

Assessment of Dermatologists at Skin of Color Clinics

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INTRODUCTION

As the US demographics change towards majority persons of color, only a small percentage of dermatologists specialize in skin of color. In the past 20 years, there has been growth in skin of color (SOC) specialty clinics. This study identifies characteristics that influence dermatologists' decision to focus on ethnic skin, by evaluating demographics, medical training and practice characteristics of dermatologists who primarily specialize in SOC.

MATERIALS AND METHODS

Active dermatologist members of the Skin of Color Society (SOCS) practicing in the US were mailed a recruitment letter that included a description of the study along with a paper survey. The recruitment letter was sent a maximum of two times, one month apart to each dermatologist who met the inclusion criteria. Out of 318 dermatologists, 113 members of SOCS met the inclusion criteria as of May 2017. After a study period of 4 months, a total of 33 completed surveys were received, which translated to a 29% response rate.

DISCUSSION

Of the surveys completed, 64% (n=21) were female and 36% (n=12) were male. The average years of practice for dermatologists was 14 and 55% (n=18) of responders had been in practice less than ten years. Approximately one out of five responders 21% (n=7) felt they were not prepared to treat SOC patients after graduating from residency and subsequently sought additional training. Participants felt there was a lack in general knowledge in the field of SOC and that residency training should have a mandatory educational requirement in skin of color. Britton et al previously found a lack in educational strategies and materials for multicultural patients primarily in relation to sun-behavior.¹ Participants also cited the frustration in skin of color training being an under-represented, under-reported area in dermatology and that it is important for all dermatologists to have competency in all skin types.

Interestingly, the majority of participating dermatologists were SOC and were inspired to specialize in SOC care based on their own skin color, ethnic background and personal experience/knowledge.

Of the dermatologist who completed the survey, 45.5% (n=15) self-identified as black, 27.3% (n=9) as Indian/Pakistani, 12.1%

(n=4) multi-racial, 6.1% (n=2) Hispanic, and 9.1% (n=3) non-Hispanic white. Participants also cited that SOC patients tend to seek out dermatologist who are also SOC and acknowledged that some SOC patients require different treatment approaches. According to a 2019 US study, racial concordance between dermatologist and patient was desirable but not required for patients to have a favorable dermatology visit experience.²

In our survey, 76% (n=25) of the dermatologists received residency training in programs in which the patient population was less than 49% SOC. Only 24% (n=8) of dermatologists received training with a majority SOC population (50–100% patients with SOC). Another interesting study looked at diversity in dermatology programs that focused on the importance to attract a more diverse pool of candidates in order to boost prospective dermatologists' cultural competency given the growing change in our nation's population.³

Most dermatologists specializing in SOC practice in large metropolitan cities with racial and ethnic diversity. Five of these cities (Chicago, Boston, New York City, Washington DC, Detroit) have specialized ethnic skin clinics. About 61% (n=20) of surveyed physicians reported to work in a SOC clinic or a clinic in which they self-identify skin of color as an area of interest. Of these specialty clinic practices, 30% (n=6) work in an academic center which has a center for ethnic skin. The top five areas where dermatologists learned to care for SOC patients were through residency programs, personal experience, conferences, rotating with experts in SOC, and through mentorship. Furthermore, it was reported that 55% of dermatologists (n=18) had at least 25% of their patient population composed of SOC patients and 33% of dermatologists (n=11) had at least 50% composed of SOC patients.

CONCLUSIONS

SOC dermatologists often care for SOC patients and emphasize the need to train dermatologists interested in SOC to meet the growing need in this increasingly diverse country. Increasing the number of underrepresented minorities among dermatology residents is one way to increase the number of dermatologists taking care of SOC patients. There also needs to be continued emphasis on treating skin conditions in SOC to help fill knowledge gaps in current residency training.

DISCLOSURES

All authors listed have no conflicts of interest.

REFERENCES

1. Britton KM, Stratman EJ. Measuring impact of JAMA dermatology practice gaps section on training in US dermatology residency programs. *JAMA Dermatol.* 2013;149(7):819-824. doi:10.1001/jamadermatol.2013.389
2. Gorbatenko-Roth K, Prose N, Kundu R, Patterson S. Assessment of black patients' perception of their dermatology care. *JAMA Dermatology.* 2019; 10.1001/jamadermatol.2019.2063
3. Van Voorhees AS, Enos CW. Diversity in dermatology residency programs. *J Investig Dermatol Symp Proc.* 2017;18(2):S46-S49. doi:10.1016/j.jisp.2017.07.001

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