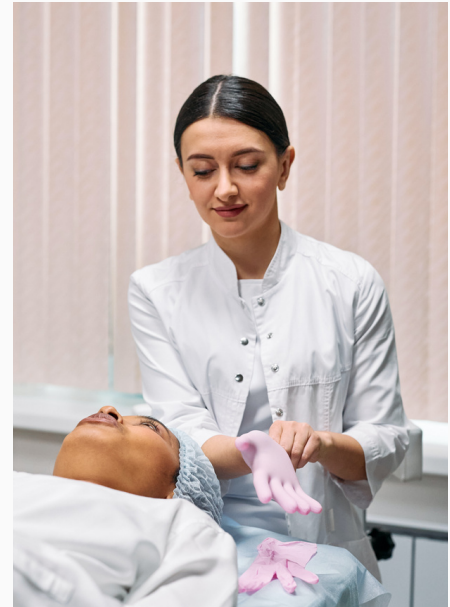


# Cultural Humility in Dermatology

Cultural humility is the reflective process of understanding your biases and privileges, managing power imbalances, and maintaining a perspective that is open to others and the cultural identities that are most important to them. Using this document as a guide to communicate socially and culturally with patients of different backgrounds is a great step towards becoming culturally humble.

Additionally, it helps to understand and acknowledge the current inequities in dermatology, support conversations around those inequities, and advance health equity within your clinic, system, or practice. Below are recommended approaches supported by board-certified dermatologists.



**55%** of patients reported a negative experience where they lost trust in a health care provider.<sup>1</sup>

## Make a Connection

Apply practices to connect with patients who may be less trusting or unfamiliar with the healthcare system. Start with empathy by:

- Being open to learn and communicate your understanding of their background and culture and how it relates to their treatment
- Sharing in honesty and vulnerability and acknowledging a lack of awareness

Always consider health literacy levels when creating patient guides and communicating treatment plans.

- Adapt to the patient's ability to understand health information
- Acknowledge and confirm that the patient is well-informed throughout care delivery
- Choose how to best communicate with the patient while considering differences in language and language barriers

**TAKE ACTION** Reflect on what may prevent you from connecting with patients.

## Let's Practice!

### Instead of:

Do you have any questions?

### Try:

- Is there anything you want to ask me that we haven't talked about?
- Is there anything that would make you feel more comfortable today?
- Do you need a translator?

Notice how the latter questions incorporate the strategies outlined for making a connection. Reflect on how these statements make a stronger patient connection.

[1] Read, L., Korenda, L., & Nelson, H. (2021, August 21). *Rebuilding trust in healthcare: What do consumers want—and need—organizations to do?* Deloitte Insights. Retrieved from <https://www2.deloitte.com/xe/en/insights/industry/health-care/trust-in-health-care-system.html>



# 20%

of U.S. adults have experienced discrimination in healthcare, with racial and ethnic factors most commonly reported.<sup>2</sup>

## Consider Culture

Be sensitive to cultural and social impacts towards health outcomes.

- Collect relevant cultural and social information, understanding that culture and language can influence health beliefs and outcomes. Communicate respectfully with your patient if you have a limited understanding of their cultural practices and be open to learning from them.
  - Cultural preferences based upon the various identities patients may hold:
    - Race, gender identity, religion, language, education, etc.
  - Social determinants that may also impact health inequities:
    - Housing, access to insurance, educational attainment
  - Historical disparities that contribute to negative outcomes:
    - Myths, such as there are different pain tolerance and skin sensitivity (darker skin equals tougher skin) in the Black community

## **TAKE ACTION**

*Use caution to not offer judgment based on these terms. Instead, use it as a guide to offer the most effective service and treatment.*

## **Let's Practice!**

### Instead of:

Is there any information you would like to add?

### Try:

- Tell me about your family. Where is your family from?
- Is there something you would like me to know that would impact your medical care?
- Can you tell me about your ancestry?

Notice how the latter questions incorporate the strategies outlined for considering culture. Reflect on how these statements make the patient feel included and seen. Questions about ancestry and culture can help to assess risk for conditions.

[2] O'Kane, M., Agrawal, S., Binder, L., Dzau, V., Gandhi, T. K., Harrington, R., Mate, K., McGann, P., Meyers, D., Rosen, P., Schreiber, M., & Schummers. (2021). An Equity Agenda for the Field of Health Care Quality Improvement. *NAM Perspectives*. Discussion Paper, National Academy of Medicine, Washington, DC. <https://doi.org/10.31478/202109b>

# Listen, Empower, and Respect

Listen and believe patients by acknowledging their concerns and trusting their experiences.

- Encourage Care Teams to lead respectful conversations and highlight personal learnings from patient interactions
- Respect the patient's experiences, even if they are culturally different
- Actively listen to the patient as you develop their treatment plan
- Listen to and acknowledge if a patient had a prior negative experience and validate that they did not deserve the experience

Allow for variation in the delivery of care based on a patient's needs.

- If possible, offer different ways to ensure access to medical care:
  - Community-based resources, telemedicine, and coordination and collaboration across systems and practices

Prioritize equitable practices over equality. Equality means everyone gets the same treatment, regardless if it's needed or right for them. Equity means everyone gets what they need, understanding the barriers, circumstances, and conditions.

- Ask yourself questions using an equity-based approach:
  - What does equity mean to me?
  - What contributes to health inequities?
  - What is my role in advancing health equity?

Patient experience scores for 'helpfulness' are 200% lower for Blacks, Asians and Hispanics compared to White people in clinical excellence and caring behaviors from providers.<sup>3</sup>

## Let's Practice!

### Instead of:

How can I help?

### Try:

- How can I better serve you?
- Is there anything else I can do to help you?
- As a physician, what can I do to better advocate for you?

Notice how the latter questions incorporate the strategies for listening, empowering, and respecting. Reflect on how these statements yield a respectful patient visit.

## **TAKE ACTION**

**Advocate for your patient outside of the office – ask about causes they care about and support local events as available.**

[3] Rokoske, F. (2022, June 14). *Medical mistrust: One obstacle on the path to health equity*. RTI Health Advance. Retrieved from <https://healthcare.rti.org/insights/medical-mistrust-and-health-equity>

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