

# Pilot Study of a Gender and Sexual Minority Patient Sensitivity Curriculum for Prehospital Emergency Medical Technician Students



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## Abstract

Many gender or sexual minority (GSM) patients avoid preventative healthcare due to fear or previous experience of discrimination, harassment, and harm from medical providers. This may lead to a higher proportion of GSM patients utilizing emergency medical services, which means that providing high—quality patient care in this arena is especially crucial. While GSM patient sensitivity training for medical providers has had a positive effect on patient care in in—hospital emergency settings, research on similar training in prehospital emergency settings is lacking. Using a pre—/post—test design, this pilot study aimed to explore the potential feasibility and acceptability of a short training video on GSM patient care for Emergency Medical Technician (EMT) students in a hospital—based emergency medical services (EMS) course in Minnesota. Five out of thirteen (38.5%) students enrolled in the course completed the study. Three dimensions of comfortability working with GSM patients, and five dimensions of competency working with GSM patients, were addressed in the video and targeted in the pre— and post—tests. Results, while limited, indicate a high degree of existing comfortability working with GSM patients in a prehospital emergency setting. Additionally, competency working with GSM patients improved for all students between the pre— and post— tests. Students were most interested in learning about specific risk factors and health care needs of GSM patients and transgender health in future GSM patient sensitivity training. Limitations of this study include a small convenience sample, with high potential for bias as well as limited power and generalizability. However, the results of this pilot study may serve as a foundation for future research in this area.

## Introduction

The lack of access to quality healthcare for gender or sexual minority (GSM) people is well—documented in the United States. The GSM population include people who do not identify as heterosexual and/or as cisgender. Many GSM patients avoid routine or preventative healthcare due to fear or previous experience with discrimination, harassment, and harm from medical providers; this may lead to a high proportion of GSM patients utilizing emergency medical services [1]. Even then, GSM patients report harmful experiences in emergency departments (EDs), as well as ED avoidance due to previous or anticipated discrimination and harm [2,3]. This creates a three—pronged issue: failure to address the original medical problem; GSM patients may be harmed by their experiences in emergency care; and GSM patients may refuse to seek medical care in the future due to these experiences. This is compounded by existing GSM health inequities, including disproportionate effects of the ongoing COVID—19 pandemic [4]. As GSM identity is not always relevant or even known by a provider, it is important that medical providers create a comfortable and safe treatment setting with adequate care for all patients,

so that GSM patients do not need to disclose their identity in order to advocate for better treatment.

To this end, patients, providers, and academics alike have called for increased GSM patient sensitivity education for medical providers in order to improve GSM patient experiences and outcomes [2,3,5—14]. This is in addition to other measures creating a more welcoming environment, such as using inclusive electronic health records and all—gender bathrooms, as well as clear policies prohibiting discrimination based on sex, gender, or sexual orientation [11]. It should be noted that none of these suggested interventions yet have substantial, concrete evidence that they are effective in improving GSM patient outcomes. However, based on studies that document the experiences and suggestions of GSM patients in healthcare settings, sensitivity education for medical providers is regarded as one of the most important measures to improving these outcomes [2].

In general, medical schools provide a median of 5 hours of GSM—specific content, with a third of schools providing none at all [15]. Emergency medicine residents receive only 45 minutes of GSM—specific content, on average

[8]. There are no specific GSM patient sensitivity guidelines available for emergency general surgeons [16]. Furthermore, Bristol, Kostelec, and MacDonald in their 2018 study on the efficacy of GSM patient sensitivity training in EDs found that 85% of ED staff had never previously received GSM patient education. This same study indicated that, for an in-hospital ED setting, sensitivity education is effective for medical providers [17]. However, little is known regarding GSM patient experiences in a prehospital emergency setting, or GSM-specific sensitivity training for prehospital providers.

