

Do Ask, Do Tell: Building a Toolkit For Professionals Caring For Sexual Minority and Gender Non-Conforming Youth





- **Please complete this survey as you enter the room and find a seat.**
- **How to access survey:**

DISCLOSURE STATEMENT

We have no conflicts of interest or financial disclosures

Introductions

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Objectives

At the end of this workshop the participants will be able to:

- Define terminology ,concepts, and health disparities associated with LGBTQ youth and identify effective techniques for communicating and interviewing this population.
- Demonstrate educational strategies and content currently in development for establishing a National LGBTQ youth curriculum for Pediatric trainees.
- Develop educational strategies to enhance a trainees knowledge, skills, and attitudes when working with LGBTQ youth.

Challenges - Large Group Discussion

- What challenges have you faced when teaching about caring for LGBTQ youth?
- How have you overcome these challenges?
- Are you currently using educational strategies to teach your learners about caring for LGBTQ patients?
 - *If so...please share with the group.*

Why is training for LGBTQ youth – competent care important?

- Youth and LGBTQ community are marginalized.
- Increased health risks.
- Providers rarely receive LGBTQ specific training.
- Providing LGBTQ youth-competent care is a skill.

Paucity of training

In 1991:

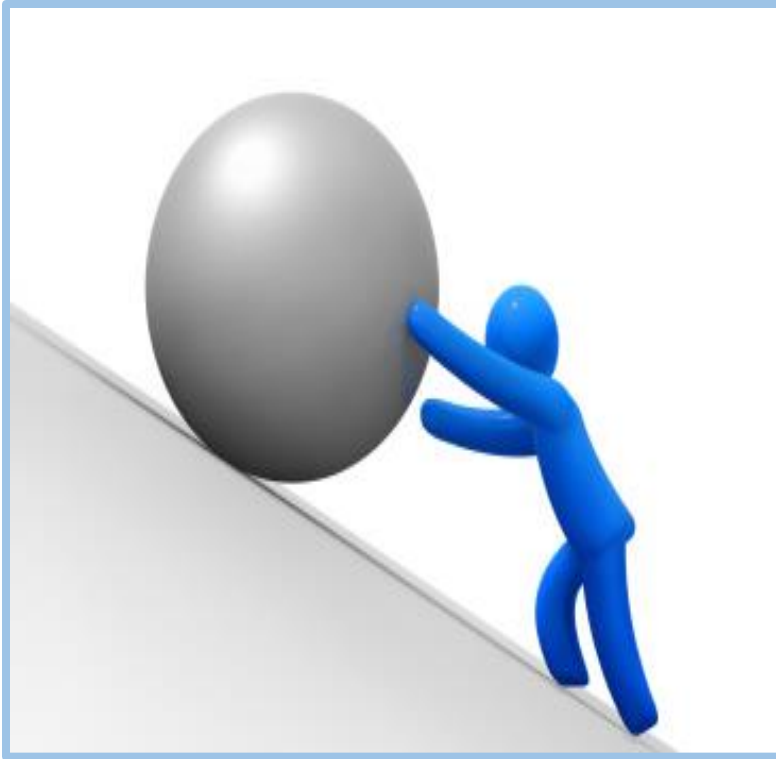
- Survey of all medical schools to assess the number of curriculum hours devoted to the topic of homosexuality.
- National average of 3 hours and 26 minutes across 4 years.

In 1998:

- Average of 2.5 hours for all four years, with 1/2 of all schools reporting their curricula contains no content.

