

Reply to the comment on “What are the barriers faced by underrepresented minorities applying to dermatology? A qualitative cross-sectional study of applicants applying to a large dermatology residency program”



To the Editor: We were pleased to read the response to our letter by Jones et al¹ and agree that dermatology residency programs can take further action to reduce barriers for underrepresented minorities, such as diversity mentorship programs and a more systematic and holistic approach to recruiting underrepresented minority students. We also agree with their comments pointing out biases against underrepresented minorities with the current system, which uses standardized test scores to triage applicants. The disparities they list, including socioeconomic status, history of parental academic achievement, native language, and inferior academic resources, are part of what is known as social and cultural capital. Social scientists have long agreed that parental income, education, and occupation shape a child's access to valuable foundational experiences that, in turn, shape long-term educational success. Parents with higher education and income can provide better opportunities in the form of better schools, test preparation classes, access to alumni networks, and “insider” knowledge.² Although they are essential in the development of candidates for dermatologic residency positions, very little attention has been paid to the concept of social and cultural capital in the dermatologic literature.

Incongruity in student cultural capital has been cited as a possible cause for discrepancies in standardized test scores (such as the United States Medical Licensing Examination) and subjective evaluation differences between underrepresented minorities and nonunderrepresented minorities.³ These disparities should to be considered and adjusted for in the recruitment process, as suggested by Jones et al.¹ Although de-emphasizing United States Medical Licensing Examination Step 1 scores in residency application review is a step in the right direction, adopting a more holistic approach during the residency selection process could also reduce some of these inequalities.⁴ Attributes reflective of a well-rounded individual, such as sustained volunteerism, likelihood to reduce health care disparities, cultural competence, language skills, “distance traveled” to overcome personal or professional hardships, commitment to disadvantaged communities,

interpersonal intelligence, and grit, ought to be prioritized and taken into account along with research experience, publications, and subjective evaluations from student preceptors.⁵

Our study found that mentorship and pipeline programs augment a student's cultural capital and were associated with successful matching to dermatology residency programs by underrepresented minorities. These programs serve as a bridge to students who may otherwise lack the same knowledge, skills, and experience because of differences in upbringing and could provide an applicant with a competitive edge beyond board scores. There is no better time than now to exercise these measures to minimize the risk of not having a more diverse dermatology workforce, which has the strong potential to reduce health care disparities in dermatology.

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