronoun. You never want them to feel any type of way. Because you know, you're not using the pronouns or you're not seeing something correctly, you always want it to be like a safe space for them.

Vivian, Jesse, and Mina all identify as heterosexual, cisgender learners. Teo was the only learner who identified as a non-binary trans and used the pronouns they/them.

Teo’s experience as a transgender prelicensure student held different experiences as the other participants when it came to treating transgender patients in SONHP. For example, Vivian describes her need to develop better KSAs for transgender patients:

So, I feel like learning more about pronouns like me my, like myself, like, I really don't know, like, a lot of different pronouns. Like, I know, she has her and all that. But it's like, the other day that I'm like, how do I use the one? for meetings? I feel like that's the big thing. Like we have to be taught that. So, when we are in that scenario, you know, I don't call someone who goes by that and as I see are very good.

Summary

All four participant groups maintained some aspect of creating a modality of conscious support of non-heterosexual/non-cisgender simulation spaces and agreed that it would help the learners to flourish within these safe simulation spaces, whereas in current theory courses they reported feeling more stifled and restricted. Each student revealed that having this space for the prelicensure learners would, in general, make them feel significantly more comfortable towards caring for transgender patients. Many noted a lack of sensitivity towards the treatment of transgender patients amongst their preceptors.
and theory instructors. Few felt supported in simulation scenarios that included transgender communities.

**Research Question Three: Experiential Learning**

Research Question 3: What do prelicensure nursing students learn from these simulations?

The participants have confronted issues of race, gender, and sexuality during their prelicensure learning experience. Outside of the classroom they sought guidance in healthcare clinical settings that they thought would improve the practice toward transgender communities. Yet, they had difficulty finding healthcare organizations that recognized and supported all the aspects needed to care for transgender patients.

*The Need to Challenge Heteronormative Assumptions.*

Inside the simulation classroom and in the SONHP, learners get access to many real-life simulation scenarios based on content they are learning from theory classes, and what they are practicing in skills labs. The result of their experiences, as it pertains to care for transgender patients, was very limited. Participants challenged the current nursing-teaching modality that exists and critiqued this archaic structure. They are seeking out resources that they can identify with and persist on deconstructing white dominance in nursing curricula (Blythe, 2020). Some of the simulation scenarios are still based on white, mostly male, patient cases. The prelicensure student experience in the SONHP simulation center continues to be a construct of heteronormativity and whiteness and its power, infiltrating prelicensure teaching modalities and setting these notions as the norm.

Gender roles and expectation, as well as social customs, were already well defined for and by these participants, the role of cultural heteronormativity extending
from their childhood experiences into higher education. The importance of having experience was a common theme among the learners. Like Teo, Vivian expressed how it takes more than just learning basic patient head to toe assessments. It also requires engagement and interaction:

I think just on top of learning the basic knowledge, it's more just like having like, allowing us to have this kind of interaction. So, experience a transgender patient in a simulation, we can like, learn what that interaction may still be like get those kinks out or whatever. Just so we can familiarize ourselves with it. Because I think even in the doctor setting, like you said, it's just because even I know for me, like I read a textbook, that doesn't always mean it's going to translate the same when I'm actually going to do it.

Vivian, who has grown up in San Francisco her whole life, stated that she felt embarrassed and confused that there had been little to no exposure in SONHP to help prepare them for these kinds of situations. She shared:

So, I just think like getting experience with the transgender community, and other communities like Jaz talked about earlier, I was gonna say to the minorities, we don't see that in textbooks, either. It is things like getting to actually experience those things, and practicing simulations on different people is what it is at the end of the day, like one of the most beneficial things in my opinion.

During the SOPH2 level experience, students are introduced to full-scale, case-based, training. The learner receives very integral skills such as interpersonal communication, teamwork, critical thinking, and the ability to prioritize their assessments under pressure, and stress management. Although these simulation scenarios are not meant to replace the real-life patient, students learn to apply these skills to the clinical setting. Many simulation scenarios in SONHP are assessments that are based off of learning modalities that are representative of heteronormative patients. What prelicensure students are learning or not learning in simulation courses has profound effects on how they treat their patients in the hospital. Vivian’s reflection shows how much work needs
to be done in the SONHP program in the simulation center on how to treat transgender patients.

Summary

Mina and Vivian share that, if they knew what skills were needed during a simulation that included a transgender patient for the prelicensure students, it would help. Along with Mina and Vivian’s discussion, other participants agreed that piloting a transgender simulation scenario would be beneficial in understanding KSAs of treating a transgender patient. The most concise evidence of the lack of learning space and simulation support towards transgender patients came from Jesse. When I asked him if he thought SONHP played a role in the support towards transgender patients, he simply stated: “No they don’t.” Teo shares the same perception:

To be a little bit more specific, there are certain things that me as a transgender prelicensure student, I go through a lot of obstacles, and because there's so many intersecting things, intersecting identities, a lot of the learning spaces that I've personally tried to be a part of don't address those things. SONHP will address the fact that I'm transgender, but they have such a hard time doing the transgender patient thing. It’s weird.

SONHP should be made aware that a positive learning environment, which includes the establishment of simulation space, would have a lasting positive impact. This is important not only for saliency of course content and comfort in the space, but interpersonally between prelicensure students and faculty. Jesse’s perspective, along with the other participants’ narratives, could help the SONHP Simulation Center develop such awareness.

Conclusion

The participants revealed in the focus groups their life stories and shared experiences as prelicensure students in SONHP. These shared details underlined that
these individuals have strong notions of their inexperience of how to provide care for
transgender communities. Participants also shared personal experiences about exposure
or non-exposure to transgender patients. As prelicensure students, and as healthcare
providers, these learners found very many challenges in the learning process with regards
to caring for transgender patients in SONHP and in the simulation center.

What this study has allowed for is an exploration of the path of support for these
prelicensure students, while examining the SONHP and simulation center and its role in
these explored experiences. The focus groups revealed how unexpected responses led to
new and interesting perspectives as a SOPH2 learner. For example, choosing whether to
attempt to access resources to help care for transgender communities was a choice based
on the ability to question how caring for only heteronormative patients was an issue.
Limitations

In March, 2020, due to the COVID-19 pandemic, USF and the SONHP were forced to cancel all in-person courses, including the simulation center. I was quickly tasked with creating and implementing a new teaching modality in the form of simulation Zooms. The lapse in time, and the limited exposure to the simulation center left participants feeling anxious and unsure of what to expect when they were finally allowed back into the simulation center. The anxiety and uncertainty spilled over into the clinical settings which brought out some very honest responses from the participants. Jesse wished that he would have been able to “get into” the lab and hospitals more, but because of COVID-19, lab space and time was not an option.

There were limitations because I work in the SONHP Simulation Center and there are certain factors where the study was performed by students and where the learners were biased. These prior relationships impact how the students and I approach certain situations in the simulation center. There were limitations on the program that I direct and the students I know because I work there.

The study had boundaries because this study is only based at this particular site. A larger sample of each focus group would have given better findings.
CHAPTER FIVE:
DISCUSSION, RECOMMENDATIONS, CONCLUSION

Introduction

This study was driven by my own personal and professional experiences of isolation and racism, as a Brown woman of color working in SONHP simulation center in a predominantly white leadership prelicensure nursing program. We come from very diverse backgrounds and what I was seeking was a method to help support and stand against anything that would divide or try to weaken our simulation community. I wanted to support the prelicensure students in caring for diverse communities like transgender patients, specifically providing tools that would help better understand the trans community in SONHP’s simulation courses. It is my hope that all prelicensure students will be exposed to this research and use it as a learning tool, so they may better understand some of the complicated encounters that transgender patients face in healthcare. It is my further hope that those who participated in the focus groups are given information to better understand the challenges of transgender communities and about the need for support through the prelicensure SONHP program and simulation center.

This study was conducted utilizing focus groups from four different SONHP prelicensure SOPH2 cohorts. The research was based on the following frameworks: Queer Theory (Butler, 1990), Accountability (Orfield and Hillman, 2018) and Pedagogy (Giroux, 2010), as outlined in Chapter One. Second, findings based on research question two will be discussed in contrast to the review of literature. A summary of findings and a discussion based on research question three are included in this chapter as self-reflection and a form of self-actualization based on Maslow’s Theory (Maslow, 1943), in which the
participants shared how they envision the SONHP simulation center making a more concerted effort when it came to investing in caring for transgender patients. Finally, recommendations and conclusions based on this research will close the chapter.

Restatement of Problem

The purpose of this study is to ascertain prelicensure nursing students’ understandings of the health care needs of transgender patients in the San Francisco Bay Area which can lead to promotion of knowledge, skills, and attitude (KSAs) in caring for transgender communities and to understand and determine if they can demonstrate favorable practice after a simulation and apply it to their clinical settings. I used the central tenets of Queer Theory as a theoretical lens from which to analyze their lived experiences and lack of support towards the care for a transgender patient at the simulation center. The second purpose of the study was to address the scarcity of the body of scholarly literature which links, gender, race, and class with academic support for prelicensure students in order to support the affirming practice toward transgender communities in the SONHP simulation center.

To explore these research questions, I conducted a case study relying primarily on focus groups that had not been asked their opinion on treating transgender communities. Thirty-one prelicensure students who were in the SOPH2 level at SONHP participated in four different discussions in person, in the simulation center at the SONHP. The focus group protocols were focused on the participants’ experiences as prelicensure students at the SOPH2 level in SONHP because they were still new to the prelicensure program and to the world of medicine. In line with the focus groups and its protocols, the focus groups concentrated on gender identities and understanding of KSAs. This included caring for transgender communities and analyzing and determining
how participants can demonstrate favorable practice after a simulation and apply it to their clinical settings. It was important to have the prelicensure students come together in a safe space to hear each other’s lived experiences and rely upon their interactions with one another. The case-study format was used to conduct an in-depth examination of the intricate phenomena of the prelicensure participants’ experiences within the SONHP simulation center, using a queer theory lens which aids in the analysis of the themes regarding knowledge, skills and attitudes towards participants’ understandings of transgender individuals.

**Discussion of Findings**

After analyzing the data from the focus groups, several key findings emerged. First, participants’ shared ideas that heteronormativity was constructed within the USF SONHP simulation center’s course content and its long-established traditions. The combination of queer theory and imagining behaviors and physical standards designed to create a healthcare modality that is more inclusive informed what the SONHP and the simulation program can become. Those prelicensure students in the SONHP simulation program who analyzed their own ways in which to contribute their KSAs reflected that learning to dismantle the traditional assumptions about not only gender, but sexual identity as well, would help in caring for transgender patients.

Second, the ongoing theme among the focus groups was the concern about not having enough exposure to transgender communities in healthcare, or knowledge about transgender healthcare and patient assessment. Access to this specific population was important in understanding the needs of transgender patients. Furthermore, it was evident that there is a need to learn more about transgender communities as a whole in order to provide more adequate medical treatment.
Third, prelicensure students shared their lived experiences of learning how to treat and care for patients in what they consider to be a climate of white privilege and racism. They believe it exists in higher education, including at the USF SONHP simulation center. Furthermore, the participants revealed that the simulation program did not adequately prepare them for learning to treat diverse patients and specifically transgender communities.

Research shows that transgender communities is rarely represented and portrayed in mainstream prelicensure nursing simulation courses, curricula, textbooks, and syllabi (Grover, 2016). Mina’s experience, for example, of caring for transgender patients and the understandings of the KSAs of transgender communities as a whole, is very limited. When trying to access support on campus, she says: “We’re in San Francisco, and yet, I feel there is little to no support about caring for diverse patients and especially not transgender individuals.” All of the participants found it to be challenging to navigate and identify with many layers of non-inclusiveness at the SONHP simulation center.

*What is Lacking in Simulation*

What the participants were, and are still looking for is a healthcare resource that fulfills the needs of their understandings of caring for transgender patients during a simulation scenario and applying it to the clinical setting. Each of the participants in this study struggled with the dominant narrative and ideologies of heteronormativity and homophobia, the blend of which often result in the oppression of sexual minorities (Sheared, 2010).

The biggest challenge of the prelicensure students, as revealed in the focus groups, mainly stemmed from resistance by faculty and clinical instructors in SONHP when trying to form their own safe spaces and support systems to meet their
understanding of KSAs towards the healthcare needs of transgender patients. For example, Jesse describes his experience in the SONHP simulation center with his prelicensure department faculty as being “very white and straight.” He continues: “Do you know, and that this stuff we learn in our nursing books are written by white, straight doctors, and health care providers that are probably not trained on treating transgender patients.” His stance faces rejection by many of those in the prelicensure department due to the dominant narrative present there.

Jesse goes on to say:

I think statistically, doctors and nurses are very uncomfortable in treating transgender patients, because they do not feel competent enough to treat these types of individuals. So, if you've got doctors and nurses who are uncomfortable and who are not properly trained, how do you think the transgender individual feels?

In contrast to the traditional theory and form of leadership in prelicensure programs, in other programs such as the doctorate of nursing, the simulation center offers simulation scenarios that include transgender patients. However, such a dichotomous choice, without exploration into queer pedagogy and accountability that feel authentic to the prelicensure program and simulation center, would cause self-doubt and uncertainty among the participants. The participants have all expressed the importance of a new modality in understanding the need for KSAs in caring for transgender patients that goes well beyond the teaching modalities based off of white supremacy culture and teaching styles.

Though the simulation center has improved since the time of its inception in 2012, the prelicensure program still seeks controllability through antiquated scenarios that reinforce whiteness heteronormativity as the standard. Some of the literature reviewed for this study reveals that institutes lack agency when it comes to policies and
practices of inclusivity when treating LGBTQ communities. In this case, the topic is transgender patients in nursing schools and simulation centers in the United States (Jagose, 2009; Yost 2011). Prior to this study, the voices of these participants were silent on the matter of transgender simulation scenarios and, more specifically, on how to treat transgender patients. Furthermore, the absence of KSAs and lack of agency were dominant subjects of discourse on their campus. Positive alternatives, based on participant discussions from this study, can be used to bring to the forefront those stories that speak to the concepts of queer theory (Britzman, 1995).

Transgender communities rarely are represented and portrayed in mainstream prelicensure nursing simulation courses, curricula, textbooks, and syllabi (Grover, 2016). This study was constructed to examine the different disparities in student disciplines and provide critical review of current literature on how teaching about microaggressions against transgender communities and, more specifically, against transgender patients is lacking in many of the prelicensure nursing programs at the School of Nursing and Health Professions Simulation Center (SONHP) in the San Francisco Bay Area.

The draconian faculty and leadership roles are typically created and filled by predominantly white individuals in SONHP, which limits opportunities for all minorities and those who identify as transgender. The norms regarding the white Western style of knowledge, skills, speech, and attitude are accepted as universal and other forms of KSAs or culture in faculty and leadership are deemed unworthy. The participants in this study feel that they must fit into a particular prelicensure learning mold, or else they are considered lower by their White clinical instructors and faculty. One of the reasons cited for prelicensure students’ absence of knowledge, skills and attitudes towards transgender patients in the simulation center is the lack of culturally sensitive and relevant clinical
instructors and faculty members who would become mentors and role models. Out of
the participants, there were a few learners who did not engage in the discussion when
asked about whether or not they had been prepared to work with transgender
communities during the simulation lab experience.

