

**University of Pittsburgh School of Medicine
Workshop on
Cultural Diversity, Awareness, and Acceptance
Freshman Orientation**

Class of 2011

Curtis Upsher Jr., M.S. and Amy Jones-Barlock, Ph.D.

August 15- 17, 2007

Training Format and Agenda^[1]

Wednesday, August 15, 2007; 1:15 – 5:00 PM – Scaife LR 2

A. Cultural and Ethnic Diversity, Awareness, Prejudice and Acceptance

I. Greeting and Introduction of Workshop Agenda 10 Minutes

II. History and Rationale for Diversity Workshops 5 Minutes

1. In 1991, as a result of a number of negative and discomfoting interpersonal and classroom incidents, suggesting a lack of cultural sensitivity and awareness, several second-year, African American medical students suggested a forum for discussing racial and cultural feelings and concerns among fellow medical students, faculty, and staff in the hopes of developing a more socially and academically comfortable environment for all students.
2. Workshop Objectives - To explore our thoughts, feelings, ideas and attitudes about race, culture, ethnicity, gender, sexual orientation, and social class. To consider how our perceptions about culture affects our relationships with others. To discuss how issues of diversity are relevant to the study and practice of medicine, personal development, and societal well-being.
3. Workshop Goals - To become sensitive to and aware of how our own personal beliefs, perceptions, and behavior affects the comfort, happiness, safety, and personal freedom of others who are different. To encourage a spirit of social, and academic fellowship where cultural differences are acknowledged and respected, and to encourage the development of an atmosphere of cultural understanding and acceptance for all students. To recognize and accept personal responsibility for our contribution to cultural understanding, and acceptance in our social environment.

III Faculty Panel Discussion 35 Minutes

IV “Power Shuffle”– Petersen Event Center - 2:00 PM 50 Minutes (incl. walking time)

V Participants Move to Petersen

VI Introduction of Training Facilitators - Name, connection to the University.

[1] Revision date 8-Aug-07

VII Shuffle/Process Shuffle; return to LR 2 40 Minutes

VIII CRASH Scenes (video) – Scaife LR2 - 3:00 PM 30 Minutes

Goals: To affirm the prevalence of racism, prejudice, and stereotypical thinking in American society and its effect in our social relationships and in society. To initiate discussion of racism, sexism, prejudice, and stereotyping as a “warm up” to promote participant, interest and comfort for personal sharing and discussion later.

IX CRASH Discussion – Scaife Study Group Rooms – 3:30 – 4:30PM 60 Minutes

Discussion should focus on the participants’ personal feelings and thoughts in reaction to the scenes shown. Focus should be to the existence of racism and prejudice, and its impact on those who are victims and to society as a whole. Explore the affects of racism and prejudice on the overall quality of life in our society. Encourage participants to share their own personal experiences and incidents of racism, discrimination, prejudice, bigotry, sexism, and homophobic behavior either as the object or perpetrator of the behavior or incident. Also solicit comments regarding physical, medical disability, and ageism. Explore and encourage discussion of the implications of our personal prejudices in the practice of medicine and provision of health care in a multicultural society. Suggested discussion points for each depicted scene are provided on the CRASH Discussion Guide which follows below.

CRASH Discussion Guide.

1. Scene: Blind Fear – Gun Shop
 - What factors contributed to the nature of the interaction among the characters in the scene.
 - Describe and discuss examples of racism, prejudice, stereotyping, sexism, and gender typing are evident in this scene.
 - Have you ever been in a situation similar to this where cultural, ethnic, gender, or sexual orientation differences were factors?

2. Scene: Blind Fear - Car Jacking
 - What is your initial reaction to the two black males at the beginning of the scene?
 - What is your initial reaction to the white couple as they walk down the street?
 - What is your interpretation of the woman’s reaction to the black males as she walks towards them?
 - What is your response to the one black male’s interpretation of the woman’s response.
 - Describe and discuss examples stereotyping, prejudice, racism, sexism, and stereotyping in the scene.

 - Do you believe that African Americans are “paranoid” or overly sensitive in regards to interpreting the behavior or reactions of white people? Explore the responses.

3. Scene: Blind Fear - Locksmith
 - Was the wife’s response to the car jacking justified?
 - Was her stated or inferred “woman’s intuition” regarding her premonition legitimate.
 - Did her behavioral contribute to or trigger the car jacking.
 - Was the husband’s response fair and appropriate?

- Describe and discuss examples of gender bias or sexism in the interaction between the husband and spouse.
- Describe and discuss examples stereotyping, prejudice, racism, sexism, and stereotyping in the scene.
- What do you feel might be the impact of the conversation in the home after the car jacking on the persons in the house, especially on the locksmith?
- Have you ever had a similar experience? What happened?
- If so, how has it affected or influenced your beliefs, feelings, attitudes, or behavior regarding cultural and racial difference or interaction?

