



Understanding the Experiences of Black Women Medical Students and Residents: A Narrative Review

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American Educational Research Association 2022, San Diego, CA



Overview

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Land and Labor Acknowledgement

The land on which we teach, research, and learn are the ancestral homelands of the Piscataway people in College Park Maryland and Kiikaapoi, Myaamia, and Kaskaskia peoples for Indianapolis, Indiana. People who were forcibly and violently removed and displaced from their homelands. We are in solidarity with the ancestors, descendents, youth, and elders as they seek justice.

Further, we respectfully acknowledge the enslaved people who built this country through exploited labor. The United States is explicitly in debt to their labor and the labor of many Black and Brown bodies that continue to work in the shadows for our collective benefit.

Contextual Background

- Research calls for diversity in medical education ¹⁻³
- A more diverse physician workforce leads to health equity overall ⁴
- The medical school admissions demographics for Black women are stagnant, where:
 - Black women made 9.4% of total women enrolled (+.5%) ⁵
 - Black women total enrollment made up 4.5% (-.1)
- Black women make up 2% of the physician workforce
 - Black women in the U.S. is 6.8% ⁶
- Patients disproportionately seek out physicians with shared gender and racial backgrounds ³

Purpose of Research Study

The purpose of this study was to examine extant literature on Black women medical students and residents to identify gaps and opportunities for research in this area.

Review of Literature



Existing literature on diversity in medical education, confirms:

- Students underrepresented in medicine experience discrimination in forms of racism, microaggressions, and lack a sense of belonging⁷
- Gender discrimination against women in medicine⁸
- Racially underrepresented groups are discussed using aggregated data

Analytical Framework

Our narrative review was guided by the following research question:

Using Crenshaw's three-dimensional intersectionality framework as a lens, what can be discovered about the experiences of Black women medical students and residents when reviewing published manuscripts that explicitly mention these demographics?

Three-Dimensional Intersectional Framework:

1. Structural
2. Political
3. Representational

Methods

Conducted a narrative review to identify and synthesize the literature on Black women medical students and residents.

Features of a narrative review:

- The search was conducted in only one database, Medline
- Study inclusion and coding decisions were not carried out by reviewers who worked independently and then compared answers,
- Studies reviewed were not appraised for methodological quality,
- The process did not follow all the steps for a systematic review.

Methods

- Preliminary search using a variation of search terms through the National Library of Medicine (NLM) electronic database MEDLINE (OVID), which holds most of the articles written about medical education in the U.S.
 - African American Woman, Black woman, and medical student, and resident
 - Yielded 131 items (June 2021)
- Secondary search using appropriate terms
 - Medical school(s), medical student(s), internship and residency, learner or trainee, clinical clerkship or education, women or woman or female, African American or Black
 - Yielded 545 additional articles (July 2021)
- 676 total articles to review

Methods: Selection Criteria

Inclusion Criteria

- explicitly mentioned Black women
- discussed Black women as medical students or residents
- were published in America
- published in English
- available in full-text