The traditional curriculum in the simulation center would need to include diverse,
equitable, and inclusive simulation scenarios that encourage patient safety, critical and
analytical points of view. Providing a safe space in the simulation center could also help
learners to think outside of the box and perhaps question current learnings from theory
classes and textbooks. The feeling of accountability and ownership in these focus groups
made the prelicensure students feel as if they had a say about where these future
simulation courses would go. Using concepts which provide students with simulation
scenarios that included transgender patients proved to be effective in improving student-
learner outcomes (knowledge, skills, attitude) involving the healthcare needs of
transgender individuals, as hypothesized.

**Examining Gender Identities and Privilege**

The participants in the SONHP prelicensure program at the SOPH2 level were
marked by their own journey of treating the LGBTQIA+ community and understanding
the healthcare needs of transgender patients in the simulation center.

During the study, it became clear that gender, sexual orientation and the KSAs of
treating transgender patients had gone largely absent and certainly unexamined. Many of
the participants attributed the lack of discourse due to the inexperience of the faculty
teaching simulation courses, as well as a “lack of prelicensure education.” Participants
expressed that they were embarrassed and ashamed of how little they knew and
understood about caring for transgender communities. They were expected to be high
achievers and carried a feeling of guilt whenever they could not care for patients due to insufficient training. Their continuous efforts to achieve excellence as healthcare providers and prelicensure students was one of the many reasons they hesitated to confide to each other about their inexperience in treating transgender patients.

**Recommendations**

The participants in this study found very few safe spaces from within the prelicensure programs at the SONHP simulation center, where they could come and voice their concerns about lack of understanding and KSAs in caring for transgender patients. They also shared that there was a lack of simulation scenarios in the prelicensure program and simulation center to support transgender communities. The recommendation for the SONHP at the USF simulation center is to be more inclusive of KSAs involving the prelicensure students’ needs. Specifically, caring for transgender patients has to be much more emphasized.

The simulation center at USF SONHP has very little change to the simulation scenarios and curriculum. These incremental changes have led parts of the simulation program to be misaligned. The vision and mission of the simulation center and its need to create and sustain an environment of respect, compassion, learning, teamwork and psychological safety are still intact. The mission and vision hold true that each individual is able to provide care that represents their deeply held beliefs about the importance and excellence of their work. The simulation program needs to evaluate the ways in which carrying out the mission and vision and the program's outcomes are reflective of the real meaning of the simulation program.
Deconstructing and Rebuilding Using Queer Theory

The SONHP simulation program has the power to deconstruct and restructure the societal norms that have formed this line of study. Using Queer Theory as a backdrop to further explore different ways to breakdown hegemonic norms in the simulation program is an essential first step to rebuilding. The SONHP and culture within the simulation prelicensure program reflect the myth that gender and sex are binary matters, as well as the faulty assumption that the cisgender experience is a universal one. The simulation center stands at a pivotal point for future and current prelicensure students. It provides a bridge that would connect the opportunities for understanding the KSAs and healthcare needs for treating a transgender patient. It would give these participants a chance to develop knowledge, skills and attitudes in treating diverse patients with a support system behind them.

The most rewarding part of the study was hearing about the shared lived experiences the participants all had when it came to treating trans patients. The idea of knowing that they would be able to contribute to making change in the simulation center, created a sense of pride among the participants. These salient conversations and connections contributed to the solidarity they had amongst themselves.

Recommendations for Future Research

This study explored the experiences of support for caring for transgender patients and incorporating simulation scenarios at the SONHP simulation center. This research can be extended to a broader population sample that would include all LGTBQIA++ patients. This broader exploration would still look at the lived experiences of marginalized patients from the standpoint of diversity, race, gender and sexuality and incorporate these cases into the simulation center curriculum. Extended theoretical
frameworks may include FemCrit, and Disability or DisCrit, CRT, LatCrit, and QueerCrit (Knaus, 2014; Singh, Richmond, & Burns 2013).

Being able to build on the ideas of similar future studies, researchers could include the multi-sites at SONHP and other simulation centers and further examine the need to understand the KSAs for treating transgender patients. More focus groups would include faculty and students coming together to write simulation scenarios and collaborate on specific KSAs for treating transgender communities.

**The Gender Divide**

Over the three-day focus groups, I noticed there were only a handful of male-identified prelicensure students and just two transgender-identified prelicensure students, as a vast majority of the students were female-identified students. The nursing healthcare field has always had male practitioners, so the perception that the healthcare profession is filled with female prelicensure students is a perfect example of embedded misogyny (BestColleges, 2022.). I found that this misogynistic behavior towards female-identified prelicensure students may have a role in our practices, or lack thereof, towards transgender communities in healthcare. Participants have shared that they have witnessed a lot of hostility from male healthcare providers, and they would be scared to ask a male doctor about treating transgender patients. Vivan explains that, “when we ask a male doctor something, we are demeaned because we are women in a man’s world.” These perceived gaps in knowledge, skills, and attitudes in treating transgender patients threatens the participants ability to deliver quality patient-centered care.

Finally, a future researcher might examine the SONHP hierarchical pipeline of support of this study more extensively. This research would examine more closely focus groups with content experts and faculty in the simulation center. Exploring transgender
patient scenarios in simulation, along with LGBTQ content, could map a more detailed pipeline of support for these patient cases.

**Researcher Reflection**

The motivation for this study came from my experiences of alienation and isolation and my role as program evaluator and director in the SONHP simulation center. Over the course of several years, I have listened to and watched hundreds of prelicensure students come through the SONHP labs complaining about how the simulation scenarios were unrealistic and stagnant, based on their own lived experiences. As a Brown woman of color, I was able to relate to the fact that most of these simulation scenarios were written and based off of what predominantly white, heteronormative, faculty and content experts were seeing.

The students who participated in this study expressed that the absence of transgender patient and LGBTQ communities in any of the prelicensure patient scenarios was doing a disservice to the program. Participants shared that it would be valuable to hear from and about transgender patient cases in order to better understand patient care prior to attending clinicals.

I am privileged to have known most of my participants since they were SOPH1 prelicensure students, while serving as their director of the simulation and skills labs in the SONHP simulation center. I am honored by all of their discussions during their focus groups. Getting to know these learners and seeing them speak their truth was so insightful. The participants in this study shed light on the current simulation scenarios that I had so many issues with and decided to focus on in my doctoral studies. I feel satisfied that my research questions were answered. First, the inquiries were analyzed in focus groups. Second, they received elucidation and further assessment against a
backdrop of my theoretical frameworks of Queer Theory, Maslows Theory, Pedagogy and Accountability.

Finally, I am more willing than ever to continue with this fight against inequality and oppression in the SONHP simulation center. The focus groups were important and revealing in a few specific ways. First and foremost, having the freedom to speak and be personal with my participants allowed a level of trust and safety, a sharing which would not have been possible in a traditional objective-researcher-subject setting. Second, hearing my participants reveal how they have never had a true understanding of the KSAs on how to treat transgender patients and how candidly they shared that they needed more experience to provide better services for the trans community was more enriching than I can express here. I learned that there weren't any safe spaces from which to voice their inexperience, the ways in which they identify, and how they sought out support to care for and treat transgender patients. It then becomes evident that a space needs to be provided for simulation content created specifically to treat marginalized patients and, in particular, transgender patients. The participants in this study clearly stated that imperative.
REFERENCES


Best Colleges. (n.d.). Why is there a Perception that Nursing is a Female Occupation? https://www.bestcollegesonline.org/faq/why-is-there-a-perception-that-nursing-is-a-female-occupation/
Retrieved from: https://doi.org/10.1111/nin.12379

Educational Theory (45) 2. Retrieved from:

3. Ohio State University: Ohio.


https://howlround.com/queering-room


Elsevier, Nursing Faculty Readiness for Student Diversity
https://doi.org/10.1016/j.teln.2019.09.001


Retrieved from:


Lim, Fidelindo A., and Richard Hsu. "Nursing students' attitudes toward lesbian, gay, bisexual, and transgender persons: an integrative review." Nursing Education Perspectives, vol. 37, no. 3, 2016, p. 144+. Gale OneFile: Health and Medicine,


Travers, R., Guta, A., Flicker, S., Larkin, J., Lo, C., McCardell, S. et al. (2010). Service provider views on issues and needs for lesbian, gay, bisexual, and transgender...
http://flicker.blog.yorku.ca/files/2013/02/FINAL2traversCORRECTMar10.pdf

The Human Rights Campaign. (n.d.). Understanding the Transgender Community
https://www.hrc.org/resources/understanding-the-transgender-community

The Lived Experience of Trans Nursing Students, Dubas, Jenna M.
https://archives.bryanhealthcollege.edu/handle/20.500.11987/375

Van der Toorn, J., Pliskin, R., & Morgenroth, T. (2020). Not quite over the rainbow:
The unrelenting and insidious nature of heteronormative ideology. Current
Opinion in Behavioral Sciences, 34, 160–165.
https://doi.org/10.1016/j.cobeha.2020.03.001

http://doi.org/10.1089/trgh.2017.0004

Wilkinson, S. (2004). Focus group research. In D. Silverman (ed.), Qualitative research:

Yanow, H. (2019). Harry Potter and Queering the College Classroom. (Doctoral
dissertation). Retrieved from:
https://repository.usfca.edu/cgi/viewcontent.cgi?article=1510&context=diss

change. Journal of Homosexuality, 58(9), 1330-1354.
APPENDICES
Appendix A – Student Focus Group

Informed Consent:
You have been asked to participate in a research study called “The use of simulation with the School of Nursing and Health Professions (SONHP) prelicensure students to support the affirming practice toward transgender communities” conducted by Genevieve Charbonneau, a doctoral student in the School of Education at University of San Francisco. The purpose of this study is to collect data on the nursing student’s experience of transgender community in the SONHP simulation center classroom. You will be asked to take a short survey that takes about 15 minutes, and will be completed in May of 2021. There are no anticipated risks or discomforts to you from participating in this research. If you wish, you may choose to withdraw your consent and discontinue your participation at any time during the study without penalty. You will receive no direct benefit from your participation in this study. Any data you provide in this study will be kept confidential unless disclosure is required by law. In the dissertation published, we will not include information that will make it possible to identify you or any individual participant. If you have questions or concerns about your rights as a participant in this study, you may contact the University of San Francisco Institutional Review Board at IRBPHS@usfca.edu. I HAVE READ THE ABOVE INFORMATION. I AGREE TO PARTICIPATE IN THIS RESEARCH PROJECT (If you disagree, please exit this survey).
## Appendix B – Schedule

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
<th>Follow-Up</th>
<th>Recorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 7/19/21</td>
<td>- GDC received approval from IRB</td>
<td>- Begin prepping for research to move forward</td>
<td></td>
</tr>
<tr>
<td>2 7/20-23/21</td>
<td>- Preparing Documents for Focus Group: Focus Group Questions, Consent forms, recording devices, assemble Observation team (JCariola, CBanks)</td>
<td>- Draft Email to Soph2 students expressing interest in having them participate in focus group</td>
<td></td>
</tr>
<tr>
<td>1 7/19/21</td>
<td>- GDC received approval from IRB</td>
<td>- Begin prepping for research to move forward</td>
<td></td>
</tr>
<tr>
<td>2 7/27/21</td>
<td>- GDC sent out email communication to SOPH2.</td>
<td>- Send follow up email week of reply date</td>
<td></td>
</tr>
<tr>
<td>3 8/9/21</td>
<td>- Follow up email sent to Soph2 students asking for intent to participate.</td>
<td>- As of 8/9 have received 7 replies of Yes</td>
<td></td>
</tr>
<tr>
<td>4 8/16/21</td>
<td>- Prepare equipment for Focus Group w/ JP</td>
<td>- Prepare JP for role as observer</td>
<td></td>
</tr>
<tr>
<td>5 8/23/21</td>
<td>- focus groups begin:</td>
<td>- Transcribe</td>
<td>JP Cariola</td>
</tr>
<tr>
<td>6 8/30/21</td>
<td>- N275 group 1 8/30, 8 students 17 mins</td>
<td>- Collect observer notes</td>
<td></td>
</tr>
<tr>
<td>7 9/6/21</td>
<td>- Transcribe - Collect observer notes</td>
<td>- Aggregate Data</td>
<td></td>
</tr>
<tr>
<td>8 9/13/21</td>
<td>- Office hours w/ JBleasdale 9/16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 9/20/21</td>
<td>Transcribe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 9/30/21</td>
<td>- Office hours w/ JBleasdale 9/30</td>
<td>- Write about 3 findings and what I want the world to know</td>
<td></td>
</tr>
<tr>
<td>11 10/4/21</td>
<td>Transcribe interview</td>
<td>- Findings and their meaning</td>
<td></td>
</tr>
<tr>
<td>12 10/11/21</td>
<td></td>
<td>- Are they in alignment with research questions</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Action</td>
<td>Follow-Up</td>
<td>Recorder</td>
</tr>
<tr>
<td>-------</td>
<td>------------------------------------------------------------------------</td>
<td>-----------------</td>
<td>----------</td>
</tr>
<tr>
<td>13</td>
<td>Office hours w/ JBleasdale 10/21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Office hours w/ JBleasdale 11/4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Office hours w/ JBleasdale 11/4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
<th>Follow-Up</th>
<th>Recorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Office Hours w/ Jane</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Initial CH4 review w/Jane</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Dissertation meeting w/Jane</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>met with Ion who is a writing coach through Dr. Katz</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>edits to CH4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Submitted CH5 to Ion for review (returned by 3/19</td>
<td>review edits</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>meeting w/Ion for review of CH4 &amp; 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Review each chapter with Jane (Chair)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Work on Ch4 edits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td><strong>12</strong></td>
<td>- Work On edits from chapter review with Jane</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>13</strong></td>
<td>Final Date to send Final Version to Chair for review</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>14</strong></td>
<td>Send Final Version of Dissertation to Committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>15</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>16</strong></td>
<td>Dissertation Defense May 9, 2022 11-1pm</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Final Procedure Packet</strong></td>
<td>Final Procedures Packet you will need to review with your Dissertation Chair after Final Dissertation Defense.</td>
<td>You will need to submit the following documents to Thanh via email after your Final Defense: *Certificate of Completion *Abstract *Signature Page *Survey of Earned</td>
<td></td>
</tr>
</tbody>
</table>
Appendix C – Focus Group Transcription

### Focus Group Transcription

**8/30-9/3**

<table>
<thead>
<tr>
<th>Time:</th>
<th>Transcription</th>
<th>Comment</th>
</tr>
</thead>
</table>
| 00:00:04  | FG Lead: At the end of the day, I want to make sure that you guys come out with successful tools to be really good nurses. It is based on what’s happening here in simulation and how we can improve and how we can make it better. Specifically, I’m talking about patients that we come in contact with that we may or may not have the knowledge, skills or the attitude to serve. Does that make sense so far? So I need to collect that data and the only way I can collect that data is by asking everyone if a specific subject would be worthwhile. I specifically am choosing transgender communities because we have very low representation in the healthcare field. Study have shown that in the healthcare field alone, specifically in San Francisco, healthcare providers who have been interviewed have no idea how to treat let alone diagnose a transgender patient. So, I am here to find out if we need a better establishment in exposing those types of scenarios for the betterment of this establishment. Does that make sense? You don’t have to participate, this is completely voluntary but I need answers and I need your feedback in order to successfully have a better… let me give you an example. We’ve had the same scenarios since… when did you graduate? | Transgender = 81 times  
Community = 71 times  
They = 201 times  
Need = 58 times  
Patient = 101 times  
Feel = 73 times  
Think = 186 times  
Gender = 92 times                                                                                                                                                                                                                                                                                                                                                          |
| 00:02:28  | Student 1: December 2017, which means that my Sophomore 2 would’ve been Spring semester of 2015.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 00:02:40  | FG Lead: 2015, Megan still remembers the scenarios that we are still doing today. These scenarios and cases are provided by content experts that have written it since 2012, since I’ve been here. What do you think? Do you think |
we need some change? I think so, and the only way I can do that and help this establishment is by successfully presenting "this is what we need to change" and "this is why". With that being said I need your consent if you could sign it for me that’d be great. If you don't want to participate you can do something else, that's fine. I just need to ask these questions and as a matter of fact you don't even have to stay, I just need everyone who is going to participate. I need your attention for the next 10-15 minutes. I'm just gonna ask you folks questions and I'm going to be recording, I'm not paying you to do this, just asking for data purposes and for all intensive purposes to help write my dissertation. So thank you in advance for that. First question... There are eight questions I would like to ask you. And it's a group environment. So.. Do you think that treating a transgender patient will require a specific set of skills?