4. Scene: Sobriety Test

- Was the officer justified in making the traffic stop?
- Did the husband's spouse's behavior contribute to the way she was treated
- Should the officer's partner have intervened and dissuaded his partner from his behavior.
- Was the husband's response appropriate?
- Are the officers racist?
- If this would happen to you, what would your response likely be?
- How would you feel if something similar would happen to you?
- What role does racism, sexism, prejudice, stereotyping, and bigotry play in this incident?
- Do you believe that the behaviors and attitudes portrayed by the officers in this scene are representative of police officers in most U.S. communities
- What impact does real and known incidents of these types have on people in our society?

5. Scene: Trust I (optional)

- What does the ex-partner mean when he says "...you think you know who you are? You have no idea."
- What is the implication of his statement for any of us?

6. Scene: Trust II - Accident (optional)

- Why do you believe the officer initially responds as he does to the accident?
- What do you believe the accident victim is feeling when she recognizes the officer?
- What is happening when the officer recognizes the victim?
- What happens that allows the officer to assist the victim?
- What do you believe her look(s) toward him after the rescue means?
- What do you believe his look at her afterwards means.
- Is this officer a racist?
- How were you feeling during this scene?
- What does this scene imply about racism, sexist, prejudice, and homophobia?

For further discussion:

In the scenes shown, was racism, prejudice, sexism, stereotyping, or homophobia major factors in the situations depicted or matters of perception and interpretation?

Are we as a culture in the U.S. or as people generally inherently racist, prejudiced, sexist, bigoted, or homophobic? Discuss and explain.

What role or responsibility if any, do you believe we have in the existence of racism, prejudice, bigotry, stereotyping, homophobic in your community, neighborhood, school, or place of work?

What affect does cultural, race, ethnicity, gender, sexual orientation, religion, physical appearance or disability play in how health care in the U.S. and world community is accessed or dispensed by ethnic and racial populations and, people in general?

What role or responsibility do you believe our medical educational and health care institutions have in addressing the issues of health disparities due cultural differences and cultural ignorance and insensitivity?

What role or responsibility do you believe you have in addressing the issues of health disparities in the community related to cultural differences, cultural ignorance, and cultural insensitivity?

X. Ethnic, Cultural, Gender, and Sexual Orientation Discussion Questionnaire
(Optional) Use as an engagement exercise to discuss cultural difference and sensitivity.

To facilitate comfort, energy, and to encourage openness about discussing feelings, attitudes about race, culture, ethnicity, sexual orientation, and gender.

1. Tell the participants that we are now going to discuss issues of ethnicity, race, sexual orientation, culture, and gender, and in a more personal way.

Tell the participants that they will not be required or forced to share their responses but that by doing so, a more interesting and meaningful discussion and group experience will be had.

See that all participants have paper and pencils or pens (to be supplied).
2. Tell the participants that writing their responses to a series of questions that you will read to them is optional.

The participants will then be asked to personally share their responses to each question with the group.
3. Read questions 8, 1, 2, 3, and 6 in this order from the **Ethnic, Culture, And Empathy Experiential Exercise Questionnaire**. Read each question one at a time, allowing 5 minutes or so for each answer before moving on to the next question if written responses are requested.

Solicit responses and discussion for each question in order, one at a time.
4. Break the participants into groups of four or five if you feel that this will facilitate more discussion. Otherwise process in large group format. Ask each group to discuss and answer on paper, Questions 10, 11, 12, and 9, in that order using the instructions in step 3 above.
5. Ask each group to share their responses to the above questions with the larger group if the small group method was used.
6. Discuss the terms and definitions on the ADL and companion handouts. Discuss how stereotyping, prejudice, and racist thoughts, feelings, and behaviors develop and are maintained.
7. Ask all participants to respond to question 14 from the Ethnic, Cultural, Gender, and Sexual Orientation Discussion Questionnaire and share with the larger group.

Focus on the participant's personal perceptions, awareness, and or indifference regarding ethnicity, culture, race, gender, and sexual orientation, particularly those who profess indifference to their own ethnicity. Culture and ethnicity may be less important to those who do not believe that they have been negatively affected by their ethnicity or race. Focus on the political, social, and economic realities of cultural difference in American society and the problem with attempts to minimize or present indifference to cultural differences in the United States.

8. Optional Exercise(s): Use one or both clinical case vignettes enclosed where extra time is available, or if the above exercise seems to have exhausted itself.

XI. Closure (Optional Discussion Exercise)

10 minutes

To summarize the feelings, emotions, and attitudes expressed in the workshop. To answer questions, to hear any comments, thoughts, or expressions the participants wish to make. To mediate conflict, administer to emotional discomfort and to effect closure to the session.

1. Give a "gift" to another (to share one's gratitude and appreciation for what they learned, felt, or gotten from another person or persons today). Acknowledge the person or persons openly and mention what you are grateful to them for.
2. Share present feelings (to share a thought or feeling with another person, or share one's feelings or thoughts about today's workshop experience with the group).

Total Time without Optional Exercises – Approx. 3.75 Hours

The “Power Shuffle”

Adapted From AMSA Diversity Training Manual

By Harrison Simms

Adapted by Curtis Upsher Jr. M.S., Amy Jones- Barlock, Paula Davis. University of Pittsburgh, School of Medicine. Pittsburgh, PA. 2006.

