Partnering with the patient and community provides collaborative care, and respects and incorporates patient knowledge and experiences as vital. When partnering with patients to achieve cultural safety, providers should work to unite with patients and the community in order to provide collaborative care and transfer of power to patients, while respecting and incorporating patient knowledge and experiences. With LGBTQIA+ communities, this means providing care for patients as partners in their care. How does “Partnering” look?

Personal ADLs include an understanding about the daily activities of life and survival that LGBTQIA+ individuals engage in as they face marginalization, stigma, and discrimination within society. Providers must explore and understand these experiences and the daily tasks that help people to resist and survive these challenges. In order to provide culturally safe care, clinicians must avoid asking patients to explain themselves, their practices, and identities in a way that resonates as invasive, ignorantly curious, or unnecessary. Researching about the various daily struggles that LGBTQIA+ people face and respecting ADLs is crucial. Avoiding asking unneeded, not-overly-curious questions about these practices helps to create trust between providers and patients.

Prevention of harm is a patient-driven engagement that works to support a patient’s journeys toward health. Providers should engage in mutual learning with frequent check-ins to make sure the plan of care is safe and appropriate for the patient’s lifestyle.

Patient centering is when the practitioner provides the means to achieve healthcare goals as decided by the patient, and then helps the patient move toward their goals. When providers have aligned purposes with patients, to provide the means to achieve the goals that patients want and/or need, this solidifies clinicians as part of patients’ positive moves toward their goals.

Purposeful self-reflection is when the provider becomes aware of their own cultural beliefs, including reflecting on their own blind spots and internal biases. This requires self-reflection and processes of accountability to deal responsibly with these internal processes, so they do not interfere with the provider-patient relationship. Providers should develop a practice of self-reflexivity to develop awareness of innate, tacit, and biased cultural beliefs in order to address them.

Completing prior authorizations with insurance companies is a simple way of helping trans and gender expansive patients access gender affirming care.