

Program Director Perspectives on DEI Initiatives in the Dermatology Residency Selection Process

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PRACTICE POINTS

- A majority of dermatology program directors (PDs) express support for increased diversity, equity, and inclusion (DEI) funding through the American Academy of Dermatology, including initiatives centered on education and mentorship.
- Dermatology PDs are invested in recruiting underrepresented in medicine applicants to create residency classes that are representative of their patient populations.

The American Academy of Dermatology (AAD) has maintained a commitment to diversity, equity, and inclusion (DEI) initiatives; however, a recent strike down of affirmative action by the US Supreme Court has caused similar efforts to be called into question. This prompted our investigation into dermatology program director (PD) perceptions of DEI programming and its integration into resident selection. A cross-sectional survey of PDs at US dermatology residency programs was conducted from April 2024 to July 2024 (N=30). Our results suggest strong support among PDs for advancing DEI in dermatology, although challenges such as legal restrictions and knowledge gaps persist. These findings underscore the importance of sustained efforts to foster a more diverse and inclusive dermatology workforce in alignment with the nation's demographics.

The recent Supreme Court ruling that struck down affirmative action¹ has caused many initiatives aimed at promoting diversity, equity, and inclusion (DEI) to fall under scrutiny; however, the American Academy of Dermatology (AAD) published a statement of intent in 2022 recognizing and committing to DEI as a priority in the specialty.² In this study, we used a formal survey to investigate the perceptions of dermatology program directors (PDs) on DEI programming from the AAD and how DEI is integrated into the resident selection process at varying institutions.

Methods

We conducted a cross-sectional study of dermatology PDs across the United States from April 2024 to July 2024. Program directors were contacted via the Association of Professors of Dermatology PD listserve, which includes all 103 PDs who are members of the organization. Personalized survey links were created and sent individually to each PD's email address. Thirty responses were received. All survey responses were captured anonymously. The survey consisted of 17 questions focusing on dermatology PD demographics and opinions on DEI initiatives in the AAD and in the dermatology resident

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Ogechi Obed, Ivan Rodriguez, Karen Lam, and Drs. Van Beek, Rosenblatt, and Saavedra have no relevant financial disclosures to report.

Dr. Worswick is a speaker for Boehringer Ingelheim.

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The eTable is available in the Appendix online at www.mdedge.com/dermatology.

Cutis. 2024 December;114(6):180-182, E1. doi:10.12788/cutis.1143

selection process. Data were collected using Qualtrics survey tools and analyzed using Qualtrics reports.

Results

Demographics—A total of 30 completed surveys were received. Thirty-three percent (10/30) of respondents were from the Midwest, and 23% (7/30) were from the Northeast. The next most represented region was the West, with 20% (6/30) of respondents. The Southeast and Southwest were the least represented regions captured in our survey, accounting for 13% (4/30) and 10% (3/30) of respondents, respectively. After answering this initial demographic question, 1 respondent stopped the survey, bringing our new total to 29 respondents.

Most (66% [19/29]) of the survey respondents had served as PDs for 5 years or less. Sixty-nine percent (20/29) identified as female, while 31% (9/29) identified as male. Seventy-two percent (21/29) identified as White, 17% (5/29) identified as Asian, 3% (1/29) identified as Black/African American, 3% (1/29) identified as Hispanic or Latinx, and 3% (1/29) identified as mixed race.

Opinions on DEI Initiatives—When asked about their satisfaction level with the current amount of DEI efforts within the AAD, 17% (5/29) of respondents said they were very satisfied, 59% (17/29) said they were satisfied, 17% (5/29) said they were neutral, and 7% (2/29) said they were dissatisfied. Given that none of the questions were mandatory to answer before proceeding with the survey, there were variable response rates to each of the remaining questions, which may have caused respondents to answer only questions they felt strongly about.

