

Case: Free Clinic

One Liner: Ms. Taylor is a 30-year-old homeless woman who presents to a free clinic with a chief complaint of “itching.”

Instructions

- 1) Divide into groups of at least 3 participants.
- 2) Choose whom will be the “patient,” whom will be the “provider,” and whom will be the observer. Hand-out appropriate role sheets.
- 3) For the designated time, you will conduct the patient interview focusing specifically on the sexual orientation, gender identity, and sexual behaviors.
NOTE: Medical diagnostics and the “content” of medicine is NOT the goal. Instead, strive to get a little more comfortable with comprehensive questioning.
- 4) After the case, the patient, provider, and observer should note: what was comfortable, uncomfortable, easy, and hard about the experience.
- 5) Take a personal moment to consider and jot down what you would like more information on, more practice with, etc.

Case: Free Clinic

One Liner: Ms. Taylor is a 30-year-old homeless woman who presents to a free clinic with a chief complaint of “itching.”

Provider Information

- Setting: Free clinic
- Relationship to Patient: First patient encounter
- Provider: NP, RN, PA, MD - acting as a generalist
- Time: 5 minutes
- Goal for Encounter: Social / sexual history (no physical / diagnostics necessary)
- Additional Information: Patient has positive chlamydia test from ER visit last week, was not treated (patient did not pick up meds), and now returns for treatment.

Case: Free Clinic

One Liner: Ms. Taylor is a 30-year-old homeless woman who presents to a free clinic with a chief complaint of “itching.”

Patient Information: Ms. Taylor

You have been on and off the streets for several years since becoming involved with heroin. You are currently sober and have been staying in a community shelter. You are concerned because you have had vaginal itching, which has been worsening over the past week. You went to the ER last week and that told you likely had a sexually-transmitted infection, but you did not want to pick up the medications because you were scared of how the pharmacist would look at you. You are distrustful of health care providers and make up several excuses for how you might have gotten this infection, ranging from toilet seats to sharing blankets at the shelter. When asked directly, you admit to sleeping with one man on and off for the past year, and you are concerned that he has been sleeping around and gave you something. You have vaginal and anal intercourse, and you do not use any protection.

- You identify as: a straight woman
- You are biologically: female
- You are primarily attracted to: men
- You have sexual relations with: men (some women in remote past).

Observer Guidelines

Your overall goal is to note what worked well, what did not work well, and what seemed awkward or difficult.

- a. Did the provider establish rapport with the patient?

- b. What aspects of the interviewer's language (*e.g.*, mirroring patient language) and physical presence (*e.g.*, leaning forward or away from patient, eye contact) helped the provider establish rapport?

- c. Did the provider specifically ask about sexual orientation, gender identity, and sexual behavior using descriptive and explicit words like:
 - i. Oral, anal, vaginal, digital?
 - ii. Receptive, penetrative?
 - iii. Sex with men, women, or both?
 - iv. What is your sexual orientation?
 - v. Gender pronoun usage

- d. At what point(s), did the provider or patient seem uncomfortable (*i.e.*, specific words, gestures, concepts)?

- e. If people were uncomfortable, what did they do/what was their body language (*e.g.*, shifting in seat, playing with paper/pen, leaning forward/leaning back)?

- f. Were there topics that were shied away from (*i.e.*, patient mentioned "unusual sexual behavior" and provider changed topics) or vice versa (*i.e.*, patient shied away from certain topics and how they were asked)?

- g. Did the interaction enhance the patient-provider therapeutic relationship?

Case: Pediatric/Adolescent Clinic

One Liner: Sarah is a 15-year-old girl who comes to clinic for a well-child check.

Instructions

- 1) Divide into groups of at least 3 participants.
- 2) Choose whom will be the “patient,” whom will be the “provider,” and whom will be the observer. Hand-out appropriate role sheets.
- 3) For the designated time, you will conduct the patient interview focusing specifically on the sexual orientation, gender identity, and sexual behaviors.
NOTE: Medical diagnostics and the “content” of medicine is NOT the goal. Instead, strive to get a little more comfortable with comprehensive questioning.
- 4) After the case, the patient, provider, and observer should note: what was comfortable, uncomfortable, easy, and hard about the experience.
- 5) Take a personal moment to consider and jot down what you would like more information on, more practice with, etc.

Case: Pediatric/Adolescent Clinic

One Liner: Sarah is a 15-year-old girl who comes to clinic for a well-child check.

