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CRITICAL RACE THEORY: AN EXPLORATION OF AFRICAN AMERICAN MEDICAL STUDENTS’ PERCEPTION OF THEIR RACIALIZED EXPERIENCES WHILE ATTENDING MEDICAL SCHOOL

Pamela Harlan-McSwain

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CRITICAL RACE THEORY: AN EXPLORATION OF AFRICAN AMERICAN MEDICAL STUDENTS’ PERCEPTION OF THEIR RACIALIZED EXPERIENCES WHILE ATTENDING MEDICAL SCHOOL

by

Pamela Harlan-McSwain

A Dissertation
Submitted in Partial Fulfillment of the Requirements for the Degree of Doctor of Education
Major: Higher and Adult Education

The University of Memphis
December 2023
Dedication

This dissertation is dedicated to my amazing son, Camden Harper McSwain. I hope the sacrifices you have endured for me to pursue this dream will be repaid to you with many opportunities for joy and success in your future. You have made me stronger, better, and more fulfilled than ever imagined. I love you to the moon and back.

To my parents, Ernest and Orlena Harlan, who instilled the value of education and the drive to succeed in my educational pursuits. Thanks for planting the seed of knowledge in my mind and nurturing it. Mom and Dad, thanks for constantly reminding me that words have the power to change the world. I love you both.

I also dedicate this dissertation to my very best friend; thanks for encouraging, supporting, and being constant. This is the rare, beautiful friendship that changed my life forever. To Beatrice Felton Smith, “Ma B,” thanks for loving me and showing me how important the simple things in life are. Although you are resting with the Lord, I hope this great news reaches you. To my husband and sister, thanks for believing in me.

This dissertation is also dedicated to my entire family that has taken this long journey with me; thanks for your prayers and support! Becoming the first in my family to earn a doctoral degree is an “Indescribable” feeling. God has ordered my steps and protected me throughout this very lengthy process. To God be the Glory!

Finally, I dedicate this work to the Lord, my God. All that I have, all that I am, and all that I do is because of and for You. For I know the plans I have for you,” declares the Lord, “plans to prosper you and not to harm you, plans to give you hope and a future. Jeremiah 29:11
Acknowledgments

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Abstract

Supported by Critical Race Theory, this study explores the perceptions of African-American medical students regarding their racialized experiences while attending medical school. The history of African Americans seeking medical education in the United States is entrenched in a legacy of racial segregation, social and cultural constructs, and legal doctrine perpetuated through society's sustained racial bias. Critical Race Theory has often examined the relationship between race and education systems. Critical Race Theory in medicine consistently acknowledges race as a social construct. Racism is not obsolete, and this is not a post-racial world. A critical race methodology research approach along with counter stories will be utilized in this study through semi-structured interviews to fully understand participants' lived experiences as African American medical students and generate data concerning racialized experiences while attending medical schools.

Keywords: Critical Race Theory, African American students, Medical Higher Education, Counter storytelling, and Racism
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Chapter 1

Introduction

The history of African Americans pursuing medical education in the United States is entrenched in a legacy of racial segregation, legal doctrine, and cultural constructs that differ from other ethnic and racial groups (Morgan, 2013). The complicated legacy of anti-black racism is strikingly evident today; even though African Americans account for 12.4% of the U.S. population (U.S. Census Bureau, 2020), they only make up 5% of practicing physicians. The decreasing and small-scale number of African Americans entering medical school compared to their representation in the general population and the shifting U.S. demographics should be concerning to medical educators, given the focus on training a diverse physician workforce.

Given the current statistical percentage of Black people in medical school, the number of actively practicing Black physicians is unlikely to increase and could be in jeopardy of decreasing. For example, according to the AAMC (Association of American Medical Colleges), the race/ethnicity of the 2018-2019 applicant pool shows White applicants (46.8%), Asian applicants composed the largest subgroup of applicants (21.3%), while African American or Black applicants comprised only 8.4% of the total applicant pool, and Hispanic, Latino, or of Spanish Origin applicants were 6.2% of the pool (Association of American Medical Colleges, 2018). Given what is known about the challenges for racial and ethnic minorities along the entire educational pipeline, educators must find ways to address the barriers that prevent African-American students from pursuing medicine and becoming actively practicing physicians.

