mentoring opportunities to URM medical students interested in urology, understanding the perceptions of minority students as they choose training programs, and connecting minorities to community and minority specific professional development. Selecting and recruiting URM urology faculty can provide visible role models and signal an inclusive community for potential student applicants. Minority academic urologists play a key role in facilitating these initiatives but majority allies would be equally powerful to disrupt the status quo.

CONCLUSION

There is an unmet need for racial and ethnic diversity in healthcare and in urology training programs and workforce specifically. Urology lags behind other fields in promoting a diverse resident representation. This study demonstrates the need to reevaluate current recruitment and selection practices in urology and lays the foundation to understand our current workforce demographics to set targets to improve diversity which adds value to the resident, practicing urologist and patient communities and the field at large.

SUPPLEMENTARY MATERIALS

Supplementary material associated with this article can be found in the online version at https://doi.org/10.1016/j.urology.2018.10.061.

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EDITORIAL COMMENT

In 2016, the Harvard Business Review published an essay on the impact of diversity on the effectiveness and productivity of teams. The authors cited many studies including a trial that demonstrated a more than 50% improvement in diverse teams pricing stocks compared with more homogenous teams. The authors concluded that "enriching your employee pool with representatives of different genders, races, and nationalities is key for boosting your company's joint intellectual potential."[1] Census data from the American Urological Association demonstrated that African American, Latino, and Indigenous American comprised 3.3% of the total urologic workforce in 2016, and yet represent nearly 30% of the United States population. There is certainly

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an opportunity for our field to become more diverse as we endeavor to improve our research and clinical efforts. However, to build more heterogeneity in our work force, data are needed to assess the current composition of our urology residency pipeline.

For this reason, the study by Shantharam et al in this issue of *Urology* is an extremely important analysis of the prevalence of underrepresented minorities (URM) in urologic training programs in the United States.[2] The authors demonstrated that URM—defined as African American, Latino, Indigenous/Native American, and Asian/Pacific Islander, and other persons—represented 30.8% of urology residents from 2012 to 2017. They note that urology lagged behind all other surgical specialties in URM representation by 9% and behind all other medical fields by 37%. The data shows that there is an opportunity for urology to close the gap in URM representation and the authors provide examples of interventions that have worked in other fields to improve diversity. This includes funded externships, URM faculty development and exposure, and methods to increase early exposure to urology in medical school (eg, shadowing programs for URM high school and college students). Structured mentorship can also help URM students interested in urology prepare and navigate the rigorous application and selection processes.

Further examination of ethnicity-specific data from Shantharam, et al, demonstrated that Asian/Pacific Islanders represented 18.8% of urology residents despite representing 5.8% of the US general population.[2] In contrast, African American, Latino, Indigenous Americans, and other minorities represented 17.7% of urology residents despite representing 35.7% of the US population. Data from the AAMC demonstrated that African American, Latino, Native/Indigenous American, and other minorities comprised a small proportion of medical school graduates in 2015 at 6.5%, 6.4%, 0.3%, and 9.2%, respectively.[3] These findings highlight the importance of granularity in analyzing representation of URMs in the urology workforce. More specifically, it is unclear how geography, socioeconomic status, ethnicity, and other confounders impact URM students' decision to apply to urology and their competitiveness for residency positions.

Standardized testing alone has not proven to correlate with academic and professional success.[4] For this reason, major universities across the United States are redefining their admissions processes and abandoning traditional criteria for identifying successful students.[5] In addition, letters of recommendation, applicant names, and even pictures can all be wrought with implicit biases that may affect the competitiveness of aspiring urologists. A recent study by Capers et al showed that having medical school admission committee members complete the implicit association test (IAT) resulted in the enrollment of the most diverse class at their institution, with 48% of participating committee members believing that knowledge of their IAT results influenced their interview strategy; 21% of participants expressed that knowledge of their IAT score impacted their admissions decision.[6] Understanding structural barriers in our recruitment processes require careful and deliberate consideration from our leaders in urology, as we consider the pipeline of students to medical careers and how we as a field can encourage greater URM representation. For students, this means facilitating earlier and more robust exposure, strong mentorship, thinking beyond test scores, and better understanding what barriers keep talented URMs from our field.

Yaw A. Nyame, Department of Urology, University of Washington, Seattle WA

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