<table>
<thead>
<tr>
<th>Time</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>00:04:50</td>
<td>Student 2: Yes</td>
</tr>
<tr>
<td>00:04:54</td>
<td>Lead: What kind of skills do you think?</td>
</tr>
<tr>
<td>00:04:56</td>
<td>Student 2: I think as far as addressing the patient.</td>
</tr>
<tr>
<td>00:05:01</td>
<td>Student 3 (male): I have another one.</td>
</tr>
<tr>
<td>00:05:02</td>
<td>Lead: Sure</td>
</tr>
<tr>
<td>00:05:03</td>
<td>Student 3 (male): I would say getting their pronouns correct is an important one as well.</td>
</tr>
<tr>
<td>00:05:09</td>
<td>Lead: Sure. For example?</td>
</tr>
<tr>
<td>00:05:11</td>
<td>Student 3 (male): Like them/they and she/he.</td>
</tr>
<tr>
<td>00:05:16</td>
<td>Lead: Perfect! And how would that look to you? As far as when you come in see a patent. How would you like to be addressed?</td>
</tr>
<tr>
<td>00:05:25</td>
<td>Student 4: A lot of times in the patient chart it will indicate non binary or that they have specific pronouns that indicate how they like to be addressed. So it is always good to ask at the moment to</td>
</tr>
<tr>
<td>Time</td>
<td>Transcript</td>
</tr>
<tr>
<td>-------</td>
<td>------------</td>
</tr>
</tbody>
</table>
| 00:05:38 | verify.  
Lead: That is very important and that is definitely a skill. Let’s say that there is no specific identification. What other skills do you think of? |
| 00:06:04 | Student 5 (male): What do you mean there is no specific identification? |
| 00:06:07 | Lead: Yes, like there is no indication of a pronoun. |
| 00:06:13 | Student 5: Like what would you ask them? |
| 00:06:16 | Lead: No, like aside from being addressed what else would you say? Or what else could you do? |
| 00:06:24 | Student: 6: Okay your name is displayed as this… but would you like to be called this or something else or is that good? |
| 00:06:30 | Lead: Yea, that’s good that great. Anything else? So do you think you’ve been prepared to work with transgender communities during your simulation lab experience? |
| 00:07:07 | Student 7: I feel like we touched on it a little bit in Fundamentals 1, but in terms of actual community no. I do not think that the populations we served in the Geriatric last semester prepared us. |
| 00:07:26 | Lead: Do you think if you were to go in right now and see a transgender patient in one of your scenarios that you would be prepared? |
| 00:07:34 | Student 8: No |
| 00:07:35 | Student 9: No |
| 00:07:35 | Lead: Okay, why do you say no? |
| 00:07:36 | Student 9: I feel like the most important part about treating a transgender patient is addressing how they want to be called or what their name is. It also depends on the assignment surgery because we wouldn’t know how to treat them. Because I am not really knowledgeable on that, I don’t really know if it works the same way if you got |
the surgery for it. Like if they didn’t get reassignment surgery I wouldn’t know how to treat them whether they are biologically male or female. Like issues in those areas, but if they got everything changed I wouldn’t know how to address it or treat it. Unless it was like a wound or something general, then I would know but if it’s something deeper then I wouldn’t know.

Student 8: I think we also have to keep in mind the medications that they might have to take like testosterone or more estrogen.

Lead: So then going on, is there anything else because I don’t want to take away from that because this is very good. Thank you very much. Is there anything else about being prepared? So what’s missing from this? You make good points but let’s add to that, right meds you mentioned KSAs… knowledge, skills, attitude, so that’s missing. What else is missing?

Student 10: I feel like evidence based studies, like we don’t have enough case studies, patient SIMS that are working with this vulnerable population. Therefore, how are we supposed to be adequate enough to treat them?

Student: 11: Or patient feedback, like to that care that we are giving them.

Lead: Great, I love it. Anything else? What would make you more confident about working with these particular individuals? What would make you more confident?

Student(s): Experience, more experience.

Lead: Exposure… experience. Your own experiential learning process. Where? Would you do it in clinical, where would you do it?

Student 13: Clinical.
Student: Along with exposure in the lectures too. When you talk about lectures, normally it’s like for certain things you learn about the female and male.
Lead: Right, you’re absolutely right. Aside from the evidence based, there is not a lot of theory. And there are some but it is certainly not a part of the design, the program design and make up of a lot of our very classes that you’re taking especially during this very fragile part of your time which is Sophomore 2. Excellent, thank you. So what’s your level of personal knowledge and exposure to transgender individuals? And this can be anything.

Student: Personally, I have had a pretty good exposure to these individuals because I work at UCSF and we at that specific facility we work in pediatrics so a good majority of patients I’ve seen are transgender so luckily with talking to them and being able to actually not understand fully their skills but knowing what I can do for them to make them feel more comfortable with their stakes. A lot of them are under the age of 18 and their parents may not refer to them by their correct pronouns. So with that I’ve been able to have more empathy and compassion knowing that there is a lot of change going on for them but there is a lot of change that isn’t accepted by most people so I guess understanding that has made me a lot more susceptible to understanding the vulnerability of the population as a whole. I feel like we hear a lot about them but never really understand how they feel, or what’s going on there, with the patient care that they get.

FG Lead: Right, especially in San Francisco, we should know that we’re taunting ourselves as a diverse and inclusive community especially here at USF. We don’t have a single scenario that deals with this type of community. So go ahead…

Student: I was just gonna say that in SF they have a street committed to transgender issues. I think it’s called Castro.

FG Lead: Anyone else? Have you had exposure?

Student: Not exactly because I don’t
<table>
<thead>
<tr>
<th>Time</th>
<th>Transcript</th>
</tr>
</thead>
<tbody>
<tr>
<td>00:13:09</td>
<td>have any friends or anyone in my social circle who is transgender. So I’ve never spoken one on one to someone like that. But I would like to but I’ve never run into one and had a conversation to better understand how they feel or dress. But I know on the basis that they are not really accepted in society. But I would like to know more if I do run into one.</td>
</tr>
<tr>
<td>00:13:14</td>
<td>Student: I would just say that I feel like some of the classes touch on it. But I feel that at least for me a lot of stuff that you’ve read online, like I’ve met a couple people here and there but a lot of it has just been like what I’m exposed to online and like what I’ve read in articles and stuff like that.</td>
</tr>
<tr>
<td>00:13:50</td>
<td>FG Lead: Wouldn’t it be wonderful to actually have hands on experience rather than something like an online experience. Especially for healthcare providers. But thank you for that. The last question is, what is your general attitude toward the transgender community and I know that you answered part of that which is great. Anybody else? What’s your general attitude?</td>
</tr>
<tr>
<td>00:14:10</td>
<td>Student: They’re just like us, all of them.</td>
</tr>
<tr>
<td>00:14:46</td>
<td>Student: I do have a personal friend who has undergone surgery and this is a dear friend of mine and I know that they’re just like your brother, your sister and that’s how I view them as.</td>
</tr>
<tr>
<td>00:14:50</td>
<td>FG Lead: It’s like even if we have it. How can we be an ally, right? It’s all about allyship. Right, and trying to make us better nurses. And health and doctors, we can train and orient a doctor who, I can almost guarantee you, has no experience at all in treating transgender patients. And I don’t mean that in a derogatory way it’s just evidence based. Just like some doctors don’t even have to take BLS but if you guys don’t what happens?</td>
</tr>
<tr>
<td>00:15:08</td>
<td>Student: I’ve actually had this situation happen before with an N.P. who did not have BLS certification and who has not taken a BLS course so I had to run a code and that was one of the most</td>
</tr>
</tbody>
</table>
terrifying moments of my life. Me along with two of the other ICU nurses ran that code and we were not in a hospital setting, we were in a vaccine clinic and it is not good.

FG Lead: So the question is patient safety and also about patient education. At the end of the day we are all human beings and what better place to do it than here. So that's kinda where I'm at on how this is going to move forward. Thank you so much.

<table>
<thead>
<tr>
<th>Time</th>
<th>Transcription</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>00:15:48</td>
<td>terrifying moments of my life. Me along with two of the other ICU nurses ran that code and we were not in a hospital setting, we were in a vaccine clinic and it is not good.</td>
<td></td>
</tr>
<tr>
<td>00:16:17</td>
<td>FG Lead: So the question is patient safety and also about patient education. At the end of the day we are all human beings and what better place to do it than here. So that's kinda where I'm at on how this is going to move forward. Thank you so much.</td>
<td></td>
</tr>
</tbody>
</table>

FG Lead: So right now what you are being handed is the consent forms and you are being handed interview focus group questions. I want you to keep these questions while we're asking them so you have it for your own reference. We do need the consent forms back. Again, my name is Genevieve Charbonneau, I am the Director of the Clinical Simulation labs here at Hilltop, where we are doing the interview. I’m also overseeing Orange County and the Sacramento campuses as well. This is the Sophomore 2 level class. I have JP my admin assistant, who will actually be observing as well. We are being recorded. Yes? So, my first question is this: do you think treating a transgender patient will require a specific set of skills?

Student: I don't think you need like a specific set of skills. I feel like when you meet a patient, you treat every single patient the same. You give them the same respect, you know the same care. I think the most important thing is just asking people like their pronouns and what they want to be called. And I feel like that is the main thing to like give your patients the respect that they want.

FG Lead: Thank you very much for that. Yes.
<table>
<thead>
<tr>
<th>Time</th>
<th>Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>00:01:32</td>
<td>Student: I agree with ____, but I do think there needs to be more education, like, every provider should be knowledgeable on like, but it's a very big big big problem, but I think everyone should be educated, so therefore they can be treated. FG Lead: Thank you.</td>
</tr>
<tr>
<td>00:01:52</td>
<td>Student: Just to expand upon that, that was going to be my thing too. I think that we just need more knowledge of it. To at least have a basic understanding of what they may be going through, at least in terms of medical-wise how maybe that does affect people but um I definitely think more knowledge on what they are going through even kind of like society-wise so then we can get a better understanding of how to like approach certain topics and how to talk with them and how to treat them in regards to stuff they are already going through along with it. I think that may also help in like going to read data, for whatever reason they are going in and it could be helpful to know &quot;oh well, if this person is taking testosterone you can do these results and that's why this may be skewed&quot; I think just more knowledge of medical side and more of the emotional/mental side to that would be really helpful in treating a transgender patient.</td>
</tr>
<tr>
<td>00:02:49</td>
<td>FG Lead: thank you. Anybody else?</td>
</tr>
<tr>
<td>00:02:52</td>
<td>Student: I definitely agree with everything that everyone has said. I think that part of it is cultural competence, like being able to know, you know, to ask for pronouns and alot of transgender care isn't just medical, it can also be just connecting on a personal level. So i do think education is really important for that. For all healthcare providers.</td>
</tr>
<tr>
<td>00:03:08</td>
<td>FG Lead: So what are we kind of touched a little bit on this? As far as skills? We've talked about knowledge? Right, I think I've heard mental. Right, I've heard a dressing with pronouns, I think. I've also heard that now, you know, the training doesn't need to be different. But yet, it does a little bit in the sense that with regards to gender.</td>
</tr>
</tbody>
</table>
reassignment, if someone comes in and they have a specific name on their orders, because it was based off of their what their birth certificate, right, I think, knowing what what they'd like to be addressed at is very important, especially when it reads differently on the, on the patient information on the more, if you will. And so that leads me into my second question, what what kinds of skills, which you've touched on, are needed in order to help this specific community? Or be allies for this specific didn't? Maybe it doesn't, I'm using the wrong word help. Support, I think would be a better word. So what kinds of skills do you think? Yes,

student:like you said, this education. But like, also having resources and connections available, like how they do for like content, like that, but like for as well as, like for what they need.

FG Lead: So let's elaborate more on that. So when you say resources, you're saying Good. Let's talk about more about what do you mean by that, like, specific counselors that are educated counselor ways they can access what they need, like their hormones or, you know, ways to go around, not getting it free, but like getting a free group insurance or things like that we're there to set up a nice path. Sorry, that's okay. No, no, I love it. So my, my mouth, what else?

Student:I was gonna say like a big thing too tough like resources, like knowing a good referral system if patients want to seek medical transition, such as HRT, or getting, you know, gender confirmation surgery. So it's also really

FG Lead:like, Where do you go? Right? Because right now, even doctors have no, let's take it back even before that, when you're even doing a head to toe assessment, head to toe assessment. Just put, if you were to go in right now, it's not going to happen, because we don't have it. But if you are going right
now, and you are faced with this, invoke this type of community or this type of individual, what skills are needed at that very moment? When you come in contact, direct contact with them at a hospital? Prior to you even being a nurse, what do you mean? Yes,

Student: I think just overall, you have to be open minded and compassionate. Try not to make them feel like they're any different. Or I just would try not to draw any attention to it. Just make them feel as comfortable as possible. It's not like you said something that we learned in school, but more just having like compassion, and making them feel comfortable,

Student: maybe more textbook things. There's a lot of things missing from textbooks.