According to the National Center for Health Statistics (NCHS) (2021), the education of African-American healthcare experts has been deemed a necessary step to improve health and protect the communities of African Americans. In addition, studies suggest that doctors from
minority groups are more likely to practice medicine within underserved communities (AAMC, 2010) to enhance the health status of the underrepresented and underserved populations. Research also indicates that patients are more likely to select a doctor with the same ethnic or racial background because of mutual trust and respect between patients and physicians of their race or ethnicity (AAMC, 2010). Thus, the U.S. must recognize the importance and need of educating physicians committed to improving the health status of people from diverse backgrounds. Minority researchers’ and doctors’ perspectives may allow for an improved understanding of the disease process and pattern in the communities of minorities (Castillo-Page, 2008), as well as addressing the issue of health disparities.

Examining mechanisms to increase the number of African-American medical students is essential in addressing health disparities in the U.S. The AAMC has calculated the percentage of active physicians by race/ethnicity, showing the extent of African-American disparities. Among active physicians, 56.2% identified as White, 17.1% as Asian, 5.8% as Hispanic, and 5.0% as Black or African American (AAMC, 2018). Given that the current percentage of African Americans in medical school is low, the number of practicing African-American physicians is unlikely to rise or could be at risk of diminishing (Baugh, 2018). Explaining the worrying percentage, Singh et al. (2020) indicated that medical students from minority backgrounds had been unprotected from peer and systemic discrimination while undertaking their medical courses in American colleges and universities. Peer and systemic discrimination were further shown when assessing the experience that sexual and gender minority students underwent while applying to medical schools in the U.S. Most students within this within held withheld their gender and sexuality for fear of discrimination. Of those who did identify, most gender minorities who chose to disclose were discriminated against (Lockman, 2022).
For this reason, African-American medical schools were established to fill this need. By 1965, approximately 2% of all medical students in the United States were Black or African American, and 75% of those students attended Howard or Meharry (McCoy & Rodricks, 2015). More recently, from the 2018-2019 academic school year, medical school graduates were composed of 54.6% (10,879) White students and only 6.2% (1,238) Black or African American students (Association of American Medical Colleges, 2018). Though changes exist, we must do a better job as the entire community's health relies on these individuals. This study could help provide information on better recruiting and retaining A.A./Black students in medical school.

**Flexner Report**

When analyzing and comprehending the racialized experiences of African-American medical students during the twentieth century, the consensus would suggest that the intentional exclusion of African-American students by the American Medical Association (AMA) and medical school deans was employed to rationalize discrimination. Although other factors are pertinent to the discrimination of African-American medical students, the impact of the 1910 Flexner Report by Abraham Flexner facilitated the creation of historically high barriers for African-American students. The original purpose of the Flexner Report was to call attention to raising the quality of American medical education institutions, which were poorly managed and inadequately financed (Flexner, 1910). The unfortunate, intentional, or unintentional result included closing only two of the seven Black medical colleges. These closures gave African Americans minimal opportunities to engage in medicine in the United States. Howard University and Meharry Medical were the only options available to African Americans aside from traveling outside the U.S. (Borst, 2002; Ludmerer, 1999; Starr, 1982).
The complicated legacy of the Flexner Report created by Abraham Flexner received vast
criticism and praise. The analysis and outcomes of the Flexner Report indicate that race and
gender still matter in America (Bailey, 2017). The abrupt closure of medical schools in the U.S.
after 1910 is significant. It solidified the oppressive structures of White male privilege over
African Americans and other students of color, reducing higher educational opportunities for
students of color. The Flexner Report’s suggestions eventually led to the closure
of approximately 75% of U.S. medical schools, including five of the then-seven Black medical
colleges (Bailey, 2017).

Campbell et al. (2020) conducted a study exploring the approximate number of
African-American graduates of closed historically black medical colleges. The research
question guiding the study was ‘What are the projected estimates of the amount of African
American students who would have graduated from HBCU (Historically Black College or
University) that were closed during the time surrounding the publication of the 1910 Flexner
report?’ The researchers undertook an economic evaluation of 13 historically Black medical
schools that were closed and four historically Black medical schools that remained open after
the 1910 Flexner report. An extrapolation based on data from the medical schools that
remained open indicated that 5 of the closed medical institutions might have collectively
provided training to an additional 35,315 graduates by 2019. Campbell et al. (2020)
hypothesized that if these five closed schools had remained open, they could have produced a
29% increase in the number of graduating African-American physicians in 2019 alone.