Everyone stands and gathers at one end of the room, after moving desks, chairs, etc., aside. The facilitator stands to the front and side of the group. The facilitator states that they will be giving the group a series of instructions. Participants are asked to follow the instructions silently, paying attention to who is with them and who is separated from them, and to feelings that come up while performing this exercise.

The facilitator states the following:

“In this exercise, we will be dealing with some sensitive issues. Before we begin, we ask that everyone agree to the following guidelines:

- Honor confidentiality. Anything shared in this room stays within this group. You may discuss this experience with others at a later time, but you must omit any identifying characteristic when discussing other participants.
- Unconditionally respect yourself and others.
- Speak only for yourself
- Actively listen: consider other peoples words as gifts
- No put-downs or hostile analysis. Avoid interpreting other people’s experience.
- Give caring feedback
- This exercise will include a dialogue, not a debate. There are no losers or winners in these exercises.
- Agree to disagree
- Everyone has the right to pass.
- It is okay to express your emotions
- No “rescuing”
- Take responsibility for your own learning – ask for what you need.

“Are these guidelines acceptable to everyone?”

“Remember that you can participate as much or as little as you feel comfortable. However, we do encourage you to take some risks with this exercise, because that is the best way for all of us to learn and grow.

“I will be giving you a series of instructions during the first portion of this exercise. Please follow the instructions in complete silence, paying attention to who is with you and who is separated from you, noting the feelings that come up while performing this exercise.

“You do not have to identify yourself as a member of a group that is called out if you do not wish to, but you should notice any feelings that come up about not identifying yourself. If you are not sure about which group you belong to, decide for yourself where it makes sense for you to go.”

With each instruction, the facilitator asks certain people to move across the room from the full group, turn, and look back. The two groups then stand still for a few seconds, observing each other and their own feelings. Then the facilitator brings them together again for the next “shuffle.”

For each category, the facilitator says: “Please step to the other side of the room if you are...[the category]. [Pause.] Notice who is standing with you. Notice who is not. [Pause.] Notice how you feel. [Pause.] Come back together. Phrases in parentheses in this exercise are alternative statements to use, depending on the composition of the group. It is extremely import for all trainers to read these instructions and understand the exercise before facilitating this exercise.

The exercise:

"Please step to the other side of the room if:

1. You are a woman
2. You are Asian, East-Asian/Indian or Pacific Islander
3. You are Latino/a, Chicano/a, or mestizo/a
4. You are of Arabic descent
5. You are Native American, or at least one of your parents or grandparents is full-blooded Native American Indian
6. You are African-American or black, or of African descent
7. You are of multi-heritage, and at least one of your parents or grandparents is a person of color
8. You are of Jewish heritage
9. You are 30 or over
10. You are 21 or under
11. You remember a time when your family didn't have enough money to make ends meet
12. You were raised by a single parent or currently are a single parent
13. You are a child of divorced parents
14. Your parent/s, or the people who raised you, did manual labor, clerical or service work to make a living
15. You were raised in a home where there was a nanny, maid, butler or chauffeur
16. Neither of your parents, or the people who raised you, attended college (*or*: received a college degree)
17. You were raised Catholic
18. You were in a situation where you felt everyone was more privileged than you
19. You have a visible or hidden physical disability or impairment
20. You are fluent in another language
21. You are an immigrant to this country
22. Your native language is other than English
23. You have ever been seriously or chronically ill
24. You come from a family where alcohol or drugs were/are a problem
25. You or a member of your family have ever been incarcerated or been in the juvenile justice system
26. Your family has been affected by mental illness
27. You are Christian
28. Have you ever questioned your sexuality, sexual orientation, or sexual identity
29. You are lesbian, gay, or bisexual (*always decide whether it is safe enough to call out this category but don't be overcautious; if no one walks across, you can point out the lack of safety in the group later*)
30. Someone in your family or a close friend is gay/lesbian/bisexual

31. You are the child or grandchild of a physician
32. You are a veteran
33. You are a vegetarian or vegan
34. You are or have been a smoker
35. You were raised by adoptive parents, or have an adopted sibling or child
36. You played a varsity sport in college
37. If you haven't walked, please do so now.

Other categories may be added as appropriate, and some of these can be deleted depending upon the composition of the group, the issues to be covered, and the amount of time available.

The facilitator then has participants walk to the center of the room and, for a few moments, mingle silently, making eye contact and acknowledging each other as people present together in this group. (CHECK FOR TIME BEFORE MOVING ON TO THE NEXT PART). Choose one of the following:

- A. Divide the group into smaller discussion groups (decide on how to divide in advance to avoid breaking the flow of the exercise.) Each group should have a facilitator. The facilitator should use the discussion questions listed below. Then bring the entire group back together for final discussion and processing. Ask people to share some of the major issues brought up in the small groups. Participants may then pair up to describe the feelings they had while doing this exercise. Finally, the whole group is brought back together and people are asked to share responses to the exercise.
- B. Ask participants to pair up to discuss the feelings they had during this exercise. After about 5-10 minutes, bring the entire group together for discussion and processing. Use the discussion questions listed below.

