

Provider language proficiency information on dermatology residency program web sites

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To the Editor:

Language barriers pose a significant obstacle to effective healthcare delivery, especially in a multicultural and multilingual society. In the United States, where English is the primary language, language barriers in healthcare are a significant issue for non-English speakers [1]. An estimated 21.7% of U.S. residents speak a language other than English at home, with 8.2% of U.S. residents estimated to speak English “less than very well” [2]. Patients receiving care in a language other than their own can have difficulty providing relevant medical history, understanding their condition, and following treatment plans, leading to miscommunication, misunderstandings, and potentially harmful medical errors [3,4]. Providing language-concordant care, in which patients and healthcare providers speak the same language, facilitates quality care and positive health outcomes for patients [5,6].

In the field of dermatology, visual examination and assessment of skin lesions are key diagnostic tools and effective communication between the patient and the provider is advantageous to ensure accurate diagnosis and treatment. In today's digital age, many patients rely on online platforms to find and choose healthcare providers. Therefore, it is essential for dermatology providers to include information about their language proficiency on their online profiles to help patients make informed decisions about their care. Herein, we explore the availability of information about dermatology providers' spoken languages on their online profiles.

The official websites of Accreditation Council for Graduate Medical Education (ACGME)-accredited dermatology residency programs were reviewed between December 2022 and January 2023. The web pages of all faculty and resident dermatologists at each institution were reviewed for availability of information on the language proficiencies of the provider.

Programs were divided geographically based on U.S. Census Region and proportion of programs providing language proficiency information was compared between regions (**Figure 1**). A total of 144 programs were assessed, of which 71 (49.3%) provided information about provider language proficiency (**Table 1**). There was no significant association between geographic region and proportion of programs providing language proficiency information in faculty online profiles (χ^2

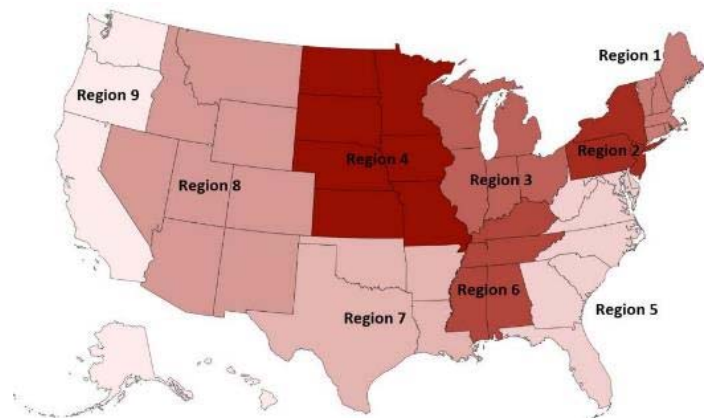


Figure 1. Map of the United States of America Census Regions.

Table 1. Availability of information about provider language proficiency by geographic region.

Region	Total number of programs	Programs with language information available online	Proportion of programs with language information available online
1	9	6	0.667
2	23	9	0.391
3	25	11	0.440
4	10	6	0.600
5	33	13	0.394
6	5	2	0.400
7	16	11	0.688
8	8	5	0.625
9	15	8	0.533
Total	143	71	0.497

(8)=7.322, P=0.502). None of the institutions assessed provided information about the language proficiency of physician residents.

There were no significant regional differences in the rate of institutions that included information on dermatologist language proficiency on their web sites. However, the overall rate of institutions publishing language information was only around 50%. These findings suggest that there is a notable opportunity for improvement in the availability of information on dermatologist language proficiency across the United States. Greater transparency would allow limited English proficiency patients to seek language-concordant care, which reduces the risk of miscommunication and is associated with improved outcomes. Moreover, providing language

proficiency information may contribute to building rapport between medical providers and patients, improving overall patient satisfaction.

A limitation of our study is that the analysis was limited to ACGME-accredited dermatology residency programs. Although this provides valuable information about academic dermatology programs, the web pages of private dermatology practices should be evaluated for a more comprehensive assessment of the availability of language proficiency information of practicing dermatologists across the United States.

Another limitation of our study is that it only surveyed the availability of language information on online profiles. Other factors such as the provision of interpreter services or cultural competence training for medical providers also play a pivotal role in improving communication and healthcare outcomes for patients with limited English proficiency.

This study highlights the lack of information available online about U.S. dermatologists' proficiency in languages other than English. In an increasingly multilingual and multicultural society, there is a need for improved efforts to make provider language proficiency information available to patients.

Potential conflicts of interest

The authors declare no conflicts of interest.

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