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The sample size of subgroups was not large enough to make comparisons of the MIC between countries or skin types. Future studies should aim to assess the MIC and SDC within the same patient population, including different ethnicities, to provide more representative results and could focus on further optimizations (eg, by use of VESplus) to reduce the SDC to become smaller than the MIC.<sup>5</sup>

Patients seem to perceive even very small changes in BSA involvement as an improvement and that location and disease extent are important to consider when interpreting changes in VES and SA-VES. Our results improve the interpretability of these measurement instruments and can be used to determine number of responders in future studies using the VES and SA-VES as outcome instruments.

We express our gratitude to the volunteering patients who participated in this study.

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*Funding sources: None.*

*Conflicts of interest: Dr van Geel served as consultancy and/or investigator for Pfizer, Laboratoire Génévrier, Incyte and received a grant from Leo Foundation. Dr Wolkerstorfer received grants from Novartis, Incyte, and Lumenis. The rest of the authors have no conflicts to disclose.*

*A previous abstract of this study had been published for the International Pigment Cell Conference (IPCC), June 18-21, 2020, Yamagata.*

*IRB approval status: Approved.*

*Reprints not available from the authors.*

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<https://doi.org/10.1016/j.jaad.2020.10.061>

#### Internal and geographic dermatology match trends in the age of COVID-19



*To the Editor:* Matching into a dermatology residency program is an incredibly competitive process with many more highly qualified applicants than positions. Each year, a certain number of applicants end up matching to either their home institution's dermatology program or a program in a similar geographic region; however, the proportion of these matches has not yet been examined.

There are numerous reasons why an applicant may favor their home program (Table 1). In a typical year, most applicants complete 1 or more audition rotations across the country, where they spend 1 month working closely with, and developing relationships among, other dermatology departments and faculty. This past match cycle, due to the COVID-19 pandemic, recommendations were made advising against completing audition rotations and for interviews to be conducted virtually.<sup>1</sup> Some audition rotation changes have persisted into the 2022 cycle.<sup>1</sup> This investigation examined the proportion of dermatology applicants that historically matched to their home institution or geographic region and compared that to the trends during the most recent cycle affected by the COVID-19 pandemic.

**Table I.** Advantages of matching home students to home programs

| Potential advantages for students   | Potential advantages for programs                         |
|---|---|
| Pre-existing (often multiyear long) relationships between faculty/applicant             |   |
| Knowledge of strengths and weaknesses of the program/applicant                          |   |
| Better ability to gauge the fit of the applicant within the department                  |   |
| Ability for applicants to continue research with mentors in the department              |   |
| Potentially easier onboarding and less-intense adjustment period for incoming residents |   |
| Minimization of uncertainty and risk  |   |
| Desire to practice near residency program after graduation                              | Desire to train physicians who may stay in the area       |
| Home program may be more forgiving of application deficiencies                          | Known quality of medical students produced by home school |
| Minimization of travel costs and moving hassles for the applicant                       |   |
| Familiarity with patient population and electronic health records                       |   |
| Proximity to social circle (family, friends, work, and spouse)                          |   |

Publicly available match lists were gathered from allopathic medical schools with associated dermatology residency training programs. Regions were established via the Association of American Medical College Residency explorer tool.<sup>2</sup> A 3-year control was established from 2018 to 2020 (70 schools) to establish baseline internal match and regional match percentages. This was compared to the 2020-2021 pandemic match (63 schools) using chi-square analysis in Excel (Microsoft). The results can be seen in Table II.

In the pre-pandemic years, 26.7% of dermatology applicants matched to their home program, but during the most recent cycle that number jumped to 40.3% ( $P < .001$ ), a relative increase of >50%. Despite the large and significant shift in internal matches, regional matches only had a slight, but statistically insignificant, increase from 61.6% to 67.5% ( $P = .11$ ).

Many factors likely played into this increase in internal matches, such as ongoing systematic changes in residency selection to promote diversity and equity and properly weighting objective measures of performance.<sup>3,4</sup> The largest factors may have been the lack of away rotations, lack of in-person interviews, and desire to minimize uncertainty. Away rotations are commonplace in dermatology and offer an inside look at how well of a fit an applicant and a program might be for each other. In-person interviews and preinterview dinners also play a similar role in gauging fit. These experiences often influence rank list decisions for both—applicants and programs.<sup>5</sup>

In an unprecedented year with minimal audition rotations and in-person interviews, there was dramatically less exposure between applicants and programs, likely reducing the strength and confidence of programs and applicants to fully evaluate each other. The longstanding relationships between home students and their dermatology programs likely provided a level of certainty, familiarity, and safety, which allowed for risk minimization in a year otherwise filled with so many novelties.

Further research should be aimed at determining which factors may have had the greatest impact on this uptick in internal matches and whether this trend was present in other highly selective fields that value away rotations.

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Funding source: None.

IRB approval status: Exempt.

Reprints not available from the authors.

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**Conflicts of interest**

None disclosed.

**Table II.** Internal and regional match data

|                | N/X (2018-2020) | Prepandemic match % (2018-2020) | N/X (2020-2021) | COVID-19 match % (2020-2021) | P value             |
|----------------|-----------------|---------------------------------|-----------------|------------------------------|---------------------|
| Internal match | 171/641         | 26.7%                           | 93/231          | 40.3%*                       | <.001 <sup>†</sup>  |
| East           | 53/193          | 27.5%                           | 19/60           | 31.7%                        | .528                |
| South          | 67/227          | 29.5%                           | 38/90           | 42.2%                        | .030*               |
| Central        | 40/174          | 23.0%                           | 28/62           | 45.2%                        | < .001 <sup>†</sup> |
| West           | 10/47           | 21.3%                           | 8/19            | 42.1%                        | .085                |
| Regional match | 394/639         | 61.6%                           | 156/231         | 67.5%                        | .112                |
| East           | 131/193         | 67.9%                           | 46/60           | 76.6%                        | .194                |
| South          | 124/225         | 55.1%                           | 58/90           | 64.4%                        | .129                |
| Central        | 109/174         | 62.6%                           | 41/62           | 66.1%                        | .624                |
| West           | 30/47           | 63.8%                           | 11/19           | 57.9%                        | .652                |

N, Raw number of internal matches; X, raw number of total matches.

\*A total of 4 programs either had 100% of open positions filled with internal candidates or 100% of fourth year medical students match into their home program. The 2 largest programs meeting these conditions both had 4 matches each.

<sup>†</sup>Significance is defined as  $P < .05$

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