

2) What types of Race, Ethnicity, Language, Sexual Orientation and/or Gender Identity training(s) have you received/taken? Check all that apply.

Training through Halogen module

Online HEI trainings through The National LGBT Health Education Center or the Human Rights Campaign (the CAL)

In-person training with Jillian Rose, Director of Community Engagement, Diversity & Research

Departmental training by supervisor/manager

Part 1B: Knowledge Scale (KO-11)

3) Please rate your level of agreement with the following statements:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. I understand the purpose of race, ethnicity and language data collection.	()	()	()	()	()
2. I understand the purpose of gender identity data collection.	()	()	()	()	()
3. I understand the purpose of sexual orientation data collection.	()	()	()	()	()
4. I am aware of patient safety issues related to race, ethnicity and language.	()	()	()	()	()
5. I am aware of patient safety issues related to gender identity.	()	()	()	()	()
6. I am aware of patient safety issues related to sexual orientation.	()	()	()	()	()
7. I understand the commitment of HSS to collect gender identity and sexual orientation data.	()	()	()	()	()
8. I understand the non-discrimination policy at HSS.	()	()	()	()	()

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
9. I understand the use of the term “gender identity.”	()	()	()	()	()
10. I understand the use of the term “sexual orientation.”	()	()	()	()	()
11. I understand the use of gender-specific pronouns.	()	()	()	()	()
12. I understand the importance for patients to self-identify.	()	()	()	()	()
13. I understand the value of the consistent, accurate and professional collection of race, ethnicity and language.	()	()	()	()	()
14. I understand the value of the consistent, accurate and professional collection of gender identity and sexual orientation data.	()	()	()	()	()

Part II: Self-Efficacy Scale (SE-6)

Data Collection Process

Please choose the rating that most appropriately reflects your opinion.

4) Please rate your level of agreement with the following statements:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I can appropriately ask race, ethnicity and language questions to patients.	()	()	()	()	()
I can appropriately ask gender identity questions to patients.	()	()	()	()	()

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I feel prepared to appropriately ask sexual orientation questions to patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I understand at what point in the registration process I should ask race, ethnicity and language questions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I understand at what point in the registration process I should ask gender identity questions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I understand at what point in the registration process I should ask sexual orientation questions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel comfortable collecting Race, Ethnicity and Language data.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel comfortable collecting Gender Identity data.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel prepared to collect Sexual Orientation data.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5) The resources and handouts provided to me during training will be useful to me in collecting Gender Identity and Sexual Orientation data.

Strongly Agree Agree Neutral Disagree Strongly Disagree

Part III: Personal Skill/Ability Scale (PSA-7)**Your interactions with patients**

Please choose the rating that most appropriately reflects your opinion.

6) HSS Race, Ethnicity and Language data collection and YOU

	Excellent	Good	Neutral	Fair	Poor
1. How would you rate your ability to collect race, ethnicity and language data from your patients?	()	()	()	()	()
2. How would you rate your ability to answer patient questions about the collection of race, ethnicity and language data?	()	()	()	()	()
3. How would you rate your ability to manage a situation when a patient does not want to answer race, ethnicity and language questions?	()	()	()	()	()
4. How would you rate the willingness of most patients to provide race, ethnicity and language information?	()	()	()	()	()
5. How would you rate the usefulness of the script in collecting race, ethnicity and language data?	()	()	()	()	()
6. How would you rate your co-workers commitment in collecting race, ethnicity and language data?	()	()	()	()	()
7. How would you rate your manager's ability to help support you with race, ethnicity and language data collection process?	()	()	()	()	()

7) HSS Gender Identity data collection and YOU

	Excellent	Good	Neutral	Fair	Poor
1. How would you rate your ability to collect gender identity data from your patients?	()	()	()	()	()
2. How would you rate your ability to answer patient questions about the collection of gender identity data?	()	()	()	()	()
3. How would you rate your ability to manage a situation when a patient does not want to answer gender identity questions?	()	()	()	()	()
4. How would you rate the willingness of most patients to provide gender identity information?	()	()	()	()	()
5. How would you rate the usefulness of the script in collecting gender identity data?	()	()	()	()	()
6. How would you rate your co-workers commitment in collecting gender identity data?	()	()	()	()	()
7. How would you rate your manager's ability to help support you with the gender identity data collection process?	()	()	()	()	()

Part IV: Personal Preparation Scale (PP-4)

8) HSS Sexual Orientation data collection and YOU

	Extremely	Very	Moderately	Slightly	Not at all
1. How prepared do you feel to collect sexual orientation data from your patients?	()	()	()	()	()
2. How prepared do you feel to answer patient questions about the collection of sexual orientation data?	()	()	()	()	()
3. How prepared do you feel to manage a situation when a patient does not want to answer sexual orientation questions?	()	()	()	()	()
4. How useful do you think the script provided will be in collecting sexual orientation data?	()	()	()	()	()

Part V: Recommended Behavior Scale (RB-4)

Current data collection

Please choose the rating that most appropriately reflects your opinion.