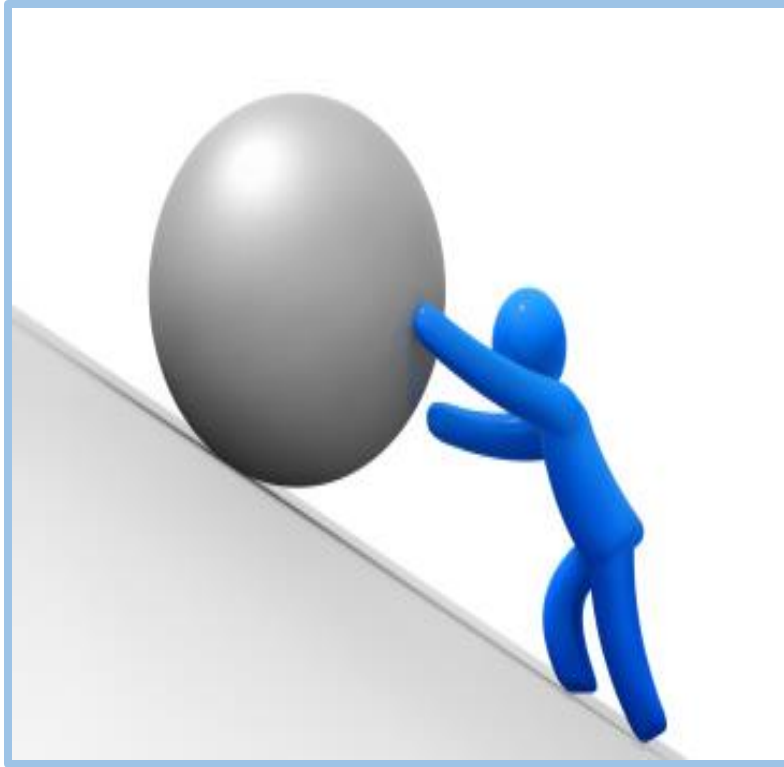
In 2011:

- 176 allopathic and osteopathic medical school surveyed.
- Median reported time dedicated to teaching LGBT content in the entire 4 year curriculum was 5 hours.
- One third reported zero hours.



CHALLENGES

- Lack of curriculum material that has been demonstrated to be effective.
- Absence of faculty willing and able to teach relevant content.
- General lack of instructional time.
- Teacher's perception that these issues may not be relevant to their specific course.



CHALLENGES

- Lack of professional development/continuing education.
- Lack of LGBT and DSD related content on national examinations by accreditation bodies.
- Lack of dedicated funding, resources, and institutional oversight.

Don't Ask, Don't Tell

- Poor clinical practice behaviors among attending physicians reinforce the sense that sexual education does not matter to medicine.
- Teachers do not regularly model for their trainees the skills and attitudes relevant to the provision of high quality, compassionate care for LGBT, gender non-conforming or DSD patients.

Don't Ask, Don't Tell

- Whether identified as LGBT or straight adolescents are often uncomfortable with initiating discussions about sex including sexual orientation.
- Unfortunately, a survey done in 2010 – most physicians reported that they did not discuss sexual orientation, sexual attraction, or gender identity.
 - A majority indicated they would not discuss or address these topics even if their patients were depressed, had suicidal thoughts, or attempted suicide.

JEOPARDY![®]

Bias in Healthcare



Recognizing Bias: Increasing Awareness of Cultural Stereotypes

- The exercise is designed to increase participants' awareness of unconscious stereotypes they might have about different cultural groups.
- Through self- and group reflection participants additionally become more aware of the potential influence of unconscious stereotypes on healthcare delivery.

Recognizing Bias: Increasing Awareness of Cultural Stereotypes

Write stereotypes you are aware of for various racial, cultural and ethnic groups on Post-it® notepads and then place these written stereotypes on posters with the names of these groups that are hung on the walls of the room.

Reflection: small group discussion
with report back



- **Were any stereotypes posted on the groups that you identify with, or belong to?**
- **Did you notice any stereotypes that you personally have for any of the groups posted?**
- **Were positive as well as negative stereotypes posted?**
- **How might positive stereotypes be problematic?**
- **How did the experience of writing and hearing the stereotypes read aloud feel?**
- **How might these written stereotypes impact medical decision-making when caring for persons of the represented groups?**

Implicit (Unconscious) Bias

- Attitudes or stereotypes about certain groups of people that individuals form outside their own consciousness
- Automatically activated
- Affect our understandings, actions, decisions
- Often incompatible with our own conscious beliefs

Impact

- Patient-provider relationship and treatment recommendation that can contribute to health/health care disparities
- Affect work place diversity

Implicit (Unconscious) Bias

- Implicit Association Test (IAT)
 - <http://implicit.harvard.edu/>
- >10 million have taken
- Results show most of us have bias
- Favors men, white, young, heterosexual
- Pro-white bias (measured using the IAT) was associated with a greater inclination to prescribe pain medications for White versus Black children (Sabin, 2012)

Combating Implicit (Unconscious) Bias

- “natural”

- Allows us to navigate the world
- Decrease the guilt

- Education yourself

- https://www.aamc.org/members/leadership/catalog/178420/unconscious_bias.html

- Become self aware (IAT website)

