




COMMENTARY

Experiences of embedding gender and sexuality diversity workshops in an undergraduate medical imaging curriculum

Deborah Starkey, DipAppSc(DiagRad) MAppSc(MedImagTech) MEd(HigherEd) FASMIRT, SFHEA, AFHEA (Indigenous) QUT Ally¹ ,
Lisa Van Leent, BEd MEd(Learning Innovation) PhD QUT Ally² , &
Ajesh Singh, Dip(MIT–Radiography) BSc(MedImag) MEd GCAP FHEA³ 

¹School of Clinical Sciences & QUT Centre for Biomedical Technologies, Queensland University of Technology, Brisbane City, QLD, Australia

²Faculty of Creative Industries, Education and Social Justice, Queensland University of Technology, Brisbane City, QLD, Australia

³School of Clinical Sciences, Queensland University of Technology, Brisbane City, QLD, Australia

Correspondence

Deborah Starkey, School of Clinical Sciences & QUT Centre for Biomedical Technologies, Queensland University of Technology, Brisbane City, QLD, Australia. Tel: +07 31382596; E-mail: d.starkey@qut.edu.au

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Abstract

This commentary describes some of the reported challenges of health participation for the gender- and sexuality-diverse (GSD) population, particularly related to medical imaging practice. The approach and student feedback of an undergraduate education initiative to support students in the delivery of culturally competent care are described. The experiences of delivery over a three-year period are reported, including the 2020 online delivery due to COVID-19 precautions. Student feedback demonstrates positive outcomes from the workshops and activities.

This commentary reports the affordances and challenges of health participation for the gender- and sexuality-diverse (GSD) population particularly related to medical radiation practice. The approach and outcomes of an undergraduate education initiative to support students in the delivery of culturally competent care are described. The focus of the initiative is equitable care for the lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual and other terms (such as non-binary and pansexual) (LGBTIQ+) community and diverse population groups. Throughout the commentary, the preferred terminology used will be gender and/or sexual diversity as opposed to the acronym LGBTIQ+ unless referencing other studies.

Introduction and Background

Population statistics demonstrate diversity in terms of ethnicity, wide age range, people of different sexual orientations, physical abilities and faiths.¹ Numerous authors^{2,3} have reported on challenges faced by some

people with diverse genders when it comes to accessing healthcare. Hein et al⁴ and Purnell et al⁵ report some of the lowest engagement with health services occurs in the gender-diverse population – particularly transgender people.^{4,5} Hein et al⁴ described avoidance of medical care by as much as 48% of participants identifying as transgender in survey responses and suggest reasons for delay in seeking healthcare including previous negative experiences. When patient care for vulnerable populations is compromised, poor health outcomes result.^{3,4} Compared with cisgender-heterosexual populations, Willging et al⁶ reported the LGTBQIA+ community is more likely to limit access to health services despite serious health conditions. These authors described the impact of comfort in accessing health services by the diverse gender population and noted the LGTBQIA+ community is also less likely to access available preventive services, for example, cancer screening and treatment for cardiovascular disease. Further stress is added to the LGTBQIA+ community when services are provided by health professionals and healthcare facilities with attitudes and behaviours perceived as insensitive.⁶

The literature on health and healthcare disparities across ethnic, social and economic groups continues to demonstrate compelling evidence for healthcare providers and healthcare organisations to be attentive to cultural diversity and inclusion.^{7–9} Additionally, a recurrent theme in the reported barriers to accessing healthcare, is the lack of awareness and understanding by health practitioners in relation to preferred identity and gender expression. Chau¹⁰ described the importance of effective practitioner–patient communication strategies in delivering quality patient care, and recommended the use of plain language and explanations, asking direct questions and assessing for patient understanding. Watts and Hirsch¹¹ also described the importance of radiography students' ability to provide respectful responses to all patients and the particular need of building rapport by addressing patients by their preferred name and pronoun. McEwing¹² reported on the outcomes of a pilot education module for nursing students on delivering culturally competent care to the LGBTQIA+ population. Their pilot program consisted of online learning modules and an in-class simulation scenario of a hypothetical emergency. The author reported this program demonstrated an improved transgender cultural competence score measured using a Sexual Orientation Counsellor Competency Scale (SOCCS) pre and post the pilot program. Bolderston *et al.*¹³ recently reported on results of a survey of inclusion of LGBTQIA+ topics in an undergraduate radiation therapy program at University of Alberta and found limited curriculum inclusion and the need for further work. Similarly, van der Venter¹⁴ in a literature review of evidence of strategies for inclusive medical imaging environments, found inconsistent education of radiographers on the needs of gender-diverse patients.

Healthcare is a very regulated environment and relies on legal identity.¹⁵ In medical imaging, patients will be asked their name multiple times by multiple people as a safety process prior to being exposed to radiation. It is also a radiation safety compliance requirement that radiographers confirm patient pregnancy status. Students in medical imaging participate in the clinical setting/patient interface from early in their program and are very likely to be part of the identity check process. The legal requirements for correctly identifying the patient are instilled early in the program as a critical foundation skill. Legal identity is not always congruent to expressed gender or preferred name, and compliance with pregnancy checking can become very complex.

Embedding perspectives and understanding of the gender-diverse population within the medical imaging curriculum was important to the teaching team due to growing cultural and social expectations regarding inclusive practices for gender and sexuality diversity.

This commentary reports on the student experiences following 3 years of embedded specific workshop activities on GSD within the medical imaging curriculum. The gender diversity workshop was developed for delivery as part of the larger modules of population diversity and culturally competent care, scaffolded throughout the program.

