

2022 WAITING LIST Oregon Health Authority Application to Approve Cultural Competence Continuing Education Training

1. Oregon Health Authority Application to Approve Cultural Competence Continuing Education Training

INSTRUCTIONS:

Trainers and curriculum developers interested in having their cultural competence continuing education (CCCE) training for health care professionals reviewed and approved by the Oregon Health Authority (OHA) to meet criteria for high quality cultural competency education must complete and submit this application to OHA per [OAR 943-090-0000 through 943-090-0020](#) and 2013 OL Ch. 240, ORS 676.850, HB 2011 (2019) & ORS 413.450

PLEASE NOTE: OHA is not a CE accreditation organization. OHA-approved cultural competence CE training may or may not meet health professional licensing board requirements. Any licensed health professional or individual will need to check with their respective board to make sure the CE will count towards his or her licensing requirements.

For more information about Oregon's Cultural Competence Continuing Education program, please refer to the OHA Office of Equity and Inclusion website: <https://www.oregon.gov/oha/OEI/Pages/CCCE.aspx>

To preview the application before you begin, click on this link:

[//surveygizmolibrary.s3.amazonaws.com/library/196578/OHACCETTrainingApprovalApplication_110822.pdf](https://surveygizmolibrary.s3.amazonaws.com/library/196578/OHACCETTrainingApprovalApplication_110822.pdf)

Please be advised that the application may take at least 45 minutes or more to complete. If you are not able to complete the application in one setting, you can save the work you have done and return to it at a later time.

GENERAL APPLICATION REQUIREMENTS

Continuing education trainers and developers must determine if they will apply as a CE provider, CE community based organization, CE small business, or CE activity applicant type. (See OHA DEFINITIONS below).

CE provider, CE community based organization, and CE small business applicants must address all 4 domains and criteria/content areas for OHA approval.

CE activity applicants must specify which domains and criteria/content areas will be addressed, with minimum of 2 criteria per domain for OHA approval.

Please make sure program information is relevant to Oregon's laws and administrative rules. For example, OARs related to: Health Care Interpreters (HCI), Traditional Health Workers (THWs)- which include: community health workers, birth doulas, peer support specialists, peer wellness specialists, personal health navigators; and others. (See ADDITIONAL RESOURCES below).

Please confirm any necessary permissions when training utilizes videos, books, etc.

The completed application and all supporting documents must be submitted to OHA electronically through the survey link.

The completed application must include Sections 1 through 6, with all necessary attachments. Every question in the application must be answered.

For attachments, there is a maximum 20-page limit. Applications exceeding 20 pages of attachments will NOT be reviewed. List any curriculum, outline, and handouts you would like reviewed by using the 'Attachment Cover Page' on page 10. Attachments can include instructors' guides, student handbooks, lists of textbooks, evaluation form, and other instructional materials used.

Reference links can be included as supplemental information, but the committee will not automatically review the content in your reference links. If you use reference links and want the committee to review a portion of what is in the link, you must include this information within the 20 pages of attachments.

OHA DEFINITIONS

CE provider applicant

A "CE provider" is an institution or organization that presents CE activities on an ongoing basis (e.g. hospital, physician/nurse/etc. association, health plan, academic medical center, academic institution),

AND

has been already independently accredited by one or more profession-specific CE-accreditation bodies (e.g. accredited to provide CME and/or CNE).

CE provider applicants must address all domains and criteria/content areas for OHA approval.

Two year approval period. A new application is required once every two years. An application is required for each module.

CE community based organization applicant

A "CE community based organization" is a public or private nonprofit organization of demonstrated effectiveness that is representative of a community or significant segments of a community and provides educational or related services to individuals in the community, which can include: service learning, experiential learning (e.g. cultural or linguistic immersion) and specifically designed cultural experiences for health care professionals.)

CE community based organization applicants must address all domains and criteria/content areas for OHA approval.

Two year approval period. A new application is required once every two years. An application is required for each module.

