

Introduction

This Spark allows participants to reflect on their clinics intake, health history forms, and physical spaces to critically think about how inclusive and welcoming they are. It also shares resources and personal stories about how an inclusive environment can be a good way to engage LGBTQ+ youth in their own health care.

Supplies

Prepare these supplies prior to facilitating this Spark.

- Laptop
- Projector

Facilitator Notes

- Ask yourself if you feel comfortable facilitating this Spark with your colleagues. If not, consider selecting another facilitator or co-facilitating with someone who does feel comfortable.
- Reflect on your own values and personal beliefs before facilitating this Spark. Ask yourself, how might these impact my facilitation of this training?
- Remain neutral when you respond to participants during discussions. You can say, “thank you for sharing” and move on.

Objectives

By the end of this Spark training, participants will be able to:

1. Identify where the physical environment of their clinic may be more welcoming to LGBTQ+ youth.
2. Explain how protecting adolescent confidentiality has additional benefits for LGBTQ+ youth.

Additional Resources

1. The National LGBT Health Education Center’s guide, [Ready, Set, Go! Guidelines and Tips for Collecting Patient Data on Sexual Orientation and Gender Identity](#), is a thorough and easy-to-use guide.
2. Lambda Legal’s Model Restroom Access Policies <https://www.lambdalegal.org/know-your-rights/article/trans-model-restroom-policies>
3. Handouts and wall posters detailing adolescent rights in Michigan are available on the [AHI website](#).
4. Familiarize your staff with caring for LGBTQ youth using [ARSHEP trainings](#) or [The National LGBT Health Education Center/Fenway](#).

Citation

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Key of Icons:

-  = indicates slide change/title
-  = indicates estimated duration of topic
-  = indicates script for trainer
-  = indicates a note for the trainer

Intro/Hook  (5 minutes)

 **1 – TITLE SLIDE**

 **Introduce yourself/yourselfes.**

 Today we are going to do a 15-minute mini-training, also called a Spark. In this Spark we are going to explore the ways we can make our health center a welcoming and comfortable space for LGBTQ+ youth through our physical spaces and paperwork.

 **2 – LGBTQ+ SPARK SERIES**

 Today’s Spark on welcoming environments is part of a four-part series on providing patient centered care for LGBTQ+ youth. Sparks are short, and they don’t cover all of the information about a topic. These four Sparks are the tip of the iceberg, and they’re meant to “spark” thinking and discussion. We can all commit to learning more on our own outside of today and recognize that learning is a lifelong process.

Also, it’s helpful to remember that each of us has a gender identity and a sexual orientation. The topics we are discussing may have personal relevance to the people sitting in this room. When we discuss these issues, let’s do our best to be respectful.

 **3 – LGBTQ+ 101**

 As a refresher, here are the basics.

The LGBTQ+ umbrella can include many identities, and the acronym has a plus sign at the end of it to remind us that there are many not mentioned here, like intersex and asexual. The terms Lesbian, Gay, and Bisexual refer to who a person is attracted to, or their sexual orientation. The term Transgender refers to a person’s gender identity, or how they feel and perceive their own gender. Remember that sexual orientation and gender are not the same. The term Queer usually refers to sexual orientation, though some people use the term “Genderqueer” to describe a gender identity. And Questioning is like it sounds – someone is questioning either their gender identity or their sexual orientation.

 **4 – LGBTQ+ 101**

 A helpful concept to remember is that gender identity and sexual orientation are not the same. A person’s sense of their gender is not related to who they are attracted to.

Key Concepts  (10 minutes) **5 – WELCOMING ENVIRONMENTS**

 Let's start by thinking about physical spaces. Can someone read this quote?

 **Pause to have a participant read the quote from the slide**

 As J says, they felt welcomed by the nurse's sticker about pronouns. Visual cues can help people feel like they're a valued population. For example, people who are non-native English speakers might feel welcome when they see materials posted in their native language. Take a moment to think to yourself: Can you remember a time that something in a physical space made you feel welcome?