Questions for Discussion Following the Shuffle:

1. How did it feel to be in the group that had to walk across?
2. How did it feel to be in the main group and watch others cross?
3. Did you walk a little or a lot? How do you feel about that?
4. What surprised you during this exercise?
5. What is the significance of what you experienced during this exercise...for your school? For your own practice of medicine? For health care in general?
6. How would you feel if your doctor belonged to one of the groups mentioned in this exercise (not your own)?
7. How does this activity build community and individual courage?
8. If you were refraining from crossing the line at first, but later started to cross, why was that? (for example, increased confidence, trust, rapport with the group)

Ethnic, Culture, and Empathy Experiential Exercise Questionnaire

Nalini V. Juthani, MD, Joel S. Feiner, M.D. Department of Psychiatry. University of Texas, Southwestern Medical Center.

Adapted by Curtis Upsher Jr. M.S., and Amy Jones-Barlock, Ph.D. Consultants. Community Care Behavioral Health Organization, Pittsburgh, PA and UPMC South Side Medical Center, University of Pittsburgh, Pittsburgh, PA. 1997/2007.

Basic Questions to Ask:

1. How would you describe yourself ethnically, racially, sexually, or religiously at this time? Have you described yourself differently in the past?
2. Where did you grow up and who most influenced your choice of ethnic, sexual or religious identity?
3. List three aspects of your ethnic group that you appreciate the most and three aspects that you dislike the most.
4. What ethnic, racial, sexual, or religious groups do you feel you understand the best, other than your own group?
5. What ethnic, racial, sexual, or religious groups would you like to understand better?
6. What was your first experience or awareness of feeling different?

Additional questions:

7. Describe the ethnicity, race, sexual identity, or religion of the person on your right.
8. Were you born in the United States? If yes, how many generations of your family were born in the U.S. and where did the first immigrants come from?
9. What would you be willing to do to understand other ethnic groups better?
10. What are your feelings about being different in terms of:
 - a. skin color
 - b. language and accent
 - c. socio-economic class
 - d. educational status
 - e. religion
 - f. sexual; orientation
 - g. ethnicity
 - h. race
11. To Caucasians: How do you think people of color feel about their color identity?
To people of color: How do you think Caucasians feel about their color identity?
12. Have you experienced a sense of power or lack of power in relation to your:
 - a. ethnic identity
 - b. racial identity
 - c. place in your family
 - d. class identity
 - e. gender identity
 - f. professional identity
 - g. religious identity
 - h. sexual identity

13. Do you believe that cultural variables cause or contribute to mental illness? If so, how should treatment for treatment responses for mental illness be formulated?
14. Is it more frustrating or rewarding for you to treat people of your own culture, race, ethnicity, or sexual orientation? If so, why?

Thursday, August 16, 2007; 1:30 – 4:00 P.M. (or longer /w optional exercises) Scaife LR 2

B. Sexual Orientation and Sexual Identity Workshop

I. Explanation of this Workshop 5 minutes

1. Workshop Objectives - To explore our thoughts, feelings, attitudes, and perceptions about sexual orientation and alternate lifestyles. To discuss our awareness of and sensitivity to diverse sexual orientation, lifestyles, and behavior, and how our beliefs, perceptions, and behavior affects our relationships with others. To understand the clinical relevance of our personal beliefs about sexual orientation in the practice of medicine, as well as in our personal relationships and social interactions.
2. Workshop Goals - To become sensitive to and aware of our personal feelings and attitudes about sexual orientation and how they affect the quality of the lives of others and the social community as a whole. To understand the real and perceptual differences of lesbian, gay, bi-sexual, and heterosexual persons. To understand how homophobic attitudes are developed and perpetuated. To encourage a spirit of social, and academic fellowship where individual differences are acknowledged and respected in an atmosphere of social comfort and acceptance.

II. Physician Panel, Questions and Answers 45 Minutes

Discussion regarding the importance and relevance of one's attitudes and perceptions regarding sexual orientation and alternate sexual lifestyles in the practice of medicine. Questions and discussion.

III. Participants Move to Group Rooms 5 minutes

IV. Introduction of Facilitators & Participants/Warm-up 15 minutes

1. Your name, connection to the University; why you are here today, your interest in this issue (be brief)
2. **“30 Second Interview”** Participants must “interview” the person sitting on their left for 30 seconds, then be interviewed by the person on their right for 30 seconds. At the end of the minute, each person should introduce to the entire group the person seated on their left. Questions to ask:
 - **What is your name?**
 - **Where were you born and raised?**
 - **What is one of your strengths or assets?**
 - **In ten words or less, make a feeling statement or state a personal belief about cultural diversity**

V. Discussion of Panel 15 Minutes

VI. Group Protocol 5 Minutes

Tell the participants that they will not be forced to share their thoughts or feelings with others but that by doing so, a more meaningful discussion and interesting group experience will be had. Assure the group that you participated in similar workshops and that while we may not all agree at the end, we will endeavor to leave this workshop more knowledgeable and better for the experience.