Provider Information

- Setting: Family physician's office
- Relationship to Patient: Long-term continuity patient
- Provider: NP, RN, PA, MD - acting as a primary care provider
- Time: 5 minutes
- Goal for Encounter: HEADSS (home, education, activities, drugs, sexuality, suicide/depression) assessment, focusing on sexuality & suicide/depression
- Additional Information: Sarah is healthy with no major medical issues, medications, or allergies, etc. You are also the primary medical doctor for Sarah's whole family in a small, religious community.

Case: Pediatric/Adolescent Clinic

One Liner: Sarah is a 15-year-old girl who comes to clinic for a well-child check.

Patient Information: Sarah

You are a 15-year-old girl who is seeing your family physician for a check-up. You are a straight “A” student and an avid soccer player. You are dating your first boyfriend, Chris, and you are not sexually active (though you do not really know what this means; ask if the provider uses this term). You and your boyfriend kiss and hold hands. You’re not very interested in your boyfriend, and when you and your friends talk, you seem less interested in having a boyfriend than they are. This is bothering you, but overall things are “okay.” Before you had a boyfriend, you and your best friend (another girl) would sometimes “practice kissing” with each other. You enjoyed this experience, but you are scared to tell anyone about it. You open up to your physician about it only if the physician gains your trust and discusses confidentiality. You come from a religious family and are afraid of what your parents would think.

- You identify as: a girl who is questioning her sexuality
- You are biologically: female
- You are primarily attracted to: unsure
- You have sexual relations with: “practice kissing” with best female friend, kissing and holding hands with boyfriend

Observer Guidelines

Your overall goal is to note what worked well, what did not work well, and what seemed awkward or difficult.

- a. Did the provider establish rapport with the patient?

- b. What aspects of the interviewer's language (*e.g.*, mirroring patient language) and physical presence (*e.g.*, leaning forward or away from patient, eye contact) helped the provider establish rapport?

- c. Did the provider specifically ask about sexual orientation, gender identity, and sexual behavior using descriptive and explicit words like:
 - i. Oral, anal, vaginal, digital?
 - ii. Receptive, penetrative?
 - iii. Sex with men, women, or both?
 - iv. What is your sexual orientation?
 - v. Gender pronoun usage

- d. At what point(s), did the provider or patient seem uncomfortable (*i.e.*, specific words, gestures, concepts)?

- e. If people were uncomfortable, what did they do/what was their body language (*e.g.*, shifting in seat, playing with paper/pen, leaning forward/leaning back)?

- f. Were there topics that were shied away from (*i.e.*, patient mentioned "unusual sexual behavior" and provider changed topics) or vice versa (*i.e.*, patient shied away from certain topics and how they were asked)?

- g. Did the interaction enhance the patient-provider therapeutic relationship?

Case: Geriatrics Clinic

One Liner: Mr. Smith is a 75-year-old man who presents to clinic with difficulty with urinating.

Instructions

- 1) Divide into groups of at least 3 participants.
- 2) Choose whom will be the “patient,” whom will be the “provider,” and whom will be the observer. Hand-out appropriate role sheets.
- 3) For the designated time, you will conduct the patient interview focusing specifically on the sexual orientation, gender identity, and sexual behaviors.
NOTE: Medical diagnostics and the “content” of medicine is NOT the goal. Instead, strive to get a little more comfortable with comprehensive questioning.
- 4) After the case, the patient, provider, and observer should note: what was comfortable, uncomfortable, easy, and hard about the experience.
- 5) Take a personal moment to consider and jot down what you would like more information on, more practice with, etc.

Case: Geriatrics Clinic

One Liner: Mr. Smith is a 75-year-old man who presents to clinic with difficulty with urinating.

Provider Information

[You have already gathered your history of present illness (HPI), and the presentation is consistent with benign prostatic hypertrophy (BPH). Start the encounter by transitioning to a social and sexual history.]

- Setting: Internal medicine clinic
- Relationship to Patient: First-time encounter with you although patient is a regular to your clinic
- Provider: NP, RN, PA, MD - acting as a generalist
- Time: 5 minutes
- Goal for Encounter: Obtain a social / sexual history, focus on sexual history Additional Information: Patient is a regular to this clinic, but has no social history / sexual history on file.

Case: Geriatrics Clinic

One Liner: Mr. Smith is a 75-year-old man who presents to clinic with difficulty with urinating.

