



fabulous Exciting class Exercise Facilitator Guide

This document is created with internal links and bookmarks. Read the general information and then click through the questions to learn how to best facilitate your school's event. You can also read the entire document straight through or use the scrolling feature at the edge of the window to navigate.

GENERAL INFORMATION

STARTING THE EXERCISE:

As participants enter the room, you'll want to ask everyone to fill out a copy of the survey in blue or black ink. Remind them that they should not put their names on the surveys in order to maintain anonymity. I like to jokingly remind participants that if they want to share personal information with their classmates, there are better ways to do it than through this exercise.

Begin collecting the surveys as soon as folks finish with them. If you are serving lunch, they can fill them out as they eat, but the activity can't start until they have all turned them back in. I like to make a large pile at the front of the room with the surveys face down to maintain anonymity. Once all the surveys are in, you or several group members can pass them back out. Tell the group that they will each receive an anonymous survey, and remind them that even if they recognize some aspect of it, they should keep it quiet. In addition, I like to remind people that if they receive their own survey they should also stay quiet, as no one will know unless they say something about it. It doesn't matter whose survey they hold, as long as they have one. If you can have your assistants hand out the surveys while you go through the beginning powerpoint, this is the best arrangement.

Go through the first 5 slides of the presentation, which basically articulate the goals of the presentation, and explain why it is important for physicians to be comfortable with this information. See below on how to modify the presentation to coordinate with specific days of action.

Confirm that everyone has a survey, and then begin the exercise with a practice question. Remind participants that they will be responding to the questions by standing if their SURVEY indicates that they should stand, NOT based on their own experiences. I usually use the gender question as a practice question, asking everyone whose survey indicates that they are male stand up. Confirm aloud that there is a mixed group, indicating that folks are responding based on the surveys. I also like to remind them that if they accidentally respond based on their own experience, rather than the survey, to simply remain standing. No one will know that they have made an error (and revealed something about their experiences) unless they say something.

THINKING ABOUT ERROR:

In order to reassure participants about the information we're learning in this session, I like to look at the last question (which asks whether respondents have lied on the survey) first. I ask individuals whose surveys indicate that they HAVE lied to stand up. I emphasize that this number basically gives us a +/- error range for our numbers (ex. if 3 people stand up, then the groups we look at should be interpreted as +/- 3 individuals), which usually indicates a reasonable amount of certainty about the responses.

ASKING QUESTIONS:

From here, you can proceed in a variety of ways, depending on your comfort with the material and the focus of your activity. I like to start with a few scripted questions (see below for some examples) and then open the activity up to the group. You can listen to an excerpt of me facilitating the event at the University of Michigan as an example of how the activity can go.

IS YOUR EVENT LINKED TO A PARTICULAR DAY?

NATIONAL COMING OUT DAY	WORLD AIDS DAY/WEEK	LGBT HEALTH AWARENESS WEEK	NO, MY EVENT IS A STAND-ALONE EVENT.
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NATIONAL COMING OUT DAY

If you are running the event as part of National Coming Out Day, you will likely want to emphasize those questions that are related to coming out, and focus discussion in that direction. You may want to add a slide about coming out, or about LGBT health disparities, though this is not required. (Consider the various National Coming Out Day materials available on the AMSA website as a source of information or extra slides.)

Make a list of points that you want to make during the exercise. These might include (but are certainly not limited to):

- Many individuals have never been asked about their sexuality by their doctors
- Many individuals, even those who identify as heterosexual, have wished for a safe place to discuss sexuality
- Behavior, rather than identity, determines risk in many cases, so even as we talk about coming out it's important to remember that no matter what your patient is willing to tell you about sexual identity, you should ask a full range of questions about sexual behavior (You may want to mention that one important exception here are the mental health problems that LGBT people experience, in large part because of their stigmatized role in society.)

You'll want to emphasize these points throughout the exercise, so mark a copy of the survey with those questions that directly address these issues as well as those that you think connect naturally.

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WORLD AIDS DAY/WEEK

If you are running the event as part of World AIDS Day or Week, you will likely want to emphasize those questions that are related to HIV risk and how we, as clinicians, determine and talk about HIV risk. You may want to add a slide to the presentation on how HIV is transmitted, or the epidemiology in your region.

Make a list of points that you want to make during the exercise. These might include (but are certainly not limited to):

- Behavior, rather than identity, determines risk in many cases, so even as we talk about coming out it's important to remember that no matter what your patient is willing to tell you about sexual identity, you should ask a full

range of questions about sexual behavior (You may want to mention that one important exception here are the mental health problems that LGBT people experience, in large part because of their stigmatized role in society.)

- People of every gender and sexuality engage in a wide variety of sexual practices, so HIV risk cannot be assumed based on identity.
- Masturbation, either alone or with a partner, is often a safer sexual practice. It is important to ask patients about the whole range of potential sexual experiences, and potentially to emphasize (mutual) masturbation as an alternate way of being intimate without high levels of risk.

You'll want to emphasize these points throughout the exercise, so mark a copy of the survey with those questions that directly address these issues as well as those that you think connect naturally.

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LGBT HEALTH AWARENESS WEEK

If you are running the event as part of LGBT Health Awareness Week, or a similar week of activities, you will likely want to emphasize those questions that are related to LGBT identity and experience, and how those affect health. You may want to add a slide or two to the presentation about LGBT health disparities (see the presentation on LGBT Health 101 for more information).