VII. Exploration of Beliefs and Feelings

On the black board, draw the Likert Scale of Comfort as illustrated on the Sexual Orientation and Sexual Identity Discussion Questionnaire.

Each participant is to indicate his or her level of comfort with this subject using the scale you have drawn.

VIII. Sexual Orientation and Sexual Identity Discussion Questionnaire 40 Minutes

1. See that the participants all have paper, pencils or pens.

Tell the participants that written responses to the questions that you will ask them are optional.

Read questions 2, and 5 from the SOS Discussion Questionnaire. Give the group 5 minutes or so to consider, discuss or write answers to each of the questions.

Solicit individual responses to each question and encourage discussion. Reiterate that the goal is to encourage understanding, tolerance, acceptance, and to explore the reality related to others different sexual orientations.

2. Split the group into smaller groups of 4-5 persons **if you feel that this will facilitate more discussion and interaction.**

Ask the group(s) to discuss their responses to the questions you will read to them. Read questions 1, 3, 6, and 4 from the SOS discussion questionnaire. For question four, ask the group(s) to discuss the reasons for their comfort or discomfort with this topic. Allow 20 minutes or so for the groups to discuss and or record their responses.

IX. Discussion Comments on Sexual Orientation and Sexual Identity 15 Minutes

1. Sexual orientation is individual and can evolve over time – though not usually drastically. A person usually evolves into more of what one already is.
2. Choice - people make choices about behaviors, not about their feelings. Like heterosexuals, most gay men and lesbian women's sexual and romantic behavior is influenced by their FEELINGS.

Etiology of homosexuality. This is a socially loaded no win question. The genetic vs. social-environmental debate regarding the existence of homosexual continues. This question also assumes that all are born the same and that some where along the way a person chooses to change. It also infers that what is called a homosexuality is an abnormal medical or psychiatric condition. The real issue is what is sexual orientation or sexual identity, and does sexual orientation have to be manifested in the same way by all people. Refer participants to the article "Is This Child Gay?" in the Diversity Awareness Workshop readings on reserve in Falk Library.

3. Sexual orientation is more than an erotic description of a person. It describes one's sexual, romantic, intimate, and relational being just as for heterosexuals.
4. Sexual orientation is more than a behavioral description of a person.

5. While sexual behavior can be chosen, sexual orientation is not. One does not choose his/her feelings.

Explain the differences between sexual orientation, identity, and sexual behavior. Point out that all persons regardless of sexual identity or orientation vary in regards to the range of reasons for their sexual behavior and sexual orientation.

Discuss the fact that one's feelings vs. one's behavior can be different. Feelings can be romantic, erotic, platonic, or indifferent, while behavior involves one's actions, circumstances, or events, and can be influenced by a number of variables. This is true of all persons regardless of sexual orientation. Both heterosexuals and homosexuals present a range of sexual feelings and behaviors based on individual factors.

6. The terms heterosexual, homosexual, and bisexual are limited descriptions of a person's sexual and relational identity.
7. Homophobia is a fear or hatred of homosexuality that justifies the oppression of sexual minorities culturally. As in racism and anti-Semitism, discuss the role of stereotyping in maintaining fear, hatred, and intolerance.

Ask the participants to list and discuss some of the stereotypical terms, words, and beliefs about homosexuals.

8. Explain gender identification is our individual expression of what society defines and suggests as masculine and feminine. Masculine and feminine qualities exist in both men and women and can vary in their expression regardless of sexual orientation or identity for either sex.

BREAK (only if needed)

10 Minutes

X. Sexual Orientation - Doctor/Patient Exercise 20 Minutes

1. Group exercises – explain that some patients may come to the physician's office anxious, fearful, and or embarrassed by their sexual orientation. Some sexual minorities may have internalized many of the negative societal views and stereotypes about them. This may cause them not to disclose their orientation or to put off treatment.

Ask the group(s) to discuss why physicians need to know a patient's sexual orientation. Use the Sexual Orientation - Doctor/Patient Exercise sheet for answer suggestions.

Discuss as a large group.

Ask the group(s) to consider how the physician can help to make patients who are sexual minorities feel safe and more comfort sharing their sexual orientation to them. Use the Sexual Orientation - Doctor/Patient Exercise sheet for answer suggestions.

Discuss as a large group.

SEXUAL ORIENTATION - DOCTOR/PATIENT EXERCISE

Explain that some sexual minority patients may come to their doctors believing many of the stereotypes about themselves and that this internalized homophobia creates difficulty-disclosing orientation to the physician.

“Why do doctors need to know their patient’s sexual orientation?”