CE small business applicant

A "CE small business" is a business that provides professional training services related to cultural competency which are designed for health care professionals. Businesses include, but are not limited to: minority-owned business enterprise, woman-owned business enterprise, service disabled veteran-owned businesses, and/or an emerging small business. Businesses that are COBID certified (from the State of Oregon's Certification Office for Business Inclusion and Diversity) are strongly encouraged to apply.

CE small business applicants must address all domains and criteria/content areas for OHA approval.

Two year approval period. A new application is required once every two years. An application is required for each module.

CE activity applicant

A "CE activity" is a one-time CE session, for example, a webinar or conference where CE is being provided. A time-limited series of content-related webinars or workshops (for example, a part one and part two webinar series on health care disparities) might still be considered a single CE activity. Since the time available for a CE activity is by definition time-limited, it does NOT need to address ALL the cultural competency domains and criteria, nor use multiple educational methodologies.

CE activity applicants must specify which domains and criteria/content areas will be addressed for OHA approval. A minimum of 2 criteria per domain must be addressed.

Up to one year approval period (with exception of one time sessions). An application is required for each activity. OHA approval of the CE activity will only apply to the specific activity described in the application.

CRITERIA FOR OHA CULTURAL COMPETENCE CONTINUING EDUCATION TRAINING APPROVAL

Domain I	Culturally competent practice requires self-awareness and self-assessment of beliefs, attitudes, emotions and values.
	1.1 Training opportunity teaches about cultural factors that may influence provider and patient's behaviors
	1.2 Training opportunity helps to foster a non-judgmental and respectful environment during health encounters between provider and patient

	<p>1.3 Training opportunity teaches relationship between cultural competence and ethics</p> <p>1.4 Training opportunity explores concepts of power, privilege and oppression across personal identities and the intersections among these identities (e.g. racial, ethnic, culturally-based, LGBTQ, people with disabilities, limited English proficient, etc.)</p>
Domain II	<p>Culturally competent practice requires the acquisition of knowledge by providers.</p>
	<p>2.1 Training opportunity demonstrates understanding of cultural competence as a developmental, life long, participatory process, not an endpoint</p>
	<p>2.2 Training opportunity provides a broad and inclusive definition of diversity, even if it focuses on a specific population</p>
	<p>2.3 Training opportunity demonstrates knowledge of legal, regulatory and accreditation issues of diversity and linguistic issues and providers' professional standards regarding cultural competence (i.e. patient rights & responsibilities, risks to practice- Civil Rights Act, Americans with Disabilities Act (ADA), national standards for Culturally and Linguistically Appropriate Services (CLAS), The Joint Commission requirements, etc.)</p>
	<p>2.4 Training opportunity demonstrates knowledge of health disparities and social determinants of health</p>
	<p>2.5 Training opportunity demonstrates knowledge of culturally-based information and related resources specific to Oregon</p>
Domain III	<p>Culturally competent practice requires the acquisition of skills by providers.</p>
	<p>3.1 Training opportunity demonstrates how to collaborate with patients and/or stakeholders in making health care decisions.</p>
	<p>3.2 Training opportunity demonstrates how to develop and/or utilize communication tools/multiple patient education formats (including translated, audio and visual materials) and patient assessment strategies (e.g. patient- and family-centered communication, patient's perception of his/her health, patient preferences, etc.)</p>
	<p>3.3 Training opportunity demonstrates how to collect and utilize data to inform clinical practice related to health equity, (including recognition of institutional cultural issues)</p>
	<p>3.4 Training opportunity demonstrates how to collaborate effectively with community resources, stakeholders, traditional health workers (THWs), qualified/certified health care interpreters (HCIs), providers, and other types of healers</p>
Domain IV	<p>Culturally competent training requires specific educational approaches for acquisition of knowledge and skills</p>

	<p>4.1 Training opportunity is delivered through facilitated, learning processes (e.g. interactive training involving case review; homework; discussion group/blog; interactive test with trainer/facilitator; post-training to demonstrate what was learned; etc.)</p>
	<p>4.2 Training opportunity uses a variety of collaborative, inclusive and accessible teaching methodologies consistent with adult learning principles (e.g. self-directed, goal oriented activities based on participant experiences in order to gain new forms of knowledge, skills, attitudes, or values)</p>
	<p>4.3 Training opportunity is evaluated to assess impact on participants and efficacy of trainers, with clear description of criteria for participant completion</p>
	<p>4.4 Training opportunity incorporates the principles of privilege, power, oppression, bias, and the guiding principles of cultural competency.</p>

