

A top-down view of a person with long brown hair, wearing a yellow shirt and blue pants, sitting on a light-colored floor. They are holding an open book with both hands. To the left of the book, a black smartphone lies on the floor. The background is a plain, light-colored wall.

# Education Scholarship and Inquiry Community (ESIC)

12/9/23

# Plan for today

Time	Topic	Who
13.30-13.40	Welcome / intro to the session	John /Thushari
13.40-13.55	Ethics - consideration from an educational researcher point of view	John
13.55-14.10	SGUL Ethics process	Chantelle Simpson (REIO)
14.20-14.30	comfort break	
14.30-15.20	Workshop with colleagues considering project planning at relevant stage (ethical consideration, proposal writing, methodological considerations, writing up, journals to consider?)	John /Thushari
15.20-15.30	Summary and final questions	John /Thushari

The community is for any staff involved in education and supporting learning including those already engaged in educational scholarship and those who may be new to the field.

## Aims

- To develop a community of peers interested in educational scholarship at St George's
- To facilitate meeting the ambitions set out in the [SGUL Strategic Vision 2030](#).
- To provide an informal, collaborative forum to critically engage with the practice of teaching and/supporting learning and share scholarly thinking
- To design and plan specific educational evaluation and research by helping understand ways of developing scholarly thinking into systematic, purposeful action through educational research/projects and other scholarly work.
- To foster interdisciplinary work



# Transgender Healthcare education and MOOC Evaluation

ethical deliberations

# Background:

## Trans healthcare education

- Student perspective<sup>5-6</sup>
- Academic staff perspective
- Wider literature<sup>6-7</sup>



**Trans  
healthcare  
MOOC  
(FutureLearn)**

<b>Week 1</b> <b>Introduction to trans healthcare</b>	<b>Week 2</b> <b>Trans-specific healthcare considerations</b>	<b>Week 3</b> <b>Trans inclusive communication and service provision</b>	<b>Week 4</b> <b>Culturally competent clinical communication</b>
<ul style="list-style-type: none"> <li>- Terminology and key concepts (gender, pronouns, etc.)</li> <li>- Introduction to social, legal and medical transition</li> <li>- Equality Act 2010</li> <li>- GRA 2004</li> <li>- Health disparities</li> </ul>	<ul style="list-style-type: none"> <li>- History of trans healthcare in the UK</li> <li>- Gender-affirming healthcare</li> <li>- Issues relating to specific services/populations (e.g. screening, mental health, children and young people)</li> </ul>	<ul style="list-style-type: none"> <li>- What is trans-inclusivity</li> <li>- Trans-inclusive communication</li> <li>- Trans-inclusive organisations and environments</li> <li>- Supporting trans healthcare professionals</li> </ul>	<ul style="list-style-type: none"> <li>- Clinical case discussions (various settings)</li> </ul>

- Peer-to-peer discussions throughout course

# Evaluation objectives



To explore healthcare students and professionals knowledge of and confidence in working with trans people



To evaluate the effectiveness of a MOOC designed to improve healthcare students and professionals knowledge and confidence to work with trans people

Survey of AHP students at SGUL

Embed questions in the MOOC - begin

Embed questions in the MOOC - end



categorisation checklist (Q6-Q13). It will be reviewed by the full SGREC at a meeting to which you will be invited.

[View all](#)

### Applying for ethical review of your project

Complete the following forms:

- [self-assessment form: ethics \(SAFE\)](#) (Word)
- [research protocol template](#) (Word)

If relevant, complete:

- [Participant information sheet template](#) (Word)
- [Participant consent form](#) (Word)
- [Survey](#) (Word)
- Submit all relevant additional documents such as questionnaires, interview schedules, advertisements, agreements with a gatekeeper or other organisation, draft emails for recruitment.

Once completed, submit the SAFE, research protocol and all relevant documents to [St George's Research Ethics Committee](#).

The Research Ethics and Integrity Officer will then review your documents and determine what level of review is required or issue an ethics decision letter. The standard response time is within five - seven working days.

Following your initial submission of the SAFE, protocol and other documents you may be informed that a full ethics application is required for review at a SGREC review meeting (high risk studies).