- Engaging in discussion with other of different groups

- Institutional Level: Sponsor training/faculty development workshops

Appropriate Communication Skills



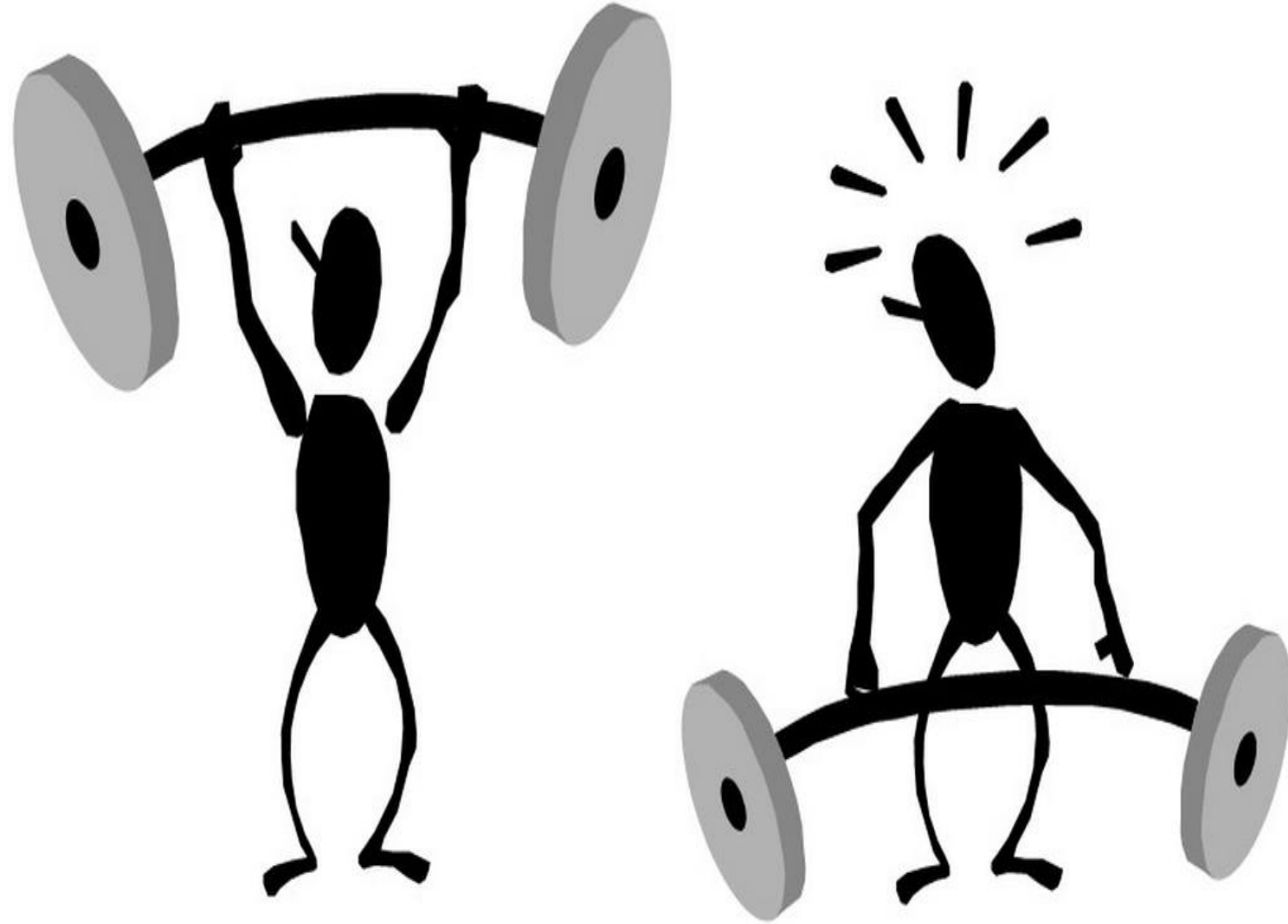
- The segment is a snippet of a longer clinical encounter and is meant to emphasize various techniques related to the presentation we are about to view.
- The same scenario is presented twice to demonstrate different provider approaches. Each version illustrates strengths, areas for improvement, and aspects of the provider's personal style that are neutral.

- Please note each provider's verbal and non-verbal communication style; clinical knowledge and appropriateness; and other attributes that might result in better or worse outcomes with the adolescent patient in the video, as well as with your own patients.

- Afterwards, each table will discuss the same basic questions after each version:
 - What does the provider do well in the clinical encounter?

 - What might the provider have done differently or better?

Strengths & Weakness



What does the provider do well in the clinical encounter?

