Expanding global health dermatology leadership: launching the GLODERM international mentorship program

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Dear Editor, Lack of access to dermatologic care is a global health crisis. Skin diseases are the fourth leading cause of nonfatal disease burden worldwide, with significant variation in morbidity based on geographic location and available resources. (1, 2) By virtue of cultural and systematic constraints, a multifaceted approach to increasing access to dermatologic care globally is essential. We argue that investing in local dermatologists by providing intentional mentorship and leadership training is foundational to increasing access.

Fundamentally, mentorship aims to create a relationship between mentor and mentee, resulting in guidance, growth, and support for personal and professional endeavors. (3) Purposeful cross-cultural mentorship is associated with higher reported self-efficacy, research productivity, and consistent exchange of perspectives. (3) Dermatology-specific formalized mentorship programs exist in realms of dermatologic surgery, aesthetics, photomedicine, psoriasis, and other clinical domains; yet, to our knowledge, no international dermatology mentorship program exists whose specific mission is to train leaders in global health dermatology. A published survey of members of the International Alliance for Global Health Dermatology (GLODERM) demonstrated that nearly one-third of all respondents cited lack of mentorship as a significant challenge in their pursuit of a career in global health dermatology. (4)

GLODERM, supported by the International League of Dermatological Societies - International Foundation for Dermatology, is comprised of >1000 members from 54 countries and aims to connect dermatologists and trainees with primary focus on the advancement of skin health in low- and middle-income countries (LMIC). GLODERM launched a first-of-its-kind international mentorship program specifically designed to develop global health leaders (Figure 1). The program prioritizes applications from dermatology trainees or early-career dermatology clinicians who engage in efforts to expand dermatologic care in LMIC.

The foundation of the program centers around three core aspects:

**Mentor-Mentee Pairing:** Exceptional early-to-mid-career dermatology trainees or dermatologists in LMIC are paired with experienced global health dermatology mentors. The pairs meet monthly to discuss personalized approaches to project goals.

**Multifaceted, Longitudinal Leadership Curriculum:** Monthly virtual lectures address participant-identified high-priority areas including conflict resolution, health policy, advocacy, and public speaking.

**Personalized Professional Development:** Onsite visit to the mentor’s practice site or attendance at a scientific conference allows for networking, media engagement, and in-person workshops.

The first GLODERM cohort consisted of seven mentees spanning four continents, selected by the GLODERM Mentorship Committee based on a standardized rubric. Mentee projects included care for migrant populations, establishing residency programs, advocacy for stigma reduction, and creating community programs for people living with albinism and leprosy. (5-7) At program onset, a needs assessment assessed comfort level in leadership skills. On a scale of not comfortable (1) to proficient (4), mean comfort level overall was slightly comfortable (2). Mentees identified health policy, advocacy, and creating programs or campaigns as the highest priority areas for improvement. Mentees also crafted tangible goals including project development, improvement in leadership skills, and effective project pitching and publishing.

At program completion, mentee comfort level was reassessed. The average comfort level was moderately comfortable, with a 38% overall self-reported improvement in skill areas. All domains saw a mean increase in individual comfort level. Areas of greatest improvement were in health policy and advocacy.
(Δ mean = 1.57), stigma reduction (Δ mean = 1.43), developing a strategic vision (Δ mean = 1.29), and understanding international health organizations (Δ mean = 1.29). While none of the mean score increases were statistically significant at a 95% confidence level, assessment was limited by small sample size. All mentees in the inaugural cohort reported achieving their goal, citing the leadership curriculum and one-to-one mentorship as their primary supports. One stated, “GLODERM offered a great source of tools to develop many skills and capabilities that I had no prior education during my training years as a physician.” Additionally, whilst previously engaging in groundbreaking work in their respective communities, the mentees often felt isolated; however, being a part of this community provided the motivation and inspiration to continue their work.

Mentees self-reported utilizing skills gained during the program to train >1,000 healthcare providers and serve >9000 patients in underserved areas over the past year, underscoring the potential for exponential impact of supporting key changemakers in global health dermatology. A limitation of programmatic evaluation is the complexity in impact measurement, a non-standardized concept ranging from short-term outcomes to sustained societal change. Future investigations are needed to expound upon this program’s impact measures. The second cohort, comprising ten new GLODERM mentees from 8 countries, has commenced. The GLODERM Mentorship Program’s primary outcome is to build an expanding network of dermatology leaders in their respective communities - building sustainable health programs, creating initiatives, training healthcare workers, and improving access to skin health for all.

References
Figure legend

Figure 1. Timeline depicting the key steps in the development of the GLODERM International Mentorship Program.