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Jordan Wang

Thomas Jefferson University, jordan.wang@jefferson.edu

Dorota Z. Korta

University of California, Irvine

Matthew Keller

Thomas Jefferson University, matthew.keller@jefferson.edu

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Korta, Dorota Z
Keller, Matthew

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Modernizing dermatology interest groups in medical school: Certificate programs

Jordan V Wang¹ MD MBE, Dorota Z Korta² MD PhD, Matthew Keller¹ MD

Affiliations: ¹Department of Dermatology and Cutaneous Biology, Thomas Jefferson University, Philadelphia, Pennsylvania, ²Department of Dermatology, University of California, Irvine, California

Corresponding Author: Jordan V Wang MD, MBE, Department of Dermatology and Cutaneous Biology, Thomas Jefferson University Hospital, 833 Chestnut Street, Suite 740, Philadelphia, PA, 19107, Email: jordan.wang@jefferson.edu

Abstract

This commentary addresses the increasingly competitive nature of applying to dermatology residency programs and how both interest groups in medical schools and their dermatology departments can help to better prepare applicants. As previous literature argued that dermatology has been underemphasized in medical school curricula, we propose five fundamental options that interest groups can implement in order to offer increased exposure to our field in medical training. Furthermore, with the recent trend of many schools conferring certificates in various specialized concentrations, we also discuss interest groups pioneering certificate-granting programs in dermatology competency. The pros and cons of having a recognized certificate program in dermatology are presented.

Keywords: educational activities, medical education, medical residency, dermatology, interest groups

Successfully matching into dermatology residency grows more challenging each year. Since 2005, data have evidenced a trend towards increasing board scores for matched applicants, as well as a substantial rise in their number of research experiences, presentations, and publications [1-3]. Owing to the increasingly competitive climate, interest groups within medical school serve an essential role in preparing the next generation for a successful residency match. However, they remain completely non-standardized and their benefits vary tremendously between institutions. Because of this, there is significant value

in discussing the ongoing role of interest groups, including how they could be structured in order to maximize value to students.

Previous literature has argued that dermatology is underemphasized in medical school curricula [4, 5]. This lack of exposure often makes it difficult for students to seriously consider pursuing dermatology exposure early on in medical training, which is becoming more important for a successful match. Fortunately, dermatology interest groups can help to bridge this gap. Specifically, five strategies can be readily implemented by interest groups. First, lunchtime lectures can be organized to introduce and educate students on general topics pertinent to the field. Second, clinical seminars that include patient viewing can supplement and reinforce these lessons in an instructive clinical setting. Third, journal club meetings can offer students opportunities to practice presentation skills through the use of high impact articles, while concurrently instilling a foundational appreciation for research. Fourth, the assignment of online clinical modules, such as those made available by the American Academy of Dermatology, can familiarize students with cases frequently encountered in everyday practice. This has been shown to improve the knowledge, skills, and confidence of students in managing common conditions even when faced with reduced clinical time [6]. Fifth, ongoing bioethics training can provide the analytical tools necessary to resolve ethical dilemmas inherent to dermatology. This option is particularly salient considering the recent rise in awareness of dermatology ethics--coined dermatoethics--and the implementation of an associated curriculum for

residents in training [7].

In order to promote student involvement and better prepare applicants, interest groups may consider pioneering certificate-granting programs in dermatology competency, which could ultimately be recognized by their dermatology departments. This proposition is based on the recent trend of many schools beginning to confer certificates in various specialized concentrations, although none thus far have been associated with dermatology. Interest groups could work in partnership with dermatology departments to determine necessary qualifications, which may include participation in a predetermined number of the above-mentioned activities, a research elective, and a rotation in dermatology. If several interest groups choose to adopt this program, then requirements could be coordinated across participating institutions. If so, it may help residency selection committees identify ambitious applicants who have exhibited early dedication to dermatology.

There are several drawbacks and potential downsides to having a certificate program. Its implementation would ideally require participation by dermatology departments, which could prove to be a barrier to implementation. Additionally, students attending medical schools without home dermatology departments would be at a significant disadvantage. A certificate may also serve to further bias the selection process away from qualified applicants who happened to have selected dermatology later on in their medical training. This would additionally increase the pressure for students to choose dermatology earlier. It may also provide applicants with one more hoop to jump through if residency committees consider this in their selection process. In considering the adoption of a certificate-granting program, a thorough and balanced analysis is necessary.

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