- Maintains good eye contact and comfortable demeanor.
- Mimics Christopher's language when appropriate.
- Asks Christopher about school, sports, friends, and family.
- Assures confidentiality.

What might the provider have done differently or better?

- Ask how Christopher feels about his emerging sexuality.
- Separate his personal opinions from his patient's case.
- Explore Christopher's interest in potential partners instead of using fear tactics to discourage sexual experimentation.
- Discuss condoms.

What does the provider do well in the clinical encounter?

- Assures confidentiality.
- Affirms that being gay is no reason for Christopher to hate himself.
- Discusses condom use as well as planning for future sexual partners.

What might the provider have done differently or better?

- Maintain eye contact instead of focusing on chart.
- Explore Christopher's symptoms respectfully (instead of suggesting that the illness is "in his head").
- Acknowledge Christopher's fear about telling his parents and identify why Christopher feels that they "will kill him".



What does the provider do well in the clinical encounter?

- Asks patient's name at the start.
- Explains why questions are asked, and that answers will be confidential.
- Starts interview with less sensitive questions (about home and school), then moves into questions about sex and sexuality.
- Provides positive feedback about the patient's strengths (having a job, helping at home).
- Asks about gender identity.
- Corrects chart with name and pronouns for future.

What might the provider have done differently or better?

- Correct the patient's misunderstanding regarding testosterone and contraception.
- Clarify sexual behaviors when taking a sexual history (oral, vaginal, anal, insertive or receptive).

What does the provider do well in the clinical encounter?

- Uses patient's preferred name.
- Asks about sexual behavior with both males and females.
- Provides positive reinforcement about condom use.
- Discusses contraception including emergency contraception.
- Corrects patient to make sure he knows hormones will not protect against pregnancy.

What might the provider have done differently or better?

- Ask about gender identity or preferred pronouns.
- Clarify sexual behaviors (oral, vaginal or anal sex, insertive or receptive) during history taking.
- Follow up about the patient's plans for hormone use.

Brief Summary of Salient Points

- Confidentiality
- Take the history as a dialogue
- Treat sensitive topics, such as sex and substance use, as routine questions for all patients

- Screening & Counseling for:
 - Sexually Transmitted Diseases and Safe Sex
 - Signs of Depression
 - Bullying
 - Alcohol & Drugs Abuse
 - Safety, Violence & Victimization

- Begin visit with parent/guardian in the room, then complete interview and examination alone with patient (when possible)
- Allows youth to feel comfortable talking about sensitive topics
- Protects youth's confidentiality



Take the history as a
dialogue,
not a check list

Treat sensitive topics,
such as sex and
substance use, as
routine questions for all
patients



Use non-judgmental tone
and body language

HEADS

HOME	EDUCATION	ACTIVITIES	DRUGS/DIE	SAFETY/ SEXUALITY/ SUICIDE

"How are things at home? At school? What activities are you doing at school or outside of school?"

Patients Often Have Unspoken Concerns



Do you have any other problems, have any questions, or want anything else checked out while you're here?

Asking about Sexual and Gender Identity

“I am going to ask you some questions about yourself and I want you to tell me how you feel, not how you think others see you or how others think you should feel. These are questions I ask all my patients.

- *Are you attracted to boys, girls, or both?*
- *How do you feel about your attractions?*
- *What words do you use to describe your sexual identity?*
- *What gender do you consider yourself to be?*
 - *By gender I mean how you think of yourself regardless of what body parts you may have.*
- *How do you feel about your gender?”*

Screening and Counseling for Substance Use

- **Ask specific, direct questions; use non-judgmental tone**
- Exam room may be the only safe space for youth to ask questions and get accurate information
- **Learn street drug names; ask if not familiar**



- Educate about different evidence-based approaches, including abstinence and harm reduction strategies

Make no assumptions about sexual activity based on sexual identity or age



Sexual History

Ask specific, easily understood questions about:

- **Gender of current and past partner(s)**

*Are you dating?
Have you had sex with
men (boys), women
(girls), or both?*

- **Age of sexual debut**
- **Types of sexual activity**



If sexually active, ask questions about consistency of safer sex practices

- *Do you use condoms never, occasionally, mostly, or always?*

Open-ended questions may reveal more accurate answers

- *How often do you use condoms?*

Sexual Risk Counseling

- Address STI/HIV and pregnancy risks based on sexual activity, not identity
 - Identity and behavior do not always align
 - Teen pregnancy does occur in lesbian and bisexual girls and is also a issue for gay and bisexual boys
 - Lesbians and bisexuals may be less likely to use contraceptives

