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Analyzing the Current State and Visibility of Diversity, Equity, and Inclusion Initiatives at Urology Residency Programs



Sarosh Irani, Laura Zebib, Efe Chantal Ghanney Simons, Juan J. Andino, Ganesh Palapattu, and Keow Mei Goh

OBJECTIVE	To analyze AUA urology residency program websites to determine visibility of diversity, equity, and inclusion (DEI) initiatives. There is growing interest in DEI initiatives by urology applicants, and in recent years, urology programs have invested in efforts to promote DEI.
METHODS	All ACGME-accredited urology residency program with a website were assessed. Military programs were excluded. A DEI Score Card was developed using published pillars of DEI, including five domains: departmental inclusion, pipeline growth, departmental education, community engagement, and faculty demographics. Program Doximity rank, address, and surrounding demographics were collected to determine predictors of investing in DEI.
RESULTS	One hundred forty-one urology residency websites were included for analysis. Only 40.7% of programs referenced DEI on their webpage, and 21.4% offered funded mentorship opportunities. Department education and community engagement were the least popular initiatives. The Western, Northeastern, and North Central sections had the highest DEI total score with wide variation across domains. Mention of DEI was not associated with program's county-level social vulnerability or percent minority but was associated with being a top 50 program (OR = 4.0; 95% CI 1.8, 8.9; $P = .0007$).
CONCLUSION	Less than half of academic urology programs' websites referenced DEI initiatives. Using a DEI score card, our study shows that investment in DEI varies widely by AUA section, and greater investment is positively correlated with program rank. Our DEI score card serves as a tool that programs can use to assess their current DEI investment, identify areas for improvement, and ensure existing initiatives are visible to applicants. UROLOGY 188: 24–29, 2024. Published by Elsevier Inc.

Advancing diversity, equity, and inclusion (DEI) at urology residency programs has been an issue of increasing attention,¹ as underrepresented minorities (URMs) and women are disproportionate to the patient population in the current and incoming urology workforce. Although URMs represent 32.5% of the US population,² data from the Accreditation Council for Graduate Medical Education (ACGME) and the American Urological Association (AUA) shows that

these groups make up only 13.7% of urology residents³ and 7.1% of practicing urologists.⁴ Recent data indicates that women comprise only 30.4% of urology residents³ and 11.6% of practicing urologists.⁴ Studies show that urology lags behind other surgical fields in pipeline diversity, including general surgery, neurosurgery, and vascular surgery.⁵ Diversifying the urology workforce^{6,7} can improve racial, ethnic, and gender concordance between patients and providers, leading to improved treatment outcomes and reduced disparities.^{8–11}

Many urology programs have recently made significant investments to promote DEI, including efforts to increase medical student exposure to urology, financial support for URM students pursuing away rotations and residency applications, mentorship models, and bias trainings.^{12–14} However, little is known about how DEI initiatives are

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highlighted on academic urology residency program websites. Departmental websites are often the first point of contact for potential applicants and patients and can provide valuable insights into an institution's commitment to DEI.^{15,16} A 2019 study indicates that women and URM applicants prioritize DEI when assessing residency programs,¹⁷ and further research shows that URM students are less likely to have mentors and sponsors, which may limit their knowledge of existing DEI resources.¹⁸ Furthermore, there are currently no standardized guidelines to support programs in developing and evaluating their DEI efforts. Without tools for programs to evaluate DEI initiatives, it is difficult to measure whether programs are positively impacting URM applicants and leading to more diverse urology residencies, which ultimately would diversify the urology workforce.

By assessing the visibility of DEI initiatives on program websites, we can gain insights into the current state of DEI in urology residency programs and identify areas for improvement from the lens of URM applicants. In this paper, we aim to (1) measure the visibility of DEI initiatives on the websites of academic urology residency programs and (2) characterize the current state of DEI initiatives at academic urology programs to understand areas for future investment. By understanding current DEI initiatives and identifying areas for increased investment, we can help highlight best practices for diversifying the urologic workforce with the long-term goals of improving patient-provider concordance and urologic outcomes.