Findings from the study indicated that medical education programs should be created
at historically Black institutions to increase the number of African-American graduates from
medical schools and the number of African-American physicians in the workforce. The
oppressive consequences of the Flexner Report concerning the problem include the reinforcement that Black people or African Americans are inferior to and hereditarily different from Whites. This prejudice and stereotyping can be overcome through the doctor’s actions and training and educating the patients (Sinclair & Kunda, 1999).

**Statement of the Problem**

The United States has a critical shortage of underrepresented minority physicians, specifically African-American physicians. Medical degree programs can be best described as having delayed goal gratification as medical students must commit themselves over extended periods (Hesser et al., 1998). Structurally, some factors prohibit African American students from attempting or completing medical programs, including financial costs of education and training, poor education and school quality, lack of role models, persistent bias, racism, and stereotyping (Powers et al., 2016). The African American physician has an advantage in providing healthcare to their race/community as it has been stated:

"African Americans, through their shared cultural upbringing, are more likely to be familiar with African American health beliefs, a distinct advantage in caring for patients from this population" (Baugh, 2018, p. 1283).
Expanding the ethnic and racial diversity of the medical workforce is pertinent for adequately establishing culturally knowledgeable care for our nation's growing minority communities. African-American medical doctors serve to expand the underserved communities' access to health care by improving the research opportunities on social injustice and enhancing this diverse population's representation within the workforce. Medical schools must emphasize educating African Americans in environments that are illustrative of the population they will serve (Cohen et al., 2002).
Medical students from minority backgrounds have been unprotected from peer and systemic discrimination while undertaking their medical courses in American colleges and universities (Singh et al., 2020). Roberts et al. (2020) also found race-related challenges associated with African Americans pursuing academic surgical careers. Findings from this study indicated that apart from the lack of mentorship, the students often felt pressured to prove themselves in the white-dominated practice (Roberts et al., 2020). Such findings strongly support the need to highlight racialized experiences while attending medical school to increase the scholarship and awareness surrounding race and racism in medical higher education.

Additional examples include African-American physicians being misconstrued as janitorial staff in hospitals and medical facilities. The AAMC attempted to mitigate the problem of low representations of African-American students after data indicated that these students comprised merely 2% of the student population in 1968. In the late 1990s, African American medical students increased to 7% but stalled to 8% in 2019, even though African Americans accounted for 13% of the U.S. population (Hlavinka, 2020). Importance and relevancy to the problem are noted as the number of African American physicians in the labor force improves the medical community's ability to support culturally capable care. Graduating more African-American physicians in leadership roles can also expand the number of Black students pursuing medicine, thus mitigating the problem.

**Purpose of the Study**

This study explores the endemic nature of racism in the racialized experiences of African-American medical students as they navigate medical school in Southern states. The perceptions of former African-American medical students and their racialized experiences
while attending medical schools are explored. Specifically, the study focuses on the need for African-American medical doctors and how medical education has limited the opportunities for African Americans to become successful medical doctors. The physician career path is molded by multiple factors, including extrinsic (e.g., educational opportunities, role models, mentorship, financial support) and intrinsic (e.g., intellectual curiosity, community service, altruism) forces (Powers, 2016). The study will focus on African American students’ perception of racialized experiences to disrupt the dominant narratives of Southern medical schools in the United States (Hubain et al., 2016).

In this study, African American is defined as a person who self-identifies as Black, who was born in the United States, and whose parents were born in the U.S. Additionally, the use of the terms Black and African American will be used interchangeably as much of the data and literature use the term Black. However, the term African American more accurately describes the group essential to this study. Although there has been a rise in the number of foreign-born Black people attending medical school, this exaggeratedly upsurges the number of Black students. The historical, cultural, and educational experiences of foreign-born Black students fluctuate meaningfully from that of U.S.-born Black students whose parents were also born in the U.S.