Mental Health: History & Screening

- Screen for depression
- Ask about social supports
 - *Who do you turn to when you feel sad or need someone to talk to?*
- Make referrals to counseling, as needed



Safety, Violence & Victimization Screening

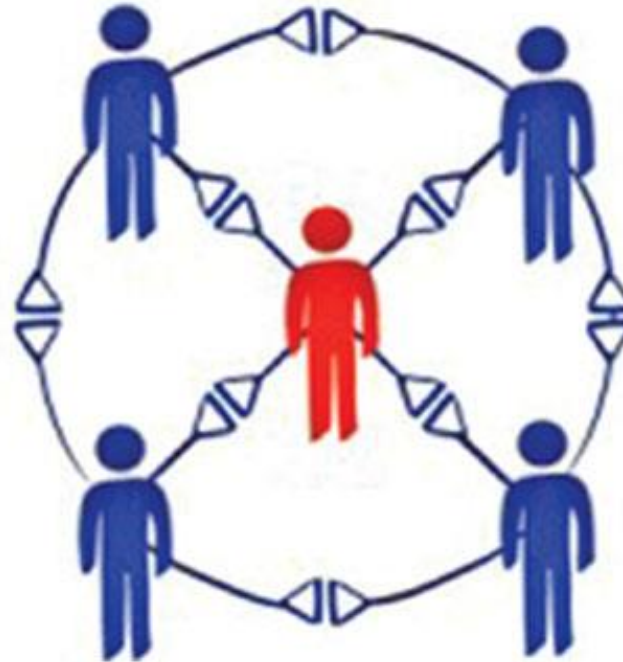
- Ask generally how things are at home, school, and with peers, and also about “feeling safe” in these settings. Have resources and referrals on hand.
 - ▢ ***How are things going at home or at school?***
 - ▢ *Do you feel safe when you are at home?*
 - ▢ ***Do you feel safe in your neighborhood and at school?***
 - ▢ *Has anyone ever picked on you? Can you tell me about it? Was this because you are LGBTQ?*
 - ▢ ***At any time, has anyone hit, kicked, choked, threatened, forced him or herself on you sexually, touched you in a sexual way that was unwanted, or otherwise hurt or frightened you?***

Adult Learning and Teaching Techniques

Pedagogy



Andragogy

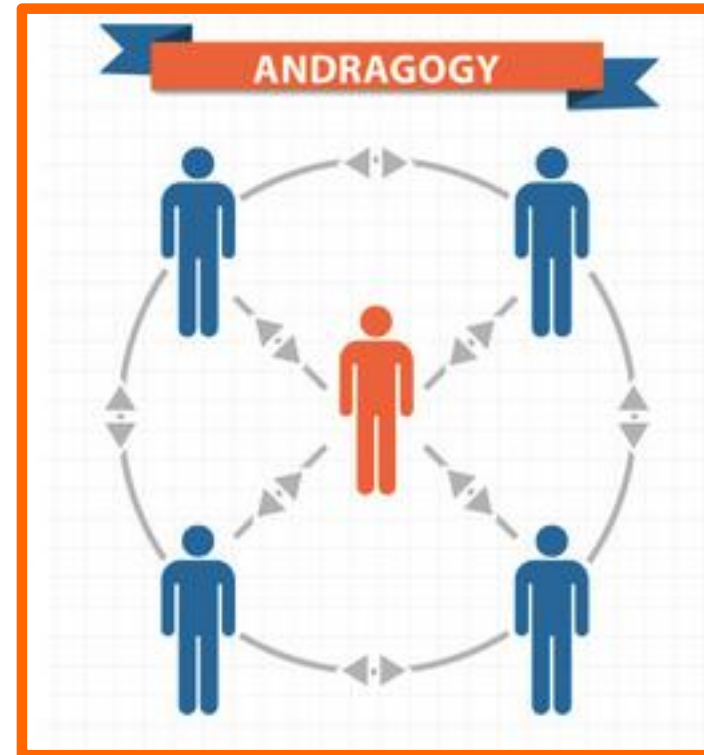


The Adult Learner

- Must want to learn
- Learn only what they feel they need to learn
-
- Learn by doing
- Focuses on realistic problems
- Experience affects adult learning
- Learn best in an informal situation
- Want guidance