The National Highway Traffic Safety Administration, which governs prehospital emergency services, recognizes GSM patients as a special patient population well within the scope of prehospital emergency medical providers [18]. In this context, a “special patient population” refers to patients with a distinct set of care considerations that differ from the general population; however, unlike for other special patient populations such as pediatric patients, GSM-specific content is not currently required as part of the National EMS Education Standards [19]. One 2015 study conducted in Maryland by Jalali, Levy, and Tang that surveyed EMS education program directors found both high interest and need for GSM-specific education [20]. Only a third of programs in the study already included GSM sensitivity training, but 100% of respondents indicated interest in specific GSM health issues. To meet these needs, this pilot study aims to explore the potential feasibility and acceptability of a GSM patient sensitivity training video for emergency medical technician (EMT) students in an EMS education program in Minnesota.

## Methods

### *Study Design*

This pilot study used a pre-/post-test design to evaluate the feasibility of a short training video covering several aspects of GSM patient care in a prehospital emergency setting at the EMT level. Questions in the pre- and post-tests were based on previous literature and were designed to gauge student comfortability and competency working with GSM patients before and after watching the training video [10,17,20]. The pre- and post-tests themselves were largely based on the 2018 survey in Chisolm-Straker et al [10]. This study was deemed exempt from review by the University of Minnesota Institutional Review Board. The pre-test and post-test can be found in Appendix 1 and Appendix 2, respectively.

### *EMS Education Program*

Students were recruited from a hospital-based EMS education program EMT completion course in Minnesota. The semester-long course is designed for students with previous EMS training, such as an Emergency Medical Responder (EMR) certification. The course largely utilized scenario-based learning, using a “flipped classroom” approach where students watch lectures and study before arriving at class. Thirteen students were enrolled this semester. Because of the small sample size, student demographics were not collected and cannot be discussed for participant privacy. In general, course enrollment is comprised of firefighters, undergraduate college students, and those looking to switch careers. The course was scheduled to take place between February and May, 2020. However, due to the COVID-19 pandemic, the course was cancelled in March, 2020 for the remainder of the semester.

### *Video Creation*

An approximately eight minute-long training video was created specifically for this pilot study, using Microsoft Video Editor Version 2020.19111.24110.0 (Microsoft Corporation, Redmond, Washington, USA), based on the seven GSM education topics posed to survey respondents by Jalali et al. (2015), as well as several recommendations from peer-reviewed literature [2,3,7,9,10,12–14,20]. The video was designed to address three dimensions of comfortability working with GSM patients: (1) willingness to treat GSM patients; (2) asking for a patient’s pronouns; and (3) using the name provided by the patient, regardless of official documentation; and five dimensions of competency working with GSM patients: (1) ability to describe the difference between sex, gender, and sexual orientation; (2) ability to describe specific GSM health inequities; (3) refraining from asking intrusive questions not related to the chief complaint; (4) refraining from performing intrusive physical exams not related to the chief complaint; and (5) giving report to another provider when handing off patient care.

The video was formatted similar to a slideshow presentation with narration and closed-captioning. As students in this course were familiar with scenario-based learning, the video ended with two simulated GSM patient scenarios at the EMT assessment level. The standard patient assessments, which are taught to all National Registry-certified EMTs in the United States, began with impressions of the patient and surrounding context (“scene size-up”) and end with giving an appropriate “situation-background-assessment—recommendations” (SBAR) patient treatment report to

another healthcare provider when handing off patient care. Throughout the assessment, specific opportunities for providing GSM—sensitive assessment and care were noted.

### Data Collection

Students were given a flier with study information during class, as well as a link to the study online via email. This study was conducted using Qualtrics XM Version February 2020 (Qualtrics, Provo, UT, USA). Students were made aware that participation in the study was voluntary and anonymous, and that responses would not impact their course performance. The study link was available to students from February 26, 2020 until April 29, 2020, which included the consent form, pre—test, training video, and post—test. Participation was expected to take between 20—30 minutes; the average participation time for each student was approximately 24 minutes.

### Analysis

Exploratory analysis was conducted using Microsoft Excel Version 16.0.12730.20270 (Microsoft Corporation, Redmond, Washington, USA). Due to small sample size and subsequent lack of statistical power, analysis was limited to data summary and visualization.