9) Race, Ethnicity and Language data collection

	Always	Often	Sometimes	Rarely	Never
1. How often do you ask your patients the race, ethnicity and language questions?	()	()	()	()	()
2. How often do you use the script for collecting race, ethnicity and language data?	()	()	()	()	()

	Always	Often	Sometimes	Rarely	Never
3. How often do you enter the race, ethnicity and language data into EPIC?	()	()	()	()	()
4. How often do you guess the patient's race, ethnicity or language and fill in the data?	()	()	()	()	()

10) Gender identity data collection

	Always	Often	Sometimes	Rarely	Never
1. How often do you ask your patients the gender identity question?	()	()	()	()	()
2. How often do you use the script for collecting gender identity data?	()	()	()	()	()
3. How often do you enter the gender identity data into EPIC?	()	()	()	()	()
4. How often do you guess the patient's gender and fill in the data?	()	()	()	()	()

Part VI: Feedback for Future Training and Support Checklist (FFTS-8)

Please share your feedback for future trainings and support

Please help us improve future trainings and materials by sharing your feedback.

11) What tools and/or supports do you need to ask gender identity and sexual orientation questions consistently and comfortably? Please check all that apply:

- Additional training on how to ask race, ethnicity and language questions
- Additional training on how to ask gender identity questions
- Additional training on how to ask sexual orientation questions
- Additional training on how to enter race, ethnicity and language data in EPIC
- Additional training on how to enter gender identity and sexual orientation data in EPIC
- More support from my manager
- An improved script
- Opportunity to role-play asking the race, ethnicity and language questions with a colleague/other staff member
- Opportunity to role-play asking the gender identity questions with a colleague/other staff member
- Opportunity to role-play asking the sexual orientation questions with a colleague/other staff member
- Other: Please specify: _____

Part VII: Open-Ended Question (OEQ-1)

12) Please share any personal experiences with patients or colleagues related to the race, ethnicity, language, gender identity and/or sexual orientation questions that you would like guidance on:

13) Please share any specific language that has worked for you when collecting race, ethnicity, language, gender identity and/or sexual orientation information from patients:

14) Is there anything else you would like us to add to the race, ethnicity, language, gender identity and sexual orientation resources and handouts? If so, please explain.

15) What additional information or resources would be helpful to you? Please share your comments and feedback.

Part XI - Using Resources Provided at Training (URPT-4)

16) How likely are you to use the following resources provided at the training:

	Extremely Likely	Likely	Neutral	Unlikely	Extremely Unlikely
Patient Response Matrix (Race, Ethnicity, Language)	()	()	()	()	()
Patient Response Matrix (Gender Identity & Sexual Orientation)	()	()	()	()	()

	Extremely Likely	Likely	Neutral	Unlikely	Extremely Unlikely
Gender Identity & Sexual Orientation Tip Sheet: Roleplay Scenarios	()	()	()	()	()
Gender Identity & Sexual Orientation: HSS Scripting Options	()	()	()	()	()
FAQ Sheet	()	()	()	()	()

Part X – Overall Evaluation Scale (OES)

17) Please choose the response that best reflects your opinion of the training overall.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. Overall, I am satisfied with the presentation.	()	()	()	()	()
2. The presentation has increased my understanding of race, ethnicity, language, gender identity and sexual orientation data collection.	()	()	()	()	()
3. As a result of the presentation, I can apply what I have learned to enhance my ability to collect race, ethnicity, language, gender identity and sexual orientation information.	()	()	()	()	()
4. The presenter was clear and informative.	()	()	()	()	()

Part VIII: Basic Demographics Scale (BD-9)**Tell us about yourself**

18) How long have you been working in your current role at HSS?

- 1 to 6 months
- 6 months to 1 year
- 1 to 3 years
- 3 to 5 years
- 5 to 10 years
- Over 10 years

19) Do you consider yourself Hispanic/Latino?

- Yes
- No

20) Which one or more of the following would you say is your race? Mark all that apply.

- American Indian or Alaskan Native
- Native Hawaiian/Pacific Islander
- Asian
- White / Caucasian
- Black or African American
- Some other race - Write In:

21) Please tell us your ethnicity; you can list as many as you prefer (for example: Chinese,

Nigerian, Italian, Puerto Rican, Russian, etc.)

22) What is your preferred language?

23) Sex Assigned at Birth:

- Male
- Female
- Intersex

24) Gender Identity:

- Male
- Female
- Gender non-conforming
- Trans Female (MtF)
- Trans Male (FtM)
- Other - Write In: _____

25) Sexual Orientation:

- Lesbian or Gay
- Straight (not lesbian or gay)
- Bisexual
- Something else
- Don't know
- Other: _____

26) Do you know anyone personally who identifies with the LGBTQ+ (lesbian, gay, bisexual, transgender) community?

- Yes
- No

Thank You!

Thank you for taking our survey. Your response is very important to us.