FG Lead: Right. So what's your name? Laura? Laura? Excellent. Right. We don't have this and you don't learn this in theory. Right. But then you said, What's your name? Jasmine said,

Student: there's, like, there's a lot of things. Especially. And like in regards to, like, a lot of our textbooks don't have a separate topic for like, how to care for people with different skin types and things like transgender community goes up. You're

FG Lead: absolutely right. And more specifically, it's evidence based. I've done my research, I'm writing my dissertation on this, that even doctors who go to medical school are very uncomfortable dealing with transgender patients. Why? Because they were not properly trained on this type of community, because in fact, there are probably a lot of health coaching
techniques that need to be acquired. And you need to be properly trained on iPad. But where do you find them? If they're not in textbooks? Or they're not being taught in theory? Or they're not being? You're not being trained? Yes,

Student: yes, I think like having it on textbooks, it's important, but I think it's also very much like the individual, like the interaction that you're having with the patient, like, just because one thing applies to one patient does not mean that would apply to all patients. So I think it's a very individualistic thing to you can't apply the same information to everyone.

FG Lead: That's, that's true. So what are you suggesting?

Student: Just to get to know the patient? So if you see, like you said, like, head to toe, we are assessing like, you know, if they're distressed, like ask them, you know, how they're feeling, you know, not just like physical wise, like, how are they mentally as well? I think that could help with the patient nurse interaction. Yeah.

Thank you very much for that. Yes.

Student: Sorry. Just to refer back to how you ever been find that information. I think a big thing would be collaborating with the community, because they know they're going through, they know where to go.

FG Lead: So I'm here collaborating. I'm hearing even though you may have specific tools in your wheelhouse, right, basic, what we treat patients with every day, it'd be very helpful to treat each individual differently because of their individual needs, if you will. Thank you. So do you see Oh, sorry, go ahead. Sorry. No, no, I believe
that it might end up being one of these two. I think just on top of like learning the basic knowledge. I think it's more just like having like, allowing us to have this kind of interaction. So how You know, a SIM, so then we can like, learn what that interaction may still be like to see get those kinks out or whatever. Just so we can get familiar with it. Because I think even in the doctor setting, like you said, it's just because even I know for me, like I read a textbook, that doesn't always mean it's going to translate the same when I'm going to actually do it. So I just think like getting experience with that community, and other communities like jazz talked about earlier, I was gonna say to the minorities, we don't see that in textbooks, either. It is things like getting to actually experience those things, and on different people is at the end of the day, like one of the most beneficial things in my opinion.

FG Lead: I totally agree. I think that's awesome. And and it's isn't it? Interesting that Where are we? We're in San Francisco. Yeah. And we're sitting here talking about this in an in a safe space, first of all, but active academic program design that supposed to be what? diverse, inclusive, but yet, we're not seeing yet. And that's a big issue, I think, as far as what we are providing, especially our nurses, right, like, this should be an expectation, we see it all the time. But yet, what are we doing in order to help support and be allies for this particular community? Right now? I can honestly say here, you could see it with nurses already, that are in the DNP program, but not prior to that. I'm trying to be very specific about undergrad, our pre licensure, if you will. So it's very different. Right? The argument is not if you're going to be exposed to it's one you're exposed to it. Sorry, sorry. That's excellent. So do you think you've been
prepared to work with transgender community, the transgender community during your simulation lab experience? So there's no there's not enough? No, no, I'm sorry, not nodding heads are shaking. No, go ahead.

Student: I feel like we mean, we haven't done simulation lab. So we really haven't like experienced anything yet. But I feel like when it comes to the community, I don't think we have, like, any way of like experiencing, it's not an attack, like everybody said, it's not a textbook, little hospital, like it's more experienced base, but I feel like because we do have this community to kind of just have the like, in because everything we do with around patient centered care, right. So every patient is different, everyone you encounter is going to be different, or you have to find different ways to kind of accommodate to every single person. That's exactly I feel like without the experience, like going into the hospital, and you do meet someone who's like from the transgender community, I feel like some things will be, like harder for you to, like, for example, like a head to toe assessment for someone who might be what's the word? I'm sorry, I probably feel like they might not be comfortable with their body. And you have to do this head to toe assessment, like, how can you make them more comfortable? What can you say? What do you not think? And I feel like that's like something that we just don't learn.

FG Lead: Right? I totally agree. So this is this, at the end of the day, I think this is what you're saying. I'm paraphrasing, what you're saying is, at the end of the day, you can get through in a head to toe assessment. Right, specifically with the transgender pay, you'll get through it. But what could you have done better? That's what you always want to say regardless, by the way, what type of patient you are
dealing with, are being exposed to at the end of the day, what you really want to say is, what could I have done better? Right. And that's based off of Kolb's theory, which is why you're here by the way, simulation is evidence based, and it's based off of taking a concept, something very concrete, running a scenario, learning from that, and then applying it to your real life setting. Because you are after all becoming practitioners, it's very important to understand that kind of circle. And that's exactly what I'm saying is maybe you've been you haven't had an experience yet. And if you don't have this type of experience, would this make you a more better or a nurse if you don't have that experience? Then if you would have Does that make sense? So thank you, please, any Anybody else?

Student: It's more like I think right now for we just touched on it last semester, like you watched a couple videos. What kind of videos were they? It was like a documentary right?

14:57
It was like required. It was I was shocked. I was

very, like, last minute type of thing. I think, what was the video on?

was like past history and like, I forget, I watched

you were not taught much of Oh, we weren't really taught about it at all, I think in the class because they the professor said we didn't have enough time to go through that specific lesson, I think. Sure. So we kind of skipped over that. And, yeah, it was optional. It was optional.
Okay, more important to these, like, satisfied for specific topics.

Yeah. variety. I feel like we're always just given like, kinda like the general the normal, like, you know, white male, white female. occasion, occasionally, we'll get someone of like, a minority, but it's mostly based off of like, white, male, female, there's nothing in between. And why do you think that is? I feel like because, like, because it kind of started that way. So they kind of just, you know, they're like, let's keep it this way. But it's like, as the world changing, like, we're evolving every single day, I feel like you're gonna have different, you know, minority to different communities that you have to accommodate. So if we don't get that experience, and while we're in school, once we're on the job, it's just, it's even harder,

FG Lead: right? I would agree. Yes, sorry. That's okay. No, don't say sorry. Never know, even in

like those generalized communities, minorities, transgenders, and so forth. There's even smaller communities within those communities. Yeah. So it's just like, because I feel like whenever I know about transgender people in the community, it's like what I've learned on my own, and like, having friends, and like, googling and watching videos, and things by the school specifically, is

FG Lead: how many? Thank you. Yeah, just one more thing I wanted to, like, touch on is like, I think we're talking mostly about doubles. But I would like like information on kids to like, kids, cuz early on some of them, you know, question and like, even if they're not necessarily going to transition, or whatever it may be, I think, like, getting to have like, those resources, and like, knowing how to interact with kids that
want to transition, or however they may feel just having them understand of like, how to how to like, I don't know, I guess, reply or respond in those kind of situations and to give resources to the parents, you know, to so that the parents can have an understanding of what their kid may be going through and seeing what the kid you know, I think that would be really helpful.

FG Lead: Excellent. Thank you. Did you have something to say I'm sorry.

I have just one more sure. Back to like, the head to toe for the head to toe they, they do require us to be to like ask for pronouns. But I feel like, you know, I feel like they just put that in just to kind of, okay, like you asked you, you're being all inclusive and everything, but I feel like sometimes, like, I feel like there should be, you know, a little bit more of like, specific questions, or maybe like, something you could do differently to accommodate to that position, because like everything they teach them, like, you know, not every patient's the same, but they don't teach us how do I like, you know, accommodate to this other picture? If I'm giving like a different patient? How do we deal with that? Right? It's like, we just learned, you know, male, female, and white, mainly. So it's like entering the hospital, you get different things, and we're not right. Or like non white. I mean, that's it, right? This specific nationality. Right. Right.

speed, like the gray area, they just push it up. Right? Very black and white, right? Like the world is.

Right. Thank you. And that's kind of what is missing. Right? That's, that's what you are alluding to is there's there's the accommodation is very surface. And
when you were talking about earlier, I just want you to know there is a word for that. It's called subcultures. There's cultures and then there's subcultures within those cultures. And even though you're learning and thinking the same, that subcultures have different ideas, as well, you see different narratives of whether it's the Hispanic community, the Filipino community, the Muslim community is very, we're all thinking pretty much the same, but we have subcultures, or we all are speaking the same language, but we have subcultures. So that is a whole. There's a whole class about that, by the way. So thank you.

What else do you think is missing?

But on top of the transgender community are like within that community within the transgender community, and it's and what your needs are as far as health care providers, and what's what's needed in order to be more successful in those types of simulation scenarios, actual real life settings in the clinical setting,

I was just, I was watching the Foley catheter video on the skills lab media yesterday, and I didn't notice that we refer to them and again, so it's like female and male patients, depending on their Natal anatomy. And I thought that might be a little bit a little bit problematic into a real life setting. Because, you know, there are people who have different who are not men or women who have, you know, different anatomy. So that's something that I'm wanting.

FG Lead Yeah, that is great. Excellent. So what would you suggest?
I was thinking about it? And I feel like from a personal level, I don't have enough clinical knowledge to be like, this is something that should be changed, because I don't know that terminology enough, personally, right.

FG Lead: I wonder, and I'm just, that's a great point is do they have trans transitioning? genitalia? Like, is there a specific type that you can put put in, for specific patients of that community so that we can do a pattern, we can come up with?

A theory like, I know, you know, like, I'm transgender, and I'm, like, have pursued medical transition myself and haven't gotten the bottom surgery, but a lot of people in my community have. And a lot of people they, although they do, you know, they have undergo different procedures that doesn't have a specific anatomy the way that it?

Interviewer: Yeah, it's very complicated our body is or somebody who knows somebody who is transitioning,

or may should be have the same access to kids.

I agree. I agree, thank you,

I think whatever thing to, like, kind of hit on that. I think also getting like experience or like learning with the different pronouns, because there's not just, you know, she and him, like, there's also the Z. If I'm bribe them, there's some people that are like going kind of with the no pronouns kind of thing. So I think like, even doing that in the simulation, whether it's male or female anatomy, or it's in between, I think, getting comfortable with using those pronouns,
Student: I do agree with Kelsey, I feel like, you know, if you're not exposed to it, you're just not going to know that we learned from a really young age to her. We've always learned that. So I feel like, we know other pronoun, because you never want your patient to be uncalled for, never want them to feel any type of way. Because you know, you're not using the pronouns or you're not seeing something correctly, you always want it to be like a safe space for them. So I feel like learning more about pronoun like me my, like myself, like, I really don't know, like, a lot of different pronouns. Like, I know, she has her and all that. But it's like, the other day that I'm like, how do I use the one? for meetings? I feel like that's the big thing. Like we have to be taught that. So when we are in that scenario, you know, I don't call someone who goes by the that and as, like I see are very good.

FG Lead: Thank you. So what would make you more confident about working with transgender patients? I think we've touched on it. I think we've touched on a lot of it, but is there anything specific that would really make you more confident?

Oh, I was just going to say, I think having professors kind of give importance to the subject to rather than just having students, you know, educate themselves, and it's like, we can't just educate ourselves through like online resources. I will Yeah. So it will be I think, helpful if our instructors also emphasize on the importance
of it. Because even though like it may seem the transgender community cemetery to like, are starting out it's been around for like, a really long time. So it's just like, respecting that like many history and like his things like that. Because everything we say, and even more like oh, I think going off of what to do. was saying before about the Americans, that's actually something I didn't really think about. But I feel like having mannequins that, you know, because the genitalia is different, not being exposed to it now, and then you're just exposed to it in the workplace, you're not going to, like know what to do. I feel like getting mannequins that are, like from that, you're getting managed in the arbitrary way. And we've helped a lot because you know us differently and do things a lot differently than just doing it on like the regular.

I was just, I just have like a few things in my head. And I think just like, learning some tidbits on like, how to create that safe space atmosphere for those people. I have a friend last week, like, he got cornered, he's in the process of transitioning right now. But he like, got chased for two blocks by some boys and then got cornered, because he was like, dressed in all girl clothes, and they were trying to make fun of him. And I just think like, learning how to help people like in and out of uniform in those situations, and like understanding what they go through, like, on like, more than just in a medical setting, like understanding that there is a lot that they can go through. There's a lot of bullying still involved. You know, not everyone is so accepting of this community, unfortunately. So I think having resources for them to use psychiatrics and counselors, and it's patient education. Totally. Yeah. And so I do have to end it pretty soon, I would
love to talk about this with you more, because it's obviously my passion, I'm writing my dissertation on this entire subject. And at the end of the day, it's really here to, to kind of make aware as an ally of this particular community that it's much needed. On top of other things, I'm not saying I'm very specific in what my intentions are. And it's, it's, it's really, in my opinion, to better the establishment, like I had said earlier, but also, as a form of training that's really neat has been needed for decades. And so why are we not able to accommodate this type of community? And so we will hopefully, you'll be you'll be seeing these sorts of scenarios when you become juniors hopefully, that's not what my studies on right now. It's based on the need, is there a need for this type of community? That's really what my research question is. And why is there such a need? Yes. So I think you I think my time is up. Am I right? Or, and so I if you have any questions with regards to this and would like to talk about I'm available, you can contact me directly only with this specific subject, everything else goes through your instructor I am very happy to discuss this with you. But thank you so much for your time. I appreciate it.

N275 Group 3 9/3 am

<table>
<thead>
<tr>
<th>Time:</th>
<th>Transcription</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>00:00:01</td>
<td>FG Lead: Is this something by chance? Okay. I'll ask you in a bit, but I just need to know about the transcription and how it's being transcribed. Because there's a software that I was told to use yesterday. Okay, so just let me know when you're ready, because right now, no, I'm going to sit and I'm going to ask you, and then you're going to be recorded. And I want you to hold on to these questions for yourself. So that you have them for future use, as well as a group collectively you can ask if it's a group interview. Okay,</td>
<td></td>
</tr>
</tbody>
</table>
exactly. Okay. Are we ready? So before we get started, I'd like to introduce myself again, I'm Genevieve Charbonneau and my pronouns are she, her and hers. And so if everybody could just go around and identify and let me know who you are, that would be great. So why don't we start with you?

Speaker 1
I'm Luca. My pronouns are she.

FG Lead
Thank you.

Speaker 2
Hi, I'm Mina and I'm she, her, hers.

FG Lead
Thank you.

Speaker 3
Hi, Maddie. She, her, hers.

Speaker 4
Her hers are how it goes.

Speaker 5
Hi, I'm Caitlin. She her hers are my preferred pronouns.

Speaker 6
Hi, Jessica. She her hers.

Speaker 7
Hi, Megan, She, her, hers.

FG Lead
Thank you.

Unknown Speaker
Elise. She, her, hers.

FG Lead
Thank you. Okay, so anybody can answer. It's an option. I'm not going to go around the room. Just speak up whenever you'd like. Do you think treating a transgender patient will require a specific set of skills? Do you think treating a transgender patient will require a specific set of skills?