ADDITIONAL RESOURCES

National Standards for Culturally and Linguistically Appropriate Services (CLAS)
<https://www.thinkculturalhealth.hhs.gov/clas>

The Joint Commission-Advancing Health Care Equity, Together
<https://www.jointcommission.org/our-priorities/health-care-equity/>

Oregon's Cultural Competence Continuing Education Program
<https://www.oregon.gov/oha/OEI/Pages/CCCE.aspx>

Oregon's Cultural Competence Continuing Education Law
[OAR 943-090-0000 through 943-090-0020](#) and
 2013 OL Ch. 240, [ORS 676.850](#), [HB 2011 \(2019\)](#) & [ORS 413.450](#).
Permanent rules: <https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=4207>
 (Includes Oregon's "cultural competency" definition)

Oregon's Traditional Health Workers Legislation and Rules
<https://www.oregon.gov/oha/OEI/Pages/THW-Leg-and-Rules.aspx>

Oregon's Health Care Interpreter Resources, Events, Policy and Laws
<https://www.oregon.gov/oha/OEI/Pages/HCI-Resources-Events-Policy-Laws.aspx>

Oregon Health Authority- Equity & Inclusion Division-Civil Rights Unit
 Language and Disability Access
<https://www.oregon.gov/oha/OEI/Pages/Language-Disability-Access.aspx>

Frequently Asked Questions- Affordable Care Act (ACA) Section 1557
<https://www.hhs.gov/civil-rights/for-individuals/section-1557/1557faqs/index.html>

APPLICATION REVIEW PROCESS

Applicant notification

Applicants will be notified by email within 7 calendar days to acknowledge receipt of the application
 OHA will inform the applicant by email of final review results.
 OHA anticipates final results will be shared 10 weeks after receipt of application. If revisions are required, estimated final approval will take longer and will be dependent upon several factors including how soon applicant can incorporate revisions and resubmit to OHA.

Review committee recommendations

OHA's Cultural Competence Continuing Education Review Committee (CCCERC) will carefully evaluate whether the CE opportunity meets current OHA criteria for approval and other requirements included within this application. CCCERC recommendations for approval will be based upon reviewer evaluations and committee discussion. OHA leadership will consider CCCERC's recommendations, but retains the authority to make the final decision to approve or deny all applications.

Types of possible OHA actions

There are 5 types of possible actions after review of application.

1. Additional information requested.
2. OHA may request to schedule a meeting with the applicant/CE training provider, either prior to or after application approval decision.
3. Approved
4. Conditionally Approved. OHA may request revisions to CE training, in order to be approved.
5. Not Approved/Denial. If OHA determines its cultural competence continuing education criteria are not met, or are no longer being met, OHA may deny, suspend, rescind, or revoke its continuing education approval. OHA will include reasons for denial.

OHA reserves the right to audit any applicant during or after the application review process.

TRAINING UPDATE REQUIREMENTS

Updates are required for OHA-approved training if:

There are significant staffing or organizational changes. Examples include but are not limited to: elimination of a dedicated CE coordinator staff position and assignment to a health education staff who did not have prior CE responsibilities, or closing a medical residency program at a hospital where the CE program was housed.

There are changes in the trainer(s)/facilitator(s), content, or number of hours exceeding **two**.

The training is no longer being offered, so the registry can be updated on the OHA website.

Applicants must **report changes within 30 days** of such change by contacting OHA staff and submitting an **addendum** for approval, as appropriate.

