

Top DEI Topics to Incorporate Into Dermatology Residency Training: An Electronic Delphi Consensus Study

Valerie S. Encarnación-Cortés, BS; Ivan Rodriguez, BS; Fatuma-Ayaan Rinderknecht, MD; Natnaelle Admassu, MD; Gregory Phillips, MD; Herbert Castillo-Valladares, MD; Michelle Tarbox, MD; Jon Kinton Peebles, MD; Erik J. Stratman, MD; Emily M. Altman, MD; Matthew A. Pimentel, MD; Nada Elbuluk, MD; Palak Parekh, MD; Steven Daveluy, MD; William James, MD; Soo Jung Kim, MD; David Rosmarin, MD; Efe Kakpovbia, MD; Jonathan I. Silverberg, MD, PhD, MPH; Sacharitha Bowers, MD; Rebecca Vasquez, MD; Scott D. Worswick, MD; Ammar M. Ahmed, MD

PRACTICE POINTS

- Advancing curricula related to diversity, equity, and inclusion in dermatology training can improve health outcomes, address health care workforce disparities, and enhance clinical care for diverse patient populations.
- Education on patient-centered communication, cultural humility, and the impact of social determinants of health results in dermatology residents who are better equipped with the necessary tools to effectively care for patients from diverse backgrounds.

Current dermatology residency education may be deficient in curricular topics and training related to diversity, equity, and inclusion (DEI). Integrating more DEI topics within residency curricula may improve clinical care delivered to diverse populations and improve cultural humility among trainees. The objective of this electronic Delphi (e-Delphi) study was to reach a consensus on the most important DEI topics for

inclusion in dermatology residency program curricula nationwide. Sixty-one DEI-related topics were proposed by an expert panel consisting of dermatologists from the Association of Professors of Dermatology DEI subcommittee and the American Academy of Dermatology Diversity Task Force. Two rounds of anonymous electronic surveys based on a 5-point Likert scale were administered using a modified e-Delphi design. Voluntary participants including residents and academic dermatologists were self-selected after an email was sent to the Association of Professors of Dermatology listserv.

Diversity, equity, and inclusion (DEI) programs seek to improve dermatologic education and clinical care for an increasingly diverse patient population as well as to recruit and sustain a physician workforce that reflects the diversity of the patients they serve.^{1,2} In dermatology, only 4.2% and 3.0% of practicing dermatologists self-identify as being of Hispanic and African American ethnicity, respectively, compared with 18.5% and 13.4% of the general population, respectively.³

Valerie S. Encarnación-Cortés is from the School of Medicine, University of Puerto Rico, Medical Sciences Campus, San Juan. Ivan Rodriguez and Drs. Elbuluk and Worswick are from the Department of Dermatology, University of Southern California, Los Angeles. Dr. Rinderknecht is from the School of Medicine, University of San Francisco, California. Dr. Admassu is from the Department of Dermatology, Medical College of Wisconsin, Milwaukee. Drs. Phillips and Pimentel are from the Department of Dermatology, Oregon Health and Science University, Portland. Dr. Castillo-Valladares is from the Department of Dermatology, University of California San Francisco. Dr. Tarbox is from the Department of Dermatology, Texas Tech University, Lubbock. Dr. Peebles is from the Department of Dermatology, Mid-Atlantic Permanente Medical Group, Rockville, Maryland. Dr. Stratman is from the Department of Dermatology, Marshfield Clinic Health System, Wisconsin. Dr. Altman is from the Department of Dermatology, University of New Mexico, Albuquerque. Dr. Parekh is from the Department of Dermatology, Baylor Scott and White Medical Center, Texas. Dr. Daveluy is from the Department of Dermatology, Wayne State University School of Medicine, Detroit. Dr. James is from the Department of Dermatology, Perelman School of Medicine, University of Pennsylvania, Philadelphia. Dr. Kim is from the Department of Dermatology, Baylor College of Medicine, Temple, Texas. Dr. Rosmarin is from the Department of Dermatology, School of Medicine, Indiana University, Indianapolis. Dr. Kakpovbia is from the Department of Dermatology, Grossman School of Medicine, New York University, New York. Dr. Silverberg is from the George Washington University School of Medicine and Health Sciences, Washington, DC. Dr. Bowers is from the Department of Dermatology, Stritch School of Medicine, Loyola University, Chicago. Dr. Vasquez is from the Department of Dermatology, University of Texas Southwestern Medical Center, Dallas. Dr. Ahmed is from the Division of Dermatology, Dell Medical School, University of Texas, Austin. Several of the authors have relevant financial disclosures to report. Due to their length, the disclosures are listed in their entirety in the Appendix online at www.mdedge.com/dermatology.

