**Participation Requirements**

1. Complete the following:
   * 1. I actively participated by providing direct patient care in LGBTQuality improvement: Strengthening Care in Outpatient Pediatrics for at least 6 months.

Start Date: \_\_\_\_ End Date: \_\_\_\_\_

* + 1. I reviewed at least 10 of my pediatric charts to verify that Sexual Orientation/Gender Identification was documented for all visit types, appropriate screening questions for psychosocial and physical comorbidities were asked and appropriate referrals were made. If the information is not documented correctly, I developed an Action Plan to address the issue.
    2. I completed training designed to improve my LGBT health knowledge. (example: National LGBT Health Education Center training).
    3. Complete 2 of the 3 following options:
       1. I participated in daily huddles that addressed the Sexual Orientation/Gender EPIC documentation of patients 13 years of age and older.
       2. I served as provider champion, responsible for involvement in the conceptualization, design, oversight of implementation, overall assessment/evaluation and evolution of this QI initiative.
       3. I provided supervision of a resident or student in the management of care for an LGBTQ patient.

**Reflection**

I reflected upon the following areas:

* + - 1. Change.  What change did you personally make in your practice?
      2. Impact.  How did this change impact patient care in your practice?
      3. Learning.  What did you learn as part of participating in this QI effort?
      4. Sustainability. Explain how you plan to sustain the changes you made to your practice because of this QI effort.