Make a list of points that you want to make during the exercise. These might include (but are certainly not limited to):

- Many individuals have never been asked about their sexuality by their doctors
- Many individuals, even those who identify as heterosexual, have wished for a safe place to discuss sexuality
- Behavior, rather than identity, determines risk in many cases, so even as we talk about coming out it's important to remember that no matter what your patient is willing to tell you about sexual identity, you should ask a full range of questions about sexual behavior (You may want to mention that one important exception here are the mental health problems that LGBT people experience, in large part because of their stigmatized role in society.)

[CONTINUE TO MORE GENERAL INFORMATION](#)

MORE GENERAL CONSIDERATIONS

Whether you have a particular day or week of action that drives the focus of your event, or simply think that this is an exciting exercise, you'll want to start with a list of points you want to make throughout the exercise. These might include (but are certainly not limited to):

- We all assume that we are normal, and that most individuals have similar experiences to us. No matter your sexual orientation or gender identity, it's important to take a comprehensive sexual history.
- People of every gender and sexuality engage in a wide variety of sexual practices, so behavior cannot be assumed based on identity.
- Far more people than we like to think have experienced unwanted sexual experiences, both as children and as adults. It is important to ask questions about childhood sexual abuse, as well as adult unwanted sexual experiences, as many individuals never tell anyone about their experiences.

- We all hold assumptions or stereotypes, whether they are about women and use of pornography, or men and faking orgasms, and we must constantly be prepared to discover that these assumptions are false!

Look over the list of questions on the survey, and think about what is most interesting to you, and whether there are combinations of questions that you think might dispel stereotypes or force people to think about their assumptions. Make a list of these questions, and think about how you might weave them into a presentation. You can listen to the recording of me giving the presentation to get a sense of how I connect the questions with the important messages. I tend to facilitate relatively informally, but the exercise will work equally well if you want to write a more scripted presentation for yourself. Here is how I tend to think about the questions and the points I want to make:

POINT: We all hold assumptions or stereotypes, whether they are about women and use of pornography, or men and faking orgasms, and we must constantly be prepared to discover that these assumptions are false.

QUESTION:

11. For this question, circle all that apply:
I have used (bondage toys) (sex toys) (pornography) as part of my sex life.

WHAT I SAY: Let's look at question 11. Please stand up if your survey indicates that you have used pornography as part of your sex life. Look around the room – there are a lot of people standing. Some of you are thinking “Of course there are a lot of people standing, I use porn all the time,” and others of you are thinking “Oh my god, I had no idea.” No matter what you're thinking, here is reality. Now, I'd like to have everyone whose survey says that they are male sit back down. That is, if you are a female who has used pornography as part of your sex life, please stand up. Let's look around again. I remember several years ago when I was facilitating this, a woman in the front row turned to her male friend and after I asked this question said “See, I told you so.” He was shocked. Whether you're shocked or this simply confirms what you always suspected, we can take away from this the understanding that many women do, in fact, use pornography as part of their sex lives, and we should recognize that when we talk to our patients. More importantly, we should recognize that we must constantly question the assumptions we hold about sex and sexuality.

When you lead the activity, you can either work from a prepared list of questions you've made, or you can open up the exercise to the group. (If you're not going to open it up, remove the “Discussion Questions” slide from the presentation.) If you open it up, you'll want to have thought about how you want to handle each of the questions (particularly those that are almost guaranteed to come up, such as questions 8, 9, and 10, about sexual intercourse, oral sex, and anal sex respectively). This is how I prefer to facilitate, but you can cover all of your points no matter how you do it.

OTHER THINGS TO THINK ABOUT

IS YOUR GROUP PARTICULARLY SMALL?

If you have a small group, you may need to think carefully about how many questions you can pair together. For example, if only 5 men attend your session, you may not want to break questions down by gender in order to avoid identifying particular individuals. You can make this type of announcement before you start with the questions, stating simply that the size of your group will not allow for specifying questions by gender. If you suspect that this will occur and are uncomfortable about the possibilities, you can avoid even having to address it by not opening the questions for participant contributions and simply use a list that you have prepared yourself.

IS YOUR SCHOOL PARTICULARLY CONSERVATIVE?

Even less progressive individuals need to understand the importance of a sexual history! By facilitating in a way that emphasizes the health implications of questions, rather than the need for social acceptance, you can often make this a sensitive and thoughtful presentation even in a group of folks who may be hostile to the idea of caring for LGBT patients or talking about sexuality at all. You can ensure that the list of points you want to make during the presentation are politically neutral and really address only the medical aspects of all of this. If you are nervous about the types of questions you will get, you can avoid this by not opening the questions for participant contributions and stick to a prepared list that you are comfortable with. Here is an example of how I might facilitate a question in a more conservative group:

POINT: We all assume that we are normal, and that most individuals have similar experiences to us. No matter your sexual orientation or gender identity, it's important to take a comprehensive sexual history.

QUESTION:

8. I (have) (have never) had sexual intercourse.

WHAT I SAY: Let's look at question 8. Please stand up if your survey indicates that you have never had sexual intercourse. There are a lot of individuals standing. Please sit down. Now, please stand if your survey indicates that you HAVE had sexual intercourse. There are also a large number of individuals standing in this group. We tend to assume that our experiences are normal, and that most people have had similar experiences to ours. What this question really indicates is that no matter what our experiences are, there are going to be a large number of individuals who have had different experiences. In order to know what kinds of risks our patients are experiencing, and how to counsel them about their health, we need to know what they are doing, and our assumptions aren't going to give us the information we need – we have to ask.

If you have any questions please email:

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Sponsored by the Gender & Sexuality Committee

For more info: www.amsa.org/gender