The eTables are available in the Appendix online at www.mdedge.com/dermatology.

Correspondence: Valerie S. Encarnación-Cortés, BS (valerie.encarnacion@upr.edu).

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Creating an educational system that works to meet the goals of DEI is essential to improve health outcomes and address disparities. The lack of robust DEI-related curricula during residency training may limit the ability of practicing dermatologists to provide comprehensive and culturally sensitive care. It has been shown that racial concordance between patients and physicians has a positive impact on patient satisfaction by fostering a trusting patient-physician relationship.⁴

It is the responsibility of all dermatologists to create an environment where patients from any background can feel comfortable, which can be cultivated by establishing patient-centered communication and cultural humility.⁵ These skills can be strengthened via the implementation of DEI-related curricula during residency training. Augmenting exposure of these topics during training can optimize the delivery of dermatologic care by providing residents with the tools and confidence needed to care for patients of culturally diverse backgrounds. Enhancing DEI education is crucial to not only improve the recognition and treatment of dermatologic conditions in all skin and hair types but also to minimize misconceptions, stigma, health disparities, and discrimination faced by historically marginalized communities. Creating a culture of inclusion is of paramount importance to build successful relationships with patients and colleagues of culturally diverse backgrounds.⁶

There are multiple efforts underway to increase DEI education across the field of dermatology, including the development of DEI task forces in professional organizations and societies that serve to expand DEI-related research, mentorship, and education. The American Academy of Dermatology has been leading efforts to create a curriculum focused on skin of color, particularly addressing inadequate educational training on how dermatologic conditions manifest in this population.⁷ The Skin of Color Society has similar efforts underway and is developing a speakers bureau to give leading experts a platform to lecture dermatology trainees as well as patient and community audiences on various topics in skin of color.⁸ These are just 2 of many professional dermatology organizations that are advocating for expanded education on DEI; however, consistently integrating DEI-related topics into dermatology residency training curricula remains a gap in pedagogy. To identify the DEI-related topics of greatest relevance to the dermatology resident curricula, we implemented a modified electronic Delphi (e-Delphi) consensus process to provide standardized recommendations.

Methods

A 2-round modified e-Delphi method was utilized (Figure). An initial list of potential curricular topics was formulated by an expert panel consisting of 5 dermatologists from the Association of Professors of Dermatology DEI subcommittee and the American Academy of Dermatology Diversity Task Force (A.M.A., S.B., R.V., S.D.W., J.I.S.). Initial topics were selected via

several meetings among the panel members to discuss existing DEI concerns and issues that were deemed relevant due to education gaps in residency training. The list of topics was further expanded with recommendations obtained via an email sent to dermatology program directors on the Association of Professors of Dermatology listserve, which solicited voluntary participation of academic dermatologists, including program directors and dermatology residents.

There were 2 voting rounds, with each round consisting of questions scored on a Likert scale ranging from 1 to 5 (1=not essential, 2=probably not essential, 3=neutral, 4=probably essential, 5=definitely essential). The inclusion criteria to classify a topic as necessary for integration into the dermatology residency curriculum included 95% (18/19) or more of respondents rating the topic as probably essential or definitely essential; if more than 90% (17/19) of respondents rated the topic as probably essential or definitely essential and less than 10% (2/19) rated it as not essential or probably not essential, the topic was still included as part of the suggested curriculum. Topics that received ratings of probably essential or definitely essential by less than 80% (15/19) of respondents were removed from consideration. The topics that did not meet inclusion or exclusion criteria during the first round of voting were refined by the e-Delphi steering committee (V.S.E.-C. and F.-A.R.) based on open-ended feedback from the voting group provided at the end of the survey and subsequently passed to the second round of voting.

Results

Participants—A total of 19 respondents participated in both voting rounds, the majority (80% [15/19]) of whom were program directors or dermatologists affiliated with academia or development of DEI education; the remaining 20% [4/19] were dermatology residents.

Open-Ended Feedback—Voting group members were able to provide open-ended feedback for each of the sets of topics after the survey, which the steering committee utilized to modify the topics as needed for the final voting round. For example, “structural racism/discrimination” was originally mentioned as a topic, but several participants suggested including specific types of racism; therefore, the wording was changed to “racism: types, definitions” to encompass broader definitions and types of racism.

