

Introduction

This Spark encourages participants to reflect on the impact their words may have on LGBTQ+ youth. It offers simple strategies on how to use inclusive language to further cultivate a welcoming and supportive health care experience for LGBTQ+ youth.

Objectives

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

1. Identify and use inclusive language.
2. Appropriately apologize after making a mistake.
3. Explain why inclusive language is important when helping LGBTQ+ youth feel welcomed.

Supplies

Prepare these supplies prior to facilitating this Spark.

- Projector with speakers and audio set up ahead of time.
- Laptop with PowerPoint presentation.

Facilitation Tips

- Ask yourself if you feel comfortable facilitating this Spark with your colleagues. If not, consider co-facilitating with someone who does feel comfortable, and if any of the terms are unfamiliar to you, read through the script ahead of time and practice saying them aloud.
- 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 strategies on using inclusive language in a health care setting, read [Focus on Forms and Policy: Creating an Inclusive Environment for LGBT Patients](#) by the National LGBT Health Education Center.
- [MyPronouns.org](#) is a great resource to learn more about pronoun use, and it includes videos and helpful links. There are a couple of web-based activities to practice, at [PracticeWithPronouns](#) and [minus18](#). Check out [International Pronouns Day](#) for more pronoun resources.

Citation

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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 are going to explore how the words we use when interacting with lesbian, gay, bisexual, transgender, and queer or questioning youth can either make someone feel welcome in our health center or deter them from accessing health care.

 2 – LGBTQ+ SPARK SERIES

 Today's Spark on inclusive language 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 identities that are 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. The term Queer usually refers to sexual orientation, though some people use the term "Genderqueer" to describe their 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.

 5 – SUPPORTING LGBTQ+ YOUTH

 While many LGBTQ+ youth report being treated with disrespect and harassment as a result of their identities, they can be resilient and thrive – especially when they’re supported by the adults in their lives. Learning how to effectively and humbly interact with LGBTQ+ youth can go a long way to help all of our patients feel respected and supported.

 6 – MEET REY

 For the next few minutes, we are going to follow a hypothetical patient named Rey through a visit to their health center. Rey is the patient’s chosen name and they identify as non-binary, which means not exclusively masculine or feminine. Rey’s pronouns are they/them/theirs. Adolescents who identify as non-binary often have a chosen name and pronouns that fit their identity other than their birth name.

As I read through Rey’s scenario, you’ll hear me use the pronouns “they, them, and theirs” to describe Rey. The singular “they” is not something most people were taught in school, and it can take time to learn and use consistently. We’ll practice this in this Spark.

 7 – MEET REY

 Rey has had a painful earache for the past week. Rey’s mother is at work and texts Rey that they need to call the doctor to see if they can get an appointment. Rey is nervous, because they haven’t been to the doctor alone yet, but their ear is really hurting and so they say to themselves, “You can do this!” and they call the clinic.

 8 – CALL CENTER

 When Rey calls to make their appointment, the call center staff person assumes she is talking to a young man. So she asks Rey, “How may I help you, sir?” Even though these greetings are often considered a polite way to speak with a patient, how a person sounds or looks may not align with how they identify. We know that Rey identifies as non-binary, meaning that they neither identify as a man or a woman. What could the call center staff person say instead?

 Allow a moment for participants to share their ideas.

 9 – CALL CENTER

 Gendered words and phrases like sir, ma’am, young man, and young lady are commonly used. However, they are not necessary to maintain politeness or communicate your message. For example, in this scenario, the call center staff person can simply use a positive tone and say, “How may I help you?”

 10– FRONT DESK

 When Rey goes to the clinic, they check in at the front desk. The staff person cannot find their record, so she asks Rey, “What is your real name?” While this may seem like a harmless question, it can be hurtful, because asking for their “real” or even “legal” name implies that their chosen name is not valid. How could the front desk person rephrase this question?

 Allow a moment for participants to share their ideas.

 11 – FRONT DESK

 The front desk person can say “Could your record be under a different name?” or “For billing purposes, can you tell me the name that is on your health insurance?”

 12 – GENDER-RELATED FIELDS IN MICHART

 Electronic health records can 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, Rey’s chosen name (MiChart calls it “preferred name”) is highlighted in yellow on the top left of their chart. Their pronouns and gender identity are highlighted in yellow in the middle at the top of their 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– MEDICAL ASSISTANT

 The medical assistant checks the chart for a chosen name before calling Rey back into the clinic. He uses Rey’s name consistently throughout their interactions and wants to make sure the nurse and provider are using the patient’s preferred name as well. So before they enter the room to meet Rey, he tells them, “Don’t forget, he goes by the name Rey.” It’s great that the medical assistant takes the initiative to ensure Rey is addressed with their chosen name. At the same time, he misgenders Rey by using the pronoun “he.” What could the medical assistant say instead?

 Allow a moment for participants to share their ideas.

 14 – MEDICAL ASSISTANT

 The medical assistant can use the patient’s correct pronoun that was found in MiChart by saying, “They go by the name Rey.” He can also remove the pronoun and say, “This patient goes by the name Rey.” Using a patient’s pronouns at all times helps us practice using the correct pronouns and reinforces the use of these pronouns among our clinical team.