The St George's Research Ethics Committee will then review your application at a review meeting to which

Forms to complete for SGUL ethics



RESEARCH	SERVICE EVALUATION	CLINICAL/ NON-FINANCIAL AUDIT	USUAL PRACTICE (in public health including health protection)
The attempt to derive generalisable or transferable new knowledge to answer questions with scientifically sound methods* including studies that aim to generate hypotheses as well as studies that aim to test them, in addition to simply descriptive studies.	Designed and conducted solely to define or judge current care.	Designed and conducted to produce information to inform delivery of best care.	Designed to investigate the health issues in a population in order to improve population health Designed to investigate an outbreak or incident to help in disease control and prevention
Quantitative research – can be designed to test a hypothesis as in a randomised controlled trial or can simply be descriptive as in a postal survey. Qualitative research – can be used to generate a hypothesis, usually identifies/explores themes.	Designed to answer: “What standard does this service achieve?”	Designed to answer: “Does this service reach a predetermined standard?”	Designed to answer: “What are the health issues in this population and how do we address them?” Designed to answer: “What is the cause of this outbreak or incident and how do we manage it?”
Quantitative research - addresses clearly defined questions, aims and objectives. Qualitative research – usually has clear aims and objectives but may not establish the exact questions to be asked until research is underway.	Measures current service without reference to a standard.	Measures against a standard.	Systematic, quantitative or qualitative methods may be used.
Quantitative research – may involve evaluating or comparing interventions, particularly new ones. However, some quantitative research such as descriptive surveys, do not involve interventions. Qualitative research – seeks to understand better the perceptions and reasoning of people.	Involves an intervention in use only. The choice of treatment, care or services is that of the care professional and patient/service user according to guidance, professional standards and/or patient/ service user preference.	Involves an intervention in use only. The choice of treatment, care or services is that of the care professional and patient/service user according to guidance, professional standards and/or patient/service user preference.	Involves an intervention in use only. Any choice of intervention, treatment, care or services is based on best public health evidence or professional consensus.
Usually involves collecting data that are additional to those for routine care but may include data collected routinely. May involve treatments, samples or investigations additional to routine care. May involve data collected from interviews, focus groups and/or observation.	Usually involves analysis of existing data but may also include administration of interview(s) or questionnaire(s).	Usually involves analysis of existing data but may include administration of simple interview or questionnaire.	May involve analysis of existing routine data supplied under license/agreement or administration of interview or questionnaire to those in the population of interest. May also require evidence review.
Quantitative research – study design may involve allocating patients/service users/healthy volunteers to an intervention. Qualitative research – does not usually involve allocating participants to an intervention.	No allocation to intervention: the care professional and patient/ service user have chosen intervention before service evaluation.	No allocation to intervention: the care professional and patient/service user have chosen intervention before audit.	No allocation to intervention.
May involve randomisation.	No randomisation.	No randomisation.	May involve randomisation but not for treatment/ care/ intervention.
Normally requires REC review but not always. Refer to <a href="http://hra-decisiontools.org.uk/ethics/">http://hra-decisiontools.org.uk/ethics/</a> for more information.	Does not require REC review.	Does not require REC review.	Does not require REC review.

Type of study:

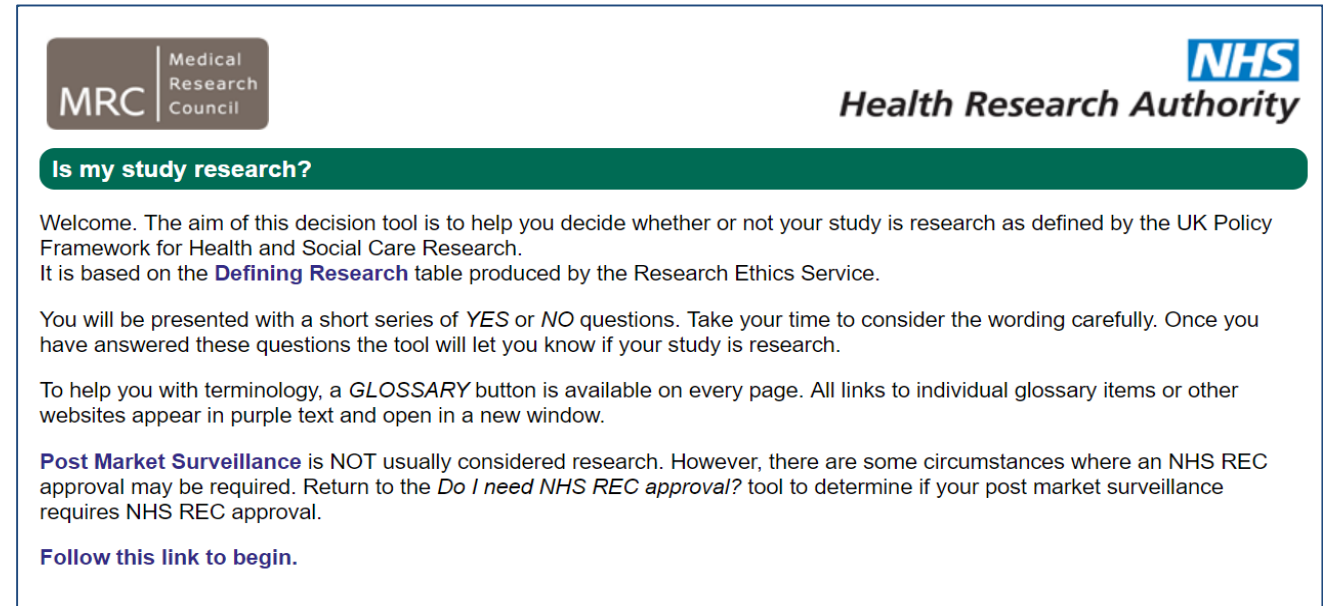
Is ethical review needed?