Patient Information: Mr. Smith

You are a 75-year-old gay man who is only out to close friends. You were previously married to a woman, and you have children and grandchildren. You have been waking up several times a night to urinate (from benign prostatic hypertrophy, already established by the provider during this visit). However, you are more concerned about your recent difficulty maintaining an erection, although you did not disclose this earlier in the visit. You disclose this information if you are asked if you have any sexual health concerns, but you do not bring this up if the provider does not ask you. You have been with your life-long male partner (your “roommate”) for 20 years and have not had this problem before. You avoid using pronouns when talking about your partner, sex, or difficulty with erections, and you disclose that your partner is male only if asked directly. You always revert to talking about your children when the line of questioning makes you uncomfortable.

- You identify as: gay male - but have never disclosed to a medical professional, not out at work or in general community. Note: You do not want this information in your medical file.
- You are biologically: male
- You are primarily attracted to: men
- You have sexual relations with: men (remote history with your ex-wife over 25 years ago)

Observer Guidelines

Your overall goal is to note what worked well, what did not work well, and what seemed awkward or difficult.

- a. Did the provider establish rapport with the patient?

- b. What aspects of the interviewer's language (*e.g.*, mirroring patient language) and physical presence (*e.g.*, leaning forward or away from patient, eye contact) helped the provider establish rapport?

- c. Did the provider specifically ask about sexual orientation, gender identity, and sexual behavior using descriptive and explicit words like:
 - i. Oral, anal, vaginal, digital?
 - ii. Receptive, penetrative?
 - iii. Sex with men, women, or both?
 - iv. What is your sexual orientation?
 - v. Gender pronoun usage

- d. At what point(s), did the provider or patient seem uncomfortable (*i.e.*, specific words, gestures, concepts)?

- e. If people were uncomfortable, what did they do/what was their body language (*e.g.*, shifting in seat, playing with paper/pen, leaning forward/leaning back)?

- f. Were there topics that were shied away from (*i.e.*, patient mentioned "unusual sexual behavior" and provider changed topics) or vice versa (*i.e.*, patient shied away from certain topics and how they were asked)?

- g. Did the interaction enhance the patient-provider therapeutic relationship?

Case: Emergency Room

One Liner: Jocelyn is a 20-year-old woman with acute right lower quadrant (RLQ) abdominal pain.

Instructions

- 1) Divide into groups of at least 3 participants.
- 2) Choose whom will be the “patient,” whom will be the “provider,” and whom will be the observer. Hand-out appropriate role sheets.
- 3) For the designated time, you will conduct the patient interview focusing specifically on the sexual orientation, gender identity, and sexual behaviors.
NOTE: Medical diagnostics and the “content” of medicine is NOT the goal. Instead, strive to get a little more comfortable with comprehensive questioning.
- 4) After the case, the patient, provider, and observer should note: what was comfortable, uncomfortable, easy, and hard about the experience.
- 5) Take a personal moment to consider and jot down what you would like more information on, more practice with, etc.

Case: Emergency Room

One Liner: Jocelyn is a 20-year-old woman with acute right lower quadrant (RLQ) abdominal pain.

Provider Information

[Triage vitals: Temperature 38.5°C or 101.3°F, Pulse 105 beats/minute, Blood pressure 110/70 mmHg, Respiratory rate 24 breaths/minute, Oxygen saturation 100% on room air]

- Setting: Emergency room
- Relationship to Patient: First-time encounter in the ER, no records on file
- Provider: NP, RN, PA, MD - acting as an emergency healthcare provider
- Time: 5 minutes
- Goal for Encounter: Social / sexual history, focusing on social history and counseling
- Additional Information: The patient has a positive urine Gonococcal and Chlamydial screen. Physical examination reveals cervical motion tenderness, and transvaginal ultrasound reveals a right-sided ovarian abscess.

Case: Emergency Room

One Liner: Jocelyn is a 20-year-old woman with acute right lower quadrant (RLQ) abdominal pain.

Patient Information: Jocelyn.

You are a 20-year-old female in the emergency room with right lower quadrant (RLQ) pain for the past few hours. You woke up this morning with a vague stomach (epigastric) ache that has steadily worsened throughout the day and is now localized to the RLQ with nausea and one episode of vomiting. You feel feverish and have chills. You have noticed purulent vaginal discharge for the past week but have not sought care previously because you were afraid that healthcare providers would judge your behaviors. You have been sexually active with 5 partners in the last 2 months, both men and women. You have vaginal intercourse with men and women (penile-vaginal, oral-vaginal, digital vaginal, and vaginal toys [dildos/strap-ons]). You do not use barrier protection with men or women. Your test results in the ER so far are positive for chlamydia and gonorrhea, as well as an abscess in your right ovary.

