

Surajudeen A. Bolarinwa, M.D.

Title: Race, Gender, and Residency: a survey of trainee experience

Background: It has been previously observed that different groups, namely racial minorities and female trainees undergo attrition at significantly higher rates than their counterparts. This is particularly concerning as it implies that simply having certain demographics can portend a diminished residency training experience. We hypothesize that racial minority, and female trainees will report significantly different training experiences from counterpart demographics (non-minority and male, respectively) based on their responses to questions probing the key elements of their residency experience. Further, we hypothesize that thoughts of withdrawal and summative description of residency experience will be significantly impacted by access to mentorship and feelings of isolation.

Methods: An anonymous link to a Qualtrics survey was distributed to trainees across all specialties in the US via program directors and coordinators. The survey was live from June through August of 2019 and collected data about respondent's demographics and posed questions addressing key elements of the residency experience. Responses were compared across demographics.

Results: Minority trainees reported lower scores for ease of execution of orders placed compared to non-minority trainees. Females reported more frequently being mistaken for staff at lower training levels and more frequently feeling overwhelmed than male trainees, respectively. Males reported greater frequency of excess reprimand than female trainees. There was no significant difference between racial groupings or between gender groupings regarding access to mentorship or feelings of isolation. Using the entire sample, trainees who had any thoughts of withdrawal reported less access to mentorship (3.12 vs. 3.88  $p=0.001$ ) and more feelings of isolation (2.22 vs. 1.68  $p=0.001$ ). Trainees who reported a more positive experience had greater access to mentorship and lower feelings of isolation than those who reported a neutral or negative experience, 3.89 vs. 3.14 vs. 2.79 ( $p=0.001$ ) and 1.60 vs. 2.21 vs. 2.82 ( $p=0.001$ ), respectively. Greater access to mentorship and more frequent family contact both significantly decreased feelings of isolation  $p=0.001$  and  $p=0.035$ , respectively.

Conclusion: Racial minority status and female gender significantly impact some of the key elements of the residency experience. Thoughts of withdrawal and overall residency experience are significantly impacted by access to mentorship and feelings of isolation during residency. Access to mentorship and frequency of family contact significantly impact feelings of isolation. Special attention should be paid to ensuring that high risk trainees have adequate access to mentorship, as well as to cultivating a sense of community in a program that helps to combat feelings of isolation.