Fordham and Ogbu (1986) distinguish between Black people born in the U.S. and carry the inheritance of slavery as opposed to Black people who were not born in the U.S. and immigrated to the U.S. for employment, a better life, and educational opportunities. Research emphasizes that immigrant Black people who came to the United States willingly expecting to improve their economic and social status are dissimilar to caste-like Black people who were involuntarily and undyingly incorporated into American society through slavery or
subjugation (Fordham & Ogbu, 1986). This intentional distinction between U.S.-born Black students and foreign-born Black students is not intended to devalue or lessen the racist and oppressive experiences that foreign-born Black students may experience; however, the distinction is to bring awareness to the scarcity of U.S.-born Black students in medical school.

As part of their heritage, U.S.-born Black students have experienced racism and discrimination in pursuing an advanced degree (Hudley, 2016). A previous study tested perceptions of U.S.-raised Asian students and non-U.S.-raised Asian students. The U.S.-raised Asian students were found to have increased scores on perceived discrimination and acculturation. In contrast, the non–U.S.-raised Asian students were found to have increased scores on enculturation, racial color blindness, and well-being (Wang et al., 2019). These outcomes show a sharp contrast in the experiences between U.S.-raised minorities versus immigrants based on their perceptions. The key components of Critical Race Theory can be applied to African-American students currently contemplating careers in medicine. This study is a critical race counternarrative or counter-stories on U.S.-born Black students and how they succeed in medical school.

This research provides a different perspective and a valuable chance to gain insights from African-American medical students about their experiences and achievements in medical school. It also emphasizes the necessity for changes in policies and practices that impede the success of African-American medical students. The aim is to challenge the notion that African-American students are less capable of succeeding as medical students than their white peers.
Significance of the Study

This study contributes to understanding African Americans' perceptions of racialized experiences while attending medical schools in the Southern United States. The first step toward realizing and changing the conditions that undercut the achievement of African-American medical students is paying attention to what they have to say about their academic and social experiences in medical school. As researchers, educators, and policymakers, we need to "see the world through their eyes, the way it is rather than the way we think it is or want it to be" (Duncan, 2002, p. 141). Due to the covert nature of racial microaggressions, using the tenet of counter-storytelling as an analytical tool permits a more thorough analysis of the impacts of racism and the racialized experiences of African-American medical students. It connects those experiences to more significant issues that people of color face in the Southern United States (Hubain, 2016). Most importantly, by understanding the lived racialized experiences of successful African American medical students, other high-achieving African Americans, along with educators, can begin to find ways to increase the number of African American students pursuing clinical medicine as a career, thereby adding to the diversity of the physician workforce in the U.S.

Importance of the Study

This study will help address a gap in the medical education literature by examining the racialized experiences of African-American medical students at medical schools in Southern geographical areas of the United States. The findings obtained from this study will aid researchers, administrators, educators, families, and professional medical societies in better understanding the racialized experiences of African-American medical students who are successfully navigating through medical school. The importance of this study is further
magnified as a potential catalyst for research regarding the racialized experiences of medical students, as well as impacting policies.

Additionally, this study can guide prospective African-American students interested in pursuing medical school. Young African-American students will be able to learn about racialized and lived experiences from students who are like them and are making their way through the educational pipeline to medical school. Finally, this study is critical because it will counter the dominant narrative and discourse of the African-American medical student's experience in medical school created by the dominant majority.

**Research Questions**

To better understand African American medical students’ experiences while attending medical schools, this study is guided by the following research questions:

1. What are the racialized experiences of African American students while attending medical schools?

2. What strategies do African American students use to help overcome racism while attending medical schools?

**Theoretical Framework**

*Critical Race Theory*

In this study, Critical Race Theory (CRT) is the chosen framework, particularly CRT in education, as the guiding theoretical and analytical framework to examine the experiences of U.S.-born Black medical students attending medical institutions in the Southern United States. Critical Race Theory, as defined by Delgado and Stefancic (2013), is a movement that focuses on studies about race, racism, and power. Critical Race Theory differentiates itself from the traditional civil rights movement by questioning the foundations of legal
interpretation, liberal disposition, and equity theory. Critical Race Theory emerged during the mid-1970s from the early work of Derrick Bell and Alan Freeman, who were discontent with the slow pace of racial reform in the United States (Delgado, 1995; Ladson-Billings, 1998). The original legal studies movement did not focus on race and racism, which led to Bell and Freeman's work in Critical Race Theory. They aimed to develop a theory of law to address race and racism in American law (Ladson-Billings, 1998). Critical Race Theory includes five tenets: (1) the idea that racism is normal and not abnormal; (2) the idea of a convergence of interests; (3) the theory that race is socially constructed; (4) the idea of storytelling and counter storytelling; and (5) the belief that whites benefit from civil rights laws (Delgado & Stefancic, 2013).