 **Pause for a moment for people to think; if time and people want to share, feel free to discuss.**

 **6– VISUAL CUES**

 Visual cues displayed throughout the health center can include things like posters, stickers, buttons, rainbow lanyards, and more. The round image in the top middle has a transgender pride flag on the left and an LGBTQ pride flag on the right. The flag on the bottom left is an asexual pride flag. Having visual cues with specific references can help people with marginalized identities feel like they're welcome, especially in spaces where they may have been discriminated against in the past.

Application  (15 minutes) **7– ALL-GENDER RESTROOMS**

 Many transgender and non-binary people are harassed and some are even physically assaulted for using gender-specific bathrooms. By offering all-gender bathrooms, you are supporting the wellbeing of transgender and non-binary staff, patients, and visitors, as well as providing a visual cue that all genders are welcome. All-gender restrooms also support people who require the assistance of a caregiver of a different gender and parents with children of a different gender.

Take a look at the tips listed on this slide for establishing all-user restrooms. Are there any that we could implement at our health center?

 **[Pause for discussion.]**

 **8 – CONFIDENTIALITY**

 What does your clinic do to help protect confidentiality for your patients?

 **[Pause for discussion. Possible responses include private check-in and screens, knowing the laws of the states, letting adolescent know their rights.]**

 Confidentiality is important to all adolescents but can be especially important to LGBTQ+ youth. Youth who are not “out” to their parents can be reluctant to access health care because of the fear that their provider will share something that they’re not ready or comfortable with sharing. Assurance that the provider will not disclose will help that young person feel safer talking about their gender and sexuality.

9 – INCLUSIVE HEALTH EDUCATION MATERIALS

 Posting health education materials (posters, handouts, brochures, etc.) that reflect the needs of LGBTQ+ youth can provide essential health information as well as indicate that they are valued and their wellbeing is important.

10 – LGBTQ+ RESOURCES

 On this slide you can see some of the national or online resources for working with LGBTQ+ youth.

What resources for LGBTQ+ youth exist in our community?

 [Pause for discussion.]

 What are some of the challenges you anticipate with youth trying to access LGBTQ+ resources?

 [Pause for discussion. Possible responses include not being out to parents, being intimidated by adults in these spaces, accidentally accessing a hook-up space.]

11 – INCLUSIVE FORMS

 Another way health centers can be more welcoming to LGBTQ+ patients is to have inclusive forms, including intake and health history forms. Inclusive forms ask patients to share their chosen name and pronouns. Most forms ask for a patient’s sex, but gender should be asked in a different question, because a patient’s sex assigned at birth will not always align with their gender. Inclusive forms include questions about a patient’s sexual orientation. This lets patients know that the health center recognizes and supports all sexual orientations, and allows the health center to accurately report on their patient population.

We can also replace gendered words like husband/wife, boyfriend/girlfriend, and mother/father with the gender neutral words spouse, partner(s), and parent(s)/guardian(s), which also can remind us not to use gendered language when we ask about a patient’s relationships.

12 – ELECTRONIC HEALTH RECORDS

 In the past, forms, paperwork, and medical records have not included fields that are inclusive of people with gender identities other than “man/boy” or “woman/girl.” Adjusting these fields to provide additional options for gender diversity is one way we can create a more positive health care experience for transgender and non-binary patients. Electronic health records can be used to help remind us of a patient’s chosen name, pronouns, and gender identity, which allows us to use the correct name and pronouns when we interact with patients.

MiChart highlights these fields at the top of a patient’s record. As you can see on this slide, the patient’s chosen name (MiChart calls it “preferred name”) is highlighted in yellow on the top left of

his chart. His pronouns and gender identity are highlighted in yellow in the middle at the top of his chart. In MiChart, you can hover your mouse over the highlighted pronoun and gender identity text to reveal more information, as shown by the white box.

 13 – REFLECTION

 Here are the strategies we just discussed. When looking at this list, which do you think we do well, and which could we do better?

 [\[Pause for discussion.\]](#)

 14 – THANK YOU!

 Thank you for your participation! We'll wrap this up with a quote from a young person, who said, "When I walked in, the person at the front desk was wearing a rainbow lanyard and used my correct name. I instantly relaxed." Let's help our young patients feel comfortable being themselves in our health center!