Riding for a reason

Ann Falk, 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

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)

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

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

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 BJ 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 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 bjscschooloutreach.org.

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