Survey Results—Two genres of topics were surveyed in each voting round: clinical and nonclinical. Participants voted on a total of 61 topics, with 23 ultimately selected in the final list of consensus curricular topics. Of those, 9 were clinical and 14 nonclinical. All topics deemed necessary for inclusion in residency curricula are presented in eTables 1 and 2.

During the first round of voting, the e-Delphi panel reached a consensus to include the following 17 topics as essential to dermatology residency training (along with the percentage of voters who classified them as probably

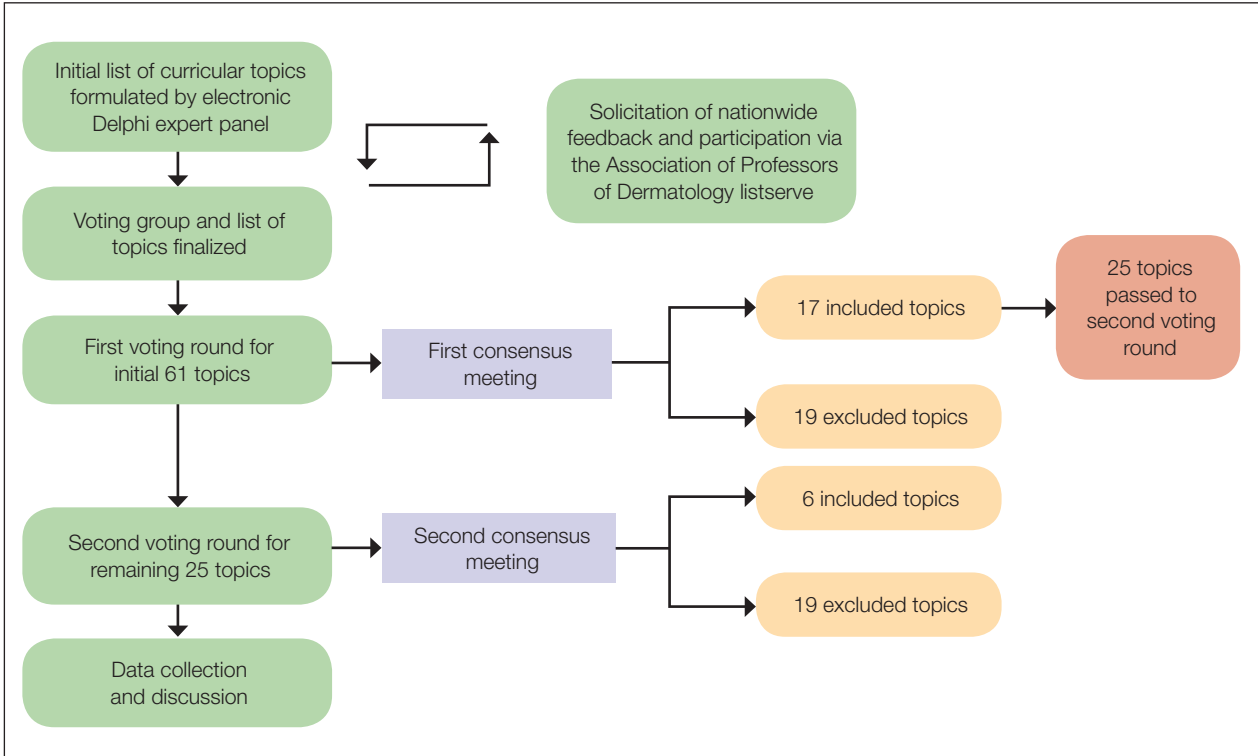
essential or definitely essential): how to mitigate bias in clinical and workplace settings (100% [40/40]); social determinants of health-related disparities in dermatology (100% [40/40]); hairstyling practices across different hair textures (100% [40/40]); definitions and examples of microaggressions (97.50% [39/40]); definition, background, and types of bias (97.50% [39/40]); manifestations of bias in the clinical setting (97.44% [38/39]); racial and ethnic disparities in dermatology (97.44% [38/39]); keloids (97.37% [37/38]); differences in dermoscopic presentations in skin of color (97.30% [36/37]); skin cancer in patients with skin of color (97.30% [36/37]); disparities due to bias (95.00% [38/40]); how to apply cultural humility and safety to patients of different cultural backgrounds (94.87% [37/40]); best practices in providing care to patients with limited English proficiency (94.87% [37/40]); hair loss in patients with textured hair (94.74% [36/38]); pseudofolliculitis barbae and acne keloidalis nuchae (94.60% [35/37]); disparities regarding people experiencing homelessness (92.31% [36/39]); and definitions and types of racism and other forms of discrimination (92.31% [36/39]). eTable 1 provides a list of suggested resources to incorporate these topics into the educational components of residency curricula. The resources provided were not part of the voting process, and they were not considered in the consensus analysis; they are included here as suggested educational catalysts.

