

## Introduction

This Spark will allow participants to explore common terms and concepts related to gender and sexual orientation.

## Objectives

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

- Define common terms used to describe LGBTQ+ identities
- Explain the difference between sex, gender identity, gender expression, and sexual orientation.
- Use the EHR fields that capture a patient's chosen name, pronouns, and gender identity.

## Supplies

Prepare these supplies prior to facilitating this Spark.

- Laptop
- Projector
- Copies of the *LGBTQ+ Matching Activity Handout* for all participants
- Writing utensils for all participants

## Facilitation Tips

- 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.

## Additional Resources

- For more information about the Gender Unicorn, visit [Trans Student Educational Resources](#).
- For a list of additional resources, visit the [CDC's LGBT Youth Resources page](#).

## Citation

If you plan to modify this resource, please cite or credit as: Common Terms & Concepts: Patient-Centered LGBTQ+ Care Spark Training developed by the Adolescent Health Initiative at Michigan Medicine; September 2018; Ann Arbor, MI.

**Key of Icons**

 = Slide change     = Estimated duration of topic     = Script for facilitator     = Note for facilitator

**Intro/Hook**  (8 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’ll review common terms and concepts about gender identity and sexual orientation, which can help us build understanding as we create a welcoming space for all of our patients.

 **2 – LGBTQ+ SPARK SERIES**

 Today’s Spark 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**

 A first step in providing patient-centered care to LGBTQ+ youth is to become familiar with the most common terms. To start, “LGBTQ+” is an acronym that stands for lesbian, gay, bisexual, transgender, queer, or questioning. The plus sign indicates that there are lots of other identities not listed here, such as intersex, asexual, non-binary, and many more. We will learn more about some of these terms in a moment.

 **4 – LGBTQ+ YOUTH**

 The patients that we work with – and all of us in this room – hold multiple identities including race, religion, and nation of origin. Many people experience discrimination based on one or more of their identities. For example, age is an identity, and adolescents are sometimes treated as “less than” by adults. LGBTQ+ youth may also experience discrimination based on who they’re attracted to, what their gender identity is, or how their gender is perceived by others. These youth may be bullied in school or experience family rejection, and they may have increased mental and physical health risks as a result of stigma and discrimination. It’s also important to note that LGBTQ+ youth can be resilient and thrive – especially when they’re supported by the adults in their lives.

 5 – LGBTQ+ MATCHING ACTIVITY

 Let's review some common terms we may encounter.

 **Pass out matching activity handout.**

The first page of the handout has terms and definitions related to gender and sex assigned at birth. The second page of the handout has terms and definitions related to sexual orientation. Take the next few minutes to match the terms on each page to their definitions on that page. We recognize that everyone is in a different place in their knowledge of these terms, so please keep an open mindset and be respectful of those who may know more or less than you.

 **Wait until most people are done before advancing the slide.**

 6 – MATCHING ACTIVITY ANSWER KEY

 Here is the answer key. Take a minute to note which definitions you got right and to correct the definitions you weren't sure about, since we'll be referencing it later.

 **Allow a minute to pass.**

 Let's take a moment to reflect on these. When you look at this list of terms, are there any that are easier or more comfortable for you to use than others? Why might that be?

 **Pause for a moment. You may choose to say, "Think to yourself about your response" or if you have time and there is trust within your group, feel free to have people share aloud.**

 Before we move on, it's important to note that this list of terms is not comprehensive and that patients may define and/or use these terms differently. Language around these identities can change quickly and be different across cultures. Ultimately, it is impossible to know everything, but we can do our part to know the basics and ask our patients what terms they use when it's appropriate.

## Key Concepts (3 minutes)

 7 – MAX

 Now let's walk through a young person's identities to understand the terms and concepts better. This is Max. Max uses the pronouns he/him/his and identifies as a transgender boy who is bisexual. His sex assigned at birth is female, which means that when he was born, the provider said, "it's a girl" based on external genitalia.

 8 – GENDERBREAD PERSON

 We're going to use the Genderbread Person as a model to help us understand Max's identities. There are a number of other models that represent these concepts. To see them illustrated in a more complex and thorough way, we recommend also checking out the Gender Unicorn, by Trans Student Educational Resources.

 9 – GENDERBREAD PERSON

 We'll start by looking at gender identity, which is represented by the brain at the top of the drawing. Remember, this is our internal sense or feeling of our own gender.

**Application**  (4 minutes) 10 – GENDERBREAD PERSON

 Now let's look at sex assigned at birth. We know that the word "sex" has multiple meanings, but in this case, it refers to the way babies are classified when they're born. Sometimes this is referred to as biological sex, but the most current term is sex assigned at birth. Let's look at how this relates to gender identity.

 11 – GENDER

 You'll remember from the matching activity that cisgender people are those whose gender identity is the *same* as the sex they were assigned at birth, and transgender people are those whose identity differs from their sex assigned at birth.

Sometimes cisgender individuals say that they're not consciously aware of their gender identity because it has always fit with how society addresses them. However, everyone has a gender identity. Transgender individuals may be more aware of their gender identity because it does not always align with how society addresses them.

 12 – GENDER AND SEX

 So, we know that Max identifies as a boy and that he was assigned female at birth. He's transgender.

 13 – GENDER EXPRESSION

 Now let's consider the term "expression." Think about the ways that people might present their gender. [Pause for a moment.] In Max's case, he expresses his gender in a traditionally masculine way, including his clothes and haircut.

 14 – ATTRACTIONALITY AND SEXUAL ORIENTATION

 We saw in the definition of "attractiveness" that there are various ways people can be attracted to others. "Sexual orientation" is the most common phrase to describe which genders people are attracted to.

 15 – CONCEPT: THE DIFFERENCE

 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.

 16 – ATTRACTIONALITY AND SEXUAL ORIENTATION

 Okay, back to Max one more time. Max identifies as bisexual, which means he is attracted to more than one gender. Now that we've covered some of the main concepts and terms, let's take a look at how Max's identities might be represented in MiChart.

 17 – LGBTQ+ FIELDS IN MICHART

 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 chart. As you can see on this slide, Max'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.

 18 – LGBTQ+ FIELDS IN MICHART

 Let's consider now using the LGBTQ+ specific fields in MiChart. What specific things can we do to make sure we're noticing these fields?

 **Pause for a moment for responses. Possible responses include saying them aloud during any patient reports/rounds, making sure to double-check before greeting the patient, and scrolling over them for more information.**

 What might make it harder to use Max's chosen name or pronouns? What could make it easier?

 **Pause for discussion. Possible responses include unfamiliarity with concepts and multiple changes for the first question; Practice and knowing more people who identify this way for the second.**

 19 – FIELDS IN MICHART

 Max is a fictional character, so let's hear from an actual young person, Eva, who says: "When someone uses my correct name and pronouns, it makes all the difference. I feel seen and respected." If we can work on shifting our language, our patients will feel more welcome and affirmed.

 20 – THANK YOU!

 That's it for this Spark. Like we said, this is the tip of the iceberg for this topic, and the other Sparks address some ways we can respectfully interact with LGBTQ+ youth and how we can create welcoming physical environments. Thanks for participating today!