The CRT movement developed into an academic theory developed by the famous scholar Kimberle Crenshaw and other legal education experts in the 1970s to explain how systemic racism has shaped the U.S. legal system, with the term being interchangeably used in academia when teaching about race and racism. (Delgado & Stefancic, 2013). As the theory continued to be developed, there was a strong commitment built by CRT scholars to recognize racism in academics and higher education. Critical Race Theory "examines and critiques the law's role in contrasting and preserving unequal social and political relations according to race" (Donnor & Ladson-Billings, 2018, p.204). Critical Race Theory in education challenges the experience of whiteness as the norm (Calmore, 1992; Taylor, 2019). CRT will only solve some of the problems faced overnight, but the goal is to strive for greater equality when we better understand.

The tenets of CRT are essential in exploring race and racism, as research shows that racism is endemic and is viewed as a fundamental method of organizing society. The tenets
are also instrumental in unraveling patterns of oppression and systematic inequalities in higher education (Sleeter, 2017). The struggle of African American students graduating from predominantly White institutions with mainly white-based curricula has been well reported (Rogers-Ard et al., 2019). Critical Race Theory is conceptualized in the literature as the tenets are used to form assumptions, perspectives, and research methodology. Parker (2015) adds legitimacy to the study on CRT when discussing how critical race methodology in educational research proves a perspective linked to changes in the approach that African Americans are written and studied about in higher education.

**Defining and Exploring Key Terms**

**Racism**

Racism is built on race, as racism is a system of advantages or disadvantages centered upon the single factor of race (Campbell et al., 2020). Racism is a key term when seeking to understand CRT better. Racism is defined by Bowser (2005) as the process of justification for the domination, exploitation, and control of one racial group by another. Thus, individuals from dominant communities often manifest racist tendencies, which they often justify intentionally or unintentionally due to the prevalent societal attitudes. The elements of CRT are broken down further when identifying the formation of racism. Schaefer (2002) describes racism as a doctrine of racial supremacy, stating that one race is superior to another.

Parker (2015) carried out a study to expound on the notion that in education, racism has been and continues to be rooted within the structures, discourses, and policies that guide the daily practices of schools and universities. In the study, the researcher provided historical context concerning CRT. After exploring the pretext, context, and post-text of race and racism within the context of school leadership, the researcher discovered that the ever-changing
racial dynamics often influenced individual educators' leadership within their society and, as evident in their schools through student-student and staff interactions.

**Racialization**

Racialization refers to the act of giving a racial character to someone or something. According to Hyman (2009), racialization explicitly links the understanding of race to the reality of racism. Racialization aims to construct artificial racial categories, highlighting that these categories are not naturally occurring but result from social construction. The intersection between racism and racialization contributes to racialized experiences (Hubain et al., 2016; Rector-Aranda, 2016).

**Racialized Experiences**

Racialized experiences refer to experiencing racial discrimination (Hyman, 2009). The notion of racialized experiences conceptualizes the sociopolitical phenomenon in which one racial group categorizes another into the confines of racially based stereotypes, identities, and social practices. Racialized experiences are usually forced upon the racial group, wherein the members did not explicitly identify themselves as belonging to such group, identity, or practice. Defining race, racism, and racialization is necessary to explore African American students' racialized experience in medical school.
Chapter 2

Introduction

The history of medical education has a long-standing pattern of intentional exclusion (Johnson & Green, 2010). This sheds light on the ongoing historical and systematic obstacles African American medical students encounter in their quest for medical education. This chapter will analyze the present literature on the factors that contribute to the academic achievement of African American medical students.