During the second round of voting, 25 topics were evaluated. Of those, the following 6 topics were proposed

to be included as essential in residency training: differences in prevalence and presentation of common inflammatory disorders (100% [29/29]); manifestations of bias in the learning environment (96.55%); antiracist action and how to decrease the effects of structural racism in clinical and educational settings (96.55% [28/29]); diversity of images in dermatology education (96.55% [28/29]); pigmentary disorders and their psychological effects (96.55% [28/29]); and LGBTQ (lesbian, gay, bisexual, transgender, and queer) dermatologic health care (96.55% [28/29]). eTable 2 includes these topics as well as suggested resources to help incorporate them into training.

Comment

This study utilized a modified e-Delphi technique to identify relevant clinical and nonclinical DEI topics that should be incorporated into dermatology residency curricula. The panel members reached a consensus for 9 clinical DEI-related topics. The respondents agreed that the topics related to skin and hair conditions in patients with skin of color as well as textured hair were crucial to residency education. Skin cancer, hair loss, pseudofolliculitis barbae, acne keloidalis nuchae, keloids, pigmentary disorders, and their varying presentations in patients with skin of color were among the recommended topics. The panel also recommended educating residents on the variable visual presentations of inflammatory conditions in skin of color. Addressing the needs of diverse patients—



Methodology flowchart for electronic Delphi consensus study.

for example, those belonging to the LGBTQ community—also was deemed important for inclusion.

The remaining 14 chosen topics were nonclinical items addressing concepts such as bias and health care disparities as well as cultural humility and safety.⁹ Cultural humility and safety focus on developing cultural awareness by creating a safe setting for patients rather than encouraging power relationships between them and their physicians. Various topics related to racism also were recommended to be included in residency curricula, including education on implementation of antiracist action in the workplace.

Many of the nonclinical topics are intertwined; for instance, learning about health care disparities in patients with limited English proficiency allows for improved best practices in delivering care to patients from this population. The first step in overcoming bias and subsequent disparities is acknowledging how the perpetuation of bias leads to disparities after being taught tools to recognize it.

Our group's guidance on DEI topics should help dermatology residency program leaders as they design and refine program curricula. There are multiple avenues for incorporating education on these topics, including lectures, interactive workshops, role-playing sessions, book or journal clubs, and discussion circles. Many of these topics/programs may already be included in programs' didactic curricula, which would minimize the burden of finding space to educate on these topics. Institutional cultural change is key to ensuring truly diverse, equitable, and inclusive workplaces. Educating tomorrow's dermatologists on these topics is a first step toward achieving that cultural change.

Limitations—A limitation of this e-Delphi survey is that only a selection of experts in this field was included. Additionally, we were concerned that the Likert scale format and the bar we set for inclusion and exclusion may have failed to adequately capture participants' nuanced opinions. As such, participants were able to provide open-ended feedback, and suggestions for alternate wording or other changes were considered by the

steering committee. Finally, inclusion recommendations identified in this survey were developed specifically for US dermatology residents.

Conclusion

In this e-Delphi consensus assessment of DEI-related topics, we recommend the inclusion of 23 topics into dermatology residency program curricula to improve medical training and the patient-physician relationship as well as to create better health outcomes. We also provide specific sample resource recommendations in eTables 1 and 2 to facilitate inclusion of these topics into residency curricula across the country.