2. CCCE TRAINING APPLICATION SUMMARY

1. Please check that all the sections of this application are completed and attached. The completed application must include Sections 1 through 6, with all necessary attachments. For attachments, there is a maximum 20-page limit. **Applications with attachments which exceed this maximum page limitation will not be reviewed.**

THIS APPLICATION IS ORGANIZED BY THE FOLLOWING SECTIONS:

3. SECTION 1: GENERAL ORGANIZATION INFORMATION

2. ORGANIZATION CONTACT INFORMATION

Name of Organization : Taylor's Transgender Patient Awareness LLC

Address : 11324 Legato Dr

City : Oregon City

State : OR

Zip Code : 97045

Primary Contact Name : Taylor Sprecher

Primary Contact Email : tsprecher@proton.me

Primary Contact Phone Number (XXX)XXX-XXXX : 503-939-1031

3. ORGANIZATION TYPE- Please check all that apply.

Small business

4. SECTION 2: GENERAL TRAINING INFORMATION

4. TITLE OF TRAINING:

Emergency Care: Transgender/Non-Binary Patients Trauma and Medical Scenarios

5. SUBJECT/INTEREST AREA OF TRAINING (e.g. general, health care interpreting, etc.):

Emergency Medical Services

6. NUMBER OF HOURS

2

7. NUMBER OF EXPERIENTIAL LEARNING HOURS;

****Experiential learning opportunities include activities inside or outside of a classroom setting through which skills, knowledge, and experience are acquired outside of the traditional academic classroom setting, and may include: internships, field trips, field research service-learning projects, cultural or linguistic immersion, and specifically-designed cultural experiences.**

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8. HOW LONG WILL THIS TRAINING BE AVAILABLE TO PROVIDERS? (PLEASE CHECK THE BEST ANSWER)

Other - Please specify: Opportunities offered indefinitely

9. COST FOR PARTICIPANTS?

YES

10. Has this opportunity been approved for CE by a health professions CE accreditation organization or another regulatory entity?

If so, please name/list regulatory entity/entities

Yes: George Washington University

11. APPLICANT TYPE-Please refer to OHA definitions on page one of application and check one answer only.

CE provider

12. OBJECTIVES

Each objective should specify what participants will know and be able to do by the end of the CE training opportunity, which can be measured. Consider using SMART objectives which are specific, measurable, achievable, relevant and time-bound. Please provide 2-4 objectives.

Objectives to Achieve Measurable Outcomes

Finish this sentence for each objective:

"Upon completion of this CE training opportunity, participants should be able to..."

Example: Upon completion of this CE training opportunity, participants should be able to describe tribal sovereignty and what it means for Indian health delivery systems on reservations and in urban settings in Oregon.

Objective

Upon completing this CE training opportunity, the participants should be able to define common vocabulary associated with transitioning.

Objective

Upon completing this CE training opportunity, the participants should be able to list puberty blockers for youths, and common medications for Transgender Females, Males, and Non-Binary patients

Objective

Objective

Upon Completing this CE training opportunity, the participants will be able to recognize life-threatening complications from medications and the proper treatment.

Objective

Upon completing this CE training opportunity, the participants will be able to recognize familiar items found when performing a trauma assessment on a pre-operative Transgender Female, Male, and Non-Binary Patient.

Objective

Objective

Upon completing this CE training opportunity, the participants can set the appropriate setting on a monitor with sex-specific criteria for LVH/STEMI when performing a 12-lead analysis for Transgender Females, Males, and Non/Binary Patients.

Objective

Upon completing this CE training opportunity, the participants can give a proper HEAR, Trauma, and Cath-Lab activation for Transgender Female, Male, and Non-Binary Patients.

Objective

Objective

Upon completing this CE training opportunity, the participants will be able to accurately document a transgender patient who hasn't legally changed their name or sex.

Objective

Upon completing this CE training opportunity, the participants can chart a Non-Binary patient for billing accurately.

Objective

13. TARGET AUDIENCE/TYPE OF HEALTH CARE PROFESSIONAL

Identify the type(s) of health care professional(s) expected to participate in this continuing education opportunity.

Please check all health care professional types that apply.

