

# REVISION OF M2 DERMATOLOGY UNIT TO DEVELOP CULTURALLY COMPETENT PHYSICIANS: A RETROSPECTIVE QUALITATIVE ANALYSIS



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## INTRODUCTION

Inherent racial bias, with its longstanding history, continues to persist as a barrier to quality dermatological care for people of color (POC) in the United States.

- Attempts that have been made to reduce these discrepancies based on skin tone do not address internal feelings towards POC among trainees.
- Critical reflection provides a mechanism for individuals to process personal thoughts and actions related to complex issues.
- Realizing the consequences of these internal behaviors may help catalyze personal change, leading to advancement of health equity.

This study analyzes critical reflections as a tool to discern perceptions among MCW's M2 learners and identify gaps within MCW's M2 dermatology unit to improve course materials for future learners.

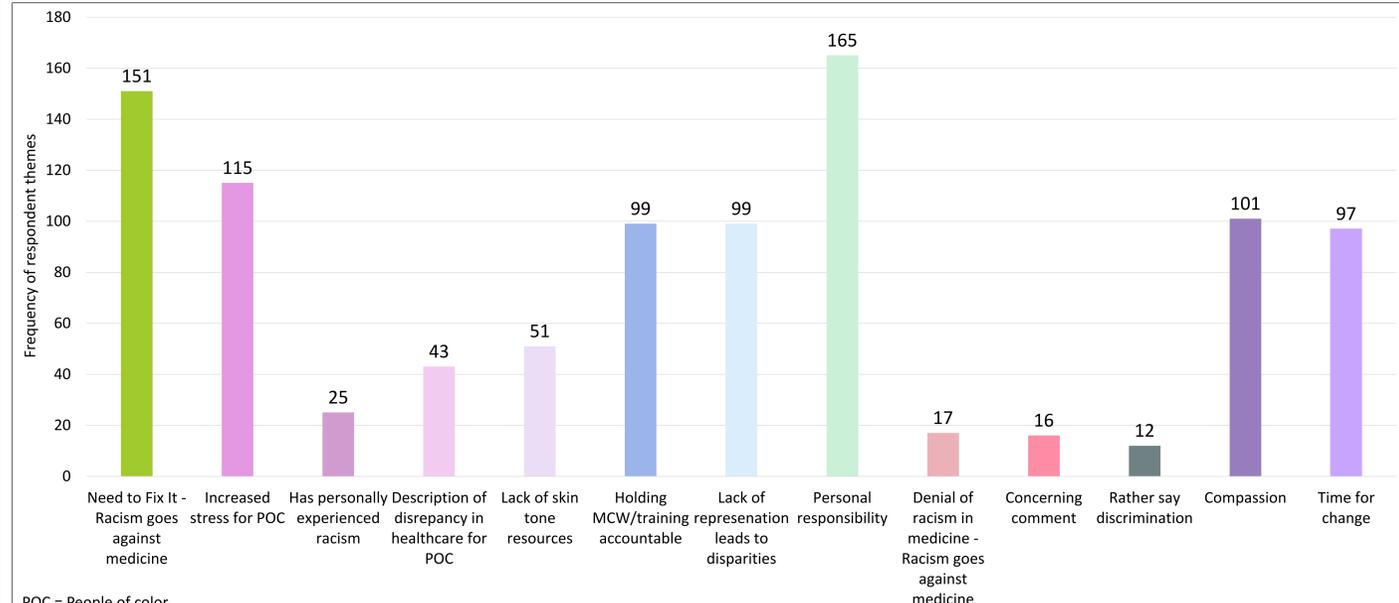
## HYPOTHESIS

We hypothesized that analysis of reflections from MCW's M2 dermatology unit **would show dissatisfaction of current training and a desire for more comprehensive materials** showing common conditions across skin tones.