- You identify as: bisexual
- You are biologically: female
- You are primarily attracted to: men and women
- You have sexual relations with: men and women

Observer Guidelines

Your overall goal is to note what worked well, what did not work well, and what seemed awkward or difficult.

- a. Did the provider establish rapport with the patient?

- b. What aspects of the interviewer's language (*e.g.*, mirroring patient language) and physical presence (*e.g.*, leaning forward or away from patient, eye contact) helped the provider establish rapport?

- c. Did the provider specifically ask about sexual orientation, gender identity, and sexual behavior using descriptive and explicit words like:
 - i. Oral, anal, vaginal, digital?
 - ii. Receptive, penetrative?
 - iii. Sex with men, women, or both?
 - iv. What is your sexual orientation?
 - v. Gender pronoun usage

- d. At what point(s), did the provider or patient seem uncomfortable (*i.e.*, specific words, gestures, concepts)?

- e. If people were uncomfortable, what did they do/what was their body language (*e.g.*, shifting in seat, playing with paper/pen, leaning forward/leaning back)?

- f. Were there topics that were shied away from (*i.e.*, patient mentioned "unusual sexual behavior" and provider changed topics) or vice versa (*i.e.*, patient shied away from certain topics and how they were asked)?

- g. Did the interaction enhance the patient-provider therapeutic relationship?

Case: Internal Medicine Clinic

One Liner: Mr. Williams is a 37-year-old man who has come to internal medicine clinic to establish care as a new patient.

Instructions

- 1) Divide into groups of at least 3 participants.
- 2) Choose whom will be the “patient,” whom will be the “provider,” and whom will be the observer. Hand-out appropriate role sheets.
- 3) For the designated time, you will conduct the patient interview focusing specifically on the sexual orientation, gender identity, and sexual behaviors.
NOTE: Medical diagnostics and the “content” of medicine is NOT the goal. Instead, strive to get a little more comfortable with comprehensive questioning.
- 4) After the case, the patient, provider, and observer should note: what was comfortable, uncomfortable, easy, and hard about the experience.
- 5) Take a personal moment to consider and jot down what you would like more information on, more practice with, etc.

Case: Internal Medicine Clinic

One Liner: Mr. Williams is a 37-year-old man who has come to internal medicine clinic to establish care as a new patient.

Provider Information

- Setting: Internal medicine clinic
- Relationship to Patient: new patient encounter, not known to your clinic
- Provider: NP, RN, PA, MD - acting as a generalist
- Time: 5 minutes
- Goal for Encounter: Social / sexual history, elucidate reason for visit, clarify past surgeries and medications
- Additional Information: Mr. Williams is healthy 37-year-old man with no major medical problems, acute or chronic complaints, or significant family history. He is here to establish a new primary care provider and for an annual check-up. He notes on the intake form that he has had bilateral mastectomy.

Case: Internal Medicine Clinic

One Liner: Mr. Williams is a 37-year-old man who has come to internal medicine clinic to establish care as a new patient.

Patient Information: Mr. Williams

You are a 37-year-old transgender man who is seeing a new doctor to establish care because you did not feel that your last provider was fully comfortable with your gender identity and sexual orientation. You have no medical problems, and the only medication that you take is testosterone. The only surgery that you have had is a bilateral mastectomy. You have no known allergies, and no significant family history. You are out about your sexual orientation (pansexual) and gender identity (female-to-male transgender). You have not had ‘bottom’ surgery (*i.e.*, you still have your ovaries and uterus) though you have had bilateral mastectomies, and you have been on a stable testosterone dose for 5 years. You are currently monogamous with one male partner, and you have anal, oral and vaginal sex with your partner and use toys [anal plugs, dildos/strap-ons] and role-play with leather (whips, handcuffs). You have previously had female, male, and trans/genderqueer partners. You and your partner were both recently tested for sexually-transmitted infections and were both negative, so you have stopped using protection. Your primary goal in this visit is to ensure you’re healthy and to whether it is still possible for you to get pregnant. You are hesitant to bring up vaginal sex since you prefer to use male pronouns congruent with your identity; this makes discussing your genitalia inherently difficult.

- You identify as: a man (female-to-male transgender man)
- You are biologically: female
- You are primarily attracted to: the entire gender spectrum
- You have sexual relations with: currently with one man, but previously with men, women, genderqueer/trans people

Observer Guidelines

Your overall goal is to note what worked well, what did not work well, and what seemed awkward or difficult.

- a. Did the provider establish rapport with the patient?

- b. What aspects of the interviewer's language (*e.g.*, mirroring patient language) and physical presence (*e.g.*, leaning forward or away from patient, eye contact) helped the provider establish rapport?