Speaker
Yeah, I think so. I think, yeah. Okay,
<table>
<thead>
<tr>
<th>Time</th>
<th>Speaker</th>
</tr>
</thead>
</table>
| 00:01:57 | FG Lead
Why? What do you think those skills are going to be, |
|        | Speaker                                           |
|        | I guess it just depends on how far they are in their transition. Also, just like their pronouns, as well, like, we can come in and see a patient and not know if they are transitioning. So we need to be cautious of that. Because we want to establish trust, and comfort. And so I think a questionnaire would be really good. And then just, you know, when you assess a person, and you know, like, a lot, this is new to some people. So I think that having a skills lab or having a questionnaire, and then also having, like, someone come in and tell us how to approach or how to speak to someone will really help us, because I don't think it's new. And I've never had an experience in a hospital setting with a transgender person. So that's going to look different from someone who's not transgender. |
| 00:02:02 | Unknown Speaker
And like Sarah said, it's new. So I think, also, like, we don't want to offend, like saying something, probably we don't mean to, but we know the skill set and we are more like, you know, not like fencing, saying something like you're not supposed to, definitely, or something will be more appropriate. |
| 00:02:54 | FG Lead
Okay, anybody else? I think I saw some hands up. What kind of skills do you think would help? |
| 00:03:12 | Speaker                                           |
|        | Maybe just like a better tone when addressing a patient that might be a little transgender, because even if you're meeting a patient for the first time, and you're unsure what their pronoun is, just not just having a good tone when addressing them? You know? Yeah, I agree. |
| 00:03:22 | FG Lead                                           |
|        | I agree. Yeah, that's wonderful. It's a great perspective. Thank you, |
| 00:03:37 | Speaker                                           |
I think also I mean, in nursing in general, we should never assume but it's Yes, question. Yes.

Speaker
Also, when we go into a room, and we introduce ourselves before we like, I mean, when we ask like, Oh, what is your name? And we can say, but like, after that, too, like, what are your preferred pronouns exam that like how like to be on Would you like to be dry?

FG Lead
Right? Because sometimes when you look in the more, you know, or the electronic, there are electronic health records, by birth, that's what they're, they're given. Right. And that's what they that's what their original identity is. And so sometimes that's not even effective. Right. And so, I think that's a great idea, actually, being respectful, and asking the individual what they would like to be referred to. Isn't it interesting that we're talking right now in this day and age. And we are in a space where we're, we claim that we are diverse, you know, at least works in a very diverse facility. And we're supposed to be inclusive, but yet we've never had scenarios in simulation. That refer to this. And it's right here in our own backyard. And we don't even know. And it's evidence based. This is not me saying this evidence base that doctors are so uncomfortable with addressing our transgender patients, because they haven't been properly trained. Why do you think that is for nursing students pre licensor nursing students? in particular?

FG Lead
Why do you think that doctors haven't been trained? Or or and you haven't been tracking? Just because it's new. And like, it's something that just developed like being reassigned? Yeah, I think there's a new smell. No, it's not. Yeah, we've we've been

Speaker
years ago feeling. I feel like now it's just more accepted. process right now, that's different around for me, it's advanced a lot.

Unknown Speaker
But yeah, exactly. No training,
Unknown Speaker
we get training to deal to talk to people
with excess weight. We're not allowed to
say stuff.

Unknown Speaker
But you're not allowed to say obesity.

Unknown Speaker
Where I used to work, but we got training
for that. You know, because clearly,
there's a lot of right. You know, bias
towards course of excess weight, but
never have never received anywhere.

Nearly Yeah, to training. And you kind of
go in and you're like, you feel like almost
or tap dancing around the issue.

FG Lead
Yeah, it's uncomfortable trying to be in a
comfortable situation, right, when it's so
uncomfortable. The excellent answers.
But I and I'm not asking for I don't have
the answers to tell you the truth. But I
can tell you that it's having, you know,
binary or non binary identities. And by
the way, it's not sexual orientation that
we're talking about. This is not the LGBT
Q, though, that sexual orientation. So this
is identity identity, this has to do with
identity. And so it's important for us to
understand that as we move forward, but
how, how do we move forward when
we're not even given the right tools?
Right, how can we even go and move
forward with something that, by the way,
has been 100, hundreds of years present
for hundreds of years, by the way? And
so thank you for that. So do you think
you have been prepared to work with the
transgender community during? And you
may or may not? Because this is your
first lab experience? or just in general,
your experience?

Speaker
I think it's Yeah, now just like, yeah.
Awareness.

Speaker
Not from school or anything, just not
prepared from like, especially me, like
from school. No, I'm not prepared. But
yeah, like from like, experience, like, I
just know, from awareness like, yeah, I
<table>
<thead>
<tr>
<th>Time</th>
<th>Transcription</th>
</tr>
</thead>
<tbody>
<tr>
<td>00:07:51</td>
<td>need to, like, take this, like, precautionary approach when I'm coming to my patients.</td>
</tr>
<tr>
<td></td>
<td>Unknown Speaker</td>
</tr>
<tr>
<td></td>
<td>Okay, I feel like if I walked into a room, and like, I knew my patient was transgender, I would get like anxiety. Because I wouldn't I wouldn't know if I did. I don't know, I would</td>
</tr>
<tr>
<td>00:08:07</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unknown Speaker</td>
</tr>
<tr>
<td></td>
<td>go different. Right? I would go back out and talk to my car. registered nurses, I how do I like, What do I do? Right? Yeah. Not like, What do I do? I don't want that assembly. But like, how do I take care of this patient? approach, right? lack of education, lack of a route or lack of like, clinical experience right now. Like, we have experienced, like people</td>
</tr>
<tr>
<td>00:08:15</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unknown Speaker</td>
</tr>
<tr>
<td></td>
<td>who already get that from? If you're, if you wanted more of this here. We're here here in gold. It has to be school,</td>
</tr>
<tr>
<td>00:08:39</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unknown Speaker</td>
</tr>
<tr>
<td></td>
<td>right? Do you even like to the phrasing of our case study questions? Read it. We have a 65 year old trans male patient, then yeah, that's true, would be able to apply that knowledge in a more,</td>
</tr>
<tr>
<td>00:08:48</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unknown Speaker</td>
</tr>
<tr>
<td></td>
<td>right? But then even more Caitlyn, right is Caitlyn. Like, how would even before that? You still need to know how to help coach. Right? And so where is that? Maybe it's in? Maybe it's in theory? I don't think in theory. Do you remember when you were pre licensor? I'm not talking after you become a nurse. Because then the DNP program. There's a lot of I want to get people and I want them to get dad prior to them becoming nurses, if there was a need for that. And so I was gonna ask you.</td>
</tr>
<tr>
<td>00:09:02</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unknown Speaker</td>
</tr>
<tr>
<td></td>
<td>I mean, no. Are you having a crucial conversation? No, never. I think when I was and that's hard to do. But it takes practice to be able to initiate a Yeah, a conversation like that. I think that's great that you will be incorporating or thinking</td>
</tr>
<tr>
<td>00:09:36</td>
<td></td>
</tr>
</tbody>
</table>
about incorporating simulation is you get that scope of practice? Yeah. You don't get it. Some people have this innate ability to just connect with people exactly in a conversation but sensitive issues you need practice.

Unknown Speaker
I think that's true. And I think that it's also evidence based that there is not a lot of theory. In these textbooks, why do you think that is?

Unknown Speaker
Megan said it earlier about being accepted. Like, you know, when I was in high school, like, people were scared to say that they were lesbian or gay or come out. So like, that's still new people are becoming comfortable, because it's more accepting. I think it's the same thing with that, because a lot of people don't understand that, like you said, sexual orientation, and identity is different. So when someone feels like an identity shift, how do you come about that?

Unknown Speaker
needs to be a very sensitive topic.

Unknown Speaker
I think you're at all touching on what we all see, but maybe we cannot name which is these the the content that you are reading? A lot of that? Who's written that? Where's that narrative from? Do you know? Probably male?

Unknown Speaker
Yeah, like probably like white men? white male?

Unknown Speaker
Yeah, like privileged, male, right, that are just kind of trickling down, right. So

Unknown Speaker
probably go ahead, like their families, from

Unknown Speaker
their families for generations of generations of this is what it's about. This is why we educate. And I'm just taking a small little at the end of a sentence here. There's a there's a
plethora of things, but I am specifically
talking about this community, and why it
may or may not be prevalent. Right?
And, again, thinking about the San
Francisco Bay Area, what a shame.
Yeah,

Unknown Speaker
you found your knowledge gap.

Unknown Speaker
knowledge gap is very importa
nt. As far
as how and that's my role, right. That's
my job to make sure that we are allies,
towards this specific community, but
future communities, as well. This is what
I'm finding to be very, very lacking. Yes,

Unknown Speaker
I'm curious, was there a situation that
like, triggered you to want to kind of
pursue this?

Unknown Speaker
Um, yeah, I think it's, it's being here after
several years, I've seen the same
scenarios, like, we know what's going to
happen. The all of us that have taught
the least has taught here longer than me.
We know what's going to happen. We
know the situation. And it's been the
same content experts that are probably
straight. And if they aren't LGBTQ, they
are not to what they are not transgender.
We, if you notice, in a lot of our
scenarios, the mannequins are all white
skin, we have different so there's there
needs to be a shift. I don't know
somebody said it, and I'm not quite sure.
That's a great word. And just as a
program evaluator, I'm noticing my pre
licensure students there. And we've seen
a couple of 1000 that there is a shift
here, and it needs to be inclusive. And so
this was a gap analysis that I needed to
kind of reflect upon, but thank you for
that question. So my question my it's
number six, what would make more
confident make you more confident about
working with transgender patients?

Unknown Speaker
I think having training and experience
and similar skills, training experience,
given scenarios that we may come
across, okay. And then just more
<table>
<thead>
<tr>
<th>Time</th>
<th>Unknown Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>00:13:49</td>
<td>education in our theory classes for</td>
</tr>
<tr>
<td></td>
<td>theory classes. Yep.</td>
</tr>
<tr>
<td>00:14:01</td>
<td>I think last semester in our clinical like our head to toe check offs, it's an ask</td>
</tr>
<tr>
<td></td>
<td>like, you go into your patients room and you don't even say to ask your patients</td>
</tr>
<tr>
<td></td>
<td>pronoun. Our clinical instructor actually was the one that was incorporated that</td>
</tr>
<tr>
<td>00:14:06</td>
<td>Yeah, who was your clinical instructor?</td>
</tr>
<tr>
<td></td>
<td>Laurie Garcia, Andrew? Yes. We love her. I miss her. She's teaching theory now.</td>
</tr>
<tr>
<td></td>
<td>I think. Here. Yeah, she's just not doing sophomore one. So you may see her</td>
</tr>
<tr>
<td></td>
<td>Oh, yeah. Yeah. So she's, yeah, she's great. She's been around and she's love</td>
</tr>
<tr>
<td></td>
<td>her. Yes. But, so that's what you're saying is that, you know, there needs to</td>
</tr>
<tr>
<td></td>
<td>be making you more confident is I'm hearing you know, having it introduced and</td>
</tr>
<tr>
<td></td>
<td>maybe perhaps theory itself. Of course in and skills lab as well, right?</td>
</tr>
<tr>
<td></td>
<td>Because the genitalia and there may be a transgender patient who is going from</td>
</tr>
<tr>
<td></td>
<td>trans to what is the word? I'm looking for reassignment, transgender reassignment.</td>
</tr>
<tr>
<td></td>
<td>Thank you, I lost it. And so how do you deal with those types of situations,</td>
</tr>
<tr>
<td></td>
<td>because not all are doing the reassignment. So you have to be very, some are</td>
</tr>
<tr>
<td></td>
<td>coming in for mental issues, some are coming in for drug issues. Some are, there's</td>
</tr>
<tr>
<td></td>
<td>a lot that's going on. So, it's very interesting to hear, like, okay, that that's</td>
</tr>
<tr>
<td></td>
<td>good, but everything that you're learning in theory, and that you may or may not</td>
</tr>
<tr>
<td></td>
<td>be practicing in skills you need to apply here. And so I don't want to lecture</td>
</tr>
<tr>
<td></td>
<td>but that's kind of how that that kind of works. So what is your level? What is</td>
</tr>
<tr>
<td></td>
<td>your level of personal knowledge, and exposure to transgender individuals?</td>
</tr>
<tr>
<td>00:14:21</td>
<td>I'm not gonna speak for everybody. But for me, it's very, like baseline, I don't</td>
</tr>
<tr>
<td></td>
<td>know a lot, but I'm very open to like learning more. And I think that it needs to</td>
</tr>
<tr>
<td></td>
<td>be incorporated into curriculum. And I think it needs to be, you know, talked</td>
</tr>
</tbody>
</table>
about more in education, because like, when we go into a clinical setting, and we do come across a patient like this, like I, I can call and say, I don't think I wouldn't know what to do honestly, like syrup thing earlier. So yeah, my personal life is very, like, baseline very surface level, and I don't know a lot. Okay, as much as I think I should know.

Unknown Speaker
Thank you. And I, I up with Maddie, like, I also don't have much, especially coming from different countries and different culture, because I'm from Bangladesh. So in our country, actually, they don't talk about it at all. Until now, right? So for me, I think it'd be really helpful if I get that training, and I'm open to learn more about it.

Unknown Speaker
Thank you very much. And then exposure, I don't know anyone personally, who has had a gender reassignment. But when I had my Instagram, like I followed a lot of like, influencers who have, have had that reassignment like from male to female. So like, and they share their story. So like, it's given me an understanding of like, what they've been through. So I thought the all of the knowledge I have is from like, their story. Yeah. And like documentaries that I've watched, like with my cousins, but that's as far as exposure. That's it. I personally don't know anyone, but like from social media and like watching documentaries, that's all I know. I don't know anything. Anybody else?

Unknown Speaker
I had one. When I was taking micro, I have I made one really good friend. And they are going to UCSF now for the Masters nursing program. But it took me a long time. Making the mistake of saying he before I finally was like vai like Max, like they the but it took like a long time. Because they subconsciously it's ingrained to kind of just like, seriously, and I kept talking to my other classmates and being like, Oh, you know, he and then I think it was really hard. Yes. Because it's a new exam.
Unknown Speaker

And I think that they realize that too, they are the most understanding when it comes to that. But they also are very happy. Not all individuals, but they are for the general consensus. What I've understood is that, that we're trying, we're they automatically know we're allies, versus I refuse to call this individual what they want to be right. versus what's on their birth certificate. Yeah, so that's a very good point. Thank you very much for that.

Unknown Speaker

I also had a similar experience. You do have fun when I went to state her to come in here.

Unknown Speaker

Sorry. She was like my stomachs growling.

Unknown Speaker

Not had a break. Now.

Unknown Speaker

Are you at the dentist's office? Is like right next to you and you're like, Okay. I get so embarrassed. I know. Talking. Okay.

Unknown Speaker

Um, yeah, so I also had a friend when I went to state prior to coming here, and I was with them and a lot of my classes all throughout freshmen to Junior year because they were in dietetics. And I was in nursing. So a lot of our prereq's were the same, right? Sure. And we got close through that. And so I got to experience watching them transition from he today to she. And I felt like that was, it was a really great experience. And even though I can't apply it in a clinical setting, really, and my knowledge of the transgender community in a clinical setting is very baseline like Maddie and Mina were saying, right? But just being able to experience that and, you know, I would have my hiccups to have she or or no, how is he? Yeah, and I don't know, it just it was a very comforting experience. It allowed me to get more comfortable with
the idea not that I’m uncomfortable with it, but just getting used to the idea of it.