## Results

Five out of 13 students (38.5%) completed both the pre— and post—tests and watched the training video. One additional student completed the pre—test, but did not watch the video or complete the post—test; data from this student are not included here. Of these five students, only one indicated that they had previously received formal training on care for GSM patients in a healthcare setting.

Results for the three questions regarding EMT student comfortability with aspects of GSM patient care are visualized in Figure 1. The number of “strongly agree” responses for comfortability treating a GSM patient increased from 3 out of 5 from the pre—test to 4 out of 5 on the post—tests. The number of “strongly agree” responses to questions regarding comfortability asking for a patient’s personal pronouns (n=4 out of 5) and using a patient’s preferred name even if it differs from official documentation (n=5 out of 5) remained the same between the pre— and post—tests.

Five questions on specific aspects of GSM patient care were included in the pre— and post—tests. Questions with a target response of “strongly agree” include:

*“I understand, and can explain, the difference between sex, gender, and sexual orientation.”*

*“I can describe several specific health risks for gender or sexual minority (“LGBT+”) patients.”*

*“I can give an appropriate situation—background—assessment—recommendations (SBAR) report about a gender or sexual minority (“LGBT+”) patient when handing off care to another provider.”*

Questions with a target response of “strongly disagree” include:

*“I should always attempt to get a patient history specifically related to gender or sexual minority (“LGBT+”) identity, including sexual activity, medications, and surgeries, regardless of the nature of illness or mechanism of injury.”*

*“I should always attempt to conduct a physical examination specifically related to gender or sexual minority (“LGBT+”) identity, including the chest and genitalia, regardless of the nature of illness or mechanism of injury.”*

Target responses increased from 0 or 1 out of 5, to 4 out of 5 between the pre— and post—tests for all but one question, as seen in **Figure 2**. Target responses for the question about describing sex, gender, and sexual orientation increased from 4 out of 5 to 5 out of 5 between pre— and post—tests.

Of the three open—ended questions posed, only one question (pre—test: “*What questions, if any, do you have about treating gender or sexual minority (“LGBT+”) patients in a prehospital emergency setting?*”) was answered by students. Responses included:

*“How do you best phrase questions regarding sex changes?”*,

*“Why would it be different than treating a patient of the gender or sexual majority?”*, and

*“How can one decide if it is something they need to learn more about? Especially in emergent situations, where it is not apparent and there are larger health complications that are being prioritized?”*

Student responses to suggested topics for future GSM patient sensitivity training are found in Table 1; these topics are the same as those presented in Jalali et al. (2015). In this study, students were most interested in learning more about specific risk factors and health care needs of GSM patients, as well as transgender—specific health topics. In the previous work of Jalali et al. (2015) with Maryland EMS education program directors, the most popular responses also included specific risk factors and health care needs, as well as legal aspects of GSM patient care [20].

All five students “strongly agree[d]” that the training video was informative. Two students “strongly agree[d]” that the training video was enjoyable, two students “somewhat agree[d]”, and one student did not respond.

### **Discussion**

Based on our findings, a GSM patient sensitivity training video may be effective in increasing EMT student competency working with GSM patients. Comfortability working with GSM patients was similar in pre— and post—tests, so it is not clear if the training video was effective in improving this area.

Although three students posed questions in the pre—test, none did so in the post—test, which may indicate that student questions were sufficiently answered by the training video. The difference in top two preferred topics for future GSM patient sensitivity training from this study and in Jalali et al. may be due to increased knowledge of GSM issues among healthcare professionals today [20]. Unfortunately, due to the early course termination, students could not be reached for follow—up to questions raised in the training video.

As in other concurrent studies, the COVID—19 pandemic likely impacted recruitment, participation, and response completion [21,22]. Because the EMT course was terminated early, participants could no longer be contacted with reminders to complete the study: students had the research team contact information but not vice versa. The effects of the pandemic may have also shifted priorities for students who might otherwise have participated during a less stressful time. Therefore, the low response rate in this pilot study should not be taken to mean that EMT students generally are not interested in learning about GSM patient care.