- c. Did the provider specifically ask about sexual orientation, gender identity, and sexual behavior using descriptive and explicit words like:
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- f. Were there topics that were shied away from (*i.e.*, patient mentioned "unusual sexual behavior" and provider changed topics) or vice versa (*i.e.*, patient shied away from certain topics and how they were asked)?

- g. Did the interaction enhance the patient-provider therapeutic relationship?

Case: Gynecology Clinic

One Liner: Mrs. Sanchez is a 34-year-old woman who presents to clinic for an annual gynecologic exam.

Instructions

- 1) Divide into groups of at least 3 participants.
- 2) Choose whom will be the “patient,” whom will be the “provider,” and whom will be the observer. Hand-out appropriate role sheets.
- 3) For the designated time, you will conduct the patient interview focusing specifically on the sexual orientation, gender identity, and sexual behaviors.
NOTE: Medical diagnostics and the “content” of medicine is NOT the goal. Instead, strive to get a little more comfortable with comprehensive questioning.
- 4) After the case, the patient, provider, and observer should note: what was comfortable, uncomfortable, easy, and hard about the experience.
- 5) Take a personal moment to consider and jot down what you would like more information on, more practice with, etc.

Case: Gynecology Clinic

One Liner: Mrs. Sanchez is a 34-year-old woman who presents to clinic for an annual gynecologic exam.

Provider Information

- Setting: Gynecology/women's health clinic
- Relationship to Patient: Long-term patient whom you have not seen in several years
- Provider: NP, RN, PA, MD - acting as a women's health provider
- Time: 5 minutes
- Goal for Encounter: Brief update of past medical history, then focus on social history, including sexual history
- Additional Information: Mrs. Sanchez is gravida 5 parity 5 34-year-old woman who is currently healthy without any acute or chronic medical complaints. She presents for a yearly check-up but has missed the last few years appointments due to issues with transportation and not calling back to reschedule her appointments. Your previous records tell you that she is a G5P5005 with no medical or surgical problems, and she is on no medications. She identifies as a Catholic Latina and has stated before that she does not feel comfortable using birth control because it would be considered culturally unacceptable.

Case: Gynecology Clinic

One Liner: Mrs. Sanchez is a 34-year-old woman who presents to clinic for an annual gynecologic exam.

Patient Information: Mrs. Sanchez

You are a 34-year-old mother of five, who is seeing your gynecologist for an annual physical (though you have skipped the last few years). You have no medical or surgical problems, and you take no medications and have no allergies (none of this has changed in the past few years). You were married in your early twenties, as expected of you from your strong identification with the Catholic and Latino cultures. You are uncomfortable talking about sex, and you become withdrawn and closed off if the provider asks you about sexual activity. Your marriage has been strained because your husband expects to have sex with you whenever he wants, and you are culturally expected to oblige. However, you prefer not to have any more children, but your culture does not believe in birth control. Your husband would be very angry if he found out that you were using something to prevent pregnancy. Your husband becomes upset when you do not want to have sex with him, and he does not respect your decision to abstain from intercourse, sometimes forcing himself on you. Your mother has told you that your marriage problems are “your fault” for not appreciating your husband enough. You love your husband and want to make him happy, but you feel overwhelmed by your five children already and do not want to have any more. You feel helpless and have nowhere to turn.

- You identify as: a straight woman
- You are biologically: female
- You are primarily attracted to: men
- You have sexual relations with: men

Observer Guidelines

Your overall goal is to note what worked well, what did not work well, and what seemed awkward or difficult.

- a. Did the provider establish rapport with the patient?

- b. What aspects of the interviewer's language (*e.g.*, mirroring patient language) and physical presence (*e.g.*, leaning forward or away from patient, eye contact) helped the provider establish rapport?

- c. Did the provider specifically ask about sexual orientation, gender identity, and sexual behavior using descriptive and explicit words like:
 - i. Oral, anal, vaginal, digital?
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 - iii. Sex with men, women, or both?
 - iv. What is your sexual orientation?
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- d. At what point(s), did the provider or patient seem uncomfortable (*i.e.*, specific words, gestures, concepts)?

- e. If people were uncomfortable, what did they do/what was their body language (*e.g.*, shifting in seat, playing with paper/pen, leaning forward/leaning back)?

- f. Were there topics that were shied away from (*i.e.*, patient mentioned "unusual sexual behavior" and provider changed topics) or vice versa (*i.e.*, patient shied away from certain topics and how they were asked)?

- g. Did the interaction enhance the patient-provider therapeutic relationship?