

Wellness and diversity, equity, and inclusion support across residencies in core specialties - a national cross-sectional study

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Abstract

PURPOSE: This study aimed to analyze the national variation in Wellness and Diversity efforts among residency programs in four core specialties (OB/GYN, Anesthesia, General Surgery, and Internal Medicine).

BACKGROUND: The concept of Diversity, Equity, and Inclusion (DEI) not only affects the quality of patient care, but also impacts the wellness of the resident, affecting their sense of belonging, confidence, and loyalty to the home program. Various studies have been conducted to analyze DEI characteristics of different specialties with focusing on different ways to combat burnout and improve wellness within residency programs.

This study is the first to objectively leverage a systematic approach to benchmark wellness and DEI attributes across multiple specialties.

METHODS: This is a cross-sectional study was conducted between March 15 and April 14, 2022 and focused on all AC-GME-accredited OB/GYN (OG), Anesthesia (AN), General Surgery (GS), and Internal Medicine (IM) program websites across the United States.

The website assessment was based on 22-attributes devised by two focus groups and contingent on accessibility of the sites. The first focus group consisted of 9 medical students that developed the criteria based on prior research and online commentary. The concentrations included DEI-related semantics, gender/ethnic representation in faculty and residents, and wellness verbiage. The second group consisted of 40 voluntarily recruited students at a large midwestern medical school who piloted and refined the criteria. The website analysis was thereafter performed by an independent cohort of 16 medical students and junior residents.

All researcher and focus group participants were racially, ethnically, and gender diverse to ensure representative benchmarking. Racial diversity was defined as the medical student researcher's self-perceived identification of at least one African-American/Black, Hispanic/Latino, American Indian/Alaska Native, or Native Hawaiian/Pacific Islander faculty member and resident among their colleagues based on publicly-accessible website photographic representation. Gender diversity was defined similarly as the medical student researcher's photo-based self-perceived identification of at least one member of a differing gender compared to the majority (a minimum of female and/or one male) within the faculty members and resident class.

RESULTS: A total of 1348 residency program websites (out of 1419, 95%) were examined (159 AN, 261 OG, 331 GS, and 579 IM programs).

Up to 78% of OG chairpersons and program directors did not address wellness in their commentaries (compared to 23% in GS, 23% in IM, and 16% in AN). However, AN fared the worst in having dedicated wellness personnel (88% compared to 77% of each OG, GS, and IM specialties lacked resident or faculty officers whose focus was departmental wellbeing). Similarly, dedicated wellness efforts were least notable amongst the AN websites (68% compared to 61% of GS, 40% of OG, and 19% of IM programs).

However, OG did have the least DEI-dedicated sections on their websites at 23% (compared to 25% in AN, 26% in GS, and 30% in IM). Similarly, OG overlooked DEI verbiage in chairperson or program director sections in 60% of cases (compared to 26% of IM, 24% of AN, and 23% of GS websites reviewed).

OG had the highest DEI-focused research listed on their websites at 55% (compared to 20% of IM, 18% of GS, and 5% of AN). However, less than 17% of all specialty websites explicitly stated DEI-related objectives within the curriculum (with AN being the lowest at 4%). Whereas OG (56%) and IM (44%) were most involved in underserved community services, GS and AN lacked such investment (14% and 13%, respectively).

Although OG programs demonstrated up to 100% faculty gender diversity based on photo availability, only 83% of GS programs did (compared to 94% of IM and 90% of AN). OG did not fare as well in resident gender diversity as 13% of programs lacked such representation (compared to 8% in AN, 3% in GS, and 1% in IM programs). However, racial diversity in faculty was most notable in OG at 86% (compared to 81% in GS, 64% in IM, and 62% in AN programs). Racial diversity in residents was highly prevalent in OG, GS, IM (>83%) compared to 65% in AN programs.

Less than 5% of all programs assessed had utilized inclusive pronouns. Similarly, LGBTQIA allyship or supportive verbiage was limited (present only in 24% of OG, 22% of IM, 14% of GS, and 9% of AN programs). Only 3-11% of all programs addressed microaggression management and implicit bias training for residents or faculty. Similarly, only 4% of the programs recognized religious/cultural holidays while allocating time to ensure observing such holidays.

CONCLUSION: This study highlights the persistent need to support wellness and DEI efforts in four core training specialties as their residency website content lacked student-valued information related to DEI and wellness. Further research will need to be performed to include additional online platforms and assess whether the data within these sites truly reflects the wellness and DEI components offered by the training programs.