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Considerations for dermatology residency applicants underrepresented in medicine amid the COVID-19 pandemic



To the Editor: On January 20, 2020, the first case of novel coronavirus (severe acute respiratory syndrome coronavirus 2) was confirmed in a 35-year-old male patient in Snohomish County, WA.¹ As of May 25, 2020, a total of 1,637,456 cases and 97,669 deaths had been reported in the United States.² As hospitals across the nation grapple with this universal crisis, the necessary focus has been on patient care and public health safety. Yet the expansion of severe acute respiratory syndrome coronavirus 2 has caused substantial disruptions to medical education, which requires adequate attention and response from medical educators and leadership. Specifically, these disruptions in education may disproportionately affect students who are underrepresented in medicine, particularly in competitive fields such as dermatology.

For instance, student visiting electives for fourth-year students have been cancelled or postponed in several institutions because of the global prevalence of coronavirus disease 2019 (COVID-19). Visiting student rotations serve as a means for institutions to attract talented future physicians into dermatology while affording the opportunity for aspiring dermatologists to explore the field in numerous learning environments.³ For students underrepresented in medicine, away rotations may serve as a means to gain valuable exposure to each specific program while presenting the opportunity to create meaningful holistic impressions and professional

connections with institutions that might have dismissed their applications.

Additionally, networking through major dermatology conferences has also been limited this year because of COVID-19–related cancellations. This, too, removes the opportunity for candidates who are underrepresented in medicine to create prospects through in-person introductions. Although this holds true for all dermatology residency applicants, these introductions may hold more weight for students underrepresented in medicine to overcome barriers (geographic screens, United States Medical Licensing Examination scores, clinical grades, honors, etc) that may lead to their applications' being overlooked by electronic screening criteria.

Last, widespread cancellation of United States Medical Licensing Examinations because of COVID-19 is another barrier that may have a disproportionate effect on students underrepresented in medicine. For third- and fourth-year students who are underrepresented in medicine, this may signify losing access to educational resources such as questions banks and online lecture subscriptions. Because students underrepresented in medicine historically come from lower socioeconomic backgrounds, the costs associated with extending these learning platforms until testing is reopened may not be feasible. For third-year students, this may lead to lower United States Medical Licensing Examination Step 1 scores, whereas for fourth-year students, this may result in a score that may no longer serve to overcome a low examination step 1 score.

Overall, the lack of racial and ethnic diversity in dermatology remains an issue.^{4,5} Although great strides have been initiated through several

Table I. Suggestions to reduce the effect of coronavirus disease 2019 on students underrepresented in medicine

Systems in place before COVID-19	Suggestions to reduce the disproportionate effect of COVID-19 on UIMs
Electronic screening filters for residency interview selection based on high USMLE score minimums	Eliminate high cutoff scores for USMLE step 1 and step 2 CK, keeping in mind that test cancellations and rescheduling may unduly affect UIM students who historically stem from lower socioeconomic backgrounds and may lose access to study resources because of financial constraints.
Emphasis on AOA selection, clinical grades, and publication quantity	Shift emphasis to leadership, volunteerism, and research in underserved populations. Highlight GHHS selection and make increased program diversity an overt goal of residency candidate selection.
Networking through large in-person conferences.	Create virtual diversity and inclusion networking events by residency programs, dermatologic societies, and dermatologic organizations that focus on student mentorship and advocacy.
Visiting elective programs for UIM students.	Offer virtual 2- or 4-week rotations for UIM students to engage in grand rounds and didactics, and offer the opportunity to collaborate on small research projects, and one-on-one meetings with program leadership.

AOA, Alpha Omega Alpha; CK, clinical knowledge; COVID-19, coronavirus disease 2019; GHHS, Gold Humanism Honor Society; UIM, Underrepresented in medicine; USMLE, United States Medical Licensing Examination.

dermatologic organizations, such as the American Academy of Dermatology through mentorship and their diversity task force,⁴ this cycle will require additional considerations and significant modifications (Table I) in regard to student education and residency selection, particularly for students underrepresented in medicine who may be disproportionately affected by the pandemic. We encourage added emphasis on personal and professional attributes that demonstrate a sustained commitment to volunteerism, health science systems, and health care disparities while also showcasing the ability to overcome hardship qualities we believe have become salient in the COVID-19 pandemic.

Virginia A. Jones, MS, Kayla A. Clark, BS, Payal M. Patel, MD, Adriana Cordova, MS, and Maria M. Tsoukas, MD, PhD

From the Department of Dermatology, University of Illinois at Chicago, Chicago, Illinois.

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Correspondence to: Maria M. Tsoukas, MD, PhD, University of Illinois Hospital & Health Sciences System, 808 S Wood St, Chicago, IL 60612

E-mail: tsoukasm@uic.edu

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