

Religious and cultural diversity support across us-based obstetrics and gynecology residency program

Nabila S. Azeem, MD¹, Dani G. Zoorob, MD¹, Yasmin Hasbini, MD¹, Juliana Colvin, MD¹, Ariel Cohen, MD¹, James W. Van Hook, MD¹

1. University of Toledo College of Medicine and Life Sciences, Toledo, OH, USA

Abstract

PURPOSE: Our study assessed Obstetrics and Gynecology (Ob/Gyn) residency program websites for indicators of competency and interest in religious and cultural representation.

INTRODUCTION: Patient-centered, personalized medical care is becoming widely adopted across healthcare systems. This encompasses providing patients with management that is congruent with their religious and cultural beliefs - a facet of healthcare that is gaining importance, especially in reproductive health. Lack of belief-aligned care may have associated consequences, especially as minorities are more frequently impacted, resulting in deleterious health disparities. Furthermore, the ACGME has identified cultural competency as a part of its core competencies for all training programs. Thus, medical education has begun to incorporate religious and cultural competencies as part of the residency training.

The focus on inclusivity in healthcare systems has enhanced the recruitment of a racially, religiously, and culturally diverse workforce, thus enhancing the patient-provider experience through bringing representation into healthcare systems. This is paralleled in residency programs, whereby diverse applicants are recruited, and evident across their websites which prospective applicants have long used to assess for compatibility in program offerings. However, current literature highlights the steps taken by programs to assure racial equity with little focus on religious or cultural support per se.

METHODS: Between March and April 2022, this cross-sectional study evaluated websites of ACGME-accredited Ob/Gyn residency programs in the United States using a novel 20-attribute collector tool that objectively benchmarks programs from a religious/cultural diversity and incorporation of corresponding competency training into resident education. The tool, developed by a religiously-representative diverse focus group, evaluated holistic reviews of applications, explicitly interested in recruitment of residents from diverse religious/cultural backgrounds; the presence of religious/ ethnic indicators depicted on the website; reported support for those with religious obligations and possibly needing flexibility in their schedule or variable days off for religious holidays, the option of opting-out of practices that may conflict with a resident's religious/ cultural beliefs, in addition to whether cultural/religious or diversity, equity, and inclusion (DEI) competency were cited as part of the residents' training.

RESULTS: Our analysis included 285 websites (96%) of Ob/Gyn residency programs based on website availability and development. Only 18% of programs explicitly mentioned the holistic review of applications. Up to 90% of websites lacked any religious/cultural indicators while only 11% referenced interest in the recruitment of applicants of diverse religious

backgrounds. A total of 66% of programs omitted a non-discrimination statement. Of the remaining 34%, all had a race-focused non-discrimination statement while only 23% included a cultural/religious one.

All programs surveyed lacked exclusive statements describing flexibility in supporting religious obligations. Similarly, 97% of websites neither indicated support for time off to observe religious holidays nor referenced options for opting out of practices conflicting with beliefs.

When evaluating the programs' emphasis on religious/ cultural competency training, only 10% of all websites cited cultural competency per se while 3% specified religious competency. Up to 68% of all programs lacked referencing DEI and religious/cultural competency in their training.

CONCLUSIONS: Our study suggests that Ob/Gyn residency websites do not emphasize the recruitment of religiously/ culturally diverse residents. Similarly, they largely do not include it in their training. Given the importance of providing care that is culturally and religiously congruent with patients' backgrounds as well as creating a culturally and religiously diverse physician workforce, it is necessary that programs increase efforts to demonstrate a more global form of inclusivity.