

### **Markesha:**

A 22-year-old woman enters your outpatient clinic as a 1st time patient. Her intake paperwork is up to date and allows room for her to document that her current gender identity is female, and her sex assigned at birth was male. [Of note, her name is Markesha but her identification lists a masculine 1st name, Mark]

While she is waiting for you for her initial evaluation, she enters the women's restroom. Another patient comes out of the women's restroom and reports to your receptionist that she thinks a man is using the women's restroom; your receptionist immediately proceeds to get security due to the alleged concern; security comes and makes a small scene outside of the bathroom, calling out for the man to come out of the bathroom immediately. Markesha then exits the restroom sheepishly, security apologizes for the confusion and she goes to sit in the waiting area at the only seat available, next to the woman who complained about Markesha's presence in the bathroom.

Due to the previous commotion, your receptionist forgets her previous conversation with Markesha and loudly informs you, across the therapy gym, that Mark is ready for your evaluation. You then go into the waiting room and also call out for Mark.

1. How could the other patient's complaint have been handled better?
2. What is the best way to address a patient whose preferred name or pronouns do not match the name on their state-issued identification ?
3. Following this sign-in process; what feelings may Markesha be feeling prior to her therapy appointment? How might this hinder her engagement in OT services?

### **Joe**

A 66 year old male arrived at the hospital ER two days ago for suicidal ideation. The on-call physician placed a Title 47 hold for his safety until a formal psychological assessment could be completed. The telehealth psychologist requested OT to complete a functional living assessment to determine if he was safe to return home at his current level following psychological clearance. The ER note so far read:

"Joe is a 56 year old male who presented to emergency room after having racing thoughts, depressed mood and thoughts of suicide. When questioned as to why he was feeling hopeless, he reported his long-term partner had left him for another man. Labs unremarkable, no drug/alcohol concerns at this time. Title 47 placed until psych can evaluate"

Due to the limited chart documentation, you choose to speak to the MD prior to your assessment since the telepsychologist is not available. When you inquire, his response is: "Oh that fag? He can't score a chick so he tried to off himself".

1. What would your 1st response be to this physician?
2. What assessment could/would you use to best evaluate Joe?
3. What could you potentially do in response to the lack of cultural competence your co-workers are showing?