Representation of South Asians in Dermatology Residency Programs and Academic Leadership

Kareena S. Garg, BS[1*]; Thomas Jamrozik, MS[2*] , Shachi Patel, BS[3], Samip Sheth, MD[4], Priya A. Uppal MD[5], Michael Cardis MD[6]

1.Georgetown University School of Medicine, Washington, DC
2.Rush Medical College, Chicago, IL
3.University of Texas Southwestern Medical School, Dallas, TX
4.University of Minnesota, Department of Dermatology, Minneapolis, MN
5.Larkin Community Hospital, South Miami, FL
6.MedStar Georgetown University Hospital, Department of Dermatology, Washington, DC

Background & Objective

- Over five million (1.6%) people in the United States identify as South Asian (SA).
- Unique cultural and religious practices within this population can affect dermatologic care, including diagnosis of conditions such as traction alopecia or chemical leukoderma, as well as perceptions surrounding full-body-skin exams.[3-6]
- Fair representation of South Asian dermatologists in academic leadership is one avenue to ensure that education on religious/cultural factors and culturally-competent dermatologic care of South Asian patients is included in the dermatology residency curriculum.
- In this study, we characterize the composition of South Asian dermatology residents (DRs), program directors (PDs), and department chairs (DCs) in the United States.

Methods

- A list of 146 US accredited dermatology programs was obtained in March 2024 from the Accreditation Council for Graduate Medical Education (ACGME) website.
- Publicly available data from program and hospital websites were used to record the perceived gender, race, and professional title of DRs, PDs, and DCs.
- Gender and race were subjective variables; biographical information, ethnic origins of an individual's name, and photographs provided on department websites were utilized.
- Race and ethnicity were defined according to the guidelines provided by the AAMC.

Results

Characterization of South Asian Dermatology Residents, Program Directors, and Department Chairs in the U.S.

	South Asian	South Asian- Male	South Asian- Female
Residents (n=1556)	12.4% (n=193)	44.3% (n=86)	55.2% (n=107)
Program Director (n=146)	7.6% (n=11)	45.5% (n=5)	54.5% (n=6)
Chair of Department (n=130)	3.9% (n=5)	100% (n=5)	0% (n=0)

- 1561 dermatology residents, 146 program directors, and 130 department chairs total
- 12.4% (194) of dermatology residents were identified as South Asian
- 7.6% (11) of program directors were South Asian
- 3.9% (5) of department chairs were South Asian
- South Asian females represented 55.2% of South Asian dermatology residents, 54.5% of South Asian program directors, and 0% of South Asian department chairs

Discussion

- While the AAMC reports demographic data for Asians, South Asians are a unique subpopulation that have not yet been characterized. To our knowledge, this is the first-ever study to analyze demographic data of South Asians in academic dermatology.
- This distinction is important due to the unique South Asian cultural and religious practices that influence the presentation and management of dermatologic diseases within this group. For example, religious garments like the *hijab* and *turban* are shown to be associated with traction alopecia and fungal scalp infections.[3-6] Reports of chemical leukoderma recalcitrant to standard topical therapies have been published in Indian women who wear *bindi* stickers, and women who wear sari garments can present with lichenified dyspigmentation and lichen planus.[3-6]
- Furthermore, religious beliefs can lead to hesitation to adhere to treatments that require disrobing, such as UV-B phototherapy for patients with psoriasis, and uncertainty in seeking full-body-skin exams in the dermatology office for skin cancer screening.[3, 6]
- A dermatologist who is knowledgeable of how cultural practices can influence presentation and treatment response for skin diseases amongst South Asians can be truly life altering for a patient.[5,6]
- The rich diversity of South Asian culture and religion make this group a unique subset of the skin of color community. While there have been increased skin of color efforts within dermatology, it is important to recognize that more research and education is needed on the cultural and religious factors that influence the dermatological needs of South Asian patients.

Conclusions & Next Steps

- Our study shows that the percentages of South Asian dermatology residents, program directors, and department chairs were 12.4%, 7.6%, and 3.9%, respectively.
- South Asians have unique cultural and religious factors that influence their dermatological needs and perspectives
- Increasing South Asian representation in positions of academic dermatology leadership is one of the many avenues to ensuring that these unique factors are considered in patient care and included in dermatology resident education.
- Understanding racial gaps in academic dermatology is essential for creating actionable goals to ensure dermatology reflects the evolving cultural and religious diversity of the faculty, trainees, and patients we serve.
- Next steps include evaluating South Asian representation in dermatology programs according to geographical region and community vs. academic programs.

Limitations

The interpretation of an individual's gender and race based on photographic images and ethnic origins of their name involves subjective assessment and is inherently limited by the information visible in the photograph and on department websites. As a result, such inferences may not accurately reflect the individual's self-identified gender, racial, or ethnic background. While thorough efforts were made to standardize this process and record data accurately, these characteristics are complex, multifaceted, and personal, and cannot be definitively determined solely through visual examination. We recognize and respect each individual's right to define their identity.

Citations

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