## Is my study research?

Service Evaluation

Audit

Research



The screenshot shows the top of a web page. On the left is the MRC Medical Research Council logo. On the right is the NHS Health Research Authority logo. Below the logos is a dark green header with the text 'Is my study research?'. The main content area contains several paragraphs of text explaining the tool's purpose and providing instructions. A link to 'Follow this link to begin.' is at the bottom.

**MRC** Medical Research Council

**NHS**  
Health Research Authority

### Is my study research?

Welcome. The aim of this decision tool is to help you decide whether or not your study is research as defined by the UK Policy Framework for Health and Social Care Research. It is based on the **Defining Research** table produced by the Research Ethics Service.

You will be presented with a short series of **YES** or **NO** questions. Take your time to consider the wording carefully. Once you have answered these questions the tool will let you know if your study is research.

To help you with terminology, a **GLOSSARY** button is available on every page. All links to individual glossary items or other websites appear in purple text and open in a new window.

**Post Market Surveillance** is NOT usually considered research. However, there are some circumstances where an NHS REC approval may be required. Return to the *Do I need NHS REC approval?* tool to determine if your post market surveillance requires NHS REC approval.

**Follow this link to begin.**

[Decision tool: http://www.hra-decisiontools.org.uk/research/index.html](http://www.hra-decisiontools.org.uk/research/index.html)

## Is my study research?

**i** To print your result with title and IRAS Project ID please enter your details below:

Title of your research:

IRAS Project ID (if available):

You selected:

- **'No'** - Are the participants in your study randomised to different groups?
- **'No'** - Does your study protocol demand changing treatment/ patient care from accepted standards for any of the patients involved?
- **'No'** - Are your findings going to be generalisable?

**Your study would NOT be considered Research by the NHS.**

You may still need other approvals.

Researchers requiring further advice (e.g. those not confident with the outcome of this tool) should contact their R&D office or sponsor in the first instance, or the [HRA](#) to discuss your study. If contacting the HRA for advice, do this by sending an outline of the project (maximum one page), summarising its purpose, methodology, type of participant and planned location as well as a copy of this results page and a summary of the aspects of the decision(s) that you need further advice on to the HRA Queries Line at [Queries@hra.nhs.uk](mailto:Queries@hra.nhs.uk).

For more information please visit the [Defining Research](#) table.

[Follow this link to start again.](#)

Print This Page

NOTE: If using Internet Explorer please use browser print function.

# Ethical deliberations

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- Did not quite feel right
- Contacted Chantelle and we discussed
- Agreed that research (but not NHS)
- Ethical review considered
- Research completed 2022-23
- Current data analysis



# References

1. Bachmann CL, Gooch B. (2018) LGBT in Britain: Trans Report. [Internet]. London, UK: Stonewall. Available from: <https://www.stonewall.org.uk/lgbt-britain-trans-report>
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4. Somerville C. (2015) Unhealthy Attitudes: The Treatment of LGBT People Within Health and Social Care Services [Internet]. London, UK: Stonewall. Available from: [https://www.stonewall.org.uk/system/files/unhealthy\\_attitudes.pdf](https://www.stonewall.org.uk/system/files/unhealthy_attitudes.pdf).
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6. Korpaisarn S, Safer JD. (2018) Gaps in transgender medical education among healthcare providers: A major barrier to care for transgender persons. *Reviews in Endocrine and Metabolic Disorders*. (3): 271-5.
7. Young J, Gregory J, Rojas M, Justin G, Kalir T. (2021) Transgender Healthcare: Development of an Illustrated eLearning Tool for Medical Education. *MedEdPublish*. 7; 10.