

Challenging the status quo: Increasing diversity in dermatology



To the Editor: We read Vasquez et al's¹ recent study with great interest. Diversity in dermatology and, furthermore, in medicine is a fundamental issue requiring widespread call to action to increase the representation of individuals of underrepresented minority groups (URMs) within the field. We certainly agree with the authors' assessment of mentorship and participation in pipeline programs for a successful match¹ and commend the group on their meaningful findings. However, we posit that further action can be taken by residency programs to alleviate the barriers URMs face when applying to dermatology programs. Studies elsewhere² have described dermatology mentorship programs, including the American Academy of Dermatology Diversity Mentorship Program, which pairs URM students with dermatology mentors to fortify genuine connections and offers clinical exposure to dermatology.² The value of such programs is undeniable, and residency programs could advocate a more systematic approach for the recruitment of URM students using the well-established networks existing in many professional medical societies.

Beyond these findings, the authors list the mean United States Medical Licensing Examination (USMLE) 1 and USMLE 2 examination scores as 229 and 240 for URM applicants, respectively,¹ whereas non-URM applicants had mean scores of 247 and 255, respectively.¹ Lower performance on USMLE Step 1 by URM examinees in comparison to non-URM test takers is an issue deeply rooted in disparities, including socioeconomic status, history of parental academic achievement or occupation, native language, educational geographic location, and differing resources offered by academic institutions attended.^{3,4} The disparity in standardized test performance warrants concerns of biases pertaining to race and class, particularly in the current culture of USMLE cutoff use for residency interview selection. These disparity factors can be carefully considered and better adjusted. Certainly, in the era of an electronic application system, standardized test scores provide programs with a method easily applied for triaging applications. Although we use a number of criteria to objectively evaluate the best applicant fit for our specialty, it is helpful to evaluate how these criteria, including standardized test scores, are leading us to right decisions.

As recently announced by the National Board of Medical Examiners, Step 1 score reporting will be

changed to a pass-fail system to be implemented in 2022.⁵ This change may be used to facilitate a more holistic approach in candidate selection of URMs rather than pass the importance and anxiety held by Step 1 on to Step 2 Clinical Knowledge.⁵ Furthermore, many of our established systems for applicant preparations may be challenged in the months to follow because of the COVID-19 pandemic, as opportunities emerge and new avenues are opening to serve our health care and society needs. In the current times, we can work with a collaborative approach to consider reappraisal of residency screening procedures, including for URM students, with wiser implementation of score systems while eliminating the status quo of high USMLE cutoffs. We aim to achieve a fair and holistic screening system capturing the "heart and mind" of dedicated candidates, including URMs, with genuine interest, holistic proof of ability, and a strong commitment to service to the community and health science systems.

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Funding sources: None.

Conflicts of interest: None disclosed.

IRB approval status: Not applicable.

Reprints not available from the authors.

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<https://doi.org/10.1016/j.jaad.2020.04.185>