

diverse (SGD) education.² This leaves physician graduates underprepared to provide multiculturally sensitive dermatological care.

In less than three decades, over half of Americans will identify as belonging to an ethnicity or race other than White.³ In addition, as of 2021, 7.1% of the US population identified as SGD.⁴ These reflect a present and growing need for physicians to provide equitable dermatological care to patients of all demographics.² These needs have been identified and documented in the medical literature but possible educational solutions should be more extensively explored. Despite the demonstrated need to diversify UME dermatology curricula, most institutions cannot accommodate this need as they encounter rigid time allotments that prevent the expansion of their core curricula.¹ An elective course offers a solution. However, although preclinical medical student electives are common in medical schools across the USA, there is limited discussion in the literature of electives offered in dermatology to fill critical equity gaps.

To address the need for a more diverse dermatology curriculum, we developed a discussion-based elective course entitled 'Dermatology: ethics and health equity'. Although the target audience was preclinical students, the course welcomed clinical students, dermatology residents and faculty members. Participants reviewed relevant articles, a documentary film and course slides to prepare for the sessions. The instructors moderated conversations during the sessions, covering a wide range of topics related to ethics and health equity in dermatology, as outlined in Table 1.

One topic covered was the inadequate SOC education in UME training and in residency. Participants examined the implications for patients with skin of colour and emphasized the importance of understanding the best diagnostic and treatment considerations for different skin and hair types. The course also explored the historical and present relationship between dermatology and the LGBTQIA+ (lesbian, gay, bisexual, transgender, queer and/or questioning, intersex, asexual and/or agender plus) community, emphasizing the need for culturally sensitive care and inclusive practices. Furthermore, it delved into the history of dermatology research on vulnerable populations such as prisoners and minority groups, examining the implications of these past practices on current dermatology research. The participants also discussed structural racism in clinical trials, exploring the root causes of this issue. The history of dermatology was included in this elective as it is crucial in understanding the field's evolution, its ethical standards, and the social and cultural factors that have influenced it.

With decreased curricular time devoted to dermatology in UME, it is imperative that medical students are provided with opportunities to enhance their dermatology education. Through guided discussion and reflection, this unique elective offered early exposure to complex and underrepresented topics in UME, covering topics that highlight the importance of providing patient-centred care that considers cultural factors that can have an impact on skin health outcomes. We propose that a dermatology elective such as this offers an opportunity for medical schools to include culturally competent education in their UME curricula by highlighting racial, ethical and historical injustices in medicine and the field of dermatology.

Dermatology ethics and health equity elective: a model for incorporating cultural diversity into undergraduate medical education

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Dear Editor, Not only is dermatology education in undergraduate medical education (UME) limited, given only 12% of US medical schools have a dedicated preclinical dermatology curriculum,¹ studies also show an underrepresentation of skin of colour (SOC) and culturally competent dermatology teaching such as sexual and gender

Table 1 Topics discussed in the six sessions of the dermatology ethics and health equity elective

Session	Topic
1	The introductory session discussed perceptions of race in medicine and the race corrections currently utilized in some medical practice algorithms in the USA
2	This included viewing the documentary film 'Acres of Skin', based on the book by Allen Hornblum. It focused on racial inequities and historical unethical practices in dermatology research, particularly regarding vulnerable populations
3	This explored deficits in the training of dermatologists to adequately address skin concerns in patients with skin of colour and current efforts to identify and address these deficits at US medical schools and residency training programmes
4	This focused on historical and contemporary opportunities for dermatologists to support the LGBTQIA+ community, including advocacy opportunities during Kaposi sarcoma's emergence as an AIDS-defining illness in the 1980s and in supporting the dermatological needs of the transgender community ⁵
5	In this session ethical concerns in dermatology research were discussed, highlighting inherent biases related to structural racism in the design of clinical trials and the development of pharmaceutical products
6	For the course capstone, students presented individually selected articles or proposed quality improvement projects related to diversity and equity in dermatology

LGBTQIA+, lesbian, gay, bisexual, transgender, queer and/or questioning, intersex, asexual and/or agender plus.

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References

- 1 Cahn BA, Harper HE, Halverstam CP, Lipoff JB. Current status of dermatologic education in US medical schools. *JAMA Dermatol* 2020; **156**:468–70.
- 2 Okoro U, Chau TQ, Kawaoka J *et al*. Skin of color in preclinical medical education: a cross-institutional comparison and a call to action. *Cutis* 2021; **108**:204–9.
- 3 Colby SL, Ortman JM. Projections of the size and composition of the U.S. population: 2014 to 2060. Available at: <https://www.census.gov/library/publications/2015/demo/p25-1143.html> (last accessed 10 May 2023).
- 4 Jones JM. LGBT identification in U.S. ticks up to 7.1%. Available at: <https://news.gallup.com/poll/389792/lgbt-identification-ticks-up.aspx> (last accessed 10 May 2023).
- 5 Safer JD, Coleman E, Feldman J *et al*. Barriers to healthcare for transgender individuals. *Curr Opin Endocrinol Diabetes Obes* 2016; **23**:168–71.