However, this raises the issue of selection bias. Demographic information – including identity of the student as an SGM individual or not – could not be

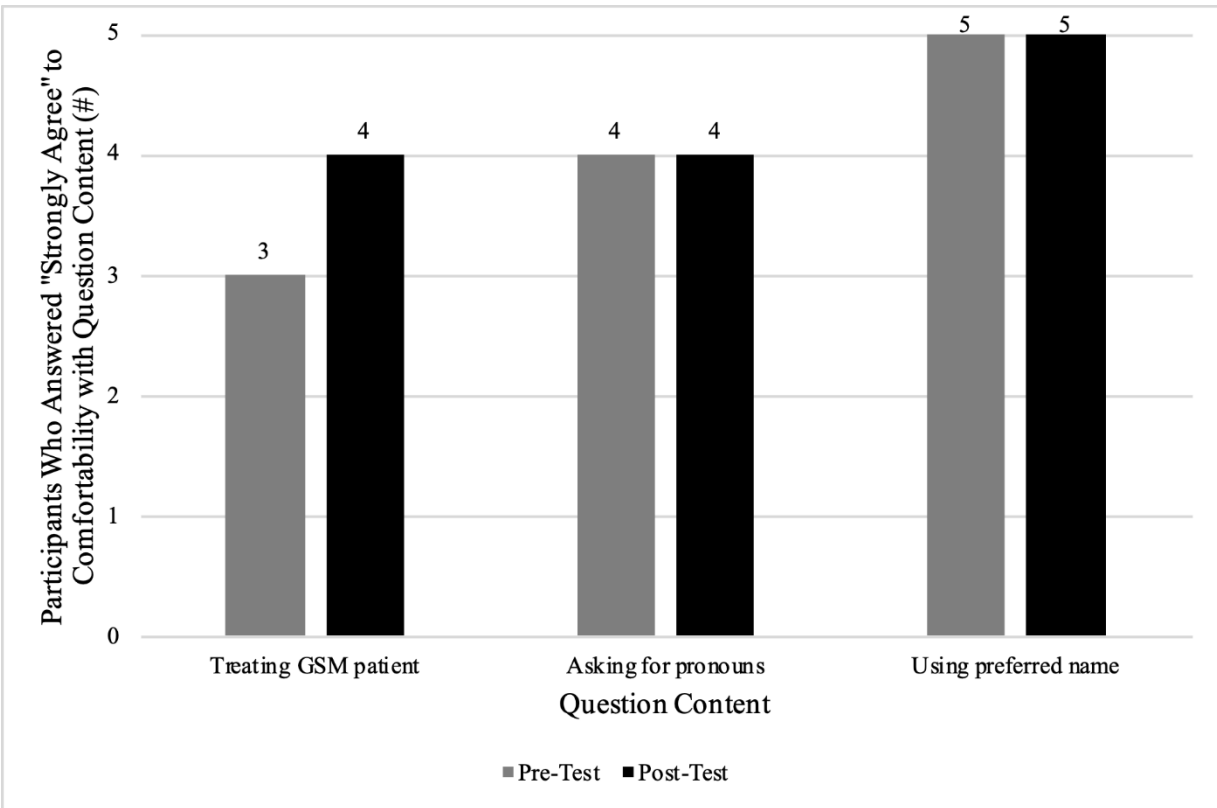
collected for privacy reasons. Furthermore, issues surrounding GSM identity remain contentious throughout the United States. Selection bias in this study is possible, as students who were already interested in or comfortable with GSM topics may have been more likely to participate. In this case, this study may overestimate the degree to which EMT students are comfortable working with GSM patients. Similarly, if students were already more receptive to GSM patient—specific training, this study may overestimate the efficacy of the training video on improving EMT student competency. Additional limitations include the small sample size, as well as the convenience method of sampling, which further limit the generalizability of these findings. Finally, due to financial and feasibility constraints, this study assessed a limited set of dimensions to evaluate the efficacy of the training video on improving GSM patient care outcomes.

