

Diversity and Inclusion in Basic Dermatology Curriculum Cases

Yiwen Li BS MS M3¹, Devon L. Barrett BA MD¹, Joseph Tran BS MD², J. Klint Peebles MD³, Howa Yeung MD MSc^{1,4,5}

1 Department of Dermatology, Emory University School of Medicine, Atlanta, GA, 2 Howard University College of Medicine, Washington, DC, 3

Department of Dermatology, Kaiser Permanente Mid-Atlantic Permanente Medical Group, Rockville, MD, 4 VA VISN 7 Clinical Resource Hub, Decatur, GA

Background

- There is limited diversity in the American Academy of Dermatology's (AAD) Basic Dermatology Curriculum (BDC).[1,2]
- In 2018 the BDC working group assembled guidelines to revise the BDC modules to address highlighted disparities in dermatology.
- While studies have described the limited diversity among photographs in the AAD BDC, the effect of the guidelines on minority representation and additional demographic factors in module text has yet to be assessed.[1]

Objectives

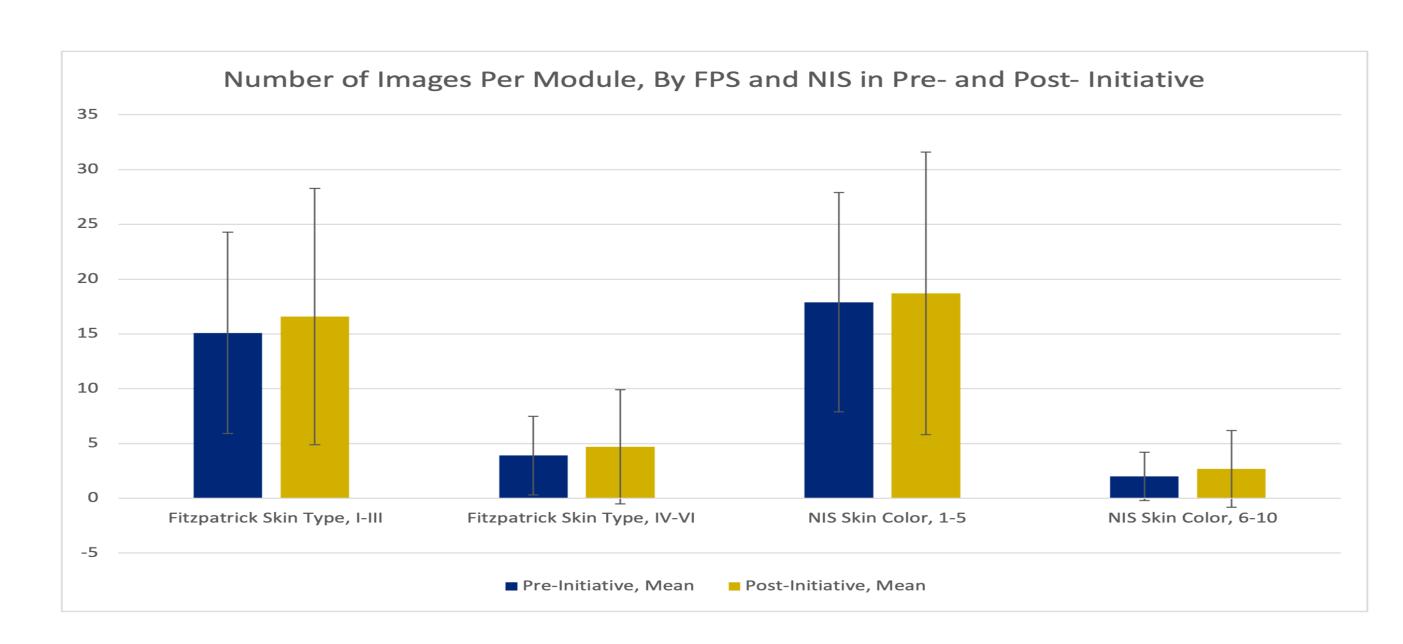
 To compare the demographics and photographs of cases in the AAD BDC modules pre- and post-initiative.

Methods

- Two reviewers analyzed the AAD's BDC modules pre- and postinitiative to assess the Fitzpatrick Skin Type and the New Immigrant Survey (NIS) Skin Color of photographs.
- Sexual orientation, gender, pronoun usage, age, race, relationship status, additional health disparities, and ability of all patients detailed in the text of module cases were also analyzed.
- Images were grouped by Fitzpatrick Skin Types I-III or IV-VI and NIS Skin Color 1-5 or 6-10, with later groups representing skin of color (SOC) images.
- Discrepancies were resolved by consensus (inter-rater reliability κ 0.903).
- Variables were summarized using descriptive statistics.

Results

 There is an increase in the absolute number of FST IV-VI/NIS 6-10 photographs from the 798 pre- and 961 post-initiative curriculum modules.



Mean number of SOC photographers per module increased from 3.9 pre-initiative to 4.7 post-initiative.

Pre-Initiative 3.9/module



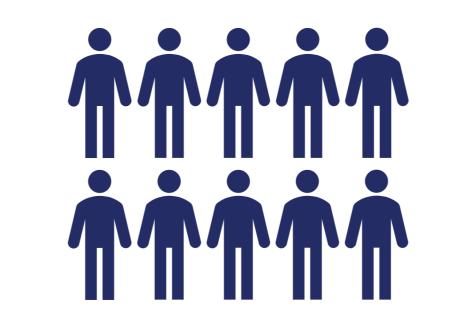


 In the 168 pre-initiative and the 192 post-initiative cases, there was an increase in the representation of sexual minority (SGM) patients.

Pre-Initiative n=1



Post-Initiative n=10



Conclusion

- Implementation of inclusive guidelines by the BDC working group led to an increase in the absolute number of SOC photographs and diverse representation of sexual orientation, gender, and socioeconomically disadvantaged individuals.
- While improvements in diversity representation in the BDC narrow the gap in representation of minority groups, more initiatives are needed to promote comprehensive and inclusive dermatologic resources and curricula across the educational continuum.
- Future studies can assess whether increasing representation in the BDC improves trainees' knowledge and competency in caring for diverse patients, ultimately improving patient outcomes.

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