Unknown Speaker
That is a good point. Because at the same time, Is it this? It’s this metamorphosis, right there as you’re adding the Yeah, right there, you’re kind of transitioning with them, if you will. And so I think that’s why they are very, okay with it, you know, because this is if your true friend, or this is what I this is, this is what they’re seeing. And so I think, whatever part that you’re in, when you are a patient, that knowing that your healthcare provider is right there, even in that little thought, that, at, the end of a sentence is meaningful, believe it or not, to some individuals. And so thank you for that. What is your general attitude? What is your general attitude? and be honest, this is we’re not judging my What is your general attitude towards the transgender community?

Unknown Speaker
finds very open, I just like want me people to feel safe and comfortable with us. Because like, we’re, like you said allies. And I feel like when you go into, I mean, I want to speak for everyone, either just because people grow up differently and have different beliefs and ideologies. And also like Luca said, and from different cultures. But I just think that like, I don’t know, in our, like, era, we are very open and receptive to it. Because like, we’re kind of growing up with it. But yeah, I just want people to feel like comfortable enough to talk to me and like, feel safe. I think that’s our main concern as nurses, like we always want someone to feel safe. Right? I agree. I agree.

Unknown Speaker
I also want it because we are running out of time, I just want to leave you with this. There are generational gaps here, right. And so when you’re going to be working with different types of nurses, and doctors, and OTS and pts, and housekeeping, and whoever it is, and they may not be on the same, like wavelength wavelength issue with regards to your openness with because of their perspectives. And so what I want
to leave you with is, what would that conversation be like, when you have it? It's not if it's going to be one, okay? Because it's just that's how the healthcare field is, there's just so many different generations that you will be coming in contact with. And so I really am challenging you moving forward to think about it now. Like what is that conversation going to look like when you come in contact with this individual who may or may not be in absolute agreement with how you feel regards to being an ally or openness to transgender individuals. So that's, that's what I'd like to leave you with. Thank you very much. Elise. Thank you so much. I appreciate the time and hopefully I will see you then.

N275 Group 4 9/3 pm 00:23:53

<table>
<thead>
<tr>
<th>Time:</th>
<th>Transcription</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>00:00:00</td>
<td>Unknown Speaker Good. So welcome, by the way to your first simulation, right, your experience you had skills today with? How was it? What did you learn? care? Did you see more bucks? Yeah, those are really expensive. The See More button? Yeah, they're over to somewhere to $300 Yeah. So when you're using it, just keep that in mind. Like, you know, you guys are legacy you're leaving things behind, like, just FYI, you're not going anywhere, this is simulations gonna be with you till you graduate. So, get acclimated to it, kind of get used to it, get the get that anxiety out. while you can. It's very normal to do that and feel that. But just know that we're here to support you. That's supposed to be a safe place. Elise has been doing this a long time.</td>
<td></td>
</tr>
</tbody>
</table>
Actually, she was doing before I came and I've been here eight plus years, she laughed, and then she came back, which is great. So you're, you're in good hands. So just keep that in mind, I just want you to know that we're not here to preview we're not here to let's see what they can do wrong or make fun of you nor your colleagues here for that your this is your cohort support each other. And I heed my advice on this. I've been doing this a while. heed my advice, support each other. Don't don't, you know, talk behind each other's backs Don't make fun of each other. Unless, of course, it's ingested, you know, that's okay. But I do not tolerate bullying. I do not tolerate bullying is very, very, very rampant in the nursing world. And I believe it starts here. So I am actually writing an article on that. So please, let's not let's let's support each other. You know, I heard some clapping, you know, after each scenario, that's great. But it's also important to have constructive criticism. That's why you're here. That's how you learn. So take that constructive criticism, and really listen to your peers. If they're concerned about patient safety, because you did something in an actual scenario that may have caused a patient to deteriorate. Listen, listen, that's their job when when they're not in there. They're watching for patient Houston, patient safety issues. Care says knowledge, skills attitude. So guess what? You're going to be doing that for them to do not retaliate when you get some sort of constructive feedback. Okay, just do me. Open
Mind. Moving forward. Okay. With that I'm really not here to talk. I can talk all day about this. But my my job right now is My name is Genevieve. I'm the director of clinical labs here at hilltop overseeing Morris County in Sacramento. We've been I've been doing this simulation, what we call simulations, something new to you. I've been doing for 15 plus plus years. And so I started as a clinical educator at Kaiser in Walnut Creek and been here at USF for eight years going on eight years now. The same department doing this I live breathe and eat simulation and skills. I oversee skills. So with that, I just I am doing I in the eight years that I've been here, a lot of the scenarios are a bit antiquated. Do you know what that means? antiquated? Old, exactly old for draconian is another word that I like to use. And that's okay. These are content experts that have written these cases, right? Well, guess what, what just happened? What what are we going through right now? What COVID there's a lot that has been changing, and that we need to kind of revisit with regards to these cases that you're going to now be introduced to. My goal as a program evaluator is to kind of figure out what these cases are that you have been doing or that you're about to do, and kind of re evaluate to see if it's still hold saliency. Do you know what that saliency means? Saliency means it portents. If it holds any input through the lens of my markers, from you, folks. We
don't use an alarm. comp like that anymore, or that case, they've changed that there's a new protocol for that. For me, specifically, my focus right now are cases at this level, especially when you're doing like head to toe assessments, who you come in contact with. Right? Who are the types of patients that you're coming in contact with? Now just want you to reflect, you're in San Francisco. We're supposed to be a diverse, inclusive community. But yet, as you will see, it doesn't seem that way here at USF in the School of Nursing, particularly with regards to these cases. I am very interested specifically in the transgender community. What a shame that we don't even have one case that introduces my pre license or learner's to this type of community. But yeah, we're supposed to be what did I just say? diverse, inclusive, right. And it's not my narrative that I'm trying to get out there. I want to be an ally to this specific community. Because there's any foreign studies have shown, and we'll get into it when we get an interview, that you will be maybe not so surprised that. But as we have a discussion in the next 15 minutes, I want your feedback, if you will, there are consent forms in front of you, I'm going to ask you eight questions. And these eight questions are your answers your feedback, your comments, I'm going to collect that data. And I'm going to assess in aggregate that data, and I'm going to write about it. I'm going to say this, by the way, your my last group of the several, many students I've
interviewed so that I could start doing my research. So thank you, this is going towards the betterment of this establishment, if you will, you’re leaving a legacy. Does that make sense? So it’s important to start here with my with my beginners, if you will, you do not have to answer, you don’t even have to sign the consent form. If you don’t, if this is an option, but if you are going to answer any questions, if you’re going to give your feedback, please fill out the consent form because I need that you’re not getting paid. There’s no incentive here, other than to better this establishment in this community. So that future nursing students like yourself, have a better understanding of the transgender community at large and hope. So with that being said, you can stay if you choose to, or if you don’t want to, you could go ahead and get up and go. But if I really appreciate it, if you did stay and we talked and had a salient conversation about this. Yes. I have jp my admin who will be here. He’s also a sim tech. And we’ll be observing how this works and you will be recorded. Yes. That’s what the consent form is about. My name is Geneviee once again, my pronouns are she, her and hers. And that’s how I would like to be addressed. So let’s go around the room and just introduce yourself very briefly and please tell us what pronouns you would like to use.

Unknown Speaker
My name is Franklin.
<table>
<thead>
<tr>
<th>Time</th>
<th>Speaker</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>00:08:38</td>
<td>Unknown Speaker</td>
<td>He and him. Thank you.</td>
</tr>
<tr>
<td>00:08:39</td>
<td>Unknown Speaker</td>
<td>My name is Cheyenne. She her hers. Thank him. Thank you, Tina. And my pronouns are she her? hers. Thank you. Thank you. My name's Amanda and my pronouns are She.</td>
</tr>
<tr>
<td>00:08:56</td>
<td>Unknown Speaker</td>
<td>She prefers My name is a Fiamma witness. My pronouns are she. Thank you.</td>
</tr>
<tr>
<td>00:09:02</td>
<td>Unknown Speaker</td>
<td>My name is Isa my pronouns are she her? hers.</td>
</tr>
<tr>
<td>00:09:05</td>
<td>Unknown Speaker</td>
<td>Thank you very much. Thank you, JP Mary, borrow that pen is other pens that I see. Thank you very much. Appreciate it. So the first question, if you don't mind, we're going to start. Do you think treating a transgender patient will require a specific set of skills? Do you think a trend treating a transgender patients will require a specific set of skills and be ready? Thank you. Good question. It's a group interview and it's a discussion. These questions I want you to keep as a reference. Okay, anybody can talk just raise your hand and</td>
</tr>
<tr>
<td>00:09:53</td>
<td>Unknown Speaker</td>
<td>I think communication is one of the most important skills when trying to talk to a transgender patient in particular Communication, as we know, is widely used in all forms of this job. But I think learning how to communicate with a specific</td>
</tr>
<tr>
<td>Time</td>
<td>Speaker</td>
<td>Speech</td>
</tr>
<tr>
<td>-------</td>
<td>--------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>00:10:20</td>
<td>Unknown Speaker</td>
<td>Thank you. Yes,</td>
</tr>
<tr>
<td>00:10:22</td>
<td>Unknown Speaker</td>
<td>I also think it's a certain skill to have to put aside your own biases towards the transgender community, because you're treating the person as it is today, you don't feel like taken into consideration, but at the end of the day, you want to make sure it's been addressed in the best way possible.</td>
</tr>
<tr>
<td>00:10:42</td>
<td>Unknown Speaker</td>
<td>Great, thank you very much. Yes.</td>
</tr>
<tr>
<td>00:10:47</td>
<td>Unknown Speaker</td>
<td>Just also having knowledge about the transgender community, I think that's important. Because also like, you want to understand where the patient's coming from your views, and all of that. And I think that's, that should be required for you.</td>
</tr>
<tr>
<td>00:11:04</td>
<td>Unknown Speaker</td>
<td>One of the skills will be cultural competence, will have a certain set of cultural,</td>
</tr>
<tr>
<td>00:11:12</td>
<td>Unknown Speaker</td>
<td>cultural competence.</td>
</tr>
<tr>
<td>00:11:13</td>
<td>Unknown Speaker</td>
<td>So you need to really, if you don't understand the culture, I don't think you'll be able to take good</td>
</tr>
</tbody>
</table>
care of them. Yeah. So first and foremost, you have to understand where they're coming from, and then be able to deliver quality care.

Unknown Speaker
That is excellent. So what does that look like to you with regards to skills? How do you see that in, in a setting like this?

Unknown Speaker
Because of culture, there are certain things someone calls or is forbidden Indian culture, you really need to know that. Because if you don't know that, you might, you might think, assume that is okay. But it's not really like, that's why communication is important. Because like for other cultures, you would ask them like, to get to know them more and then understand, like focus and focus of this view and like to be more open about it and understand, like, what they're okay with, and what they're not okay with what they need is

Unknown Speaker
wonderful,

Unknown Speaker
I think, with everything together is just to respect themselves. environment for them.

Unknown Speaker
So respectful and safe environment, I'm hearing cultural competencies are very important. I'm hearing knowledge and understanding their viewpoints,
which is should be a requirement. I'm hearing communication as a real thing here. importance, and let's just talk about that, that communication with regards to being a skill set. How could you communicate this to your patient? When you are entering a patient room? That is part of the transgender community? How would How would that communication look like? If you were to have to take this out of your wheelhouse? if you will? What, how would that communication tool look to you?

00:13:17 Unknown Speaker
That's the best way to kind of kind of learn about the first room, kind of knowing them if they're transgender or not. Then after that, if you know, they're transgender, kind of educate yourself to be prepared to go inside that room.

00:13:33 Unknown Speaker
So when you say, What's your name? Franklin? Franklin, thank you for that. If now, you're saying you have to know their kind of gender? How would you How would how does that look like to you? As far as when you're coming into the patient room? How would you communicate that

00:13:52 Unknown Speaker
maybe when first admitted, you kind of asked what their sexual preferences are? What was their are and kind of like, what

00:13:59 Unknown Speaker
their pronouns are? Okay. I didn't want to Yeah, I don't I don't want
<table>
<thead>
<tr>
<th>Time</th>
<th>Transcript</th>
</tr>
</thead>
<tbody>
<tr>
<td>00:14:09</td>
<td>Unknown Speaker</td>
</tr>
<tr>
<td></td>
<td>to speak for you. But is that is that right? Okay.</td>
</tr>
<tr>
<td>00:14:12</td>
<td>Unknown Speaker</td>
</tr>
<tr>
<td></td>
<td>Awesome. I</td>
</tr>
<tr>
<td>00:14:25</td>
<td>Unknown Speaker</td>
</tr>
<tr>
<td></td>
<td>like how would you want to be called and like, in addition to the pronoun, how would you like to be called, what's your preferred knee? Okay,</td>
</tr>
<tr>
<td>00:14:27</td>
<td>Unknown Speaker</td>
</tr>
<tr>
<td></td>
<td>and I think, Oh, I'm sorry. Go ahead.</td>
</tr>
<tr>
<td>00:14:27</td>
<td>Unknown Speaker</td>
</tr>
<tr>
<td></td>
<td>Okay. Another skill that that I think was important is really knowing the history of the LGBTQ is really important to know the history and know where the current policies are, you know, it's really important, like, let's assume a trans a gay person, you know.</td>
</tr>
<tr>
<td></td>
<td>Now the law recognizes that as you know, just like the record, recognize married Men and women. So knowing that, you know that that enables you understand that he will need his or her partner around I</td>
</tr>
<tr>
<td>00:15:09</td>
<td>Unknown Speaker</td>
</tr>
<tr>
<td></td>
<td>see family members, for example, and who they are interesting is there, whether it's a directive or whatever it is. But I really want to be clear, that is a very good point that you bring up the LGBTQ community versus what this community is, which is the transgender community, let me be very clear. And I didn't know this either, until I did my research, and delved more into this. LGBTQ is</td>
</tr>
</tbody>
</table>
more about sexual orientation, versus a transgender community where it's based on identity, very important to understand two separate things. And I, as an ally, need to make sure of my clear definitions, and there's a lot. And so just keep that in mind as you reflect on this Yes. And hold on one second, go ahead.

Unknown Speaker
I was going to say along with what Wendy said, it's important to know their preferred name along with the pronouns. And it's important to not just look at them and assume that you already know that information, as well as looking at their chart. And because their name on their chart may not be the preferred name that they have. So it is important to ask the patient themselves and have them answer for themselves. Even if you know, you have to resort to asking a family member, right? I do think it's better that I would come from the patient. That's because unfortunately, some family members don't always agree and they like to speak up for the patients. Exactly, it's possible to always ask the patient themselves and have them answer for themselves with their preferred pronouns and name.