Twenty respondents answered when prompted to further classify their level of satisfaction: 70% (14/20) said there should be more DEI efforts through the AAD providing financial support, and 50% (10/20) wanted more nonfinancial support. When given the opportunity to specify which DEI initiatives should be enhanced, the majority (67% [14/21]) of PDs chose the AAD's health disparities curriculum, followed by the Diversity Mentorship Program (52% [11/21]), AAD Diversity Toolkit (43% [9/21]), and the Skin of Color Curriculum (43% [9/21]). Thirty-three percent (7/30) of PDs wanted enhancement of Medicine Without Barriers: Overcoming Unintended Bias in Practice (an AAD educational resource), and 19% (4/21) of respondents did not think any of the AAD's DEI initiatives needed to be enhanced. There were 14 responses to a question about choosing which DEI initiatives to reduce with singular votes (7% [1/14] each) to reduce Medicine Without Barriers: Overcoming Unintended Bias in Practice and the Skin of Color Curriculum.

Our survey also invited PDs to introduce ideas for new DEI initiatives or programs. The following were suggestions offered by respondents: education for senior members of the AAD on the importance of DEI in dermatology, professional development resources directed toward academic faculty members to prepare them for

interacting with and teaching residents from different backgrounds, and more advertisements and support for the AAD's Diversity Champion Workshop.

DEI in Resident Selection—When asked about the role that DEI plays in how programs develop their match lists for residency, 13% (3/23) of PDs responded that it plays a very large role, 52% (12/23) stated that it plays a large role, 26% (6/23) responded that it plays somewhat of a role, 4% (1/23) stated that it plays a small role, and 4% (1/23) stated that it plays no role. Twenty-four percent (4/17) of respondents were PDs in states that have legislation limiting or defunding DEI initiatives at institutions of higher education. Another 12% (2/17) were from states where such legislation was pending a vote, while 59% (10/17) of respondents indicated that their state had not introduced such legislation. Four percent (1/17) indicated that they were from a state that had introduced legislation to limit or defund DEI initiatives that failed to pass. Only 17 respondents answered this question, which may be due to a lack of awareness among respondents of state-specific legislation on limiting or defunding DEI initiatives.

Resident Selection Factors—Ninety-six percent (22/23) of PDs stated that their residency program uses a holistic review that takes into account factors such as experiences (eg, volunteer work, research endeavors), personal attributes, and metrics in a balanced manner. No PDs offered United States Medical Licensing Examination Step score cutoffs or medical school clerkship cutoff grades. When asked to rank the importance placed on individual factors in the residency application, the following were ranked from most to least important in the process: performance on clerkships/rotations, performance on interviews, letters of recommendation, clerkship grades, United States Medical Licensing Examination Step scores, research content/quality, race/ethnicity, history of teaching and mentorship, volunteering, and research amount. When asked to indicate the most pertinent factors used to incorporate DEI in resident selection, the most popular factor was lived experience/life, which was chosen by 90% (18/20) of PDs followed by 75% (15/20) of respondents incorporating underrepresented in medicine (URM) status (including Black, Latinx, and Native American applicants) and 70% (4/20) incorporating socioeconomic status. Sexual orientation and geographic ties of the applicant to the region of the residency program was incorporated by 45% (9/20) of respondents, and other characteristics of race and sex each were incorporated by 30% (6/20) of respondents. Religion was the least incorporated, with 10% (2/20) of PDs selecting this classification. In considering URM status when choosing dermatology residents, 100% (11/11) of respondents indicated that their institution promotes diversity as a part of the recruitment process. Eighty-two percent (9/11) of respondents try to recruit URM applicants to reflect their patient population, 82% (9/11) try as part of a belief that a diverse group benefits everyone in their program, and 45% (5/11) try in

order to address societal inequities and as a broader mission to diversify the health care workforce. Seventy-three percent (8/11) indicated that they pay attention to URM status throughout the application process.