Literature Review

This chapter focuses on African-American medical students’ perceptions of their racialized experiences while attending medical school. This research leans on CRT to explore African Americans’ experiences within higher education, medical higher education, and African Americans ‘experience at medical institutions and medical education. Prior research indicates that race matters today in U.S. higher education (Schaefer, 2002). Additionally, racial tensions remain high because of white dominance, and protestors continue to press forward to ensure their voices are heard (Smith, 2020). Such perspectives justify the relevancy of Critical Race Theory (CRT) as the theory also tackles issues of gender, socioeconomic status, and many other systemic issues regarding race, which will be explored in this CRT theory-driven literature review. Such information reveals the existence of a complex background marked by the existence of systemic racialization, which is seemingly oppressive to students from minority backgrounds. The results of this complicated legacy are strikingly evident today as Blacks or African Americans account for 12.4% of the U.S. population (U.S. Census Bureau, 2020) and only 5% of practicing physicians (Association of American Medical Colleges, 2018).
Critical Race Theory (CRT)

Critical Race Theory emerged after years of campaigning by Black and Brown lawyers in the U.S. against discriminatory recruiting practices and curricula at law schools (Delgado & Stefancic, 1995). Critical Race Theory, firmly founded in theory-informed action, can be utilized to comprehend the structural processes underpinning racial disparities in society and to strive for their abolition (Singh et al., 2020). Even structural analysis of racial issues and racism is insufficient; several layers of practical action must exist. The four essential concepts of "race consciousness," "contemporary orientation," "centering the margins," and "praxis" make up the structure of critical race theory (Donnor & Ladson-Billings, 2018).

Tenets of Critical Race Theory

Delgado et al., (2013) affirmed that although researchers would interpret the five tenets of CRT differently, they will all concur that racism is a common occurrence that is frequently viewed as deviant in society. These principles include the notions of interest convergence, race as a social construct, and the idea of white domination (López et al., 2018), the idea that racism is commonplace (Brooks & Watson, 2019), the idea of storytelling, and counter-storytelling (Donnor & Ladson-Billings, 2018; Taylor, 2019). The notions of interest convergence stipulate that Black people achieve civil rights only when the whites’ and Black peoples’ interests converge.

The five central tenets or elements of CRT include (1) racism is normal and not abnormal, (2) interest convergence, (3) race as a social construct, (4) counter-storytelling, and (5) whiteness as property. First, racism is ordinary; the ethos of the majority culture encourages and propagates the ideas of "meritocracy" and "colorblindness" (Delgado et al., 2017).
The concept of meritocracy suggests that the most qualified individuals should be the ones to fill positions in the economy or society. However, according to proponents of Critical Race Theory, meritocracy is not a good idea in practice or principle. They argue that criteria such as race or gender should also be considered when deciding who gets certain positions. It seems that the central role of racialization is to create natural groupings based on race to remind us of such factors (Harper, 2021). On the other hand, CRT rejects colorblindness because it ignores discrimination and reinforces racial inequality, hindering efforts to achieve health equity (Cunningham & Scarlato, 2018).

These two ideas are connected and serve to marginalize groups of people, primarily people of color. Second, an essential part of CRT's workings is Bell's (1980) interest convergence theory (McCoy & Rodricks, 2015). The dominant "status quo" develops common-sense beliefs. The majority (the haves) created ideologies that oppress minority groups (the have-nots). Third, to the great detriment of people of color, race has been socially constructed (Cabrera, 2018). This claim has been the subject of extensive scholarly research. Fourth, the concept of storytelling originates from its potent, persuading, and explaining ability to challenge widely held views. This idea is referred to as "storytelling" and "counter-storytelling" by CRT (McCoy & Rodricks, 2015). Fifth, white people have benefited from civil rights laws.