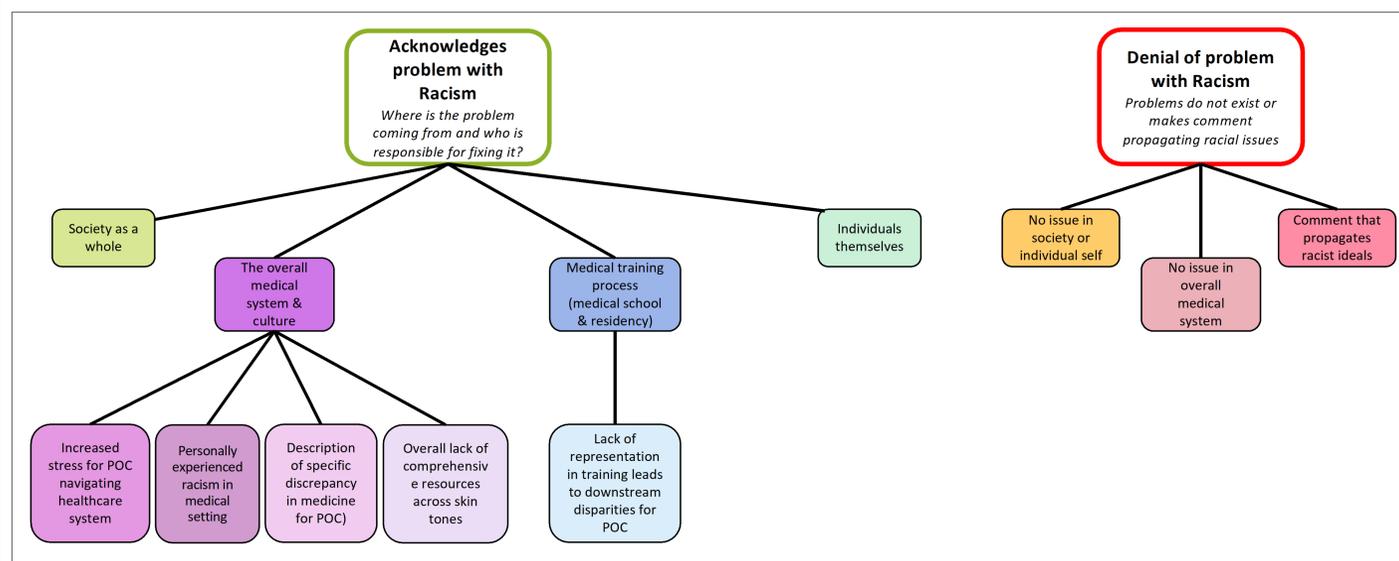
## STUDY AIMS

- Analyze student reflections to the prompt, "How is skin tone relevant to the care you provide as a physician?" to gain insight into the perceptions of current students.
- Apply knowledge gained from reflection analysis to adapt M2 dermatology unit curriculum and course materials.

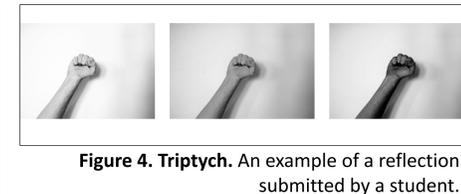
## RESULTS



**Figure 1. Frequency of themes within student responses.** Analysis of student reflections identified 13 themes, or codes. Of the 248 MCW M2 students included in analysis, most frequent themes among learners included **acknowledging that racism goes against medicine, and it needs to be fixed (151)**; as well as a **personal responsibility to monitor one's own behavior as a future physician (165)**.



**Figure 2. Diagram displaying relationship between respondent themes.** Within their reflections, students incorporated reputable evidence to support their understanding that institutional racism is/is not present in the healthcare system and in our world at large. Depicted above are student perceptions on current issues at all levels of healthcare – individual level (patients, providers), societal level (social environment, exposure to violence/trauma/ food deserts), and government level (health policy, healthcare coverage) within the medical system.



**Figure 4. Triptych.** An example of a reflection submitted by a student.

## METHODS

"How is skin tone relevant to the care you provide as a future physician?"

Fall 2020: students in the dermatology unit of the M2 FPP/MSS unit submit a critical reflection responding to the prompt above. Sample size: 248 submissions/251 M2 learners

## CONCLUSIONS

**Critical reflection provides a valuable mechanism to address difficult topics within medical school curricula**, providing an outlet for students to grapple with complex topics for themselves. **Racism goes against the core tenets of physician care and the system overall needs to change** were among top themes. Additionally, **students expressed feeling responsible to drive these changes internally to help support their patients and change the culture of the system.**

This approach has identified changes that possess meaningful applicability to both MCW curriculum improvement and medical curricula elsewhere.

## FUTURE DIRECTIONS

- Results have been discussed with current directors and instructors in the M2 dermatology unit to formulate a plan to address gaps in cultural competency training in this course.
- Results will be applied to the next iteration of the reflection assignment, with subsequent analysis to compare concerns between years.

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