Case studies

# Using a reverse diversity audit approach to evaluate a dermatology collection in an academic health sciences library: A case presentation

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ABSTRACT

*Introduction:* A reverse diversity audit is a newly coined method which involves creating an authoritative list of materials and then checking for the presence of the list items in a collection. The method combines list-checking and diversity audit steps and is intended to assess diversity in a specific topic area. We formalized and applied a reverse diversity audit to examine the diversity of dermatology resources in an academic health sciences library.
*Case presentation:* The reverse diversity audit involved four steps: (1) determining the scope, (2) identifying the authoritative list, (3) checking the existing collection, and (4) identifying the gaps. From these investigations, 55 items were identified as important resources for a diverse dermatology collection. 43 of these items were available through our library system or as open access. The remaining items were marked for purchase.
*Conclusions:* The reverse diversity audit proved to be an organized and feasible way to assess diversity in our dermatology collection. This type of audit can be adapted for different topics and areas of diversity. We suggest that this approach may be useful for other libraries looking to assess diversity in their collections.

## Introduction

Academic libraries have a responsibility to cultivate and maintain a collection of resources that is representative of the diverse needs of the learners and researchers they serve. In the health sciences disciplines and in medical libraries, there is a particular need for resources and collections to be comprehensive and diverse, as they are used for evidence informed decision making and learning. Assessing and updating health sciences collections is key to ensuring that the resources available are representative of diverse perspectives and populations.

There are many areas of health sciences in which the diversity of education, resources, and treatment approaches are lacking. One such area is dermatology, where patients with skin of colour are often underrepresented, despite the different presentation of skin disorders across skin tones (Gupta et al., 2021; Marchetti et al., 2021; Thomley et al., 2021). Consequently, these patients often suffer from delayed diagnoses and poorer prognoses (Thomley et al., 2021). It has been suggested that the dermatology specialty has a need to increase diversity in all areas including the curricula, the resident population, and clinical trials (Bae et al., 2016; Charrow et al., 2017; Granstein et al., 2017; Jia et al., 2022; Zhou et al., 2021). The issue of diversity in dermatology education also

translates into the resources and educational materials that are published. Yousuf and Yu noted that the images employed by dermatology educators in pre-clerkship North American curricula lack diversity (Yousuf & Yu, 2022). The same problem of poor representation is found in preparatory material for medical licensing exams, the images in core dermatology textbooks, and research published in journals (Ebede & Papier, 2006; Jones et al., 2021; Wilson et al., 2021). As such, professional dermatology organizations, including the American Academy of Dermatology, have called for increased representation of skin of colour in dermatology education to improve cultural competency in trainees (Ebede & Papier, 2006).

Academic libraries have a role to play in bridging these gaps by ensuring diverse communities are represented in the collections that they make accessible (Cruz, 2019). Within the last two decades, academic libraries have become more intentional in diversifying their collections through conducting diversity audits or reviews. For example, Emerson and Lehman reviewed 6465 resources at their college library, checking for diversity in terms of gender, sexuality, race, and ethnicity (Emerson & Lehman, 2022). The researchers noted that the process was time-consuming, taking 1080 h to complete (Emerson & Lehman, 2022).

For feasibility, diversity audits may involve defining a sample of a

total collection to audit. For example, Jorgenson and Burress (2020) limited their audit to 100 of the most popular titles in their high school library and determined gender and race for the authors and the main characters of the stories. The results were juxtaposed with demographic data for the student population, indicating areas where representation was lacking (Jorgenson & Burress, 2020). In Stone, a diversity audit investigated the gender, ethnicity, sexual orientation, and nationality of playwrights and was limited to those written by a single author (Stone, 2020).

Diversity audits, while useful, can be time consuming and do not account for materials that lie outside the existing collection (Ciszek & Young, 2010; Emerson & Lehman, 2022). An alternative approach is a reverse diversity audit, which not only checks the existing collection for representation, but simultaneously identifies missing resources. To our knowledge, there has been no other published research that used the reverse diversity audit approach, but Jensen outlines the process in a 2016 blog post (Jensen, 2018). The reverse diversity audit involves (1) selecting an area for which to curate resources, (2) creating a list of titles in the chosen subject area that support equity, diversity, and inclusion, (3) checking the collection for the titles on the curated list, and (4) purchasing any missing titles (Jensen, 2018).

While the term reverse diversity audit is new, it is based on a long-standing assessment method in library collections known as list-checking. List-checking, or the use of standard bibliographies when assessing collections, can be seen as early as the 1930s (Comer, 1981). The method involves developing an authoritative bibliography of resources in a specific discipline or topic area which is then used to assess completeness of collections (Comer, 1981).

List-checking has been used as a method to assess diversity in the past, such as in Delaney-Lehman where a 'multicultural bibliography' was developed and then used to check their collection for the 490 items that comprised their bibliography; they found that the library had only 11 % of the listed titles (Delaney-Lehman, 1996). Pettingill and Morgan structured their 1994 collection assessment initiative to increase cultural diversity in a similar way, using the list-checking method because of its emphasis on collection quality and the flexibility that the project could be paused and restarted when necessary and could readily be assigned to graduate student assistants (Pettingill & Morgan, 1996). More recently, Williams and Deyoe generated lists to analyze the diversity of youth-focused collections in academic, public, and school libraries in the United States (Williams & Deyoe, 2014).

