

During my MSE of COH, one of the things that I noticed that stood out to me is that she was very comfortable with her sexuality and helping people when they made mistakes. She wasn't the type to overdo things when she knew they were genuine mistakes and would actually glance over them for the most part. There were times when she would correct others, such as other patients on the floor, but for the most part, she was actually pretty chill about it. I haven't personally had any other similar experiences where I can say that people have acted differently, but I have heard of people being upset about genuine accidents when it comes to using correct pronouns or misgendering. I think that she was more comfortable than most because of two reasons. One, she knows that she is in the beginning stages of transferring over, so it would probably be easy to assume gender. And two, she has dealt with it in the past. I think that these two things have allowed her to have more of a slow and controlled approach to when people make mistakes with her gender and pronouns. As a nursing student, I could advocate for her to the workers by making sure they know what her pronouns are by making it a point of emphasis for them to remember what pronouns she uses. As a nurse, I would have probably written her preferred pronouns in her chart so that when people are reading up about her, they would know how to address her, so even when I'm not there, she would still be being advocated for. One communication technique that I used was, when I messed up, I would apologize and move on, so as to not make it a bigger deal than what it needed to be, and to also not upset her by dwelling on it too much. I learned that dealing with gender identity can be tricky, especially because we are unlearning years of pronouns and gender etiquette that we might have grown up on. In the future, I plan to continue to try my best to make sure my patients are respected in terms of their gender and overall care during my supervision. I think I did well relating to the patient and trying to make the patient comfortable. I think that one thing that changed for me was not judging a book by its cover. I went into clinical thinking that everyone would be wired and upset but everyone was pretty much the same as a regular person on the street and it is important to look at them that way in order to provide the best care possible, in my opinion. The more you can relate, the more you'll try to take care of them, instead of trying to push yourself away from your patient.

For my additional assessment, I chose the Patient Health Questionnaire. I chose this because I wanted to make sure that my patient was doing as well as she seemed to be doing in the MSE. Nothing really stood out to me though. Again, my patient could have just been really good at answering the questions, but I truly felt that my patient was in a good space mentally and was ready to be discharged. Based on the answers that I received, I don't think I need any additional information. As a nurse, I would have probably been talking to the doctor to see if the patient could be found placement or be discharged soon.