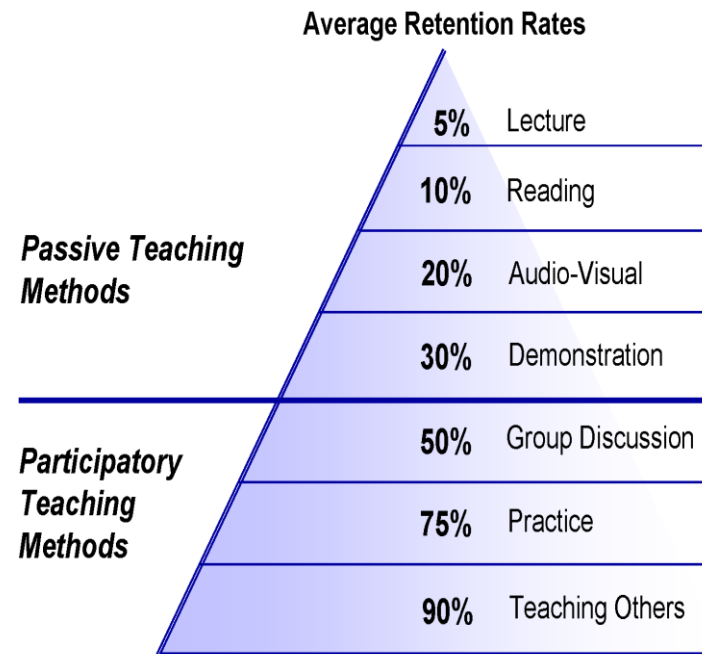
How to Teach Adult Learners

- Cooperative climate for learning
- Assess and Develop Specific Objectives
- Design sequential activities
- Collaborative with the learner
- Evaluate the quality of the learning experience



Learning Pyramid

The Learning Pyramid*

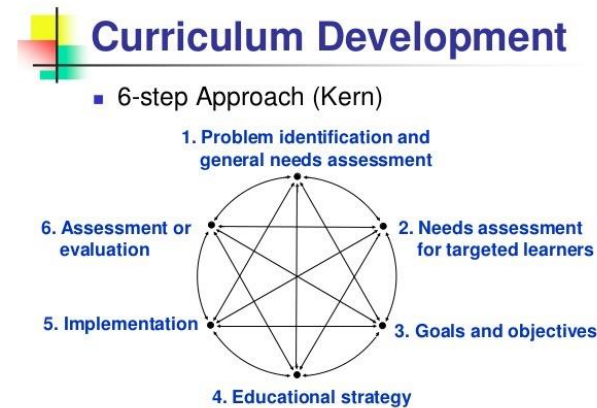


*Adapted from National Training Laboratories. Bethel, Maine

Teaching Techniques

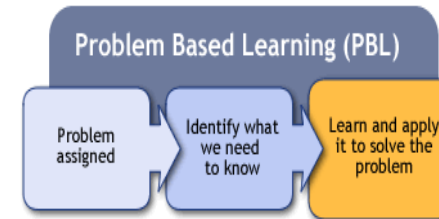
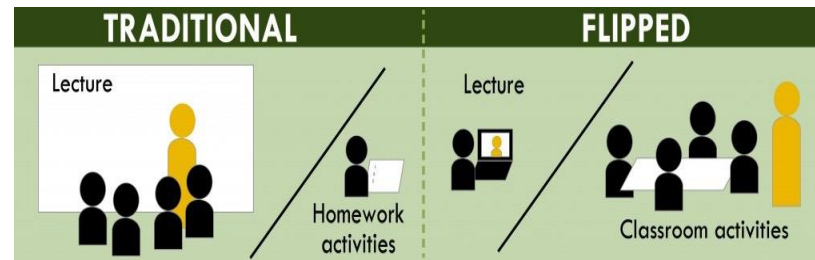
- Self Directed
- Active
- Experiential
- Collaborative
- Discussion
- Narrative
- Storytelling
- Flexible
- Learning Communities

- **Kern's 6 steps of curriculum development



Teaching Technique: Self Directed and Active

- Online modules
- Problem-based learning
- Flipped classroom



Teaching Technique: Experiential

- Standardized patients
- Role-plays



Audiovisual recording of simulations can help with self-reflection.

Teaching Technique: Collaborative and Discussion

- Facilitated discussion
- Written reflection
- Team Based Learning



Now it's your turn

- Develop an educational strategy to teach our learners better ways to interact with our LGBTQ patients
 - Will it address knowledge, skills or attitudes?
 - Which technique will you use?
- Create 2-3 objectives
- Design the activity
- Report back
- Share