

LETTER TO THE EDITOR

Interest groups in dermatology: a specialized academic support for professional issues from medical schools and medical activity scenarios

Dear Editor,

Professionalism in medicine is an increasingly important element of clinical practice and medical education. This field addresses issues such as interaction between colleagues, doctor-patient relationships and general professional behavior. Unfortunately, and as has been previously reported in the literature, harassment and its subtypes are a frequent problem during residency and practice. Recently, Notaro et al¹ carried out a study intending to describe the impact of sexual harassment experienced by dermatologists and trainees by patients. The authors found that 83% had experienced this type of harassment, being much more frequent in women ($p < 0,001$) and more frequent in residents than in specialists (86% vs. 65%, $p < 0,001$). This type of situation cannot be avoided on the part of patients in general. Then, proper training in professionalism and accurate communication will allow solving this kind of event in the most decent and safe way. For this purpose, we propose dermatology interest groups as a source of training in this type of topic.

Medical interest groups are academic-research collectivities with an interest in a particular area of the medical sciences². These groups are generally founded and coordinated by medical students, and supported by professors, residents, researchers and, guests from other areas that facilitate training and deepening in a particular specialty². Through workshops, seminars, participation in events of social appropriation and circulation of new knowledge, reinforcement of professional contacts, project planning, community activities, and close relationships among members, it is possible to respond to common problems of the particular area, supported by evidence and shared broadly². One of the points that has gained relevance in these groups is the deepening of concepts related to humanization and professionalism. Those concepts give solid arguments and prepare the group members to face stressful situations or legal or ethical dilemmas².

Several authors, such as Zuluaga-Ramirez et al³ and Herrera-Martinez et al⁴, affirm that sexual harassment and gender inequality continue to maintain a gap between a healthy academic or work environment, burnout, and the outcomes of medical practice^{3,4}. To propose strategies that give a quick and practical solution to this unacceptable act is a priority of the specialties at a global level, in this particular case, of global dermatology. On the other hand, there is evidence that has shown how medical interest groups have provided solutions to problems that emerge abruptly, such as the COVID-19 pandemic², where the academic spaces managed by these groups facilitated the transition from face-to-face to virtuality, favored the adaptation to the new reality, and allowed the constant monitoring of psychosocial and physical factors of its members. Moreover, these groups are a mentoring factory. Mentors formed based on evidence and values supported by moral arguments guarantee respectable professional behavior².

Murphy et al⁵ conducted a multicenter study evaluating the relationship between mentoring and gender inequity in academic medicine. The authors state that depending on the context, mentoring can mitigate or promote harassment⁵. However, interest groups have a value in favor, and that is that it is a collective without absolute hierarchy². Therefore, there are no members with power, and any member is available to initiate an internal complaint about any event related to mistreatment, discrimination, or harassment. Paradoxically, evidence has shown that women have obtained better overall results in some medical specialties than men. There is no justification for perpetuating discrimination between genders, and sharing evidence and having a heterogeneous group with participation from different points of view reinforces tolerance and professionalism. The interactive use of virtual tools is effective in the prevention of harassment through the promotion of preventive strategies ($p < 0,01$)⁶, and this means of interaction can be used by interest groups to ensure communication between members at a distance.

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This work did not
receive funding.
All authors declare
that there exist
no commercial or
financial relationships
that could, in any
way, lead to a
potential conflict of
interest.

Received: December
27th, 2021, Accepted:
February 02, 2022.

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Considering that sexual harassment in medical schools, clinical training scenarios and professional medical practice is a current barrier to ensure a healthy mental health, work harmony, respect, physical integrity and professional culture³, we propose that it is imperative the design of dermatology interest groups, which provide the tools and knowledge to its members on what to do and how to do in case of such unpleasant situations, caused by both patients and colleagues.

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REFERENCES

1. Notaro E, Pascoe VL, Hippe DS, Lachance K, Shinohara MM, DeNiro KL. Prevalence of sexual harassment and sexual assault from patient to provider among women in dermatology and across specialties. *Int J Womens Dermatol.* 2020; 7(3):270-275.
2. Miranda-Pacheco JA, De Santis-Tamara SA, Parra-Pinzón SL, González-Monterroza JJ, Lozada-Martínez ID. Medical interest groups and work policies as emerging determinants of a successful career: A student perspective - Correspondence. *Int J Surg.* 2021; 92:106020.
3. Zuluaga-Ramírez P, Lozada-Martínez I, Moscote-Salazar L, Cabrera-Vargas L. Sexual harassment and racism in surgery: A latent problem. *Int J Surg.* 2021; 86:13-14.
4. Herrera-Martínez MP, García-Ballestas E, Lozada-Martínez I, Torres-Llinás D, Moscote-Salazar L. Letter to the Editor: Creating the conditions for gender equality to end sexual harassment in neurosurgery. *J Neurosurg.* 2021; 1-2.
5. Murphy M, Record H, Callander JK, Dohan D, Grandis JR. Mentoring Relationships and Gender Inequities in Academic Medicine: Findings From a Multi-Institutional Qualitative Study. *Acad Med.* 2021.
6. Wallis CJ, Ravi B, Coburn N, Nam RK, Detsky AS, Satkunasivam R. Comparison of postoperative outcomes among patients treated by male and female surgeons: a population based matched cohort study. *BMJ.* 2017; 359:j4366.