REFERENCES

1. US Census Bureau projections show a slower growing, older, more diverse nation a half century from now. News release. US Census Bureau. December 12, 2012. Accessed August 14, 2024. <https://www.census.gov/newsroom/releases/archives/population/cb12-243.html#:~:text=12%2C%202012,U.S.%20Census%20Bureau%20Projections%20Show%20a%20Slower%20Growing%2C%20Older%2C%20More,by%20the%20U.S.%20Census%20Bureau>
2. Lopez S, Lourido JO, Lim HW, et al. The call to action to increase racial and ethnic diversity in dermatology: a retrospective, cross-sectional study to monitor progress. *J Am Acad Dermatol*. 2020;86:E121-E123. doi:10.1016/j.jaad.2021.10.011
3. El-Kashlan N, Alexis A. Disparities in dermatology: a reflection. *J Clin Aesthet Dermatol*. 2022;15:27-29.
4. Laveist TA, Nuru-Jeter A. Is doctor-patient race concordance associated with greater satisfaction with care? *J Health Soc Behav*. 2002;43:296-306.
5. Street RL Jr, O'Malley KJ, Cooper LA, et al. Understanding concordance in patient-physician relationships: personal and ethnic dimensions of shared identity. *Ann Fam Med*. 2008;6:198-205. doi:10.1370/afm.821
6. Dadrass F, Bowers S, Shinkai K, et al. Diversity, equity, and inclusion in dermatology residency. *Dermatol Clin*. 2023;41:257-263. doi:10.1016/j.det.2022.10.006
7. Diversity and the Academy. American Academy of Dermatology website. Accessed August 22, 2024. <https://www.aad.org/member/career/diversity>
8. SOCS speaks. Skin of Color Society website. Accessed August 22, 2024. <https://skinofcolorsociety.org/news-media/socs-speaks>
9. Solchanyk D, Ekeh O, Saffran L, et al. Integrating cultural humility into the medical education curriculum: strategies for educators. *Teach Learn Med*. 2021;33:554-560. doi:10.1080/10401334.2021.1877711

APPENDIX

Author financial disclosures:

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Dr. Vasquez is a consultant for Incyte.

Dr. Worswick is a speaker for Boehringer Ingelheim.

eTABLE 1. Suggested Educational Resources for DEI Topics Identified in First Round of e-Delphi Survey

Topic	Suggested resource	Description
Bias: definition, background, and types	Marcelin JR, Siraj DS, Victor R, et al. The impact of unconscious bias in healthcare: how to recognize and mitigate it. <i>J Infect Dis</i> . 2019;220:S62-S73. doi:10.1093/infdis/jjz214	Article on the different types and manifestations of bias that provides strategies to mitigate bias on an individual and institutional level
Best practices in providing care to patients with limited English proficiency	Tassavor M, Chen AY. Lost in translation: caring for limited English proficiency patients. <i>J Am Acad Dermatol</i> . 2019;80:829-831. doi:10.1016/j.jaad.2017.12.072	Brief article discussing a case scenario to highlight the importance of not using family members or untrained clinic staff to interpret for patients
Differences in dermoscopic presentations in skin of color	Ezenwa E, Stein JA, Krueger L. Dermoscopic features of neoplasms in skin of color: a review. <i>Int J Women Dermatol</i> . 2021;7:145-151. doi:10.1016/j.ijwd.2020.11.009	Review discussing particular dermoscopic features of neoplasms in patients with skin of color
Disparities due to bias	Harvard University Implicit Association Test (https://implicit.harvard.edu/implicit/takeatest.html)	Online test to assess and increase self-awareness of unconscious bias due to race, gender, and socioeconomic status, among other categories
Disparities regarding people experiencing homelessness	Stafford A, Wood L. Tackling health disparities for people who are homeless? start with social determinants. <i>Int J Environ Res Public Health</i> . 2017;14:1535. doi:10.3390/ijerph14121535	Article presenting case histories illustrating the interplay of social determinants of health in homelessness, particularly in health care
Hair loss in patients with textured hair	Skin of color curriculum—outpatient section: hair and scalp disorders parts 1 and 2. AAD Learning Center website. Published March 8, 2022. Accessed August 14, 2024. https://learning.aad.org/Public/Catalog/Details.aspx?id=bvqRNLqBto%2fX9OQZBluQIQ%3d&returnurl=%2fUsers%2fUserOnlineCourse.aspx%3fLearningActivityID%3dbvqRNLqBto%2fX9OQZBluQIQ%253d (requires log-in)	Free online learning curriculum including prerecorded lectures with clinical cases and self-assessment questions
Hairstyling practices across different hair textures	Lawson GN, Bakayoko A, Callender VD. Central centrifugal cicatricial alopecia: challenges and treatments. <i>Dermatol Clin</i> . 2021;39:389-405. doi:10.1016/j.det.2021.03.00	Overview of hair loss, hair restoration, and treatment in textured hair, particularly due to CCCA
How to apply cultural humility and safety to patients with different cultural backgrounds	Anyiku SA, Salam A, Dadzie OE, et al. Clinical and anthropological perspectives on chemical relaxing of afro-textured hair. <i>J Eur Acad Dermatol Venerol</i> . 2015;29:1689-1695. doi:10.1111/jdv.13028 Roseborough IE, McMichael AJ. Hair care practices in African American patients. <i>Semin Cutan Med Surg</i> . 2009;28:103-108. doi:10.1016/j.sder.2009.04.007 Lewallen R, Francis S, Fisher B, et al. Hair care practices and structural evaluation of scalp and hair shaft parameters in African American and Caucasian women. <i>J Cosmet Dermatol</i> . 2015;14:216-223. doi:10.1111/jocd.12157 Parente VM, Nagy G, Pollak KI. Patient- and family-centered hospital care—the need for structural humility. <i>JAMA Pediatr</i> . Published online April 3, 2023. doi:10.1001/jamapediatrics.2023.0269	Article addressing the clinical, anthropological, and psychological issues associated with chemical straightening of Afro-textured hair Article reporting prevalent hair care products and practices in men, women, and children with textured hair Study comparing the different hair care and styling practices in patients with different hair textures Editorial providing insight on the elements of patient- and family-centered care, trauma-informed care, racial equity, and the practices necessary to improve cultural humility within the clinical setting

