

OT Mastery

Gender-Affirming Care

1. What does healthcare research as a whole state about gender-affirming care?

- A. Gender-affirming care is associated with a lower fall risk
 - B. Gender-affirming care is hard to find
 - C. Gender-affirming care can impact well-being positively when it's provided early enough
 - D. Gender-affirming care has not been studied or associated with any health outcomes
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2. A 45-year-old patient who recently underwent female-to-male gender-affirming surgery is beginning OT. He has expressed several priorities: help forming new dressing habits, assistance with learning proper hygiene and grooming, and managing social anxiety following his transition. What gender-affirming OT principle does this scenario align with?

- A. The concept of the gender binary was created to exclude gender expansive individuals. Because the healthcare industry and many other societal systems operate using this and other outdated concepts, there are many ingrained practices that providers must disrupt in order to offer higher quality care.
 - B. Therapists should acknowledge that gender expansive individuals and identities are integrated into the human experience and, as a result, are closely intertwined with occupations.
 - C. Inclusive healthcare environments are essential to health, well-being, and occupational engagement.
 - D. The lived experience of gender expansive individuals has continually been molded by a history of stigma, discrimination, and other historical traumas.
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3. According to the gender-affirming OT principles and the current base of research, what does NOT impact occupational performance for gender expansive individuals?

- A. Stigma, harassment, and violence
 - B. Discrimination and prejudice
 - C. The concept of the gender binary
 - D. Past occupational participation
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4. What documents can OTs use to justify and structure gender-affirming care?

- A. AOTA position statements, OT Code of Ethics, OT Practice Framework
 - B. CDC Universal Precautions, WHO Framework for Treatment, AOTA position statements
 - C. Doctoral capstone project, Master's thesis, OT Practice Framework
 - D. CDC Universal Precautions, OT Code of Ethics, Master's thesis
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5. A 51-year-old bisexual male wants to look for another place to receive OT treatment due to feeling uncomfortable at the last clinic he went. He reported not feeling that he was accepted due to his sexuality and the way in which he dresses. What gender-affirming OT principle does this scenario align with?

- A. Gender-affirming, inclusive care environments also affect the health and well-being of a provider's peers, superiors, stakeholders, and professional colleagues.
 - B. The concept of the gender binary was created to exclude gender expansive individuals. Because the healthcare industry and many other societal systems operate using this and other outdated concepts, there are many ingrained practices that providers must disrupt in order to offer higher quality care.
 - C. Inclusive healthcare environments are essential to health, well-being, and occupational engagement.
 - D. In order to be considered high quality, occupational therapy services must be provided on the basis of contextual and personal factors that pertain to a person's gender identity.
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6. What precautions or special aftercare instructions may someone have after undergoing a vulvoplasty or vaginoplasty?

- A. Potential warning signs of an eating disorder
 - B. Temporary adherence to a liquid diet
 - C. Use of hats to prevent dysphoria
 - D. Bottle-assist for perineal care while a urinary catheter is placed
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7. What is NOT a way OTs can assist a gender expansive individual with caretaking?

- A. Acknowledge discrimination that may occur when utilizing public transportation
 - B. Offer validation to their family choices
 - C. Connect them with legal assistance and behavioral health support as needed to help with custody cases
 - D. Use gender-inclusive language
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8. What is the most appropriate summary of an OT's role in spirituality with gender expansive individuals?

- A. OTs should be willing and able to refer gender expansive individuals to pastoral care, chaplain, and other forms of spiritual services if patients demonstrate a distinct need for that
 - B. There is no research or historical data that suggests difficulty in the realm of religion and gender expansive individuals, but therapists can address this occupation if it is deemed a priority by patients
 - C. In some cases, mainstream religions have been known to discriminate against gender expansive individuals. But this doesn't mean gender expansive individuals are not interested in and/or practicing their own versions of spiritual expression. Therefore, therapists should feel comfortable following their lead and providing intervention in this area if it is requested.
 - D. It is not within an OT's scope of practice to address religion or other forms of spirituality
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9. What is NOT one of the universal precautions outlined as part of trauma-informed care?

- A. Address others who are casting judgment on gender expansive individuals
 - B. Acknowledge and make adjustments for crises that have impacted your patients
 - C. Create healing environments for therapy to take place
 - D. Use therapeutic communication always
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10. How does continued competency apply to the concept of gender-affirming care?

- A. Therapists have no duty to achieve or maintain competency in gender-affirming care, as this only applies to therapists working in very specific practice areas
 - B. Therapists should remain educated on current terminology, changes, and modifications to official documents that may impact practice. They should also take the time to self-reflect and address their own biases before they impact their patients or others.
 - C. Therapists must teach continuing education courses on the topic of diversity, equity, and inclusion
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