Reply to Letter to the Editor, "Medical students' ability to diagnose common dermatologic conditions in skin of color"

To the Editor: Thank you for your comments on recommendations to ameliorate the discrepancies among medical students to diagnose skin conditions in skin of color (SOC).[1] There are 2 separate educational objectives with regard to SOC: the first is to enhance the general knowledge of dermatologic diseases in all skin tones, including SOC, and the second is to use SOC education in an integrated cultural competence curriculum within medical schools in the United States.

Increasing the number of preclinical lectures could improve diagnostic accuracy in SOC. A recent Canadian study showed a modest improvement of 3% increased visual accuracy for common dermatologic diseases when the dermatology preclinical teaching lecture time increased from 5 to more than 21 hours. The authors included evidence of knowledge retention through the fourth year of medical school.[2]

Live lectures, however, are rapidly being replaced by hybrid pedagogies that include virtual lectures and team- and problem-based learning. Online instruction using digital images may be helpful, but most online dermatology coursework is elective and reaches only individuals that actively seek it. Increasing the availability of clinical rotations in dermatology would be helpful, particularly if there is a diverse patient demographic, but the impact of shadowing on visual diagnosis remains unknown. Most dermatology departments and clinics are not large enough to accommodate a high number of rotators per year.

A more meaningful approach may be to integrate SOC lectures into curricular activities that assess cultural assumptions, stereotypes, and biases. If medical students are assessed in visual diagnosis early in their medical training, we may be able to identify cases where stereotyping influences a clinical encounter. An example of this is when a medical student favors an infectious diagnosis, such as syphilis, over an inflammatory diagnosis, such as pityriasis rosea, based on the individual shown in the photograph. If discrepancies exist in visual diagnosis of SOC, such as those reported in our data, students can begin to understand how cognitive factors and one's own race, culture, and class impact medical decision making. Dermatology can engage the stakeholders in medical education to show that dedicated time to a SOC curriculum is an important part of cultural competency and worthy of additional preclinical hours.

We appreciate your suggestions to increase SOC exposure during medical school and residency. More studies are needed to determine which interventions are most effective to improve SOC education in undergraduate medical education and how this can build skills for the delivery of culturally competent care. We can also begin to study the impact of low visual recognition skills on dermatology-related health outcomes in SOC patients. We hope that increased awareness of this topic will help future physicians meet the needs of the diverse patient population.

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