

Dermatological Diagnoses on Darker Skin Tones: A Medical Elective

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Keywords

Skin of Colour | Dermatology | Medical Education | Reflective Practice | Medical Elective

Abbreviations

GP – General Practice
ONS – Office for National Statistics
SMART - Specific, Measurable, Achievable, Relevant, Time-bound
UK – United Kingdom

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Abstract: This article provides insight into a fourth-year medical student's elective, reflecting on the challenges in recognising and diagnosing dermatological conditions in darker skin tones. It reflects upon the white skin-tone bias in UK medical training, which has the potential to affect care and delay diagnoses for people with darker skin.

Reflection on my Elective

The Elective

My medical elective took place in private and public clinics in Saint Vincent and Antigua, Guatemala. One of my aims was to improve my diagnostic skills in diseases which can present differently in different geographic locations.

Elective Objective

The main objective for my elective was:

- Observe several dermatological cases presenting in individuals with dark skin.

Reflection

One experience that particularly interested me was observing and diagnosing skin conditions on darker skin. An elderly patient presented to the clinic with shingles - which I was disconcerted to identify mainly through the dermatomal location of the rash,

due to the reduced visibility of vesicles on his skin, as well as the colour of the rash appearing darker than I have previously seen. This exposed my UK-training bias towards lighter skin, which risks misdiagnosis in an increasingly diverse UK population (ONS, 2025).

This experience prompted me to consider how many other dermatological conditions have different appearances from that which I had learnt, on skin of colour. Similar challenges have been noted in pressure ulcers, due to less visible erythema on dark skin (Il Lo, 2025), which has been noted to cause delays in care (Oozageer Gunowa, *et al.*, 2024). However, this study focuses on subjective patient perspectives, with no implementable clinical strategies to improve recognition.

Identifying dermatological conditions on darker skin is a clinical skill which I would like to improve. I subsequently reflected upon teaching of this in UK medical education and how I feel I have predominantly been taught how to recognise skin conditions on lighter skin, which seems counterintuitive when treating an increasingly diverse UK population (ONS, 2025). Research papers exploring this corroborate my view (Forrest *et al.*, 2022), with Shango *et al.* confirming low student confidence in diagnosing lesions on skin of colour (Shango *et al.*, 2022), although this study is US-based, limiting its applicability to medical students in the UK. This lack of confidence has prompted multiple initiatives to increase education in this area, for example the

'Mind the Gap' handbook (Rimmer, 2020) and "DermSpectrum" (The University of Bristol, 2024; Loginovic, 2023; Salihu, 2024). Although UK medical schools are beginning to integrate this into their curricula (Le, 2024), I believe this needs to go further to reduce the white skin tone teaching bias.

Conclusion

From my experiences, as well as further reading around this topic, I believe I need to take proactive steps to translate my learning into practice. Therefore, I have set the following objectives, using the SMART framework (Specific, Measurable, Achievable, Relevant, Time-bound) (Doran, 1981):

Building on the case of the patient presenting with shingles, I will review the British Association of Dermatology handbook for ten dark skin conditions and then revise and test myself on this knowledge. I will do this using free peer-reviewed online resources I have found for learning.

To counter UK education biases (Forrest *et al.*, 2022), I will endeavour to seek out diverse dermatological conditions in my future placements and document such cases in my electronic reflective practice journal. I will start doing this during my next placement in GP in the UK.

I hope to achieve these objectives to improve gaps in my knowledge and the curriculum, before the end of my next placement rotation (Gibbs, 1988).

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