

LETTER

RESEARCH LETTER

Unconscious gender bias: A look at speaker introductions at the American Academy of Dermatology

To the Editor: Gender bias, conscious or unconscious, has been shown to exist in physician speaker introductions at large meetings.^{1,2} An analysis of an internal medicine grand rounds at the Mayo Clinic found that male introducers of female speakers used professional titles 49% of the time, whereas female introducers of male speakers used professional titles 95% of the time.¹ Similarly, at the 2017 and 2018 American Society of Clinical Oncology annual meeting, male introducers of female speakers used professional titles 53% of the time, whereas female introducers of male speakers used professional titles 82% of the time.² This discrepancy can foster gender-driven assumptions regarding a speaker's expertise and competency before the presentation.¹

In 2017, 52.5% of board-certified dermatologists were women. Previous gender parity research from American Academy of Dermatology (AAD) annual meetings showed the number of female speakers increased since 2010, with the proportion of female presenters nearing the proportion of female residents.³ Additionally, gender was not predictive of speaking time.⁴ As the gender speaking gap closes, we looked to address how professional titles were used during introductions at the 2019 AAD annual meeting.

After the 2019 video archives of the AAD were obtained, introductions were coded according to use of formal address (Dr [full name] or Dr [last name only]) or informal address (Dr [first name only], [first and last name], or [first name only]).

In total, 428 forms of address were assessed with Pearson χ^2 analysis with post hoc testing to assess for differences in the use of formal introductions by gender dyads (Table I). Female introducers of male

speakers were significantly more likely to use a formal title (77.5% [62/80]; $P = .02$). Similar rates were observed among female introducer and female speaker dyads (72.8% [75/103]; $P = .12$). Conversely, male introducers of male speakers were significantly less likely to use a formal title during introductions (56.7% [72/127]; $P = .005$). Men used a formal address slightly more often with female speakers than with male speakers (male introducers of male speakers). Consistent with prior studies, female introducers were more likely to use formal introductions and male introducers were more likely to give informal introductions, regardless of speaker gender. However, the increased rate of formal introduction for male introducers of female speakers relative to male introducers of male speakers is a promising finding not observed in the aforementioned nondermatologic studies. Additional introducer-speaker characteristics, including highest degree, academic rank, and institutional relationship (ie, from the same institution), were analyzed but did not reveal statistically significant results. A limitation of our study is we did not analyze type of session in relation to introduction.

These data are promising for dermatology in the effort to decrease gender disparity. It is important for introducers to be mindful of the type of introduction given and any possible connotation it may carry. Using this information for comparison versus male-predominant specialties could provide unique insights and continue to foster gender equity in medicine.

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Table I. Gender dyad analysis

Introducer and speaker gender (introducer, speaker)	Speaker addressed by professional title		
	n/N	%	P value
Female, female (FI-FS)	75/103	72.8	.12
Female, male (FI-MS)	62/80	77.5	.02*
Male, female (MI-FS)	72/127	56.7	.53
Male, male (MI-MS)	76/118	64.4	.005*

FI-FS, Female introducers of female speakers; FI-MS, female introducers of male speakers; MI-FS, male introducers of female speakers; MI-MS, male introducers of male speakers.

*Denotes statistical significance.

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Conflicts of interest

None disclosed.

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