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eTABLE 1. (continued)

Topic	Suggested resource	Description
How to mitigate bias in clinical and workplace settings	McKeseey J, Berger TG, Lim HW, et al. Cultural competence for the 21st century dermatologist practicing in the United States. <i>J Am Acad Dermatol</i> . 2017;77:1159-1169. doi:10.1016/j.jaad.2017.07.057	Review article with individual and institutional approaches to reduce implicit bias
Keloids	Wilson BN, Murase JE, Sliwka D, et al. Bridging racial differences in the clinical encounter: how implicit bias and stereotype threat contribute to health care disparities in the dermatology clinic. <i>Int J Womens Dermatol</i> . 2021;7:139-144. doi:10.1016/j.ijwd.2020.12.013	Article with strategies to self-evaluate for implicit bias and a discussion of clinical interventions to reduce implicit bias and stereotype threat
Manifestations of bias in the clinical setting	Skin of color curriculum—outpatient section: keloids. AAD Learning Center website. Published March 8, 2022. Accessed August 14, 2024. https://learning.aad.org/Public/Catalog/Details.aspx?id=bvqRNLqBto%2fx9OQZBluQtQ%3d%3d&returnurl=%2fUsers%2fUserOnlineCourse.aspx%3fLearningActivityID%3dbvqRNLqBto%252fx9OQZBluQtQ%253d%253d (requires log-in)	Online prerecorded lectures with clinical cases and self-assessment questions
Microaggressions: definition and examples	Centola D, Guilbeault D, Sarkar U, et al. The reduction of race and gender bias in clinical treatment recommendations using clinician peer networks in an experimental setting. <i>Nat Commun</i> . 2021;12:6585. doi:10.1038/s41467-021-26905-5	Article highlighting the effects on egalitarian communication networks as a strategy to reduce racial and gender bias influence on treatment selection
Pseudofolliculitis barbae and acne keloidalis nuchae	Nadal KL, Whitman CN, Davis LS, et al. Microaggressions toward lesbian, gay, bisexual, transgender, queer, and genderqueer people: a review of the literature. <i>J Sex Res</i> . 2016;53:488-508. doi:10.1080/00224499.2016.1142495	Comprehensive analysis of recent literature related to the LGBTQ community and microaggressions
Racism: types, definitions	Montenegro RE. My name is not "interpreter." <i>JAMA</i> . 2016;315:2071-2072. doi:10.1001/jama.2016.1249	Brief article providing examples of how microaggressions can manifest in different settings
	Wheeler DJ, Zapata J, Davis D, et al. Twelve tips for responding to microaggressions and overt discrimination: when the patient offends the learner. <i>Med Teach</i> . 2019;41:1112-1117. doi:10.1080/0142159X.2018.1506097	Guide to respond to microaggressions in the clinical setting
	Skin of color curriculum—outpatient section: pseudofolliculitis barbae and acne keloidalis nuchae. AAD Learning Center website. Published March 8, 2022. Accessed August 14, 2024. https://learning.aad.org/Public/Catalog/Details.aspx?id=bvqRNLqBto%2fx9OQZBluQtQ%3d%3d&returnurl=%2fUsers%2fUserOnlineCourse.aspx%3fLearningActivityID%3dbvqRNLqBto%252fx9OQZBluQtQ%253d%253d (requires log-in)	Free online learning curriculum including prerecorded lectures with clinical cases and self-assessment questions
	Core concepts. Racial Equity Tools website. Accessed August 13, 2024. https://www.racialequitytools.org/resources/fundamentals/core-concepts	Web resource providing an overview of racial equity and core concepts related to racism
	Evans MK, Graves JL Jr, Shim RS, et al. Race in medicine—genetic variation, social categories, and paths to health equity. <i>N Engl J Med</i> . 2021;385:E45. doi:10.1056/NEJMp2113749	Hour-long video perspective roundtable on the categorization of ethnicities and race that provides insight on structural racism within medicine
	Armutan C, Greenidge K, Mante A, et al. Misrepresenting race—the role of medical schools in propagating physician bias. <i>N Engl J Med</i> . 2021;384:872-878. doi:10.1056/nejmms2025768	Article addressing misrepresentations of race in preclinical curricula as well as strategies to improve the content that may reinforce race-based bias in medicine
	Jones CP. Levels of racism: a theoretic framework and a gardener's tale. <i>Am J Public Health</i> . 2000;90:1212-1215. doi:10.2105/ajph.90.8.1212	Description of the different levels of racism, systems of privilege, and historical background