- Can help create trust in doctor/patient alliance
 - “Wellness issue”
- Information from patient is most important tool for a physician
- Information about patient’s life
 - Stressors
 - resources
- Access to information from partner
- One’s sex life is a piece of the overall health picture

e.g.: many diseases show decreased libido as a symptom

- Diabetes
- Heart disease
- Depression
- Doctors need to know a patient’s sexual behaviors to do an effective risk assessment and prevention strategy for HIV and STD’s
- Some diseases are more prevalent in sexual minorities

Examples – Alcoholism and nicotine addiction

- Impact of Homophobia
- Covert social life in bars
- Breast Cancer (lesbians)
- Lack of pregnancy to interrupt hormone cycle
- Legal/Ethical Issues

Many cities have ordinances that protect the rights of same sex partners in medical situations (including Pittsburgh – but not Monroeville)

- Homophobia has a medical impact often - depression, anxiety, stress related illnesses, etc.

“How can physicians help a patient to feel safe to come out to him or her?”

- Create an agreement around disclosure
- “Information about your life is crucial to my work with you. If you agree to be honest and open, I’ll agree to be accepting and non-judgmental ”
- Don’t presume heterosexuality
- Sexual history taking - ask direct questions
- Are you sexually active?
- With Men? With Women?
- Office Forms
- Married, single, etc.
- Include living with domestic partners
- Take yourself off the “expert hook”

- Acknowledge openly when you don't know a lot about it and encourage your patient to take the lead and help you understand
- Office Environment; display books, magazines, posters, pamphlets - that speak to sexual minority/health/awareness issues.

XI. Sexual Orientation and Sexual Identity Discussion Questionnaire - cont.

Optional 20 Minutes

Ask the participants to share their thoughts and feelings about Questions 1, 2, 3, and 4 on the SOS Discussion Questionnaire.

Encourage participants to share their comments with the larger group. Discuss and comment with the emphasis on disagreement of other sexual orientation vs. discriminatory and prejudicial behavior, or mistreatment of others.

XII. Sharing Feelings

10 Minutes

Ask the participants to discuss how their beliefs, feelings, perceptions about, and treatment of those of different sexual orientation and sexual identity may affect patients, present classmates, or others.

XIII. Closure (optional)

10 Minutes

To summarize the feelings, emotions, and attitudes expressed in the workshop. To answer questions, hear comments, thoughts, or expressions the participants wish to make. To mediate conflict, administer discomfort, and to effect closure to the session.

1. Give a gift to another (to share one's gratitude and appreciation for what they have learned, felt, or gotten from another person or persons today). Acknowledge the person or persons and mention what you are grateful to them for.
2. Share present feelings (to share a thought or feeling with another, or to share one's own feelings or thoughts about today's workshop experience).

Total Time without Optional Exercises – Three Hours

Sexual Orientation and Sexual Identity Empathy Questionnaire

Curtis Upsher Jr. M.S., Amy Jones-Barlock Ph.D. 1997/2004

I. Basic Discussion Questions (Individual and small groups)

1. What does it mean to be gay, lesbian, homosexual, or bisexual?
2. What is homophobia? Are you homophobic?
3. How does one become homophobic?
4. What is your personal level of comfort on a scale of 0-6 with others of different sexual orientation?

1	2	3	4	5	6
Extremely Uncomfortable	Very Uncomfortable	Somewhat Uncomfortable	Somewhat Comfortable	Very Comfortable	Extremely Comfortable

5. What has been your life experience(s) in context with your sexual orientation or identity?
6. What is your personal understanding of the life experience(s) of those whose sexual orientation or identity is different than yours?

II. Additional Questions:

1. How do you reconcile your belief about homosexuality with those persons whose views differ from yours?
2. How have your views regarding sexual orientation affected your relationships at home, school, work, and social activity?
3. Discuss your level of tolerance and acceptance of those whose sexual orientation is different than yours.
4. Discuss the relevance of tolerance regarding sexual orientation in your personal life, in medical school, and as a physician.
5. How could you become more tolerant, accepting, and understanding of those with different sexual orientations, preference, or identities than your own? Would you be willing to do these things?

Friday, August 17, 2007; 1:30 PM – 4:00 (or longer /w optional exercises) Scaife LR 1

C. Exploring Issues of Gender within the Culture of Medicine

I. Introduction of Training Facilitators & Participants 5 minutes

1. Your name, connection to the University
2. Why you are here today, your interest in this issue (be brief).

II. Brief Explanation of this Workshop 5 minutes

1. Workshop Objectives - To discuss our thoughts, feelings, and ideas about gender, gender role, and the differences between men and women. To explore our perceptions regarding gender and examine how they affect our relationships with the opposite sex.
2. Workshop Goals - to become more aware and sensitive to our personal feelings and attitudes about gender differences. To discuss the differences between men and women and how our personal beliefs and perceptions may affect male/female relationships. To understand how sexist attitudes are developed and perpetuated. To encourage a spirit of social and academic fellowship where gender differences are acknowledged and respected.

III. Physician Panel & Discussion 45 Minutes

IV. Video – Video segment(s) of “Wit” 45 Minutes

V. Participants Move to Group Rooms - Introductions 10 Minutes

1. Facilitator intro self; round robin introduction of participants – have each say their name and where they were born and raised.

