

*Ms. G is a 40yo F with history of irritable bowel syndrome, postural orthostatic tachycardia syndrome, PTSD who presents after 6 minutes of thrashing movements of the upper extremities accompanied by screaming. The neurology service has performed 3 days of comprehensive work up including lab studies, imaging, and EEG monitoring. Prolactin level was negative and, though the patient did have a couple other similar episodes during the admission, EEG did not show epileptic activity. Psychiatry was consulted to assess for possible anxiety/PTSD contributing to functional seizures.*

*As soon as you, a psychiatry advanced practice provider, enter the room and introduce yourself as a provider from psychiatry, the patient becomes visibly anxious and states, "No, I don't want to talk to you, these episodes are real, my trauma didn't cause this like the neurologist said..."*

1. How do you psychoeducate this patient?
2. Who are the team members to consider liaising with? How and what will you communicate with them?

*You run into the neurologist, a physician who has been practicing for 40 years. He says, "This patient needs to go to inpatient psych. There is nothing wrong with her. We're not doing anything for her here." You start to respond, but he talks over you and says, "Trust me, I've been doing this a while, aren't you fresh out of APP training?"*

3. How do you respond to the microaggression?