TRANSCRIPT RAW = MAXQDA24 from FOCUS GROUP STUDY

1. then I think it should be pushed more to us even now like need to recognise certain things and so it could be useful there and not necessarily having even to wait till 5th year ....it could have more in it and more skin types and skin tones and I think even acknowledges that in the document that is not complete really so I don't know if it's been like worked on or updates but it would be good to make it even interactive resources not just like a document but maybe something we could use like flash cards and you could try and identify the signs.

2.certain symptoms and signs which are kind of more actively told to look for and I think that kind of skews how you kind of look at questions on the topics.

3. I think one part of it is self study and in some way I think there's a bit of a onus on us but not necessarily saying that's correct but I think that there is in that in that regard but also as well I think it's a bit more difficult because teaching isnt necessarily standardised across the medical school.

4. I don't even feel confident diagnosing on someone who's always lighter skin complexion let alone someone with darker skin...- I will struggle even more if its on darker skin.

5. ideally the bare minimum would be that these different skin tones are represented.

6. you go into placement and people are expecting you to know things and expect that you will be able to see things particularly. However as a student you know you're ready you don't feel part of the team already as it is so it's a bit difficult at times.... there’s not really necessarily explanation for a lot of the things that you're seeing... think there's a lot of expectation rather than explanation....I don't know how like with the signs manifests on someone who looks like different.

7. so other people with different placements, there was some different surgeons and therefore hey were teaching complete different things....so I think the main thing is is no standardised to some people make it really good teaching for some people get literally nothing and then it's very difficult.

8. if you had a document which I don't know which people encourage you to refer to it and it had conditions with various skin tones and stuff like that then we might have a uniform understanding and it will be standardised....but I think yeah that's where the main issue lies, no standardisation.

9. we use a lot of big platforms like passmed for our core learning. with specialties, there's barely any representation there and for us, I think those are the sort of pictures you will identify with a condition. yeah I think that's the way they can standardise things if they put it on the big platforms that everyone almost medical students would use that anyway as theres lack of images.

10. at my placement, we had pictures of like rashes and we had to like match it to what the name of the rash was and on the back of each card there was the patient with like a different skin tone ....good to actually you could match the rash with the with the name of the rash but also like what it looked like on a different skin tone .... would that have been something that other teaching fellows would have thought to have done at different sites so I think it looks back to standardising.

11. even people like skin tones you going to click that it's it's not that easy to spot as they may look different on darker skin tone.

12. You dont see it alot in placement so maybe use google and hope you see it in real life or in an exam.

13. theres always going to be a certain level of variability inherent to medical education... realistically that you have to accept some level of variability but I think when it comes to the resource ....whatever I think the like potential for standardisation mostly lies there ...make it more equal

14. the fact that matters our population is diverse so our teaching has to reflect that 15. because it's so subjective and because it's so unique to every single individual it's very difficult to classify it

16. I think it's important we have like resource is where it's a comprehensive bank..and there's every single like as many different complexions that you can cover from a different conditions that people can refer to but I there should be a generalist resource

17. think this has to be integrated into the stuff that that that we were most likely to use and like lecture slides to to make the biggest impact I think in an ideal world

18. in paeds, we had teaching on a caucasian child people of no Caucasian background, but the problem is not every child is of Caucasian background and these are quite important skin manifestations ...being able to recognise the presentations on people varying backgrounds it wasn't that great... but the representation in teaching was lacking

19. In the GP workshop...we did use some images of people of colour with rashes and different infections I did see some of that but not enough of it and definitely there could be way more representation there ...they could do way more of including more skin types and picture

20. we looked at meningitis in teaching, and particularly spotting that rash quickly is important and I don’t know how to spot it on someone of colour ...need to save the life of that patient so ensuring at least those of emergency signs is covered in skin tones is quite important

21. but I think if it's such a high stakes situation like that with children it's just incredibly important that that you'll taught to to pick that up on various skin tones. 22. different lectures have different slides ...maybe a push should be given the lecturers or professors or a little agenda on roughly what to include to help standardise things a little better and ensure many skin tones are covered...they were given a rough brief as to maybe including a certain number of skin tones that could trickle into teaching

23. I think a lot of it is about exposure to teaching on skin tones.

24. Theres going to be some variability in teaching and training and son on ---a lot of things are expected rather than explained... my personal opinion for medical schools is that they should teach us more.