Unknown Speaker
Yeah, and I think that's a great point that you make that sometimes when you look in a patient's chart, their EHR or their Mar, right, it is what they are given at birth may not be what they're transitioning into, and or identifying as, or what their gender
reassignment may be. So it is very important. Thank you very much for my snapping, you know, what this means, right? Is that it is very true, that you must really not just take what's on the documentation, but rather, family members, or the individuals themselves, if they cannot speak, how their partner may act, you know, whoever their nuggets, your family, their family members or nuggets. But go ahead, what were you gonna say?

Unknown Speaker
I think it's also important to like, leave room for open communication, like in the beginning, you can ask them like, to make them more comfortable, like, Is there anything you would like me to know? That would help me better understand, like, how I can give my best care. And then so then they can tell you what they're comfortable with telling you. So you're not forcing them to talk? or anything? Right?

Unknown Speaker
I absolutely agree with that. feeling comfortable in an uncomfortable situation is like, that's as nurses, that's the, we have to live in that, right? That uncomfortable situation all the time every day. So it's very important, because some people may not even want to talk about what they're going through. And that they're going to have to admit that they were something else, when they're in their minds think that I was this particular identity from the get go. So why should I have to explain that to anybody? So it's very good. I totally
appreciate that. Yes.

Unknown Speaker
I think it’s also important to know that physically, they may not be what we think they will be what they look like. So if we know that already, you know, that way we understand and don’t express a shock that might offend them. So knowing that it’s really important to

Unknown Speaker
do you agree? Yes, physically, right, when they’re doing what they may have in their body parts may not be maybe what they are not identifying with. And so that is very important. So where do you get that information?

Unknown Speaker
women being a part of your society, so part of society See, we see it all played out. We watch it in some movies and a movie when I watched I cried watching that, because he really transition very well and was moving on. But then they can have, you know, like some people who are against like what they are Yes. They came around and really they killed him. Yeah, the Mara dimora accepted what he has turned out to be. But you know, the society, some things are not that kind. Right What they found out to be So it’s unfortunate.

Unknown Speaker
So you’re learning and your experience has been with throat doc Ethernet society, social media want to be right. Okay, how about anybody else? Have they had that
same sort of experience? Go ahead.

Unknown Speaker
Yeah. We have friends who have the situation, we can also come to them for more information or want to learn more about, like a topic, sometimes it can be really controversial, but it's important to have close connections. Thank you for that.

Unknown Speaker
Like people in their friend group, or people close to you, that like part of your community, and they, you want to make them feel comfortable too, as well. So it's like, you don't want to ever assume anything. And just be open mind and understand what and listen to what they have to say instead of like, keep pushing them for more like information like, Okay, tell me about this. Because that might make them uncomfortable and not want to, like, share any more information. Right. And so that I see what you're saying. It's almost like you're transitioning sometimes with your friends, right? And if they're going through that, but the other question that really I want you to focus on is, aside from your friends, social media, and that, that's all that you may see. Where else do you think you need to learn it from scholar?

I have worked with a couple of them. I worked with one. I think that's been on you. And then when I went to Sephora to do my
makeup, one of them did my makeup, the sweetest minds of human beings, they're just human right? is not for us to judge them, as we don't know what they're going through in their body. So accepting them for who they are is the best thing we can do.

Unknown Speaker
Right? Yeah. So do you think oh, heck no, sorry.

Unknown Speaker
Like schools and stuff is like normalizing. Like, what do you mean schools like part of like, higher ed,

Unknown Speaker
middle school, I mean, learning,

Unknown Speaker
like almost everything, so then it becomes more normalized. So people don't, because when you're young, that's when you're learning. And most people like stereotypes and becomes you know, phobic or anything like that from like, people around them. So growing up, I think, like, just like, beginning of their education all the way up. You just gotta keep ingrained it into them.

Unknown Speaker
Yeah. Oh, yeah. And I just think like, it should be incorporated into like, core curriculum, not just as electives. Cuz there's a lot of electives.

Unknown Speaker
Right. So now, have you had this in any of your classes? Any of your theory classes? is? It's
available? It's an option? Yes. What were you gonna say, for me personally, I

Unknown Speaker had, I was lucky enough to be part of this group called pure health education in college. And what we did was we went to, like underserved community high schools nearby in the Bay Area, and we would educate them about health Ed, and the transgender community. Because it was like, it was great, because like, the students were so influential at the time, and they're trying to like, figure out who they are. So it was great, because I felt like a lot of students there were, like, open about it. They were like saying, like, Oh, these are my pronouns. And this is what I'm comfortable with. So just maybe, yeah, when he said, like, going into schools, and like starting at a very young age, even in high school. Okay, so let's

Unknown Speaker have, that's one of the things I want to focus on higher ed, because that's where we're at, right? And let me just kind of facilitate this a little bit, currently in your curriculum, and not only talk about pre licensure there, and correct me if I'm wrong, there are no teachings, in theory, or in any of the books. I

Unknown Speaker think we had one for fundamentals were for a short period.

Unknown Speaker It was a video. It was a lecture.
<table>
<thead>
<tr>
<th>Time</th>
<th>Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>00:24:06</td>
<td>Okay. It was how was it a full lecture and was like, Okay, good.</td>
</tr>
<tr>
<td>00:24:17</td>
<td>Unknown Speaker I will watch it like,</td>
</tr>
<tr>
<td>00:24:20</td>
<td>Unknown Speaker really? electrical is kind of like a side assignment,</td>
</tr>
<tr>
<td>00:24:22</td>
<td>Unknown Speaker because we had a break.</td>
</tr>
<tr>
<td>00:24:24</td>
<td>Unknown Speaker So it was a side assignment.</td>
</tr>
<tr>
<td>00:24:41</td>
<td>Okay. So my question to you is, do you see it in any of your books and your textbooks? Why do you think that is? What's the word I used in the beginning? antiquated maybe. But wait, there's thought fifth edition, sixth edition, seventh edition, who's writing those books</td>
</tr>
<tr>
<td>00:24:51</td>
<td>Unknown Speaker that are out of touch?</td>
</tr>
<tr>
<td>00:24:55</td>
<td>Unknown Speaker Or what? gender man what kind of men whites straight. Right? That's their narrative perhaps. Do you know, and this is getting bringing the circle back that doctors, health care providers are not trained on treating transgender patients. They are Vic, statistically, their very uncomfortable in treating transgender patients, because they do not feel competent enough to treat these types of individuals. So if you've got doctors and nurses who are uncomfortable are not properly trained, how do you think the transgender individual feels?</td>
</tr>
<tr>
<td>00:24:55</td>
<td>Unknown Speaker</td>
</tr>
<tr>
<td>Time</td>
<td>Transcript</td>
</tr>
<tr>
<td>-------</td>
<td>------------</td>
</tr>
<tr>
<td>00:25:50</td>
<td>They feel just as uncomfortable. Yeah, I'm trained my son are being treated by someone who doesn't feel comfortable. Exactly.</td>
</tr>
<tr>
<td></td>
<td>Unknown Speaker And because of the issues surrounding the situation, they really need a lot from the health care providers. stress, anxiety,</td>
</tr>
<tr>
<td>00:25:55</td>
<td>Unknown Speaker all of it. Yes, yes.</td>
</tr>
<tr>
<td>00:26:05</td>
<td>Unknown Speaker I just need to feel like I noticed, like most of the transgender community, they like have their own little clinic that's just specialized. And they're not like very, like big and not super funded. It's just like, very, like, exclusive. And then so like, I think it should be integrated. So like everyone has a better understanding.</td>
</tr>
<tr>
<td>00:26:10</td>
<td>Unknown Speaker And it is true, it is. But do you feel that there's a need? Do you Where do you so specifically with higher education and the environment that you are in? Where and when should this be introduced?</td>
</tr>
<tr>
<td>00:26:32</td>
<td>Unknown Speaker It should have been in our fundamentals courses, we have all been talking about talking to the patient, communicating with them getting to know the programs and their naming, but how do we know how to apply this in a clinical setting, when it comes time to assess actually assess the patient and not just get to know</td>
</tr>
</tbody>
</table>
how they want to be treated?

Unknown Speaker
Excellent. I think that's great.
Yeah, whatever you're learning in theory, and practicing and skills, you come here and you apply, you become practitioners. Right. So thank you for that. Yes. Who was? Yeah,

Unknown Speaker
I wanted to say that the problem is not just the school. I think the problem starts from top. Okay, after the Supreme Court made that case, obergefell granted them right, sure to marry, it kind of stuck there. So since that case was done, other things should have been done to like, you've given them this status, yes. But in this society, you're not changing

Unknown Speaker
at what's happening, right? unless their hand is forced, yes, in some cases,

Unknown Speaker
most of the time, they have to go to court to litigate that to get what truly they think they should get set aside cannot think policy wise. Yes, they succeeded in court, but things did not change to meet up that.

Unknown Speaker
Would you all concur? Would you concur with that? Okay, I have to kind of wrap this up, I think. But what I do want to leave you with is this. And I said it almost in all of the interviews that I've had is you will come in contact with individuals who do not believe in
the same beliefs you believe in, whether it's here, or in Walnut Creek, or in Iowa, or in San Francisco. It's a matter of when it's not, if it's a matter of when. And so what I'm challenging each of you moving forward is to think about that rhetoric. When that happens, think about it. Now, when you are faced with a doctor or nurse who refuses to treat these types of individuals are starts making fun of or starts having these micro aggressions against. How will you deal with that? Will you sit back and say nothing? Will you say something? Or will you say nothing and do something? Right? There's, there are different ways to do it. And so I'm not asking for any answers. Now. I just want you. I'm challenging you because you're leaving a legacy and probably next time you come here. Hopefully this will be implemented. And I invite you to come and watch to see what became of this type of issue, if you will, if the need is, is there so thank you. Very much for that. I really appreciate it. Thank you for your time. And JP is actually going to I don't know how to turn this off

Unknown Speaker

sorry
<table>
<thead>
<tr>
<th>Time</th>
<th>Transcription</th>
</tr>
</thead>
</table>
| 00:00:00 | FG Lead: Good. So welcome, by the way to your first simulation, right, your experience you had skills today with? How was it? What did you learn? care? Did you? Did you see more bucks? Yeah, those are really expensive. The See More button? Yeah, they're over to somewhere to $300 Yeah. So when you're using it, just keep that in mind. Like, you know, you guys are legacy you're leaving things behind, like, just FYI, you're not going anywhere, this is simulations gonna be with you till you graduate. So, get acclimated to it, kind of get used to it, get the get that anxiety out while you can. It's very normal to do that and feel that. But just know that we're here to support you. That's supposed to be a safe place. Elise has been doing this a long time. Actually, she was doing before I came and I've been here eight plus years, she laughed, and then she came back, which is great. So you're, you're in good hands. So just keep that in mind, I just want you to know that we're not here to preview we're not here to let's see what they can do wrong or make fun of you nor your colleagues here for that your this is your cohort support each other. And I heed my advice on this. I've been doing this a while. heed my advice, support each other. Don't don't, you know, talk behind each other's backs Don't make fun of each other. Unless,
of course, it's ingested, you know, that's okay. But I do not tolerate bullying. I do not tolerate bullying is very, very, very rampant in the nursing world. And I believe it starts here. So I am actually writing an article on that. So please, let's not let's let's support each other. You know, I heard some clapping, you know, after each scenario, that's great. But it's also important to have constructive criticism. That's why you're here. That's how you learn. So take that constructive criticism, and really listen to your peers. If they're concerned about patient safety, because you did something in an actual scenario that may have caused a patient to deteriorate. Listen, listen, that's their job when they're not in there. They're watching for patient Houston, patient safety issues. Care says knowledge, skills attitude. So guess what? You're going to be doing that for them to do not retaliate when you get some sort of constructive feedback. Okay, just do me. Open Mind. Moving forward. Okay. With that I'm really not here to talk. I can talk all day about this. But my job right now is My name is Genevieve. I'm the director of clinical labs here at hilltop overseeing Morris County in Sacramento. We've been doing this simulation, what we call simulations, something new to you. I've been doing for 15 plus plus years. And so I started as a clinical educator at Kaiser in Walnut Creek and been here at USF for eight years going on eight years now. The same department doing this I live breathe and eat
simulation and skills. I oversee skills. So with that, I just I am doing I in the eight years that I've been here, a lot of the scenarios are a bit antiquated. Do you know what that means? antiquated? Old, exactly old for draconian is another word that I like to use. And that's okay. These are content experts that have written these cases, right? Well, guess what, what just happened? What what are we going through right now? What COVID there's a lot that has been changing, and that we need to kind of revisit with regards to these cases that you're going to now be introduced to. My goal as a program evaluator is to kind of figure out what these cases are that you have been doing or that you're about to do, and kind of re evaluate to see if it's still hold saliency. Do you know what that saliency means?

FG Lead: saliency means it portents. If it holds any input through the lens of my markers, from you, folks. We don't use an alarm. comp like that anymore, or that case, they've changed that there's a new protocol for that. For me, specifically, my focus right now are cases at this level, especially when you're doing like head to toe assessments, who you come in contact with. Right? Who are the types of patients that you're coming in contact with? Now just want you to reflect, you're in San Francisco. We're supposed to be a diverse, inclusive community. But yet, as you will see, it doesn't seem that way here at USF in the School of Nursing, particularly with regards
to these cases. I am very interested specifically in the transgender community. What a shame that we don't even have one case that introduces my pre license or learner's to this type of community. But yeah, we're supposed to be what did I just say? diverse, inclusive, right. And it's not my narrative that I'm trying to get out there. I want to be an ally to this specific community. Because there's any foreign studies have shown, and we'll get into it when we get an interview, that you will be maybe not so surprised that. But as we have a discussion in the next 15 minutes, I want your feedback, if you will, there are consent forms in front of you, I'm going to ask you eight questions. And these eight questions are your answers your feedback, your comments, I'm going to collect that data. And I'm going to assess in aggregate that data, and I'm going to write about it. I'm going to say this, by the way, your my last group of the several, many students I've interviewed so that I could start doing my research. So thank you, this is going towards the betterment of this establishment, if you will, you're leaving a legacy. Does that make sense? So it's important to start here with my with my beginners, if you will, you do not have to answer, you don't even have to sign the consent form. If you don't, if this is an option, but if you are going to answer any questions, if you're going to give your feedback, please fill out the consent form because I need that you're not getting paid. There's no incentive
here, other than to better this establishment in this community. So that future nursing students like yourself, have a better understanding of the transgender community at large and hope. So with that being said, you can stay if you choose to, or if you don't want to, you could go ahead and get up and go. But if I really appreciate it, if you did stay and we talked and had a salient conversation about this, yes. I have jaypee myadmin, who will be here. He's also a simtech. And will be observing how this works and you will be recorded. Yes. That's what the consent form is about. My name is Genevieve once again, my pronouns are she, her and hers. And that's how I would like to be addressed. So let's go around the room and just introduce yourself very briefly and please tell us what pronouns you would like to use.

00:08:36 Student: My name is Franklin. He and him. Thank you.

00:08:39 Student: My name is Cheyenne. She her hers. Thank him. Thank you, Tina. And my pronouns are she her? hers. Thank you. Thank you. My name's Amanda and my pronouns are She.

00:08:56 Student: She prefers My name is a Fiamma witness. My pronouns are she. Thank you.