Chiropractor
Counselor/Therapist
Dental Hygienist
Dentist
Denture Technologist
Dietitian
Emergency Medical Service Provider
Home Care Worker
Lactation Consultant
Long Term Care Administrator
Massage Therapist
Medical Imager
Midwife
Naturopathic Doctor
Nurse
Occupational Therapist
Optometrist
Pharmacist
Physical Therapist
Physician (MD/DO)
Polysomnographic Technologist
Psychologist
Social Worker
Speech-Language Pathologist/Audiologist

5. SECTION 3: IDENTIFICATION OF EDUCATIONAL OPPORTUNITY

14. DOMAIN 1: PARTICIPANT SELF-AWARENESS & SELF-ASSESSMENT OF BELIEFS, ATTITUDES, EMOTIONS & VALUES

What are you teaching about self-awareness of beliefs, attitudes, emotions & values?

NOTE: CE provider, CE community based organization, and CE small business applicants must address all 4 criteria/content areas within this domain. CE activity applicants must address a minimum of 2 criteria/content areas per specified domain.

1.1 How does your training teach about cultural factors that may influence provider's and patient's behaviors?

This training eliminates the provider's subconscious biases towards a transgender or non-binary patient.

1.2 How does your training help to foster a non-judgmental and respectful environment during health encounters between provider and patient?

This training fosters a non-judgemental and respectful environment by teaching how to ask for the pronouns and chosen name that the patient uses.

1.3 How does your training teach about the relationship between cultural competence and ethics?

The EMS provider will feel comfortable when assessing an Abdominal Pain patient. They will know they must rule out pregnancy in trans men and testicular torsion in trans women.

Ask family and friends if they have had a tracheal shave when obtaining an airway. If Yes, ask if they have had Hoarseness that has lasted more than seven days. If they did, they could have had an anterior commissure detachment, leading to scar tissue. Have backup airway adjuncts.

If the patient has had a Chin and Jaw Recontouring Surgery, ask for the size of NPA/OPA before surgery. Have that as a backup airway adjunct.

1.4 How does your training explore concepts of power, privilege and oppression across personal identities? Please be inclusive of individuals who hold multiple social/cultural identities which intersect in unique ways for each individual (e.g. racial, ethnic, culturally-based, LGBTQ, people with disabilities, limited English proficient, etc.)?

This training shows that African-American trans women are targeted more than any other racial group or gender identity.

1.5 Other-please specify:

15. DOMAIN 2: PARTICIPANT KNOWLEDGE

What knowledge are you teaching?

NOTE: CE provider, CE community based organization, and CE small business applicants must address all 5 criteria/content areas within this domain. CE activity applicants must address a minimum of 2 criteria/content areas per specified domain.

2.1 How does your training demonstrate understanding of cultural competence as a developmental, life long, participatory process, and not an endpoint?

This training will be required yearly for EMS providers. The items found on a trauma assessment can change as new products are developed. The medications taken can also change.

2.2 How does your training provide a broad and inclusive definition of diversity, even if it focuses on a specific population?

This training covers most of the pronouns that can be used. The different ways a transgender person can identify—the definition of Gender Expression. This training also teaches that Gender Dysphoria will differ from patient to patient. Providers learn that AFAB- Assigned Female at Birth takes care of Cis-gender women, Trans men, and Non-Binary Patients.

AMAB- Assigned Male at birth takes care of Cis-gender men, Trans women, and Non-Binary Patient

Asking for sex assigned at birth for all patients experiencing chest pain or abdominal pain eliminates the "Calling Out" of transgender patients.

2.3 How does your training demonstrate knowledge of legal, regulatory, and accreditation issues of diversity, linguistics, and providers' professional standards regarding cultural competence (i.e. patient rights & responsibilities, risks to practice-Civil Rights Act, Americans with Disabilities Act (ADA), national standards for Culturally and Linguistically Appropriate Services (CLAS), The Joint Commission requirements, etc.)?

If a transgender patient hasn't had a legal name change, the EMS provider will know they must chart the patient as shown on the government I.D.

When charting a Non-Binary patient, the EMS provider must chart the patient with the sex shown on the hospital face sheet. This is not the final answer. Health insurance companies must add the sex designation of X for non-binary patients.

2.4 How does your training demonstrate knowledge of health disparities and social determinants of health?

When a person is assigned female at birth and has abdominal pain, the provider must rule out active labor. The trans man might not know they were pregnant or in active labor.