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eTABLE 1. (continued)

Topic	Suggested resource	Description
Racial and ethnic disparities in dermatology	Lester J, Wintroub B, Linos E. Disparities in academic dermatology. <i>JAMA Dermatol</i> . 2016; 152:878-879. doi:10.1001/jamadermatol.2016.1533	Editorial addressing how disparities due to sex and race manifest in the field of dermatology
Skin cancer in patients with skin of color	Martinez S, Araj J, Reid S, et al. Allyship in residency: an introductory module on medical allyship for graduate medical trainees. <i>MedEdPORTAL</i> . 2021;17:11200. doi:10.15766/mep_2374-8265.11200	Workshop aimed at helping residents address health equity issues and expand cultural responsiveness skills under the lens of allyship
Skin cancer in patients with skin of color	Skin of color curriculum—inpatient section: skin findings in cancer patients. AAD Learning Center website. Published March 8, 2022. Accessed August 14, 2024. https://learning.aad.org/Public/Catalog/Details.aspx?id=bvqRNLqBto%2fx9OQZBluQtQ%3d%3d&returnurl=%2fUsers%2fUserOnlineCourse.aspx%3fLearningActivityID%3dbvqRNLqBto%252fx9OQZBluQtQ%253d%253d (requires log-in)	Free online learning curriculum including prerecorded lectures with clinical cases and self-assessment questions
Social determinants of health-related disparities in dermatology	Skin of color curriculum. AAD Learning Center website. Published March 8, 2022. Accessed August 14, 2024. https://learning.aad.org/Public/Catalog/Details.aspx?id=bvqRNLqBto%2fx9OQZBluQtQ%3d%3d&returnurl=%2fUsers%2fUserOnlineCourse.aspx%3fLearningActivityID%3dbvqRNLqBto%252fx9OQZBluQtQ%253d%253d (requires log-in)	Free online learning curriculum including prerecorded lectures with clinical cases and self-assessment questions

Abbreviations: COCA, central centrifugal cicatricial alopecia; DEI, diversity, equity, and inclusion; LGBTQ, lesbian, gay, bisexual, transgender, and queer.

TABLE 2. Suggested Educational Resources for DEI Topics Identified in Second Round of e-Delphi Survey

