IN PRACTICE

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REAL TIME, REAL VOICES: CO-PRODUCING CONFIDENCE WITH ACCESSIBLE LGBTQIA+ LIVESTREAM SIMULATION FOR HEALTHCARE STAFF

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Introduction: 38% of LGBTQIA+ individuals report negative experiences within healthcare in the United Kingdom [1], yet no mandatory LGBTQIA+ training exists for NHS staff post-qualification. Simulation-based training can provide a platform to promote culturally competent LGBTQIA+ care [2]. University Hospitals Dorset developed a livestream simulation to increase healthcare staff access to LGBTQIA+ education, with the aim of improving staff confidence in communicating with LGBTQIA+ people.

Methods: The simulation was co-produced with LGBTQIA+ community members as knowledge experts with lived experience, including a Transgender woman contacted through the hospital's Pride Network. The simulation was live streamed via Microsoft Teams from the simulation suite with 40 multiprofessional healthcare staff and students attending online, through voluntary self-selection. Two students participated in the simulation using a high-fidelity manikin voiced by a transgender woman. The scenario focused on pre-operative care, including pregnancy testing, sex assigned at birth, pronouns, and bed allocation in the context of single-sex bays. A facilitated debrief involved in-person participants, online participants through a monitored Teams chat and LGBTQIA+ contributors including a Transgender woman. Online pre- and immediate post-simulation questionnaires captured participant self-assessment and feedback for mixed-method evaluation focusing on accessibility and impact on staff.

Results: Accessibility - 87.5% reported this as first time attending LGBTQIA+ training. Rated as easy to engage with, useful and recommendable. Participants included nurses, physicians, administrators, educators, students, OPDs and child health. 27 of 40 online participants actively communicated via Microsoft Teams chat.

Confidence - Increased confidence communicating with LGBTQIA+ individuals' post-session. Valued knowledge experts openly sharing feelings and lived experiences.

Qualitative feedback indicated increased awareness of emotional impact of assumptions and importance of open, person-centred communication.

Reported online participant disclosed transgender status to peers post-session.

Discussion: This project addressed a training gap through accessible simulation that attracted multiprofessional attendees, demonstrating relevance across diverse roles, and increased staff confidence in communicating with LGBTQIA+ individuals. Participants valued the inclusion of diverse faculty and LGBTQIA+ experiences, highlighting the importance of co-production and collaborative facilitation from knowledge experts with lived experience. Feedback from 25% of participants provided valuable insights, and future efforts will focus on increasing response rates for online sessions. Faculty expressed concern about potential incivility in the online format, however none arose likely due to the voluntary session attracting people sensitive to the topic. Research into the process and impact of engaging healthcare staff who would not typically volunteer for such sessions would be valuable.

Ethics Statement: As the submitting author, I can confirm that all relevant ethical standards of research and dissemination have been met. Additionally, I can confirm that the necessary ethical approval has been obtained, where applicable.

REFERENCES

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