METHODS

Two authors (SI and LZ) reviewed all U.S. urology residency program websites in the week of February 22, 2023. The first step was evaluating whether academic residency program websites included DEI information for applicants. Next, we scored their website content according to a DEI score card developed for this analysis. Utilizing peer-reviewed frameworks focused on evaluating and promoting DEI content,^{19,20} our team developed a DEI score card (Table 1) with five domains: departmental inclusion, pipeline growth, department education, community engagement, and faculty demographics. We outlined scores on a scale of 0-3 for each domain, with criteria and examples included in Table 1. Departmental inclusion includes initiatives that promote affinity groups and wellness programs for faculty and trainees, as well as the presence of DEI committees or task forces. Pipeline growth includes programs and scholarships that increase diversity within the trainee pipeline, including minority mentorship programs, away rotation scholarships, and faculty promotion efforts. Departmental education includes DEI-specific lectures, seminars, and grand rounds or required bias training. Community engagement includes programs to impact

the health of minority patient populations, such as community-based participatory research or presence at health fairs. Faculty demographics include the number of faculty members who identified as women. We did not analyze faculty URM makeup as not all websites included this information. We excluded U.S. military-affiliated urology residency programs, given the standardization of their websites as official U.S. government sites.

Discrepancies in the DEI evaluation card scores were resolved after discussion between authors SI and LZ. Descriptive statistics were used to summarize the data collected. Differences in DEI scores across AUA sections were analyzed using analysis of variance (ANOVA) tests. Each program address was then geocoded using ArcGIS and converged with county-level characteristics, including the percentage of minority population and social vulnerability index. The Centers for Disease Control and Prevention's (CDC) Social Vulnerability Index (SVI) is a tool that measures social vulnerability using 15 census variables, including income, education, and housing quality. Additional program characteristics were collected, including AUA section and ranking on the Doximity Residency Navigator. This tool is a widely used ranking system which incorporates program data, resident satisfaction, and physician surveys to evaluate residency programs.²¹ We set the level of statistical significance to $P = .05$.

All statistical analyses were performed using SAS OnDemand. The University of Michigan Institutional Review Board deemed this study IRB exempt.

RESULTS

One hundred and forty-one U.S. urology program websites were reviewed using the DEI score card in Table 1. 41.1% of programs ($n = 58$) referenced DEI on their webpage, represented by a score > 0 in any category other than faculty demographics. Only 16.3% of programs ($n = 23$) had a DEI specific webpage. Mention of DEI was not associated with the program's county-level social vulnerability or percent minority but was associated with a top 50 rank on Doximity (OR = 4.0; 95% CI 1.8, 8.9; $P = .0007$).

Of the five DEI categories, programs scored the highest in faculty demographics, followed by departmental inclusion and pipeline growth. Faculty demographics had an average score of 1.9 ± 0.83 (mean \pm SD), suggesting, on average 10%-25% of the faculty in these programs were women. Greater than 25% of faculty were women at only 22% of programs ($n = 31$). 8.5% of programs ($n = 12$) had no women on faculty. The second highest domain was departmental inclusion, with a score of $0.54 + 0.96$. We found that 29.1% of programs ($n = 41$) had website content related to departmental inclusion, including links to institutional DEI webpages, urology-specific DEI pages, and letters from department chairs supporting a culture of inclusion at that program. The next highest category was

Table 1. DEI score card.

DEI Category	Definition	0 Point	1 Point	2 Points	3 Points
Departmental inclusion	A culture of belonging (ie, support for affinity groups, wellness resources, DEI Task Force)	No mention of a culture of inclusion	Link to an Institutional DEI Webpage	Presence of a urology-specific DEI Webpage	Mention of specific affinity groups for residents or faculty, or DEI Task Force/Committee
Pipeline growth	Programs or scholarships that increase diversity in pipeline (minority mentorship programs, promotion opportunities)	No mention of a URM mentorship program or diversity scholarships at any level	Mention of a undergraduate, medical student, or resident pipeline program that focuses on mentorship	Mention of a undergraduate, medical student, or resident pipeline program that focuses on mentorship AND provides funding (ie, summer research opportunity) OR visiting student scholarship	Mention of multilevel mentorship opportunities including trainees with financial investment and programming to assist with promotion for faculty
Department education	DEI educational opportunities (DEI grand rounds, DEI training)	No mention of DEI education	Mention of DEI trainings OR singular DEI lectures	Mention of DEI-specific lecture series	Mention of DEI acknowledgment in lectures and grand rounds materials
Community engagement	Collaboration with external stakeholders (community investment and partnership)	No mention of engagement with diverse patient population	Mention of being engaging in local health initiatives (ie, health fair)	Mention of designated resident/faculty clinic in under-resourced community	Mention of active partnership with communities, including outreach programs and evidence of community-based participatory research
Faculty demographics	Commitment to hiring woman urologists	No urologists on faculty who identify as women	% of women urologists < AUA Census report of 10%	Women make up 10%-25% of faculty	Women make up greater than 25% of faculty

DEI, diversity, equity, and inclusion; URM, underrepresented minority.