When a transgender female has had a recent vaginoplasty, the provider must treat the hypovolemia and control the bleeding with an abdominal pad. Combat Gauz will cauterize any tissue left over for a graph.

2.5 How does your training demonstrate knowledge of culturally-based information and related resources specific to Oregon?

The providers will know which hospitals do Vaginoplasty or Phalloplasty Surgeries in our area, which are OHSU and Good Samaritan Hospital.

The destination needs to be the hospital that did the surgery unless the patient is unstable, then transport to the closest facility for stabilization.

16. DOMAIN 3: PARTICIPANT SKILLS

What skills are you teaching?

NOTE: CE provider, CE community based organization, and CE small business applicants must address all 4 criteria/content areas within this domain. CE activity applicants must address a minimum of 2 criteria/content areas per specified domain.

3.1 How does your training demonstrate how to collaborate with patients and/or stakeholders in making health care decisions?

This training will allow the patient to become comfortable with the provider by the provider asking appropriate questions about the patient's condition.

3.2 How does your training demonstrate how to develop and/or utilize communication tools/multiple patient education formats (including translated, audio and visual materials) and patient assessment strategies (e.g. patient- and family-centered communication, patient's perception of his/her health, patient preferences, etc.)?

When doing a trauma assessment on a pre-operative female tucking between the buttocks, they will tell the patient that they have to check for priapism. The only way to check is to touch it. They will not remove the items that are used for tucking. The trauma team will be the ones removing it.

When doing a trauma assessment on a transgender male, checking for priapism is not a valid assessment tool for paralysis below the waist.

3.3 How does your training demonstrate how to collect and utilize data to inform clinical practice related to health equity, including recognition of institutional cultural issues?

The provider is taught to use the Cornell Voltage Criteria, which states the LVH is present if the sum of the R wave in AvL and the S wave in V3 is 20mm for people assigned female at birth and 28mm for people assigned male at birth. Due to the criteria differential, when a patient states they are intersex, use the female setting when obtaining a 12-lead.

3.4 How does your training demonstrate how to collaborate effectively with community resources, stakeholders, traditional health workers (THWs), qualified/certified health care interpreters (HCIs), providers, and other types of healers?

When the EMS provider reaches the destination hospital, they will ask the patient if they have been to that hospital since the legal name change. If they have not, the provider will respectfully ask for a prior name to have the entire medical history available.

If this is a trans youth who has attempted suicide, ask if they are out to the parents. The provider knows to give the report away from the parents, so we are not outing them. The provider does not know family dynamics, and outing them can cause more problems for the youth.

3.5 Other-please specify

17. DOMAIN 4: EDUCATION APPROACHES FOR ACQUISITION OF KNOWLEDGE & SKILLS

What education approaches are you using?

NOTE: CE provider, CE community based organization, and CE small business applicants must address all 4 criteria/content areas within this domain. CE activity applicants must address a minimum of 2 criteria/content areas per specified domain.

4.1 What type of facilitated, active learning processes does your training utilize (e.g. interactive training involving case review; homework; discussion group/blog; interactive test with trainer/facilitator; post-training to demonstrate what was learned; etc.)?

The training has scenarios that can happen in the field. It starts at the Tap out for the call and then arrival. The provider should then practice giving the HEAR, Trauma, or Cath-Lab activation report.

4.2 How does your training utilize a variety of collaborative, inclusive and accessible teaching methodologies consistent with adult learning principles (e.g. self-directed, goal oriented activities based on participant experiences in order to gain new forms of knowledge, skills, attitudes, or values)?

This training is self-directed. The participant is told to print out the test, go over the Trauma and Medical slides, then the other set of slides. There is a reference guide that can be used in the field.

4.3 How is your training evaluated to assess impact on participants and efficacy of trainers? Please describe your criteria for participant completion.

The participants are given a 23- question test that a 100% is required to pass.

4.4 How does your training incorporate the roles of privilege, power, oppression, and bias in culturally competent health care services?

When the provider knows the sex assigned at birth, they will be able to have a possible secondary diagnosis already in their mind. The gender expression of the patient will not affect the patient's assessment.