Although the pre— and post—test were based on previous research, no cognitive interviewing or other forms of validation with either GSM people or medical providers – aside from the investigator, who is both – were performed for these data collection instruments or the training video. Limiting the training video length to increase potential study completion meant that not all aspects of GSM patient care in a prehospital emergency setting could be incorporated. Future research should involve a larger sample size and account for participant demographics, utilize cognitive interviewing and validation of data collection tools, and include a more comprehensive GSM patient sensitivity curriculum. Most importantly, more research should be conducted to investigate whether or not improved GSM patient sensitivity training for prehospital providers, and associated comfortability and competency working with GSM patients, is effective in improving GSM patient care and outcomes.

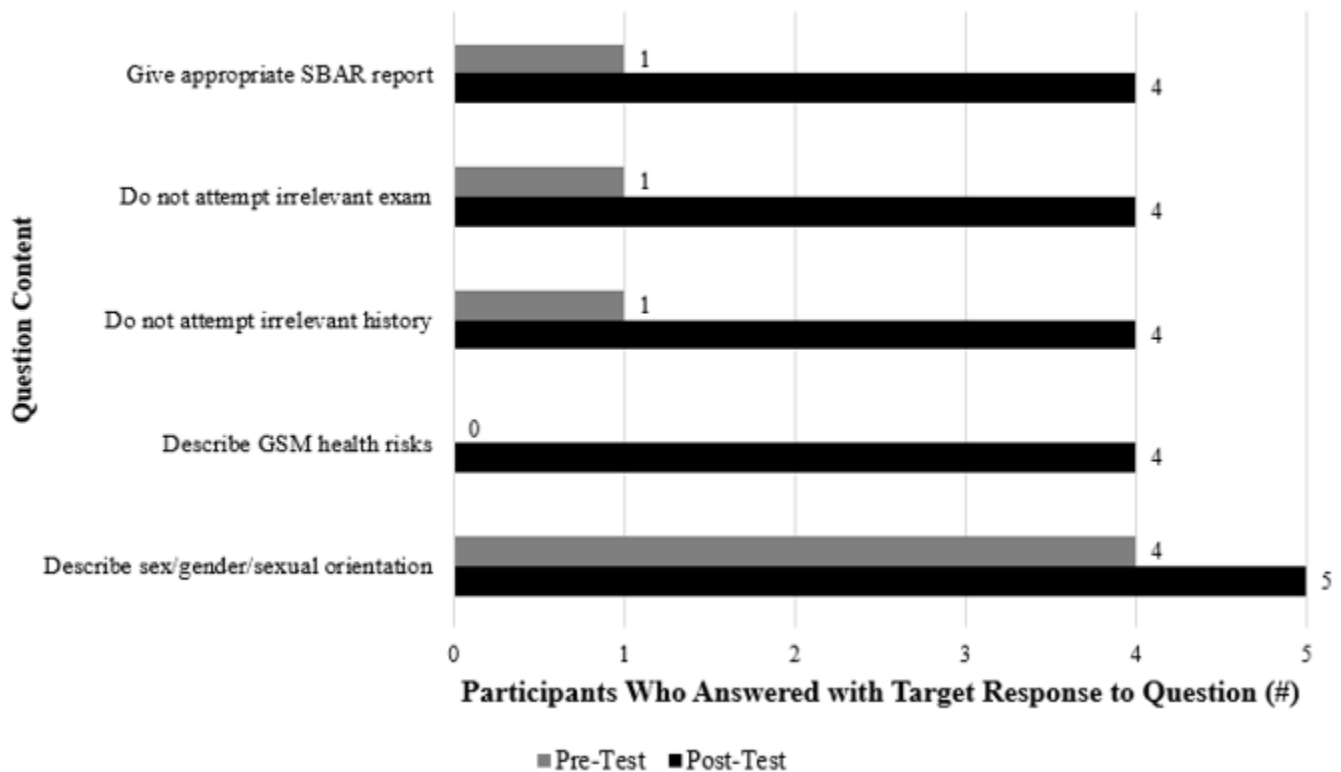
### **Conclusion**

As education shifts to online modalities during the COVID—19 pandemic, it may be more crucial than ever to investigate the feasibility of training videos such as these. Previous research into improving GSM patient experiences and outcomes in emergency medical care through sensitivity training has been limited to the in—hospital setting. The results of this pilot study revealed that EMT students may already be comfortable with treating GSM patients, but require specific training in order to do so competently. Furthermore, interest in specific risk factors and health care needs of GSM patients in a prehospital setting is echoed by both EMT students and EMS education directors in a previous study. This pilot

study is the first known study to explore GSM patient sensitivity training for prehospital EMS education. While results are limited, they are promising, and provide a foundation for future research.



**Figure 1.** Comparison of the number of pre— and post—test “Strongly Agree” responses for questions related to comfortability caring for GSM patients in a prehospital emergency setting. All other responses were “Somewhat Agree”.



**Figure 2.** Comparison of the number of pre— and post—test target responses for questions related to knowledge of specific aspects of care for GSM patients in a prehospital emergency setting. Abbreviations: MOI – mechanism of injury; NOI – nature of illness; SBAR – situation—background—assessment—recommendations.

**Table 1.** Topics of interest for future GSM sensitivity training, comparing both the number and percentage of responses in this study to that of Jalali et al. (2015).

Topic	Responses (%)	