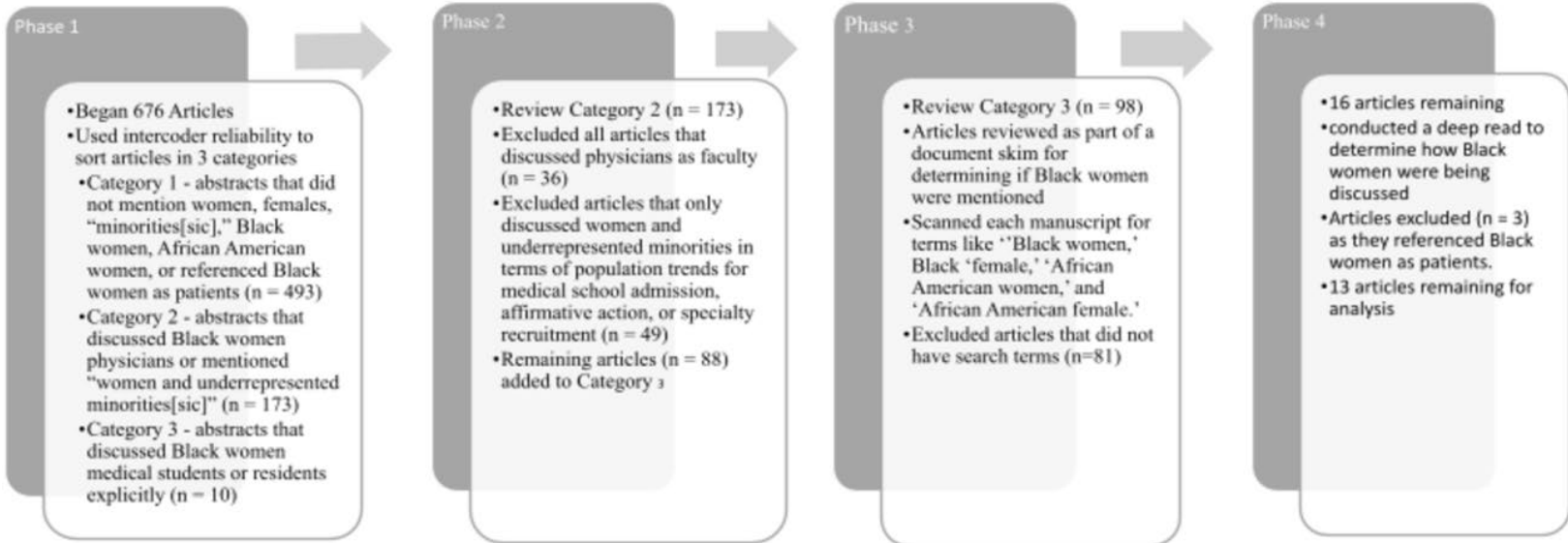
Engaged in intercoder reliability for our coding process

Coded each manuscript with a 3, 2, or 1

- 3's met out inclusion criteria
- 2's were potential relevant
- 1's were unrelated



Methods: 4 Phases of the Coding Process



Methods: Data Analysis

Deductive analysis using Crenshaw's three dimensions of intersectionality framework - Structural, Political, Representational.

- We considered whether intersectionality was used
- We determined if there were possibilities for intersectionality
- We questioned how articles contributed to intersectionality discourses

Results: Structural Intersectionality

Example : A study on the well-being of first year medical students including a multivariate analysis to determine if individuals at the intersection of gender and race (i.e. Black women) were at higher risks for depression and anxiety. The study found that although Black students and women were at greater risk, Black women were not at the same level of risk. The authors went on to suggest Black women were less vulnerable than their Black men counterparts. As for implications, the authors focused more on the results of women and Black students ignoring the possible nuance that made Black women less vulnerable in the data.

Results: Political Intersectionality

Example : An empirical study about the experiences of residents from minoritized populations, qualitative interviews were performed to determine how participants engaged workplace diversity. Black women residents shared their experiences with microaggressions and discrimination. One participant discussed being called by other Black women's names as there were six Black women residents in the program. Another Black woman participant shared how their attending suggested Black people have scientifically thicker skin. The women expressed how they felt they could not correct the attending for fear of retribution.

Results: Representational Intersectionality

Example: In a perspective piece, McElroy shared how she experienced vitriol on social media for being the only Black surgeon in her residency program. Coupled with events surrounding the murder of George Floyd in 2020, she shared how the experience of representing Black women in the surgery program had overtaken her training. McElroy went on to express how her experiences were mired with negativity because others considered her to be the affirmative action admit, or not deserving of her spot in the surgery program. These types of feelings could translate to imposter syndrome and tokenism.

Recommendations

1. More research should be devoted to understanding the experiences of Black women medical students and residents.
2. Center Black women. When researchers fail to center Black women medical students and residents, they cannot fully understand the lived experiences of these populations.
3. Use an intersectional lens. Without one, researchers may miss the nuanced challenges Black women medical students and residents face.

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