Table 2. DEI website content by AUA Section.

AUA Section	# of Programs	# of Top 50 Programs	% of Program Websites With DEI Mention	% of Sites With Program-specific DEI Webpages	Greater Than 25% Women Faculty Members (n)	Average DEI Score Card Total (Mean ± SD)
All programs	141	50	41.1% (58)	16.3% (23)	22.0% (31)	3.25 ± 2.58
North Central	29	10	37.9% (11)	24.1% (7)	17.2% (5)	3.55 ± 3.11
Southeastern	27	9	18.5% (5)	11.1% (3)	18.5% (5)	2.56 ± 1.38
South Central	19	5	63.2% (12)	5.3% (1)	26.3% (5)	2.70 ± 1.64
Western	16	11	68.8% (11)	31.2% (5)	37.5% (6)	5.13 ± 3.86
Mid-Atlantic	15	5	40.0% (6)	26.7% (4)	26.7% (4)	1.93 ± 1.16
New York	15	4	13.3% (2)	0.0% (0)	6.7% (1)	3.47 ± 2.83
New England	12	4	75.0% (9)	25.0% (3)	33.3% (4)	4.58 ± 2.11
Northeastern	8	2	25.0% (2)	0.0% (0)	12.5% (1)	2.25 ± 1.39

pipeline growth, with a score of $0.45 + 0.83$. Additionally, 21.3% of programs ($n = 30$) highlighted pipeline growth initiatives on their websites. These ranged from mentorship programs for local high school or undergraduate students to scholarships for URM students to pursue away rotations at that institution.

Programs scored lowest in department education (0.13 ± 0.48) and community engagement initiatives (0.23 ± 0.70), highlighting little to no mention of how departments may engage in DEI educational opportunities or engage with diverse patient communities. Only 7.1% of programs ($n = 10$) had any mention of diversity-based educational opportunities on their websites. Likewise, only 12.1% of programs ($n = 17$) had any visible content related to community outreach.

Table 2 outlines the grading of DEI website content by AUA Section. Of the 141 U.S. urology residency programs, the Western section had the highest average DEI score at 5.13 (maximum score of 15), followed by 4.58 from the New England section and 3.55 from the North Central section. Generally, AUA Sections with high mean scores were consistent across the DEI categories. For example, the Western section had the highest percentage of programs with greater than 25% women faculty members (37.5%) and the highest percentage of DEI-specific webpages (31.2%).

DISCUSSION

The presence of DEI content on urology residency program websites is highly variable by program, Doximity ranking, and AUA section. Currently, less than half of academic urology programs have any mention of DEI on their web pages. Furthermore, program websites scored highest in faculty demographics, discussing, and highlighting educational programs and initiatives that promote the inclusion of historically underrepresented groups. Academic programs have a higher proportion of women faculty members than the national average captured by the AUA census, which directly contributed to higher demographic scores. Interestingly, departmental websites lack information regarding education on DEI topics and dedicated outreach to diverse patient communities. When considering programs

for residency, it is likely that urology applicants take stock of the significant differences in DEI initiatives and the visibility of that investment by programs.

A 2023 study by Osunsanya et al also reviews the diversity content found on urology residency program websites.²² Our study provides a unique addition to the literature due to our construction of a DEI score card, which divides website DEI content into categories. The categories, scored from 0 to 3, provide a useful tool to assess residency programs and can be used by program leadership to self-reflect on their initiatives and determine future directions. The score card is designed to encourage programs to continue to improve DEI investment by proposing the next feasible step in each DEI category. In addition, applicants can use this score card to compare their priorities to those of various urology residencies including ability to engage with diverse patient populations and DEI-specific didactic learning.

To date, no studies have put forth a similar method of assessing the current DEI-focused initiatives at urology residency programs. Despite the growth of DEI initiatives, there is a lack of objective metrics and agreed-upon tools for evaluating the importance and success of different recruitment and retainment efforts. Furthermore, markers of success of these programs will be measured in years to decades as the trajectory to becoming a urologist is a long process and has been called a “leaky pipeline” – where potential applicants are lost as every stage of academic and professional development.²³ This necessitates the presence of a tool that can be used to evaluate improvement over time.

