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**“Understanding the factors associated with US Dermatology Resident trainees’ diagnostic confidence and skill for skin of color pathology”**

Inequities in dermatologic health outcomes exist at every level of care delivery including disease prevention, screening, diagnosis, and treatment. Despite relatively lower incidence of skin cancer, African Americans are diagnosed at later stages with greater degrees of lymph node involvement. This has been shown to lead to disproportionate mortality when compared to lighter skinned individuals. In addition, frequently used medical education materials have a significantly smaller percentage of skin of color images as compared to lighter skin. Studies have subsequently identified greater visual diagnostic accuracy of skin conditions in lighter skin than in darker skin by U.S medical students. One theoretical method to address this disparity in education and training is to increase exposure to skin of color pathology, although this suspected link has not yet been rigorously assessed. The objective of this study is to understand the factors behind U.S dermatology resident diagnostic accuracy of characteristic skin conditions in darker skin tones versus lighter skin tones. A cross-sectional electronic REDCap-administered survey has been designed and distributed to all dermatology residents in US-based ACGME-accredited programs as of August 2022. Participants will be asked about their own basic demographics (including gender, racial and ethnic identity, and training level) and about their programs’ (including geographical location, proportion of patients of each Fitzpatrick skin type, and whether their program has a dedicated skin of color clinic). This data will then be correlated with the participant’s diagnostic accuracy of corresponding images of common dermatologic conditions in lighter and darker skin. It is imperative to establish an evidence-based understanding of the factors associated with dermatologic clinical acumen among patients of all skin tones. Such knowledge can then be used to implement or expand upon existing dermatologic curricula within medical schools and residency training programs to ultimately minimize the disparity that exists and provide equitable dermatologic care to all.