Topic	Suggested resource	Description
Antiracist action: decreasing the effects of structural racism in clinical and educational settings	LEAD Program Application 2024-25. Stanford Medicine Office of Diversity in Medical Education website. Accessed August 12, 2024. https://med.stanford.edu/odme/residents-and-fellows/lead-application.html	Longitudinal leadership program for residents and fellows across GME aimed at advancing DEI performance and social justice
Bias: manifestations in the learning environment	Anti-racism education collection. MedEdPORTAL website. Accessed August 12, 2024. https://www.mededportal.org/anti-racism	Online collection of articles relating to topics such as microaggressions, allyship, bias, etc
Differences in prevalence and presentation of common inflammatory disorders	Perdomo J, Tolliver D, Hsu H, et al. Health equity rounds: an interdisciplinary case conference to address implicit bias and structural racism for faculty and trainees. <i>MedEdPORTAL</i> . 2019;15:10858. doi:10.15766/mep_2374-8265.10858	Study on the implementation of conferences based on health equity rounds as a strategy to address the impact of structural racism and implicit bias on patient care
Diversity of images in dermatology education	Skin of color curriculum—inpatient section: inflammatory blistering disorders. AAD Learning Center website. Published March 8, 2022. Accessed August 14, 2024. https://learning.aad.org/Public/Catalog/Details.aspx?id=bvqRNLqBto%2fx9OQZBluQIQ%3d%3d&returnurl=%2fUsers%2fUserOnlineCourse.aspx%3fLearningActivityID%3dbbvqRNLqBto%252fx9OQZBluQIQ%253d%253d (requires log-in)	Free online learning curriculum including prerecorded lectures with clinical cases and self-assessment questions
LGBTQ dermatologic health care	Osmani S, Itrube V, Sandovai-Belt P, et al. 35083 Inclusive dermatology: creating a diverse visual atlas of skin conditions (with consideration of broader impacts on patient care and medical education). <i>J Am Acad Dermatol</i> . 2022;87:AB175. https://doi.org/10.1016/j.jaad.2022.06.733	Free online photo atlas/gallery showcasing different dermatologic affectations on variable skin tones
	Dx Across the Skin Color Spectrum. <i>Cutis</i> . Accessed August 20, 2024. https://www.mdedge.com/dermatology/dx-across-skin-color-spectrum	Free fact sheets that provide a visual comparison of how the same dermatologic condition looks in different skin tones
	Barrett DL, Supapannachart KJ, Caleon RL, et al. Interactive session for residents and medical students on dermatologic care for lesbian, gay, bisexual, transgender, and queer patients. <i>MedEdPORTAL</i> . 2021;17:1148. doi:10.15766/mep_2374-8265.1148	Online learning session including self-assessment surveys, webinar lecture, and role-playing activity
	Hollenbach AD, Eckstrad KL, Dreger A, eds. <i>Implementing Curricular and Institutional Climate Changes to Improve Health Care for Individuals Who are LGBT, Gender Nonconforming, or Born With DSD. A Resource for Medical Educators</i> . Association of American Medical Colleges; 2024. Accessed August 12, 2024. https://inside.nku.edu/content/dam/inclusive/docs/Implementing%20Curricular%20and%20Institutional%20Climate%20Changes%20to%20Improve%20Health%20Care%20for%20Individuals%20who%20are%20LGBT.pdf	Online publication that provides a framework for curricular and institutional improvements to assess the needs of people who are LGBTQ, gender nonconforming, or born with DSD

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eTABLE 2. (continued)

Topic	Suggested resource	Description
Pigmentary disorders and their psychological effects	Grimes PE, Miller MM. Vitiligo: patient stories, self-esteem, and the psychological burden of disease. <i>Int J Womens Dermatol</i> . 2018;4:32-37. doi:10.1016/j.ijwd.2017.11.005	Describes the psychological impact vitiligo has on patients and their surrounding relatives
	Skin of color curriculum—outpatient section: pigmentation disorders. AAD Learning Center website. Published March 8, 2022. Accessed August 14, 2024. https://learning.aad.org/Public/Catalog/Details.aspx?id=bvqRNLqBto%2fx9OQZBluQtQ%3d%3d&returnurl=%2fUsers%2fUserOnlineCourse.aspx%3fLearningActivityID%3dbvqRNLqBto%252fx9OQZBluQtQ%253d%253d (requires log-in)	Free online learning curriculum including prerecorded lectures with clinical cases and self-assessment questions
	Jiang J, Akinseye O, Tovar-Garza A, et al. The effect of melasma on self-esteem: a pilot study. <i>Int J Womens Dermatol</i> . 2017;4:38-42. doi:10.1016/j.ijwd.2017.11.003	Study addressing the effects melasma has on self-esteem, freedom, and culture

Abbreviations: DEI, diversity, equity, and inclusion; DSD, differences of sex development; GME, graduate medical education; LGBTQ, lesbian, gay, bisexual, transgender, and queer.