## **Client Challenges**

Hi Dr. Chapman and classmate,

Brandon is a 36-year-old adolescent male client coming into the clinic for abdominal pain with nausea and vomiting. After being registered, the patient is placed in the triage room where the male medical assistant is waiting. The nurse started with triage questions which the patient gladly answered. A female nurse practitioner (NP) enters the room shortly after and introduced herself, "My name is Shannon. I will be your provider today." "How can I help you," the NP added. The NP continued to ask questions but the patient refused to talk. The patient continued to be quiet and ignored the NP. The NP left the room and asked the male medical assistant to talk to the patient. The male medical assistant went to the patient's room and had a conversation with the patient. The nurse also asked why he did not talk to the female nurse practitioner. The patient stated, "I prefer a male provider rather than a female provider."

The patient's behavior exhibits sexism. The patient's behavior can be challenging for providers to be able to do an assessment. Sexism is a major factor that can affect the patient-provider relationship, it can cause the patient to not fully disclose their symptoms, feelings, and factual information for the provider to provide an accurate diagnosis and appropriate treatment plan (Monzani, et al., 2020). The provider can ask the patient if he has a preference for which provider he would be more comfortable with. By doing so, the patient would know that the provider wants the best for him and will do what is necessary to provide medical assistance. The sample document for the current encounter is "NP introduced self to the patient upon entering the room. Attempted to assess the patient however patient refused to communicate. The patient answered all triaged questions upon registration. The patient preferred a male provider per the medical assistant who the patient had a conversation during triage. I will defer care to a male provider." Ultimately, providers want the best for patients, and collaborately provide patient-centered care.

## References:

Monzani, D., Vergani, L., Pizzoli, S. F. M., Marton, G., Mazzocco, K., Bailo, L., Messori, C., Pancani, L., Cattelan, M., & amp; Pravettoni, G. (2020). Sexism Interacts with Patient-Physician Gender Concordance in Influencing Patient Control Preferences: Findings from a Vignette Experimental Design. Applied psychology. Health and well-being, 12(2), 471–492. https://doi.org/10.1111/aphw.12193<br>