VI. Participants discuss and process video segment(s) 45 Minutes

Discussion considerations for “Wit”

Explore the main character's life as a woman. Consider how her gender impacted her life in general, her professional role, and her response to her medical treatment. Consider her apparent lack of family and main partnership support.

Observe and discuss, where apparent, the impact of the women on each other in the film. Are they supportive, caring, guiding, understanding, withholding, firm, etc.? Discuss what factors influence these relationships.

Observe the male roles. How does gender impact the lives of the men, their response to and in relationships, and their professional and personal lives?

Discussion Questions for “Wit”

1. How do we look at the structure, workflow and training of physicians in hospitals?
2. Is the current training model in medicine "Masculine" i.e. (hierarchical and linear)?

3. How can "feminine" traits or relational approaches (usually practiced by Social Workers, Nurses, Mental Health therapists, and some Psychologists) be integrated into the current medical training model? Is there a need for this approach?
4. Are there prescribed "cultural" roles for the main characters presented in the film?
5. How would you describe or interpret the main character's presentation or personal essence from a gender perspective; does socioeconomic status, education and marital status have an impact on the main character's experience?
6. Is the "system" that produced the character "Jason", sterile and non-relational in how services are taught to be administered and actually dispensed? Discuss the rationale for the approach or philosophy utilized in traditional medical training.
7. Discuss whether there exists a "culture" specific to the educational process and practice of medicine. Describe this culture if you feel that one does exist here, and in your training.

VII. Exploring Gender Roles – OPTIONAL DISCUSSION POINTS

The Goal is to facilitate comfort, energy, and to allow openness regarding one's feelings, attitudes, and beliefs about gender and sex differences.

Gender Roles and Power

Ask the men to discuss how they learned to be a man or understood what it meant to be a man.

Ask the men to discuss what is hardest about being a man? What do they resent about being a man?

Ask the men what is power? Distinguish between power and strength. (Consider the "politics" of power in terms of gender in culture).

Ask the men if they believe that they have power and if so how they acquired it.

Ask the men if they believe that they possess more power than women? Ask the men why they believe that they do or do not possess more power than women?

Ask the women to respond to the men's answers and to elaborate on the latter two questions from their point of view.

Gender Roles and Partnership

1. Break group into mixed groups of 4-5 participants.

Ask the groups to discuss if they have experienced successful partnership in their lives. Ask them to consider all types of partnerships - parents, friends, school, work, lovers, etc.

Ask the groups to consider their less successful partnerships. Ask them to identify why the partnership failed.

Ask the groups to consider if same sex partnerships are more successful than mixed sex partnerships. Why? Why not?

Ask the group as a whole what could be done to improve successful partnerships between men and women.

Ask the group what they are willing to do now to improve partnership endeavors between men and women.

VIII. Gender Clinical Case Exercises (Optional) - ATTACHED

IX. Closure

10 Minutes

To summarize the feelings, emotions, and attitudes expressed in the workshop. To answer questions, to hear any comments, thoughts, or expressions participants wish to make. To mediate conflicts, administer to emotional discomfort, and effect closure to the session.

(Optional)

1. Give a gift to another (to share one's gratitude and appreciation for what they have learned, felt or gotten from another person or persons today, acknowledge the person or persons and mention what you are grateful for).
2. Share present feeling (to share a thought or feeling with another, or to share one's feelings or thoughts about today's workshop experience).

Total Time without Optional Exercises - Three Hours

GENDER CLINICAL CASE EXERCISES

1. A 55 year old, Puerto Rican woman presents to the hospital ER on several occasions with persistent cluster headaches which occur in conjunction with consistent tearing of the eyes. Past efforts to treat the symptoms as a sinus disorder have yielded no relief.

Consider what additional factors may be involved and what other options or approaches you as a treatment team member might consider in this woman's treatment.

Other facts of the case:

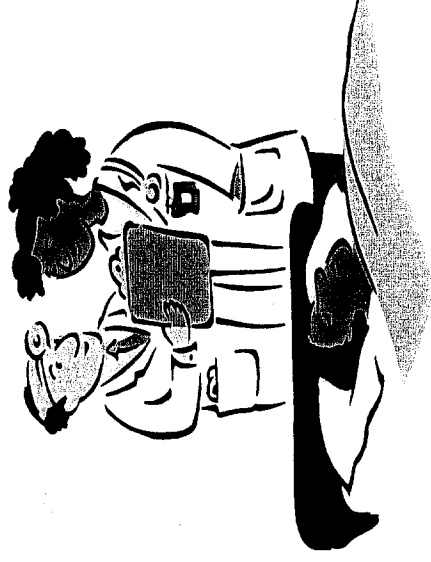
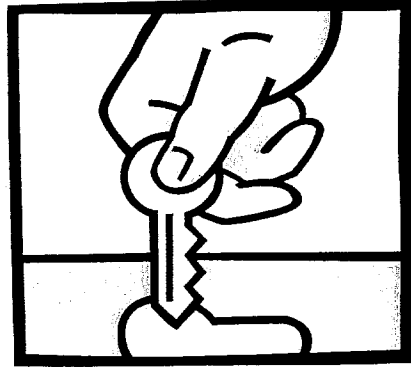
After feeling at loose ends, the resident asks the social worker to assist in an interview. Inquiry about her family history and relationships revealed that the patient had been caring for a 13 -year-old grandniece intermittently since birth, as her mother is alcoholic. In addition, the patient had left Puerto Rico two years ago in mourning over her father's death to live with her daughter in New York City. Further discussion revealed that patient viewed her inability to control her grand niece's rebellious behavior as an indication of her own failure in the eyes of God and her deceased husband.