	Sullivan, 2020	Jalali et al., 2015
Specific risk factors/health care needs	4 (80%)	12 (75%)
Transgender health—related issues	4 (80%)	9 (56.30%)
HIV/AIDS and related illnesses/infections	3 (60%)	7 (43.80%)
Communication issues	3 (60%)	9 (56.30%)
Mental health illnesses	2 (40%)	11 (68.80%)
Legal aspects	1 (20%)	14 (87.50%)
Definition of sex vs. gender	0 (0%)	5 (31.30%)
Other (please specify)	0 (0%)	1 (6.30%)

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## Appendix 1: Pre—Test

1. I have received formal training on how to best care for gender or sexual minority (“LGBT+”) patients in a healthcare setting.
  - a. Yes
  - b. No
  - c. I don’t know
  
2. I understand, and can explain, the difference between sex, gender, and sexual orientation.
  - a. Strongly agree
  - b. Somewhat agree
  - c. Somewhat disagree
  - d. Strongly disagree
  
3. I can describe several specific health risks for gender or sexual minority (“LGBT+”) patients.
  - a. Strongly agree
  - b. Somewhat agree
  - c. Somewhat disagree
  - d. Strongly disagree
  
4. I would be comfortable treating a gender or sexual minority (“LGBT+”) patient in a healthcare setting.
  - a. Strongly agree
  - b. Somewhat agree
  - c. Somewhat disagree
  - d. Strongly disagree
  
5. I would be comfortable asking about which personal pronouns (“his”, “her”, “they”, etc.) a patient uses.
  - a. Strongly agree
  - b. Somewhat agree
  - c. Somewhat disagree
  - d. Strongly disagree
  
6. I would be comfortable using the preferred name a patient gives me, even if it differs from their official documentation (driver’s license, passport, etc.).
  - a. Strongly agree
  - b. Somewhat agree
  - c. Somewhat disagree
  - d. Strongly disagree
  
7. I should **always** attempt to get a **patient history** specifically related to gender or sexual minority (“LGBT+”) identity, including sexual activity, medications, and surgeries, **regardless** of the nature of illness or mechanism of injury.
  - a. Strongly agree
  - b. Somewhat agree
  - c. Somewhat disagree
  - d. Strongly disagree



8. I should **always** attempt to conduct a **physical examination** specifically related to gender or sexual minority (“LGBT+”) identity, including the chest and genitalia, **regardless** of the nature of illness or mechanism of injury.
  - a. Strongly agree
  - b. Somewhat agree
  - c. Somewhat disagree
  - d. Strongly disagree
  