4.5 Other-please specify:

6. SECTION 4: TEACHING STRATEGY, METHODS AND FEEDBACK FOR PARTICIPANTS

18. Check all the methodologies that the trainer(s)/facilitator(s) will use:

In-person
On-line/internet-passive (e.g. pre-recorded video, live-streaming of presenter, webcast, etc.) Please specify type:: Mp 3
Podcast for JEMS
Adult learning principles (self-directed, goal oriented activities based on participant experiences, in order to gain new forms of knowledge, skills, attitudes, or values)

19. What strategies will your trainer(s)/facilitator(s)/author(s) take to make training inclusive and accessible to individuals with different learning styles, educational backgrounds, and student needs including, but not limited to disabilities (e.g. deaf clients or hard of hearing clients) and limited English proficiency?

The clients will receive actual files, so the language will automatically be set to the language they have on PowerPoint and Word.

20. What language(s) is the training conducted in?

English

21. How will the trainer(s)/facilitator(s)/author(s) address cultural factors, such as culturally-based social values and norms in their approach to cultural competency?

Terminology addresses cultural factors.

22. Feedback for Participants

Please check the box(es) which best describe(s) how participants will be provided with feedback:

Questions and answers during learning process
Self-assessment questions (e.g. when a survey/self-assessment tool is completed at beginning of activity, and then reviewed by participant at end of activity to compare pre-/post- learning)
Other - Please describe:: Participants will be given my contact information for any questions that arises after the training.

23. Time is needed for skill acquisition. How will you measure when the skill(s) has/have been accomplished by the participant? How are you going to follow-up later to evaluate skills?

	What is the immediate follow-up plan?	What is the long-term follow-up plan?
*	Answer questions during the training.	Address questions that arise after the training.

7. SECTION 5: CULTURAL COMPETENCE EXPERIENCE OF ORGANIZATION, TRAINER(S) AND/OR AUTHOR(S)

24. Describe your organization's understanding of the history, purpose and value of a culturally competent health and health care workforce.

I started this training because I was frustrated that there was no training for first responders about transgender patients. I have been working in EMS since 2006. I use my personal story of my transition, including what gender dysphoria looked like for me.

I began my transition in 2012. I took my first shot of Testosterone in August 2013. I had top surgery in June 2016 and my Hysterectomy in January 2018.

25. What are your definitions of "culture" and "competence"?

Culture- All-encompassing knowing that the person acts according to their religious or spiritual beliefs.

Competence- How well does the person understand their job? Are they asking the appropriate questions during the patient assessment of Abdominal Pain, or Chest Pain? What is the patient demographic that they will run into? Do they respect the culture of the patient?

26. Explain how providing cultural competence training fits with your organization's mission and teaching philosophy.

This training is about taking the guesswork of what it takes to transition. I don't care how someone feels about transgender people. I care about ensuring that when a transgender person calls 911, all life-threatening complications are recognized and treated. This training is setting the standard of transgender patient care.

27. What are the trainer/facilitator/author qualifications for this program? (Including: non-academic- e.g. number of years in a community of interest).

I have been out as a transgender male for nine years. Before becoming unaffiliated, I worked in the field for 14 years. Nine of those years responding to 911 calls for Clackamas County AMR.

28. Please provide the information requested below for each trainer/facilitator/author. If applicable, begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training and residency training.

Name

Taylor Sprecher

Position Title

Owner

Experience

	Education/Work experience Institution(s) and Location(s)	Degree (if applicable)	Share lived experience/Relevance to cultural competence
Row 1	Mt Hood Community College	EMT	2 terms
Row 2	Metro West Ambulance	EMT	4 years
Row 3	American Medical Response	EMT	11 years
Row 4			

Would you like to add another trainer/facilitator/author?

No

5. Please provide the information requested below for each trainer/facilitator/author. If applicable, begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training and residency training.

Name

Position Title

Experience

	Education/Work experience Institution(s) and Location(s)	Degree (if applicable)	Share lived experience/Relevance to cultural competence
Row 1			
Row 2			
Row 3			
Row 4			

Would you like to add another trainer/facilitator/author?