Within our study, the presence of DEI content was not correlated with county-level social vulnerability or percent minority status but was significantly associated with a high Doximity program ranking. Higher-ranked academic medical centers often receive large amounts of research and grant funding, increasing their operating budget.²⁴ We hypothesize that these higher-ranked programs with additional discretionary funds can offer access to away rotation scholarships and develop pipeline programs. Over time, differences in funding available to higher-ranked programs may create significant disparities in the development of DEI initiatives. While hospitals

and academic programs in diverse, underserved communities may have greater proximity to minority students, the ability to recruit and retain talent would still be impacted by the availability of financial resources.

An important aspect of the DEI score card is assessing the visibility of DEI work to applicants who will make up the future urologic workforce. A 2021 study by Steele et al indicated that residency applicants predominantly use program websites to obtain information. Understanding this, academic urology programs may use their websites as a means of diversifying their applicant pool.²⁵ It is, therefore, essential that these initiatives are visible to potential applicants. This underscores the need for DEI efforts at urology programs to be actively highlighted via department websites to ensure equitable access to this information.

From the perspective of the applicant, the correlation between higher Doximity ranked programs highlighted their commitment to DEI may be interpreted as a greater opportunity for mentorship and funded research. Given data that away rotators match at higher rates than applicants who only interview,²⁶ scholarships to support away rotations at large academic centers increase exposure to and the likelihood of matching at these programs. As women and URM students are more likely to prioritize DEI-related factors when ranking programs,¹⁷ it is likely that the presence of a diverse faculty and leadership at a urology residency program will increase recruitment of women and URM residents. While investment in DEI at highly ranked programs is critical, a concentration of resources that leads to inclusive environments only at the most competitive academic programs could be detrimental to URM students. The match is highly competitive and matching a program without a visible DEI strategy may mean an URM has fewer resources available for professional development and networking. It is imperative that we support URM applicants at all institutions in order to decrease rates of attrition in the urology pipeline among URM students.²⁷ Rather, DEI initiatives within urology need a combination of top-down investment from the American Urological Association combined with improved coordination and collaboration between programs. Academic institutions and professional associations representing physicians and healthcare providers can leverage financial resources and existing recruitment programs such as Urology Unbound, Michigan Urology Academy, PROSPECT, and UCSF's Under-Represented Trainees Entering Residency (UReTER)^{13,28-30} to partner with programs in diverse, low-income areas and places without urology departments to ensure that URM applicants have exposure to urology and support to pursue this career. The PROSPECT program, a pilot project by five residency programs in the North Central Section to provide mentored research experience for students without a home program early in their medical

school careers, serves a great example of collaborative efforts across multiple institutions.

There are several limitations within this study that are noteworthy. First, the authors only assessed visible content on program websites. We may have failed to capture DEI initiatives that are not well advertised or disseminated using social media platforms. However, dissemination and visibility of information is an important aspect of ensuring future applicants can find a place to thrive both personally, clinically, and professionally. In addition, the DEI score card is not a previously validated tool and has not been applied in the assessment of other medical specialties. Nevertheless, the DEI score card was constructed based on previous research on evaluating DEI initiatives¹⁹ and provides a method for programs to assess their internal programs and identify areas for growth. Furthermore, this study is a cross-sectional evaluation of program websites at a single time. Investment in DEI is likely to evolve over time and websites may be updated to reflect emerging initiatives. Several program websites were not found to be updated in several years. It is possible these programs have DEI content and initiatives at their institutions which are not visible to the public. Finally, programs within specific states or AUA sections may be hampered in their ability to invest in DEI by local, state, and national legislation. Especially since the June 29, 2023 decision by the Supreme Court ending race-conscious admission programs at college and universities, there may be a variable impact on how institutions invest in DEI initiatives within specific states or AUA sections.

CONCLUSION

Less than half of academic urology programs websites referenced DEI initiatives on the program website. Using a DEI score card, our study shows that investment in DEI varies widely by AUA section, and greater investment is positively correlated with program rank. Our DEI score card serves as a tool which programs can use to assess their current DEI investment, identify areas for improvement, and ensure existing initiatives are visible to applicants.

Declaration of Competing Interest

No conflict.

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