9. I can give an appropriate situation—background—assessment—recommendations (SBAR) report about a gender or sexual minority (“LGBT+”) patient when handing off care to another provider.
  - a. Strongly agree
  - b. Somewhat agree
  - c. Somewhat disagree
  - d. Strongly disagree
  
10. What questions, if any, do you have about treating gender or sexual minority (“LGBT+”) patients in a prehospital emergency setting?
  - a. (open answer)

## Appendix 2: Post—Test

1. I understand, and can explain, the difference between sex, gender, and sexual orientation.
  - a. Strongly agree
  - b. Somewhat agree
  - c. Somewhat disagree
  - d. Strongly disagree
  
2. I can describe several specific health risks for gender or sexual minority (“LGBT+”) patients.
  - a. Strongly agree
  - b. Somewhat agree
  - c. Somewhat disagree
  - d. Strongly disagree
  
3. I would be comfortable treating a gender or sexual minority (“LGBT+”) patient in a healthcare setting.
  - a. Strongly agree
  - b. Somewhat agree
  - c. Somewhat disagree
  - d. Strongly disagree
  
4. I would be comfortable asking about which personal pronouns (“his”, “her”, “they”, etc.) a patient uses.
  - a. Strongly agree
  - b. Somewhat agree
  - c. Somewhat disagree
  - d. Strongly disagree
  
5. I would be comfortable using the preferred name a patient gives me, even if it differs from their official documentation (driver’s license, passport, etc.).
  - a. Strongly agree
  - b. Somewhat agree
  - c. Somewhat disagree
  - d. Strongly disagree
  
6. I should **always** attempt to get a **patient history** specifically related to gender or sexual minority (“LGBT+”) identity, including sexual activity, medications, and surgeries, **regardless** of the nature of illness or mechanism of injury.
  - a. Strongly agree
  - b. Somewhat agree
  - c. Somewhat disagree
  - d. Strongly disagree
  
7. I should **always** attempt to conduct a **physical examination** specifically related to gender or sexual minority (“LGBT+”) identity, including the chest and genitalia, **regardless** of the nature of illness or mechanism of injury.
  - a. Strongly agree
  - b. Somewhat agree
  - c. Somewhat disagree
  - d. Strongly disagree

8. I can give an appropriate situation—background—assessment—recommendations (SBAR) report about a gender or sexual minority (“LGBT+”) patient when handing off care to another provider.
  - a. Strongly agree
  - b. Somewhat agree
  - c. Somewhat disagree
  - d. Strongly disagree
  
9. The video I watched was informative.
  - a. Strongly agree
  - b. Somewhat agree
  - c. Somewhat disagree
  - d. Strongly disagree
  
10. The video I watched was enjoyable.
  - a. Strongly agree
  - b. Somewhat agree
  - c. Somewhat disagree
  - d. Strongly disagree
  
11. What questions, if any, do you still have about treating gender or sexual minority (“LGBT+”) patients in a prehospital emergency setting?
  - a. (open answer)
  
12. What suggestions, if any, do you have for future trainings on how to best care for gender or sexual minority (“LGBT+”) patients in a healthcare setting?
  - a. (open answer)
  
13. Which topics would you like to see included in future training on treating gender or sexual minority (“LGBT+”) patients in a prehospital emergency setting?
  - a. Specific risk factors or health care needs of this population (eg, cancer risk, substance abuse, homelessness, access to health care, and victimization/violence)
  - b. Definitions of sex versus gender
  - c. Mental health illnesses (eg, depression and suicide risk)
  - d. HIV/AIDS and related illnesses or other sexually transmitted diseases
  - e. Transgender health—related issues (eg, the process of sex change, including hormone usage, and surgery)
  - f. Legal aspects (eg, same sex parents, next of kin, and documentation)
  - g. Communication issues (eg, how to address a transgender patient)
  - h. Other (please specify)