Discuss above in context of the relevance of culture in medical treatment.

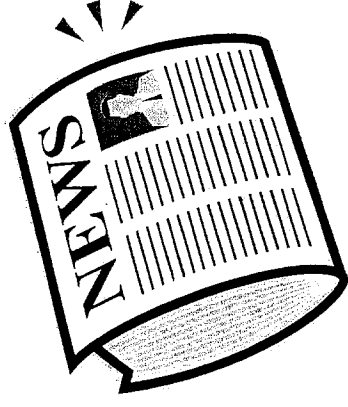
2. A 30 year-old married female patient with two children from a traditional Roman Catholic, Italian family is admitted to your unit. She has lived in the US since she was 10 years of age. She is married to a 45-year-old Italian-American male. The patient's chief complaints are chest and abdominal pain, and frequent dizziness. Multiple bruises on the chest, stomach, and back were observed upon examination. You suspect that this patient may be a victim of spousal abuse.

Discuss what the treatment team's approach to this case should be. What factors need to be taken into consideration? Is this patient's ethnic background a factor in the diagnosis and or treatment planning? Explain and discuss.

**RACIAL & ETHNIC
DISPARITIES
IN HEALTH
ACCESS AND
OUTCOMES**



New York Newsday “The Health Divide”

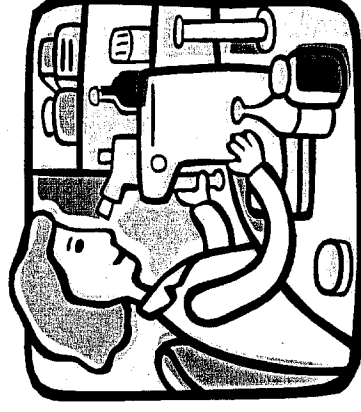


Highlight Causes For Health Divide

- LACK OF EFFECTIVE COMMUNICATION
- LEVELS OF INSURANCE OR NO INSURANCE
- ABSENCE OF PROVIDER EDUCATION IN MINORITY COMMUNITIES
- MEDICAL PROFESSION STEREOTYPING

- LACK OF QUALITY PRIMARY CARE IN MINORITY NEIGHBORHOODS
- LACK OF ADMITTING PRIVILEGES
- SHORTAGE OF BLACK, HISPANIC AND NATIVE AMERICAN DOCTORS.
- CONSCIOUS AND SUBCONSCIOUS BIAS BY THE MEDICAL SYSTEM

SCHULMAN, BACH et al. STUDIES/JAM



The study found that a patient's
race and sex influenced a
physician's treatment decisions.

Healthy People 2010 Goals

- Increase quality and years of health life
- Eliminate health disparities which focus on six areas.

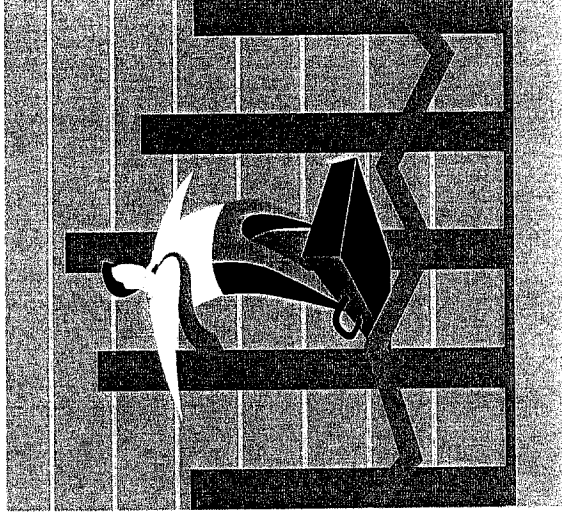
Healthy People 2010

- Cardiovascular Disease
- Cancer
- HIV/AIDS

- Diabetes
- Infant Mortality
- Immunizations

Results

- OCR Developed a two track system
- Outreach
- Investigate



Conference Action Setup

- Convene regular meetings
- Establish working groups
- Education of Practitioners (Medical Societies)
- Increase Community Outreach

- Establish linkage between Community & Health Providers
- Providers request assistance from OCR
- Identify access barriers

How to Identify Access Barriers

- Evaluate
- Modify
- Institute

OCR Initiates Action



Region II spent several months meeting with medical professionals, faith based organizations, community based organizations state and local government officials.

- Region II opened dialogue with Regional Officials and Headquarters.