00:09:02 My name is Isa my pronouns are she her? Hers.

00:09:05 FG Lead: Thank you very much.
Thank you, JP Mary, borrow that pen is other pens that I see. Thank you very much. Appreciate it. So the first question, if you don't mind, we're going to start. Do you think treating a transgender patient will require a specific set of skills? Do you think a trend treating a transgender patients will require a specific set of skills and be ready? Thank you. Good question. It's a group interview and it's a discussion. These questions I want you to keep as a reference. Okay, anybody can talk just raise your hand and

00:09:53 Student: I think communication is one of the most important skills when trying to talk to a transgender patient in particular. Communication, as we know, is widely used in all forms of this job. But I think learning how to communicate with a specific patient who is transgender will make them feel more comfortable as long as you're able to communicate with them properly. And it also allows you to know how to treat them as impatient.

00:10:20 Thank you. Yes

00:10:22 Student: I also think it's a certain skill to have to put aside your own biases towards the transgender community, because you're treating the person as it is today, you don't feel like taken into consideration, but at the end of the day, you want to make sure it's been addressed in the best way possible.

00:10:42 Student: Great, thank you very
Student: Just also having knowledge about the transgender community, I think that's important. Because also like, you want to understand where the patient's coming from your views, and all of that. And I think that's, that should be required for you.

Student: One of the skills will be cultural competence, will have a certain set of cultural,

Student: cultural competence.

Student: So you need to really, if you don't understand the culture, I don't think you'll be able to take good care of them. Yeah. So first and foremost, you have to understand where they're coming from, and then be able to deliver quality care.

FG Lead: That is excellent. So what does that look like to you with regards to skills? How do you see that in, in a setting like this?

Student: Because of culture, there are certain things someone calls or is forbidden Indian culture, you really need to know that. Because if you don't know that, you might, you might think, when we ask a male doctor something, we are demeaned because we are women in a man's world. me that is okay. But it's not

Student: I agree, that's why communication is important. Because like for other cultures, you would ask them like, to get to know them more and then
understand, like focus and focus of this view and like to be more open about it and understand, like, what they're okay with, and what they're not okay with what they need is

FG Lead: wonderful,

Student: I think, with everything together is just to respect themselves. environment for them. respectful and safe environment

FG Lead: So respectful and safe environment, I'm hearing cultural competencies are very important. I'm hearing knowledge and understanding their viewpoints, which is should be a requirement. I'm hearing communication as a real theme here. importance, and let's just talk about that, that communication with regards to being a skill set. How could you communicate this to your patient? When you are entering a patient room? That is part of the transgender community? How would, How would that communication look like? If you were to have to take this out of your wheelhouse? if you will? What, how would that communication tool look to you?

Student: That's the best way to kind of kind of learn about the first room, kind of knowing them if they're transgender or not. Then after that, if you know, they're transgender, kind of educate yourself to be prepared to go inside that room.
FG Lead: So when you say, What's your name? Franklin? Franklin, thank you for that. If now, you're saying you have to know their kind of gender? How would you How would how does that look like to you? As far as when you're coming into the patient room? How would you communicate that?

Student: maybe when first admitted, you kind of asked what their sexual preferences are? What was their are and kind of like,

FG Lead: what their pronouns are? Okay. I didn't want to Yeah, I don't I don't want to speak for you. But is that is that right? Okay.

Also. I like how would you want to be called and like, in addition to the pronoun,

how would you like to be called,

what's your preferred name? Okay,

and I think, Oh, I'm sorry. Go ahead.

Okay. Another skill that that I think was important is really knowing the history of the LGBTQ is really important to know the history and know where the current policies are, you know, it's really important, like, let's assume a trans a gay person, you know. Now the law recognizes that as you know, just like the record,
| 00:15:09 | recognize married Men and women. So knowing that, you know that that enables you understand that he will need his or her partner around |
| 00:16:09 | FG Lead: I see family members, for example, and who they are entrusting their, whether it’s a directive or whatever it is. But I really want to be clear, that is a very good point that you bring up the LGBTQ community versus what this community is, which is the transgender community, let me be very clear. And I didn’t know this either, until I did my research, and delved more into this. LGBTQ is more about sexual orientation, versus a transgender community where it’s based on identity, very important to understand two separate things. And I, as an ally, need to make sure of my clear definitions, and there’s a lot. And so just keep that in mind as you reflect on this Yes. And hold on one second, go ahead. |
| 00:16:09 | I was going to say along with what Wendy said, it's important to know their preferred name along with the pronouns. And it's important to not just look at them and assume that you already know that information, as well as looking at their chart. And because their name on their chart may not be the preferred name that they have. So it is important to ask the patient themselves and have them answer for themselves. Even if you know, you have to resort to asking a family member, right? I do think it's better that I would come from the patient. |
That's because unfortunately, some family members don't always agree and they like to speak up for the patients. Exactly, it's possible to always ask the patient themselves and have them answer for themselves with their preferred pronouns and name.

FG Lead: Yeah, and I think that's a great point that you make that sometimes when you look in a patient's chart, their EHR or their MAR, right, it is what they are given at birth may not be what they're transitioning into, and or identifying as, or what their gender reassignment may be. So it is very important. Thank you very much for my snapping, you know, what this means, right? Is that it is very true, that you must really not just take what's on the documentation, but rather, family members, or the individuals themselves, if they cannot speak, how their partner may act, you know, whoever their nuggets, your family, their family members or nuggets. But go ahead, what were you gonna say?

Student: I think it's also important to like, leave room for open communication, like in the beginning, you can ask them like, to make them more comfortable, like, Is there anything you would like me to know? That would help me better understand, like, how I can give my best care. And then so then they can tell you what they're comfortable with telling you. So you're not forcing them to talk? or anything? Right?
FG Lead: I absolutely agree with that. Feeling comfortable in an uncomfortable situation is like, that's as nurses, that's the, we have to live in that, right? That uncomfortable situation all the time every day. So it's very important, because some people may not even want to talk about what they're going through. And that they're going to have to admit that they were something else, when they're in their minds think that I was this particular identity from the get go. So why should I have to explain that to anybody? So it's very good. I totally appreciate that. Yes.

Student: I think it's also important to know that physically, they may not be what we think they will be what they look like. So if we know that already, you know, that way we understand and don't express a shock that might offend them. So knowing that it's really important to

FG Lead: do you agree? Yes, physically, right, when they're doing what they may have in their body parts may not be maybe what they are not identifying with. And so that is very important. So where do you get that information?

Student: women being a part of your society, so part of society See, we see it all played out. We watch it in some movies and a movie when I watched I cried watching that, because he really transition very well and was moving on. But then they can have, you know, like some people
<table>
<thead>
<tr>
<th>Time</th>
<th>Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>00:20:15</td>
<td>who are against like what they are Yes. They came around and really they killed him. Yeah, the Mara dimora accepted what he has turned out to be. But you know, the society, some things are not that kind. Right What they found out to be So it's unfortunate.</td>
</tr>
<tr>
<td>00:20:30</td>
<td>FG Lead: So you're learning and your experience has been with Through documentaries, society, social media want to be right. Okay, how about anybody else? Have they had that same sort of experience? Go ahead.</td>
</tr>
<tr>
<td>00:20:50</td>
<td>Student: Yeah. We have friends who have the situation, we can also come to them for more information or want to learn more about, like a topic, sometimes it can be really controversial, but it's important to have close connections.</td>
</tr>
<tr>
<td>00:20:51</td>
<td>FG Lead: Thank you for that.</td>
</tr>
<tr>
<td>00:21:19</td>
<td>Student: Like people in their friend group, or people close to you, that like part of your community, and they, you want to make them feel comfortable too, as well. So it's like, you don't want to ever assume anything. And just be open mind and understand what and listen to what they have to say instead of like, keep pushing them for more like information like, Okay, tell me about this. Because that might make them uncomfortable and not want to, like, share any more information.</td>
</tr>
<tr>
<td>00:21:19</td>
<td>FG Lead: Right. And so that I see what you're saying. It's almost like</td>
</tr>
<tr>
<td>Time</td>
<td>Transcript</td>
</tr>
<tr>
<td>--------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>00:21:40</td>
<td>you’re transitioning sometimes with your friends, right? And if they’re going through that, but the other question that really I want you to focus on is, aside from your friends, social media, and that, that’s all that you may see. Where else do you think you need to learn it from scholar?</td>
</tr>
<tr>
<td></td>
<td>Student: I have worked with a couple of them. I worked with one. I think that's been on you. And then when I went to Sephora to do my makeup, one of them did my makeup, the sweetest minds of human beings, they're just human right? is not for us to judge them, as we don't know what they're going through in their body. So accepting them for who they are is the best thing we can we can do.</td>
</tr>
<tr>
<td>00:22:09</td>
<td>Right? Yeah. So do you think oh, heck no, sorry.</td>
</tr>
<tr>
<td>00:22:12</td>
<td>Student: Like schools and stuff is like normalizing.</td>
</tr>
<tr>
<td>00:22:19</td>
<td>Student: I mean, learning, like almost everything, so then it becomes more normalized. So people don't, because when you’re young, that's when you’re learning. And most people like stereotypes and becomes you know, phobic or anything like that from like, people around them. So growing up, I think, like, just like, beginning of their education all the way up. You just gotta keep ingrain it into them.</td>
</tr>
<tr>
<td>00:22:51</td>
<td>Student: Yeah. Oh, yeah. And I just think like, it should be incorporated into like, core curriculum, not just as electives. Cuz there’s a lot of electives.</td>
</tr>
<tr>
<td>00:23:04</td>
<td>FG Lead: Right. So now, have you had this in any of your classes? Any of your theory classes? is? It’s available? It’s an option? Yes. What were you gonna say,</td>
</tr>
<tr>
<td>00:23:43</td>
<td>or me personally, I had, I was lucky enough to be part of this group called pure health education in college. And what we did was we went to, like underserved community high schools nearby in the Bay Area, and we would educate them about health Ed, and the transgender community. Because it was like, it was great, because like, the students were so influential at the time, and they’re trying to like, figure out who they are. So it was great, because I felt like a lot of students there were, like, open about it. They were like saying, like, Oh, these are my pronouns. And this is what I’m comfortable with. So just maybe, yeah, when he said, like, going into schools, and like starting at a very young age, even in high school.</td>
</tr>
</tbody>
</table>
| 00:23:43 | FG Lead: Okay, so let’s have, that’s one of the things I want to focus on higher ed, because that’s where we’re at, right? And let me just kind of facilitate this a little bit, currently in your curriculum, and not only talk about pre licensure there, and correct me if I’m wrong,
there are no teachings, in theory, or in any of the books.

Student: I think we had one for fundamentals were for a short period.

FG Lead: It was a video. It was a lecture. Okay. It was how was it a full lecture and was like, Okay, good.

I will watch it like, really? Lecture. It is kind of like a side assignment, because we had a break.

FG Lead: So it was a side assignment. Okay. So my question to you is, do you see it in any of your books and your textbooks? Why do you think that is? What's the word I used in the beginning? antiquated maybe. But wait, there's fifth edition, sixth edition, seventh edition, who's writing those books

Student: they are out of touch?

FG Lead: Or what? gender man what kind of men whites straight. Right? That's their narrative perhaps. Do you know, and this is getting bringing the circle back that doctors, health care providers are not trained on treating transgender patients. They are statistically, they're very uncomfortable in treating transgender patients, because they do not feel competent enough to treat these types of individuals. So if you've got doctors and nurses who are uncomfortable are not properly
<table>
<thead>
<tr>
<th>00:25:50</th>
<th>trained, how do you think the transgender individual feels?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Student: They feel just as uncomfortable. Yeah, I'm trained</td>
</tr>
<tr>
<td></td>
<td>my someone, are being treated by someone who doesn't feel</td>
</tr>
<tr>
<td></td>
<td>comfortable.</td>
</tr>
<tr>
<td>00:25:55</td>
<td>FG Lead: Exactly.</td>
</tr>
<tr>
<td></td>
<td>Student: And because of the issues surrounding the situation, they really need a lot from the health care providers. stress, anxiety,</td>
</tr>
<tr>
<td>00:26:05</td>
<td></td>
</tr>
<tr>
<td>00:26:10</td>
<td>FG Lead: all of it. Yes, yes.</td>
</tr>
<tr>
<td></td>
<td>Student: I just need to feel like I noticed, like most of the</td>
</tr>
<tr>
<td></td>
<td>transgender community, they like have their own little clinic that's</td>
</tr>
<tr>
<td></td>
<td>just specialized. And they're not like very, like big and not super</td>
</tr>
<tr>
<td></td>
<td>funded. It's just like, very, like, exclusive. And then so like, I think</td>
</tr>
<tr>
<td></td>
<td>it should be integrated. So like everyone has a better</td>
</tr>
<tr>
<td></td>
<td>understanding.</td>
</tr>
<tr>
<td>00:26:32</td>
<td>FG Lead: And it is true, it is. But do you feel that there's a need? Do you Where do you so specifically with higher education and the environment that you are in? Where and when should this be introduced?</td>
</tr>
<tr>
<td>00:26:54</td>
<td>Student: It should have been in our fundamentals courses, we have all been talking about talking to the patient, communicating with them getting to know the programs and their naming, but how do we know how to apply this in a clinical setting, when it comes</td>
</tr>
</tbody>
</table>
time to assess actually assess the patient and not just get to know how they want to be treated?

FG Lead: Excellent. I think that's great. Yeah, whatever you're learning in theory, and practicing and skills, you come here and you apply, you become practitioners. Right. So thank you for that. Yes. Who was?

Student: Yeah, I wanted to say that the problem is not just the school. I think the problem starts from top. Okay, after the Supreme Court made that case, obergefell granted them right, sure to marry, it kind of stuck there. So since that case was done, other things should have been done to like, you've given them this status, yes. But in this society, you're not changing.

FG Lead: at what's happening, right? unless their hand is forced, yes, in some cases,

most of the time, they have to go to court to litigate that to get what truly they think they should get set aside cannot think policy wise. Yes, they succeeded in court, but things did not change to meet up that.

FG Lead: Would you all concur? Would you concur with that? Okay, I have to kind of wrap this up, I think. But what I do want to leave you with is this. And I said it almost in all of the interviews that I've had is you will come in contact with individuals who do
not believe in the same beliefs you believe in, whether it’s here, or in Walnut Creek, or in Iowa, or in San Francisco. It's a matter of when it’s not, if it's a matter of when. And so what I'm challenging each of you moving forward is to think about that rhetoric. When that happens, think about it. Now, when you are faced with a doctor or nurse who refuses to treat these types of individuals are starts making fun of or starts having these micro aggressions against. How will you deal with that? Will you sit back and say nothing? Will you say something? Or will you say nothing and do something? Right? There's, there are different ways to do it. And so I'm not asking for any answers. Now. I just want you. I'm challenging you because you’re leaving a legacy and probably next time you come here. Hopefully this will be implemented. And I invite you to come and watch to see what became of this type of issue, if you will, if the need is, is there so thank you. Very much for that. I really appreciate it. Thank you for your time. And JP is actually going to I don't know how to turn this off 30:13 sorry