Comment

Diversity in the US population is steadily increasing. Within the past decade, the diversity index (the probability that 2 people chosen at random will be from different racial and ethnic groups) has grown from 54.9% in 2010 to 61.1% in 2020.³ There was a 24.9% increase in population groups other than non-Hispanic Whites from 2010 to 2020, an increase in diversity that was present in every region of the United States.⁴ The field of dermatology already does not reflect the racial distribution of the nation,⁴ with Black individuals accounting for 13.7% of the nation's population but only 3% of dermatologists; similarly, Hispanic individuals account for 19.5% of the population but only comprise 4.2% of dermatologists.^{5,6} There is overwhelming evidence that patients prefer to be diagnosed and treated by physicians who reflect their own demographics.⁷ Furthermore, physicians who prescribe treatment plans that reflect and respect socioeconomic and religious beliefs of the populations they serve enable patients to meet treatment expectations and experience better outcomes.⁸ Direct action is required to ensure that the specialty more accurately represents the evolving demographics of the country. This can be accomplished in myriad ways, including but not limited to cultural humility training⁹ for current dermatologists and trainees and recruitment of a more diverse workforce. These measures can ultimately improve treatment approaches and outcomes for dermatologic conditions across various groups.¹⁰

There are efforts by various dermatologic organizations, including the AAD, Society for Pediatric Dermatology, Pediatric Dermatology Research Alliance, Skin of Color Society, Women's Dermatologic Society, and American Society for Dermatologic Surgery, that are focused on promoting DEI through research, education, and mentorship of potential future dermatologists.¹¹ However, the perceptions, opinions, and selection process instituted by PDs are most consequential in determining the diversity of the specialty, as PDs are at the forefront of establishing the next generation of dermatologists. Through this study, we have found that most PDs recognize the importance of diversity in residency education and recruitment without it being the only deciding factor.

The main limitation of this study was the small sample size, which may not adequately represent all dermatology

residency programs accredited by the Accreditation Council for Graduate Medical Education as a result of selection bias toward respondents who were more likely to participate in survey-based research on topics of DEI.

Conclusion

This study revealed that, among dermatology residency PDs, there is interest in modifying the resources and initiatives surrounding DEI in the field. It also revealed that DEI remains a consideration in the resident selection process despite the recent Supreme Court ruling. In conclusion, there is an eagerness among dermatology PDs to incorporate DEI into resident selection even though gaps in knowledge and awareness remain.

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APPENDIX

eTABLE: Dermatology Program Directors' Opinions on Current DEI Initiatives by the AAD

Opinion ^a	No. of Responses, n (%)
Satisfaction with current level of DEI initiatives in the AAD (N=29)	
Very satisfied	5 (17)
Satisfied	17 (59)
Neutral	5 (17)
Dissatisfied	2 (7)
Very dissatisfied	0 (0)
How DEI efforts in the AAD should be modified (N=20)	
More DEI efforts through the AAD providing financial support	14 (70)
More DEI efforts through the AAD providing nonfinancial support	10 (50)
Fewer DEI efforts through the AAD providing financial support	1 (5)
Fewer DEI efforts through the AAD providing nonfinancial support	1 (5)
Neutral	3 (15)
Specific AAD DEI initiatives that should be enhanced (N=21)	
AAD Diversity Toolkit	9 (43)
Medicine Without Barriers: Overcoming Unintended Bias in Practice	7 (33)
Diversity Mentorship Program	11 (52)
Skin of Color Curriculum	9 (43)
Health disparities curriculum	14 (67)
Other ^b	1 (5)
None	4 (19)
Specific AAD DEI initiatives that should be reduced (N=14)	
AAD Diversity Toolkit	0 (0)
Medicine Without Barriers: Overcoming Unintended Bias in Practice	1 (7)
Diversity Mentorship Program	0 (0)
Skin of Color Curriculum	1 (7)
Health disparities curriculum	0 (0)
Other ^b	1 (7)
None	12 (86)

Abbreviations: AAD, American Academy of Dermatology; DEI, diversity, equity, and inclusion.

^aNot all respondents to the survey replied to every question.

^bRespondent indicated that they did not feel familiar enough with the current programs to make any sort of judgment.