Scaffolding Cultural Awareness

Program content in cultural awareness begins in semester one of first year with the principles of cultural responsiveness. Population diversity exploration and experiences progressively build through the curriculum using formal theoretical delivery and practical laboratory sessions with roleplay scenarios. By year four, students reflect and report on their individual experiences in cultural responsiveness from their clinical placements. In 2018, as part of a larger second-year module on population diversity, the teaching team introduced a workshop module on gender diversity which was developed with the assistance of a colleague with expertise in education and gender and sexuality diversity. The activity was a facilitated, and structured workshop, purposefully delivered before simulation laboratory roleplay scenarios of diverse patients. Students were encouraged to participate in the workshop activities to increase knowledge and awareness of the health disparities for this population and some of the potential affordances and challenges. The activities included discussion of gender diversity and gender expression; terminology and definitions; assigned legal identity versus preferred identity and strategies for communication of legal requirements. The approaches for delivery included roleplay scenarios and multi-media presentations to prompt discussion and self-reflection.

The sessions began with self-reflection and sharing of definitions of culture and cultural identity. A short roleplay scenario of interaction between a radiographer and a patient with discordant gender expression and identity information was presented. Students reflected and discussed the scenario in small groups, and then shared their discussion points with the larger cohort. This was followed by the presentation of population statistics, terminology and legal identity definitions. As a group activity, students explored strategies for communication of legal requirements. The role-play scenario was repeated using the learnings and strategies from the session providing an opportunity to explore the barriers and affordances of embedding communication strategies respectful of gender and sexuality diversity. Students provided a reflection of their learnings in their semester assessment portfolio.

In 2018 and 2019, students engaged in workshops held face-to-face, with students undertaking group interactions during the session; discussing respect, culture and identity. During the COVID-19 pandemic restrictions in 2020, the workshop was delivered online. The online iteration remained an interactive workshop and utilised online breakout rooms to facilitate the small group discussions, which the teaching team valued in the face-to-face workshops previously delivered. In both formats, students explored ways to engage in the critical identity conversations in a sensitive and informed manner.

In 2020, a formal evaluation of the workshop activities was undertaken with the approval of Queensland University of Technology Human Research Ethics Committee. Following their engagement in the workshop, students were invited to respond to an anonymous Likert survey seeking student perspectives. Examples of survey statements include:

- Participation in the workshop improved my understanding of culture and elements which contribute to culture.
- Participation in the workshop improved my understanding of my own culture.
- Participation in the workshop assisted in my understanding of the diversity of the population.
- Participation in the workshop assisted my understanding of the impact of patient experience in healthcare.

Feedback

While only a small number of students participated in the 2020 formal evaluation (N = 10 of a possible 54), student responses and feedback comments provided were uniformly positive.

Sample student comments.

Student A reveals the affordance of learning about sex and gender identity and expression so that they are aware of trans, or sex and gender-diverse patients. Student A acknowledged they learnt a strategy that they would be able to engage during future patient interactions.

It was useful to go through all the different types of patients that we can come across and learn how to navigate the conversation when radiographers do have to ask patients about their gender/sex. I haven't been in that situation thus far, however the workshop did help me develop a strategy to approach a situation like this.

(Student A)

Student B noted the intersection of culture and gender during group work highlighting the importance of the multiplicity of identities and the effectiveness of group work in peer-learning contexts.

It was useful how we were broken up into groups, as it was interesting to hear the thoughts of other students and learn about their cultures.

(Student B)

Student C observed the real-world scenarios as an affordance on their developing awareness of gender diversity and learning about the implications for practice.

I found it useful when example scenarios were given from people's own experience in practice regarding what was discussed, rather than just discussing concepts theoretically.

(Student C)

Student D explained the affordance of respect for individual as humans and the importance of providing respectful patient-centred care.

I enjoyed learning about the different cultures, ethnicities, genders, etc that make up our community. I believe that the more we understand each other as humans, the more we can respect each other and provide patient-centred care. It was valuable to gain this understanding.

(Student D)

The feedback from the student responses revealed to the teaching team that students were keenly adopting the knowledges and skills presented. Although only a small number of students responded, there were no negative responses to any of the evaluation statement. The teaching team were confident students had identified the affordances of embedding gender and sexual diversity understanding into their professional skills toolkits.

Conclusion

This commentary describes the teaching team's experiences following 3 years of delivering gender- and sexuality-diverse population workshops within the medical imaging curriculum. The purpose of the workshops was to create student radiographer awareness and confidence in patient care with respect and sensitivity for patients who identify with diverse genders and sexualities.

The gender-diverse workshop has been delivered both face to face, and in an online format. Student feedback reports benefits from participation and that students value the activities of the workshops. Student radiographers should feel comfortable, prepared and supported to interact with patients from all backgrounds. Embedded workshops support students to demonstrate an awareness and sensitivity to the range of issues, regarding gender expression and legal responsibilities of radiographers.

The teaching team will continue to enhance and implement the gender diversity workshop to develop student knowledge and confidence to engage in inclusive

and respectful conversations in relation to legal identity and gender expression. In doing so, future health practitioners can positively impact on the patient healthcare experience for trans and gender-diverse people.

Ethical approval

The evaluation of student experiences was undertaken with approval from QUT Human Research Ethics Committee (approval number 1500000609).

Conflict of interest

Authors have no conflict of interest or funding to disclose

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