 15 – DOCTOR

 When the doctor comes into the exam room, she wants to make sure she understands Rey's gender identity. She asks, "How do you describe your gender identity and sexual orientation?"

When Rey responds that they identify as non-binary and queer, the doctor isn't quite sure she understands what that means.

 16 – DOCTOR

 So she asks, "If you feel comfortable sharing, can you tell me what that means to you?" By being open and respectful when asking these questions, she communicates to Rey that she cares and that she wants to affirm Rey's identities. Some patients may not be comfortable sharing, and that's okay, too.

Before we move on, do you think there could be anything problematic about the doctor asking these questions?

 **Pause for responses.**

 17– DOCTOR

 The questions the doctor asked are appropriate if they directly relate directly to a patient's visit. However, since Rey is there for an earache, and the doctor is already aware of Rey's pronouns from their chart, then these questions aren't necessary. It seems like the doctor meant well and was kind, but we shouldn't ask patients about their gender identity or sexual orientation simply to satisfy our curiosity. Knowing when it's appropriate or important to ask – and when it's not – can vary a little by the person, but a good rule is that we should only discuss these identities with a patient if it relates directly to their care or if they bring it up themselves.

 18 – MAKING A MISTAKE

 Throughout Rey's visit, we saw health professionals make some mistakes in their interactions with Rey. This is probably not the first time Rey has been spoken to in ways that devalue their identity. Even though health professionals may be well-intentioned and committed to creating a safe space for LGBTQ+ youth, these mistakes can add up and be hurtful. Experiences like these may prevent patients like Rey from seeking care or being open about their health care needs.

 19 – APOLOGIZING APROPRIATELY

 If we make a mistake, a sincere and brief apology is the best way to move forward. If you use the incorrect pronoun or name, you can simply say, "I'm sorry, I meant to say..." and then insert the correct pronoun and/or name. It is best to accept responsibility, apologize, and move forward instead of over-apologizing, which can make the situation more uncomfortable for the patient.

Key Concepts (4 minutes)

20 – 6 TIPS FOR USING INCLUSIVE LANGUAGE

Now we are going to review six strategies for using inclusive language when caring for LGBTQ+ youth. We can start by using a nonjudgmental tone of voice and body language. This can help patients feel comfortable with us. What's an example of unwelcoming body language?

Pause for responses. [Possible responses may include: speak loudly or too fast, look away, back away, cross our arms, roll our eyes.]

What might be the impact on LGBTQ+ youth if we have unwelcoming body language or tone?

Pause for responses. [Possible responses may include: make a patient less likely to return for care, prevent a patient from speaking honestly with us about their health needs, hurt a patient's feelings.]

A warm tone and body language can help a patient feel supported and heard while discussing potentially sensitive issues with us.

21 – 6 TIPS FOR USING INCLUSIVE LANGUAGE

Next, we want to avoid assumptions about the gender identity, sexual orientation, and health behaviors of our patients. For example, this could include assuming a young man is heterosexual and asking him if he has a girlfriend, instead of using a gender-neutral term like partner. It could also mean asking a woman what form of birth control she uses. What assumptions might this convey?

Possible responses include assuming the patient has heterosexual sex, or has sex at all.

22 – 6 TIPS FOR USING INCLUSIVE LANGUAGE

We also want to avoid gendered language like sir, ma'am, young man, or young lady. As we discussed during Rey's scenario, MiChart now makes it easy to view a patient's chosen name and pronouns. You can also make sure you have a workflow for collecting this information.

If relevant, have discussion here about workflow.

23 – 6 TIPS FOR USING INCLUSIVE LANGUAGE

Next, we need to use a patient's chosen name and pronouns at all times. This includes when we're speaking with a patient or about them – for example, when coordinating a patient's care with a colleague as we saw in the scenario.

 24 – 6 TIPS FOR USING INCLUSIVE LANGUAGE

 If we make a mistake, we can offer a sincere and brief apology. Over-apologizing or dwelling on the mistake can make a patient feel uncomfortable.

 25– 6 TIPS FOR USING INCLUSIVE LANGUAGE

 It can also be useful to welcome feedback from all adolescent patients. This gives them permission to speak up if we say something hurtful, or if they have suggestions that can help us learn. Health centers can also administer adolescent-centered patient satisfaction surveys. Data collected from these surveys can inform quality improvement initiatives.

What are some other ways that your health center gets feedback from your patients?

 **Pause for reflection. Possible responses include focus groups, informal conversations, suggestion box.**

Application (3 minutes)

 26 – WHICH ARE CHALLENGING FOR YOU?

 For this last part, turn to the person sitting next to you and discuss which of these strategies are most challenging for you. How can you use these strategies consistently with all patients? You have a few minutes to discuss with one another.

 **Allow a few minutes for discussion. If you have a small group, you may choose to have a group discussion.**

 27 – THANK YOU!

 We'll close this Spark with another quote from a 17 year-old transgender girl, who wanted to tell health care professionals: "People will get it if you mess up, but really the most important thing is being open to learning more, and being open to listening with patients when they try to talk about things like this."

Thank you for your participation!