25. there needs to be a much larger curriculum shift, i do think they do many things well but they could do more.

26. we need teaching dedicated to this.

27. i remember on gp placement, this patient that came in and he had a darker skin colour and he was showing us how he had a big flare up of eczema on his legs, weve never seen something like this, we have seen eczema before in derm but visually the eczema didnt look like what we'd assciate with a massive flare up so it surprising that this was the first time I'd really thought back and seen it in a patient, kind of worrying.

28. skin conditions including jaundice, cyanosis jaundice, palor, they have different colour. Usually you associate that colour with the condition but those colours look different in people of colour so i have no clue and we dont have much exposure.

29. we were on patient ward rounds and his eyes were half closed and we couldn't tell he was extremely jaundiced. whereas there were other patient walking around and you just know they have some form of liver disease...it obvious that we need to look for jaundice but if there are other clinical manifestations of conditions, it is important to highlight that you need to know them and how to check for them on other skin tones.

30. if someone says slate grey - I'm not going to think of someone whose of a darker skin tone because of how it's going to look but t's just a correlation that some of lighter colour will have these apparently slate grey signs but wont be in darker skin tones.

31. we need to know how it'll look on dark skin, you're not going to see slate grey on darker skin tones so you really need to look out for these other signs and ensure there is some form of signposting that way.

32 we need to have a day where we look at the skin manifestations of a disease so that you know how to spot it.

33. having that opportunity of a day to see those different skin types will create a more conscious awareness because you know that after teaching you will have this day to look at various signs.

34. we all had a lecture of a patient - ended up in a really bad way because her conditions can be investigated, and she was given steroids for a skin condition which was misidentified and she passed away so signposting is needed.

35. another way to increase confidence is to put it in the exams since if you put it in the exam and you make it examinable most of us will make it effort start to learn it and again it reinforces that that notion as an important thing to know as a medical student.

36. add a picture in the written akt paper or osci station and this will influence the way we study ourselves.

37. changing the examples used in learning materials so its more EDI based and more equity.

38. we do have ownership in taking responsibility for our learning but the medical schools should do their part and give the exposure on various skin tones.

39. yeah there is a lack of teaching on diverse skin tones even in preclinical years, but its quite limited in preclinical anyway.

40. it's very feasible to just add other skin tones

41. there should also be like an element of spiral learning throughout the year and making sure we keep coming back to spotting the signs on different skin tones

42. there are certain lecturers who have made conscious efforts to change their slides and I do applaud them for but likewise there are others who haven't.

43. theres probably an element of bias.

44. if you look at keloids, its more prevelant on darker skin tones so kind of depends what the demographic is in in particular conditions because if a demographic is skewed then that's going to be what's on the slide.. if not then good chance it's going to be someone who's lower light skin tone and so thats what the materials will showcase for certain conditions.

45. no didnt see a prevalence in teaching on various skin tones regarding sexual health.

46. we need to start seeing a bit more of a shift towards change.

47. it's important to have something to refer to that is standardised that you know everyone can contribute

48. it will be interesting to see the data from UKMLA exam, if students from certain uni's are performing higher on questions on skin tones if there uni's are offering more representational teaching since that could encourage other medical school to follow similar foot steps to ensure there is diversity in teaching.

49. you could see when a patient feels ignored or you can see the consequences of misdiagnosis and so I think really it's just making sure that we are care for everyone as much as we can.

50. care should be equitable. they care we provide shouldn't dictated by necessarily if someone's of a particular skin tone

51.for example with eczema, we should be able to recognise it no matter what their backround is.

52. I think it's important that we do make sure that we actually do make effort to notice the symptoms on skin tones because the responsibility will be on us

53. dermatology is such an important speciality and the herald of something thats worse to come so its important to hammer it down to make sure people are focused and accurate in order to stop a lot of pain and suffering.

54. having like a rough guide for the clinicians teaching us about what to include in their presentation so that we can cover these like dermatological manifestations is like really important

55. we have limited time and we have to we have to prioritise ...we need to kind of leave some things and prioritise more pressing things like learning emergency signs for various skin tones.

56. putting those resources into the slides that we see and making sure we know where to find things and add those resources to recommended reading would helpful for diverse teaching

57. there's a reluctance to get rid of certain things 58. students will be more confident when those changes have been made