6. Please provide the information requested below for each trainer/facilitator/author. If applicable, begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training and residency training.

Name

Position Title

Experience

	Education/Work experience Institution(s) and Location(s)	Degree (if applicable)	Share lived experience/Relevance to cultural competence
Row 1			
Row 2			
Row 3			
Row 4			

Would you like to add another trainer/facilitator/author?

7. Please provide the information requested below for each trainer/facilitator/author. If applicable, begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training and residency training.

Name

Position Title

Experience

	Education/Work experience Institution(s) and Location(s)	Degree (if applicable)	Share lived experience/Relevance to cultural competence
Row 1			
Row 2			
Row 3			
Row 4			

8. SECTION 5: SIGNATURE

Please read all of the following statements carefully and indicate your understanding and acceptance by signing in the space provided

I understand that if continuing education training requirements are not met or are no longer being met, OHA may deny, suspend, rescind, or revoke the continuing education approval.

I understand that OHA may conduct site visits of continuing education training prior to approval or at any time during the review/approval period.

I understand that trainers (organizations/individuals) must apply for approval for each separate training/module.

I attest that this training does not discriminate in relation to: race, color, national origin, religion, sex, sexual orientation, gender identity, marital status, age, or disability.

I will advise OHA of any changes to the organization contact information, or organizational changes that require submitting an update for approval by OHA, within 30 days of such changes.

I understand that during the continuing education approval period, the written notice of OHA approval must be made available to any participant or partnering organization that requires a copy.

I agree to confirm any necessary permissions when training utilizes videos, books, etc.

I agree to issue a certificate of completion to participants following successful completion of continuing education training.

I agree to abide by the rules regarding cultural competence continuing education for regulated health care professionals. OAR 943-090-0000 through 943-0900020 and 2013 OL Ch. 240, ORS 676.850, HB 2011 (2019) & ORS 413.450.

29. I attest that all the information contained in this application is true and accurate to the best of my knowledge and understanding. I understand that providing false, incomplete or misleading information may result in the denial of the application, or revocation of the continuing education approval.

A handwritten signature in black ink, appearing to read 'Taylor Sprecher', written in a cursive style.

Signature of: Taylor Sprecher

Oregon Health Authority's Nondiscrimination Policy

The Oregon Health Authority (OHA) does not discriminate in any of its programs in relation to: race, color, national origin, religion, sex, sexual orientation, gender identity, marital status, age, or disability.

Do you think OHA has discriminated against you? To report your concern or get more information on OHA's policy:

Call: 1-844-882-7889, 711 TTY;

Email: OHA.PublicCivilRights@state.or.us; or

Visit: www.oregon.gov/OHA/OEI

OHA's nondiscrimination policy complies with the laws that apply to it. These laws include Title VI of the Civil Rights Act of 1964, the Americans with Disabilities Act of 1990 (as amended), Section 504 of the Rehabilitation Act of 1973, and Oregon Revised Statute Chapter 659A.

9. ATTACHMENT COVER PAGE

30.

Please number and list ALL attachments that are included with your application, in the order that they are referenced in the application. When sending electronic copies of the attachments, make sure the number and name of the file corresponds to what is listed below. All documents should be in PDF format and sized for printing on 8.5 x11paper.

	NAME OF ATTACHMENT	PAGE NUMBER
1	Emergency Care Transgender Non BinaryPatients1	1
2	Trauma and Medical scenarios for Transgender 2 1	2
3	Field Reference Guide	3
4	Protocol Test	4
5	Course Evaluation	5
6		
7		
8		

31. UPLOAD ATTACHMENTS HERE

- [Emergency Care Transgender Non-Binary Patients \(1\).pdf](#)
- [Trauma and Medical scenarios for Transgender \(2\) \(1\).pdf](#)
- [Field Reference Guide.pdf](#)
- [Protocol Test \(2\) \(1\).pdf](#)
- [Course Evaluation Answer.pdf](#)

10. Thank You!

Thank you for your interest in providing resources and support to help improve the cultural competence of Oregon's health care professional workforce.