Diversity-related literary awards have also been recently tapped as a source for generating authoritative lists. For example, Kristik assembled a list of 2408 titles from diversity-related literary awards, concluding that the library provided access to 22 % of the titles, a percentage less than peer institutions (Kristick, 2020). Proctor also turned to the list-checking method, gathering a list of award-winning titles that increased representation at Penn State University Libraries (Proctor, 2020). List-checking remains popular and is easily implemented as part of collection management projects that assess specialized collections (Lundin, 1989).

A reverse diversity audit approach integrates the foundation of list-checking with the directive of a diversity audit, providing a novel multi-step method for assessing diversity in collections. We formalized the approach into four distinct steps and applied it to assess our dermatology collection for diverse representations of skin colour.

## Case presentation

The Gerstein Science Information Centre at the University of Toronto houses one of the largest health sciences collections in Canada, with a collection of over 1 million journals, books, and online resources (Gerstein Science Information Centre, 2022). The library collection covers a variety of large topic areas, such as nursing, pharmacy, public health, nutritional sciences, and rehabilitation sciences, as well as smaller speciality areas such as obstetrics, pediatrics, dermatology, neurology,

and many more. The Gerstein Science Information Centre also supports students and faculty in all areas of the health sciences at the university, which includes medical education at both the undergraduate and graduate levels. A targeted review of diversity in the health sciences collection had never been attempted prior to the development of this project.

Our reverse diversity audit began in winter 2022. The project team included two health sciences librarians with collections responsibilities, as well as a graduate student staff member.

### Step 1. Determining the scope

In most cases, including our own, the size of the collection results in time and resource constraints that make it unfeasible to conduct a reverse diversity audit on the entire collection at once. To prevent this issue, we opted instead to identify and establish a specific scope. Choosing a section of the collection to audit also has the advantage of allowing the assessor to create a focused authoritative list as described in Step 2.

There are many areas of diversity that need to be examined in library collections, including but not limited to gender, ethnicity, race, sexuality, and geographical diversity, as well as the wide range of sub-topic areas to examine within each. For this initial application of the reverse diversity audit, we chose to review our dermatology collection for resources representative of diverse skin tones. We chose this area due to the consequences for patient outcomes that can occur when education materials are not diverse (Thomley et al., 2021). In addition, there has been research which indicates there are very few diverse dermatology resources that have been published in general, so we wanted to ensure our collection was as complete as possible (Yousuf & Yu, 2022). We determined that we would assess books and clinical tools (print or electronic) that met the scope of our topic area, but that we would not assess journals or individual research articles. We also determined that we would only include high-quality scholarly material.

### Step 2. Creating an authoritative list of resources

Once the scope of the reverse diversity audit was determined, the next step was to generate a list of authoritative materials known for having diverse dermatology content. We generated this list of resources using a variety of sources.

To begin, we conducted a basic literature review. We searched Google Scholar, PubMed, Scopus, and Web of Science with the goal of identifying books or clinical tools that met our criteria. Through this process we identified some research articles that related to our topic. While individual research articles were not an included resource type for this audit, we conducted forwards and backwards reference tracking on these articles using Scopus for the purposes of identifying additional books or clinical tools that may have been missed by our other strategies.

We also identified resources through consultation with stakeholders. Medical librarians were contacted via The Association of Faculties of Medicine of Canada email listserv to solicit resource suggestions. We also consulted with University of Toronto Faculty members in the Faculty of Medicine, including those with a focus on dermatology education at both a graduate and undergraduate level.

Finally, we conducted a grey literature search, mainly focusing on library resource guides and webpages related to dermatology resources. A list of examples of websites consulted can be found in Table 1.

We determined our list was complete once we achieved saturation and were no longer finding or receiving suggestions, through any means, that had not already been added to our list. Our final list was 55 titles and included both books and clinical tools. The full list can be found in Appendix A.

**Table 1**
Library guides and pages used to create skin-of-colour electronic resource list—examples of consulted grey literature.

| Source | Institution | URL |
| --- | --- | --- |
| Foundations of Medical Practice (Information Sources) | University of British Columbia | https://guides.library.ubc.ca/c.php?g=694360&p=4924946#s-lg-box-16445267 |
| Skin of Color | University of Michigan | https://guides.lib.umich.edu/skinofcolor |
| Dermatology Skin of Color Resources | University of Florida | https://guides.uflib.ufl.edu/dermatology/skin-of-color |
| Diversity, Equity, and Inclusion in Medical Education | New York Institute of Technology | https://libguides.nyit.edu/deimedicaleducation/dermandskinofcolor |
| Diversity, Equity, and Inclusion (DEI) Guide | University of Texas Southwestern | https://utsouthwestern.libguides.com/dei/skinofcolor |
| Dermatology | University of Illinois | https://guides.library.illinois.edu/clinicalpractice/dermatology |
| Skin of Color Resources: Home | University at Buffalo | https://research.lib.buffalo.edu/skin-of-color-resources |
| Dermatology: Skin of Color | Temple Universities | https://guides.temple.edu/SkinOfColor/home |

*Step 3. Checking existing collection against authoritative list*

Once the list was completed, we then began the process of determining which titles were already available in our library collection. We did this by searching for every item on the list in the University of Toronto Libraries catalogue. In cases where the item was unavailable, we checked whether it was accessible online as an open access resource. The results of our audit showed that our collection already contained 43 of the 55 titles on our list.

