OT Mastery

LGBTQ+ Cultural Competency

1. What is the most widely accepted definition of LGBTQ+ cultural competence?

A. A cohesive set of policies, beliefs, and actions that providers use to be effective when considering an LGBTQ+ individual's cultural behaviors, needs, and beliefs
B. Any activity that increases someone's knowledge about other cultures and sets of beliefs
C. Any of a person's institutions, values, thoughts, communications, customs, beliefs, and actions that all combine to offer them the unique perspective they have
D. The set of continuing education a healthcare clinician participates in to better their knowledge regarding other cultures and social groups

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2. What does the 'Q' in LGBTQ+ stand for?

A. Quintessential
B. Queer
C. Queer or questioning
D. Questioning

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3. What health and social concerns are LGBTQ+ individuals NOT at a greater risk of?

A. Eating disorders
B. Migraines
C. Homelessness
D. Obesity

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4. What statement is true regarding tobacco use in LGBTQ+ individuals?

A. Transgender adults use tobacco at a significantly higher rate than bisexual, gay, lesbian, and straight adults.
B. Bisexual and gay adults collectively smoke cigarettes at a higher rate than straight and lesbian adults do.
C. LGBTQ+ tobacco users have protective factors in place, meaning they have the same risk of heart disease, bronchitis, and cancer as straight tobacco users.
D. LGBTQ+ individuals as a whole vape less than straight adults.

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5. What is the most common form of sexual harrassment experienced by LGBTQ+ women in the workplace?

A. Being pressured into participating in inappropriate workplace discussions
B. Inappropriate comments from colleagues

C. Sexist jokes
D. Microaggressions

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6. What LGBTQ+ groups are at the highest risk of sexually transmitted infections (STIs) and human immunodeficiency virus (HIV)?

A. Men who have sex with men who have multiple male partners
B. Transgender women who have sex with monogamous men
C. Transgender men
D. Men who have sex with other men; women who have sex with other women who have multiple female or male partners

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7. LGBTQ+ individuals are more often to report difficulties seeking and receiving medical care compared to straight individuals. What is NOT one of these difficulties?

A. Feeling uncomfortable disclosing medical information to their medical provider
B. Facing discrimination from their healthcare provider
C. Dealing with providers who are biased toward LGBTQ+ individuals
D. Having too many LGBTQ+ specialty providers to choose from

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8. What is an occupational barrier LGBTQ+ individuals may experience that may fall outside of an OT's scope of practice?

A. Navigating gender-affirming procedures to assist with transitioning
B. Difficulty finding housing
C. Inability to explore or engage in safe leisure
D. Overcoming stigma

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9. What feeling is NOT likely to come along with the stigma some LGBTQ+ individuals face?

A. Empowerment
B. Anger
C. Sadness
D. Loneliness

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10. What is NOT likely a barrier LGBTQ+ individuals may face in the occupation of leisure?

A. Lack of time to engage in new or existing hobbies
B. Financial instability leading to little or no disposable income for hobbies
C. Difficulty thinking about leisure due to mental health concerns
D. Spending too much time engaging in leisure activities

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11. What occupational barriers LGBTQ+ individuals experience are the most likely to be connected?

A. Difficulty navigating the legal system and poor sleep/rest participation
B. Employment discrimination and poor leisure engagement
C. Stigma in certain contexts and difficulty integrating within social settings
D. Lack of physical activity and financial instability

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12. What does research say about electronic health records (EHRs) and LGBTQ+ cultural competency?

A. The high level of customization offered by EHRs allows for optimal inclusivity
B. Technical processes and how healthcare workers use these systems both impact the inclusivity of EHRs
C. EHRs do not have any impact on LGBTQ+ cultural competency
D. EHRs have been found adequate in their promotion of inclusivity for this population in particular

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13. When looking at healthcare professionals, what groups possess higher levels of knowledge relative to LGTBQ+ cultural competency?

A. Straight, cisgender, White women
B. Sexual minority women
C. Straight, cisgender, White men
D. Sexual minority men

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14. When looking at healthcare professionals, what demographic groups possess higher levels of LGBTQ+ cutural competency in practice?

A. Sexual minority women
B. Straight, cisgender, White women
C. Sexual and gender minorities
D. Sexual minority men

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15. What is NOT a category measured when weighing LGBTQ+ cultural competency?

A. Self-efficacy
B. Affirmative attitudes
C. Knowledge of LGBTQ+ terminology and concepts
D. Respectful dialogue

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16. Some research has suggested an addition to the categories used to assess LGBTQ+ cultural competence. What is the proposed category?

A. Carryover of knowledge to all contexts
B. Intentions for LGBTQ+ competency
C. Ability to seek out LGBTQ+-relevant continuing education
D. Amount of LGBTQ+ continuing education completed

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17. What statement is true regarding ADL retraining for LGBTQ+ individuals?

A. Therapists may address planning bathroom trips to avoid urinary retention when on community or social outings
B. ADL retraining is not an area that OTs should address with LGBTQ+ individuals
C. Toileting education for LGBTQ+ individuals may include refraining from traditional urination after vulvoplasty
D. It is not within a therapist's scope of practice to address maintaining surgical precautions while urinating after gender-affirming surgery

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18. What is NOT a way an OT can address inclusive play and leisure in children?

A. Advocating for participation in non-gendered sports within a school and community setting
B. Making non-gendered toy recommendations to enhance a child's development
C. Assisting with finding and integrating into an LGBTQ+ community center
D. Allowing parents to structure their child's play according to their own gender expression, rather than their child's method of expression

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19. What is the BEST description of areas an OT might address while working with an LGBTQ+ patient on personal development?

A. Continuing education, hormone therapy, sports participation, staying with one's existing friend group
B. Confidence building, healthy coping, social support, learning new skills
C. Parenting skills, gender-affirming procedures, hormone therapy, spirituality
D. Confidence building, finding a new primary care physician, communication skills, finding a mental health provider

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20. What is a good rule of thumb to follow when using inclusive language during the treatment process?

A. Refrain from asking the patient their gender identity, as this may cause the experience to be traumatic
B. Tell the patient they must disclose all medical information or they cannot be your patient due to noncompliance
C. Be sure to use the patient's pronouns once they have identified them
D. If the patient has not yet come out in certain social contexts, urge them to do so in order to improve communication across all settings

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