

SOGI Workgroup Training Plan

Sexual Orientation Gender Identity Training: Part I

Training Type	<input type="checkbox"/> Facilitation & Lecture <input type="checkbox"/> Video <input type="checkbox"/> Panel <input type="checkbox"/> Handouts				
Trainer or Entity	<ul style="list-style-type: none"> San Mateo County Pride Center Staff Office of Diversity & Equity LGBTQ Community Outreach Worker 				
Learning Objectives	<ol style="list-style-type: none"> 1. Explain why collecting sexual orientation and gender identity (SOGI) information is important for health care providers using the Invision and Avatar systems 2. Describe SOGI concepts and terminology 3. Promote the values of diversity, respect and inclusion 				
Participants: who should attend this training?	<p>Recommendation: individuals from the health and behavioral health systems. Part I is mandatory to establish a foundation for acceptance and understanding, to create an affirming culture across the system, and promote a shared knowledge base.</p> <p>Ideal size of group:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 40%;">What training should they attend before this one?</td> <td style="padding-left: 20px;"> <ul style="list-style-type: none"> Cultural Humility 101 Training (not required, recommended) </td> </tr> <tr> <td>Trainer considerations:</td> <td style="padding-left: 20px;"> <ul style="list-style-type: none"> Ideally have trainers that reflect the staff and/or populations being served Promote open dialogue between trainers and participants throughout training </td> </tr> </table>	What training should they attend before this one?	<ul style="list-style-type: none"> Cultural Humility 101 Training (not required, recommended) 	Trainer considerations:	<ul style="list-style-type: none"> Ideally have trainers that reflect the staff and/or populations being served Promote open dialogue between trainers and participants throughout training
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Websites or other resources included as resources:

- **Fenway:** You can create an account on the Fenway website for great resources for videos, posters and other training material: <https://lgbthealtheducation.retrieve.com/signup?ug=7d63ed4d-9cae-4b85-b9d1-a5880037bf6c>
 - Do Ask, Do Tell! Collecting Data on Sexual Orientation and Gender Identity in Health Centers (webinar: <https://www.lgbthealtheducation.org/lgbt-education/online-courses/continuing-education/?y=142&i=5599>)
 - Collecting and Reporting Sexual Orientation and Gender identity Data: Stories from the Field (webinar: <https://www.lgbthealtheducation.org/lgbt-education/online-courses/continuing-education/?y=153&i=5939>)
- Guidelines for Care of Lesbian, Gay, Bisexual and Transgender Patients (http://glma.org/_data/n_0001/resources/live/GLMA%20guidelines%202006%20FINAL.pdf)

SAMPLE AGENDA

1. Set context of why this training is important. Review the training objectives
2. Share what the trainers are preparing the participants for throughout the training.
 - a. Gender inclusive health care
*Fenway has videos recommended by SOGI Workgroup members
 - b. Use visual representations (videos or live panel) that offer numerous perspectives and demonstrates diversity within LGBTQ community
3. Create a space of safety and sensitivity- this is a space of learning, it is ok to make mistakes
 - a. Questions are welcome
 - b. Bystander interventions
4. What is SOGI?
 - a. Sexual Orientation 101
 - b. Gender Identity 101
 - c. Historical context and considerations
 - d. Terminology and vocabulary
 - e. Deconstruct myths, stereotypes and misconceptions
5. Pronouns- what are they and why are they important?
6. Next steps and mechanisms for further learning
7. Wrap up

Notes:

- Be sure to create a space or mechanism for questions
- Important to acknowledge individual's right to hold certain beliefs or values, and varying comfort levels with the content of the trainings.
- This should be the foundational training
- Statistics and data should be included
- Acknowledge and validate participants- anything new can bring up a myriad of emotions, and often an addition or change to your practice can feel like a burden. Additionally you may have this new thing thrust on you without a change in your workload.
- Include language or content that reminds individuals to be aware of the tendency to fall on stereotypes or appearance, leading to making assumptions, rather than asking the questions and getting the information from the individual

2 hrs *Total Time of the Training*

Sexual Orientation Gender Identity Training: Part II

Training Type	<input type="checkbox"/> Facilitation <input type="checkbox"/> Role Play <input type="checkbox"/> Small Group <input type="checkbox"/> Video
Trainer or Entity	<ul style="list-style-type: none"> San Mateo County Pride Center Staff Office of Diversity & Equity LGBTQ Community Outreach Worker
Learning Objectives	<ol style="list-style-type: none"> Prepare to ask SOGI questions of clients/patients served across the health system. Understand the impact of personal bias. Consider SOGI questions in relation to confidentiality, and how to explain various SOGI terms to clients who are unfamiliar with them.
Participants	Those who will be asking the questions, interviewing and interacting with clients/patients, and those who will be directly supervising these staff.
	Ideal size of the group: <i>Groups of 4-5 individuals per scenario</i>
	What training should they attend before this one? <ul style="list-style-type: none"> Part I
	Trainer considerations <ul style="list-style-type: none"> Ideally have trainers that reflect the staff and/or populations being served Be prepared to answer logistical and procedural questions related to asking SOGI questions

Websites or other resources to be reviewed or included as a resource:

- Resources listed at end of SOGI Powerpoint

Local Resources:

- [San Mateo County Pride Center](#)
- [Adolescent Counseling Services \(ACS\) Outlet Program for youth, RWC](#)
- [Pride Initiative of San Mateo County](#)
- [San Mateo County LGBTQ Commission](#)
- [Family Acceptance Project, SF](#)
- [Somos Familia, Bay Area \(for parents\)](#)
- [Trans Thrive, API Wellness Center, SF](#)
- [Parents of Trans kids/teens/adults, Bay Area](#)

SAMPLE AGENDA

1. Case Studies & Vignettes
 - a. With varying individuals and across settings
 - b. What happened or how did the interaction go?
 - c. What would make it better or feel different?
2. Practice asking the questions (small group or role play)
 - a. Include at least one vignette that will highlight considerations regarding HIPAA or confidentiality
 - b. Include one that will highlight an individual declining to answer
 - c. Include vignettes with individuals of varying ages and cultures
3. Identify next steps, potential barriers to success, and supports needed
4. Wrap up—complete Post Test and Training evaluation

Notes:

- Consider role plays or vignettes for various settings; waiting rooms in clinics, clinician’s office, etc.
- Consider self-assessments for staff, supervisors, and/or teams
- It will be helpful for the trainers to have information on implementation across the system.
- Consider cues that clients may receive from providers, i.e. verbal and non-verbal communication
- Include language or content that reminds individuals to be aware of the tendency to fall on stereotypes or appearance, leading to making assumptions, rather than asking the questions and getting the information from the individual
- Reminder to normalize this process for all clients and patients, “this is something we are asking everyone.”

1 hr *Total Time of the Training*

Sexual Orientation Gender Identity (SOGI) Questions

1) Preferred Name: _____

2) Pronouns used:

She/Her

He/Him

They/Them

Another Pronoun(s), please specify: _____

3) What is your current gender identity?

Woman

Man

Transgender Man

Transgender Woman

Genderqueer, not exclusively man or woman

Another Gender Identity, please specify: _____

Decline to Answer

4) What sex were you assigned at birth on your original birth certificate?

Female

Male

Another sex assigned at birth, please specify: _____

Decline to Answer

5) How do you identify your sexual orientation?

Straight or heterosexual

Lesbian

Gay

Bisexual

Queer

Asexual

Another sexual orientation, please specify: _____

Decline to Answer

6) Have you been diagnosed as intersex?

Yes

No

Decline to Answer