*Step 4. Identifying gaps and purchasing items*

The remaining titles that were not already in our collection were investigated for purchase. Most of the titles were monographs which we were able to easily purchase, prioritizing electronic versions when possible. Two of the titles were out of print and therefore unable to be purchased. An additional two titles did not meet our standards upon more detailed review, as they were determined to either be not scholarly or not of robust quality. Investigations into one clinical tool (VisualDx) are ongoing as of Fall 2022.

**Discussion**

We found the reverse diversity audit to be a successful approach to assess the diversity of our dermatology collection with several key strengths. By consulting authoritative sources, library research guides, other librarians, and topic experts, we were able to generate a list of resources known for having diverse content. Doing this in advance of any assessment on our own collection allowed us to perform the audit without the biases of knowing what was already present in our collection. The approach also allowed us to observe the completeness of our collection using the benchmark of the authoritative list. The reverse diversity audit approach also took less time and fewer resources than a traditional audit, making the project feasible in a reasonable timeline.

We were pleasantly surprised to learn that our collection already contained nearly all the resources that we identified in our reverse diversity audit, since an intentional collections strategy related to diverse dermatology materials had not previously been employed. As such, this process did not lead to major improvements of diverse materials in our collection, though we were able to fill the small gap we identified. Through this process, other unanticipated benefits were identified. We

were able to learn more about our dermatology collection, as well as the wider issues of diversity in dermatology as a discipline. We were also able to gain confidence that our collection, at this point in time, is as complete as possible in the area of diverse dermatology resources.

It is important to note that the success of the reverse diversity audit may depend on the size of the collection being assessed. We found that this approach worked well to assess diversity in dermatology collections, in part because it was a relatively small subset of our collection. Our process also seemed to confirm that there are currently few resources that exist on skin of colour for dermatology education, which is an issue that has been addressed in previous research (Ciszek & Young, 2010; Cruz, 2019; Wilson et al., 2021). This meant that the authoritative list of resources we were able to create was relatively small, making it possible to determine when saturation had been reached. If conducting a reverse diversity audit on a topic with more resources published, this may prove to be a challenge.

This leads to a key limitation, which is that the strength of the reverse diversity audit depends on the comprehensiveness of the list of resources that is generated in Step 2. It can be difficult to determine when the list should be considered complete, and there is potential for the completeness of lists to become arbitrary (Lundin, 1989). If conducting a reverse diversity audit on a larger topic with more resources published, determining when to stop adding titles to the list may prove to be a challenge.

A reverse diversity audit also only assesses the completeness of the collection at a singular point in time. Lists need to be updated as new publications emerge (Lundin, 1989). This approach also does not assess the existing collection for items that should be removed or updated (Elzy & Lancaster, 1990). Because the resources and information made available to users by health science libraries is used for evidence-based decision-making, it is especially important to routinely assess collections for the removal of outdated materials in addition to the inclusion of current material (Carmack, 2021; Lundin, 1989; Tobia, 2002).

*Next steps and future directions*

While we were pleased to determine that most of the resources identified were already present in our dermatology collection, we acknowledge that there is always further work to be done to diversify collections in dermatology and beyond. We plan to remain informed of developments in diverse materials for dermatology and to continue adding to the collection as we learn of additional resources in this area. We have also deepened our relationship with faculty in dermatology through a mutual interest in prioritizing diversity in resources to support this discipline. We look forward to receiving additional suggestions for our dermatology collection in the future as the field itself continues to prioritize diversity as education, research, and clinical practice develop further. We also believe that the reverse diversity audit approach would work well to assess diversity in other topic areas and would like to experiment with the method on different sized collections. For example, we plan to repeat the reverse diversity audit approach for resources related to Indigenous health, which we anticipate will result in a larger list. We suggest that using the reverse diversity audit approach could be a useful method for other health sciences libraries to analyze diversity in their own collections, and we encourage other health sciences librarians to conduct similar analyses.

**CRediT authorship contribution statement**

**Glyneva Bradley-Ridout:** Conceptualization, Project administration, Methodology, Writing – original draft. **Kaushar Mahetaji:** Formal analysis, Writing – original draft. **Mikaela Mitchell:** Conceptualization, Project administration, Methodology, Writing – review & editing.

## Declaration of competing interest

None.

## Data availability statement

There are no data associated with this article.

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## Appendix A. List of dermatology resources identified in the reverse diversity audit

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