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BJC HealthCare

NEWS AND INFORMATION FOR THE PEOPLE WHO BRING BJC HEALTHCARE TO LIFE

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Riding for a reason

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Ann Falker, RN, DNP, Barnes-Jewish Hospital trauma, acute care surgery and bariatric services clinical nurse specialist, participates in last year's Bike MS with her husband, Wesley. Falker, BJH Bike MS team captain, has been riding since 2004. She says serving as team captain is her way of supporting multiple sclerosis (MS) research to help improve the lives of individuals with MS and their families. For more information about the ride, see page 2. | Photo courtesy of MS Society

Students discuss care of LGBTQI patients

GSON ■ About 200 Goldfarb School of Nursing at Barnes-Jewish College students took part in a panel discussion and open forum, June 23, on nursing care for lesbian, gay, bisexual, transgender, queer or questioning, and intersex (LGBTQI) patients.

Students asked many questions of the panel, which included four transgender and one intersex individuals. Intersex refers to a person born with a reproductive or sexual anatomy that doesn't fit the typical definitions of male or female. For example, a person might be born appearing to be male on the outside but has mostly female-typical anatomy on the inside.

"Our society is made up of people of diverse races, ethnicities, genders and cultures," says Gretchen Drinkard, RN, PhD, interim GSON dean. "Goldfarb recognizes the importance of teaching our nursing students about diversity before they enter the workplace, where they will face patient care situations that demand sensitivity."

Nurses are in close contact with patients and often find themselves acting as the patient's advocate, which can greatly improve that patient's experience with the



Gretchen Drinkard



Michael Ward

Panel offers tips for nurses

Here are some tips nurses can note when caring for transgender patients:

- Ask what gender they identify with. When seeing a new patient (or an existing patient you haven't seen in a while), be careful not to hastily pass assumptions on their gender identity, solely based on masculine or feminine cues. To avoid slip-ups, immediately ask each patient which gender they identify with.
- Don't mix up pronouns. After asking a patient about the gender they identify with, refer to the patient using the correct pronoun ("he" for male and "she" for female), or you can use a gender-neutral alternative. Either way, it's crucial to be consistent and mindful of the gender-identifying terms used when referring to a patient.
- Check the patient's registration before asking their gender identity. Check to see if the patient identified a specific gender on their registration forms. If so, you can simply move on to caring for the patient with no further discussion about gender.
- Keep to clinical questions solely. If you're not familiar with the transgender lifestyle, it may be confusing and raise questions. However, keep your interactions professional and sensitive. If you're asking questions, ensure that they are related to treatment.
- Screen for gender dysphoria. Although many transgender individuals have a positive self-identity, others don't. So, if you're treating a patient who is harboring negative feelings about their gender-identity, it's important as a health care provider to guide those who may be struggling with feelings of uncertainty in a positive direction. Suggest that they visit websites such as World Professional Association for Transgender Health (WPATH) or the Gay and Lesbian Medical Association, or if appropriate, that they seek counseling.
- Gender-specific health prevention shouldn't be ignored on a transgender patient. Although you should treat a patient's gender identification delicately, you cannot ignore biological health checkups. For example, if a transgender man still has female anatomy, he should still have Pap tests. Also, just like any other patient, transgender patients should still be screened for STIs and be provided information about contraception.
- Remember that being transgender is not a psychological choice. Evidence has shown that being transgender is not a choice, but rather, it is rooted in biology. Nurses should only suggest counseling if the patient's emotional state puts them at risk.

(Adapted from TravelNurse Source)

health care system, she says. When a nurse spends just a few minutes focusing on the patient, that is more likely to generate trust, patients are more likely to follow instructions and health care outcomes improve.

"Nurses play a huge role in the care of the patient," adds Drinkard. "They are often the first to meet the patients, to comfort the patients and family, and to educate patients about next steps to better

health and recovery."

The school's philosophy is that all patients should be treated with dignity and respect. "It's our goal to expose students to all the different scenarios they may see in the working world. Their job will include taking care of all types of people in society," explains Michael Ward, PhD, RTR, FASRT, GSON vice dean for student affairs and diversity, who coordinated the

panel discussion.

"Nurses are on the frontlines of treating more and more transgender and intersex patients," he says. "We want our nursing students to understand how to give these patients the care and respect they deserve, and that's why we feel it's important to include information about the care of the LGBTQI population into our general nursing education." ■

The importance of measuring health prevention education in a health care model

by Haley Beth Organ, MSW, BJC School Outreach and Youth Development school-community health data/web administrator

BJC ■ Some jokingly say that the evaluation of programs is as old as time itself: In the beginning, God created light from darkness. And it was very good.

How do you know when your program is very good? Why is it important to know that your program is very good? Who needs to know that your program is very good? At BJC School Outreach and Youth Development, these questions are embedded into every aspect of our program delivery: from planning and implementation, to evaluation and effectively telling our story.

Planning

Our interactive health prevention education programs cover six areas of health and aim to equip young people with the health knowledge and skills needed to make informed decisions around health behaviors and academic success. This includes long-term programs (4-8 weeks) and one-time presentations that cover topics related to sexual health, nutrition, tobacco, violence prevention (safety), physical activity and substance abuse. Each program

is developed to support the Centers for Disease Control and Prevention's National Health Education Standards and meet both the Missouri Grade Level Expectations and Illinois Learning Standards.

Implementation

We take special care to ensure that our programs are delivered in the manner in which they were written. This is known as "program fidelity" and helps to increase the significance of our evaluation findings and outcomes. Program fidelity helps us control for extraneous factors or variables that may contribute to or impact our outcomes. We control as many factors as we possibly can, including how the curriculum is written, how frequently the program sessions are delivered and how we collect our data.

Evaluation

All of our long-term programs include a pre-test and a post-test, which are used to measure knowledge, student attitude, perception and intention to change specific health behaviors. Our assessments are modeled after the Youth Risk Behavior Surveillance System, the Search Institute's 40 Developmental Assets, and the U.S. Department of Agriculture's MyPlate

recommendations. Across all of our curricula, knowledge-based questions on the assessments address:

- health promotion and disease prevention
- health information, products and services
- reducing health risks
- health influences

Across all of our curricula, behavioral questions on the assessments address:

- using communication skills to promote health
- health advocacy and setting goals for good health

These questions are particularly important because attitudes and behaviors are a good predictor for future healthy choices.

Telling our story

How we choose to tell our story depends on the audience we're trying to reach. After each program, we provide each teacher with a summary report that shows student responses on the pre- and post-assessments for both knowledge- and behavioral-based questions. We also point out a few noteworthy trends and make recommendations to further reinforce the topics or skills in the classroom.

Using primary prevention health education



to increase knowledge and awareness of health topics is an integral component of a health care delivery system. Measuring this prevention method strengthens the importance of establishing a seamless and comprehensive continuum of care.

BJC School Outreach and Youth Development also provides career exploration and other community engagement opportunities. To learn more, visit bjcschooloutreach.org.

Note: This article is part of a monthly series in celebration of the 25th anniversary of BJC School Outreach and Youth Development.