**Racism Is Normal and Not Abnormal**

Further, racism in the United States is normal and not abnormal. As presented by Hylton (2010) from CRT, this point of view is the ordinary experience of most people of color. Although extreme racism is less prevalent among whites than in the middle of the 20th century, racial disparity is still evident in schools, as manifested by different graduation rates.
Despite the argument that racism is not aberrational, most people of color continue to be routinely discriminated against or mistreated in public and private spheres (Gillborn, 2006; Ogbonnaya-Ogburu et al., 2020). For example, African Americans and Hispanic Americans (Latinxs) are, on average, more likely than similarly qualified white persons to be denied loans or jobs. Affirming the validity of this statement, Crewe (2021) indicated that these communities tend to pay more than whites for a broad range of products and services, are more likely than whites to be unjustly suspected of criminal behavior by police or private (white) citizens and are more likely than whites to be victims of police brutality, including the unjustified use of lethal force. Many African Americans and Hispanics live in racially segregated and impoverished neighborhoods (Cabrera, 2018). This disparity indicates the endemic nature of racism within the political, legal, and social systems. The lack of quality education, in turn, limits job opportunities and makes it even more difficult for discrimination in the workplace (Ogbonnaya-Ogburu et al., 2020).

**Interest Convergence**

Interest convergence is a concept in Critical Race Theory that suggests that racial progress for African Americans only occurs when their interests converge with those of white people. This means that white people are more likely to support policies and actions that benefit African Americans when they see that such actions also benefit themselves. This theory was first introduced by legal scholar Derrick Bell, who argued that even landmark civil rights cases, such as Brown v. Board of Education, were not won solely because of moral or legal arguments but because they also served the interests of white people. Bell believed that interest convergence was necessary for racial progress in the United States (Delgado & Stefancic, 2013).
Race as a Social Construct

CRT is founded on the notion that race is socially constructed and not biologically natural. According to CRT, the biogenetic notion of race is based on the idea that the human species is divided into distinct groups based on inherited physical and behavioral differences. However, genetic studies have heavily refuted this in the late 20th century (Ogbonnaya-Ogburu et al., 2020). On the other hand, social scientists, historians, and other scholars have indicated that the notion of race is a social construction. However, there has yet to be a consensus regarding what social construction is or what the process of social construction constitutes (Graham et al., 2011). Nonetheless, the CRT holds that race is an artificial association or correlation between a set of physical characteristics that include skin color and hair texture, as well as an imagined set of psychological and behavioral tendencies conceived as either positive or negative, or good or bad (Rector-Aranda, 2016). According to Graham et al. (2011), dominant groups in the U.S. have created and maintained these associations to justify their oppression and exploitation of other groups based on the latter's supposed inferiority, immorality, or incapacity for self-rule.

The literature consistently affirms that race is a social construct, and research on racism confirms the ongoing existence of socially defined racial experiences (Delgado & Stefancic, 2013; Taylor, 2019). Delgado and Stefancic (2013) used "ordinariness" to characterize racism because society has made it challenging to address. For instance, Bowser (2005) noted that racism was ingrained in various nations' founding principles; therefore, abolishing it without first acknowledging its existence is challenging. African-American medical students continue to encounter racialized experiences while pursuing their academic goals. Microaggressions, false color blindness, and overt racism are
the results of racialization, racism, and racist encounters that are experienced in learning institutions (Cabrera, 2018). This segregation affirms that racism still prevails in American culture, society, and educational institutions.

Although most people believe it to be ineffective, dishonest, and unethical, the prevailing opinion in higher education is that the system is morally upright, civilized, and ethical (Taylor, 2019). The literature demonstrates that race, gender, class, and ethnicity issues remain significant challenges today despite the fundamental advances in academic thinking (Garcia et al., 2018). CRT asserts that white people's experiences are typical in educational settings, and racism is still a concern (McCoy & Rodricks, 2015). Researchers have embraced CRT as a foundation for developing equity-based solutions to improve students' classroom experiences (Kadi-Hanifi1, 2013). According to the literature, additional research on the experiences of African-American teachers and students in higher education institutions is needed (Garcia et al., 2018). This section examines race as a social construct in higher education to better comprehend African-American students' racialized experiences in medical school.

**Counter-Storytelling**

Counter-storytelling is a method of telling the stories of those people whose experiences are not often told and is next explored as African-American students' experiences are a critical component of this research. McCoy and Rodricks (2015) examine counter-storytelling as a primary educational research component. Specifically, the tenet of counter-storytelling is displayed as counternarratives, personal testimonies, and stories to provide insight into discrimination and racism within higher education. Furthermore, Delgado and Stefancic (2001) characterize counter-storytelling as a mechanism for telling a story that casts
doubt on the legitimacy of the majority. Donnor and Ladson-Billings (2018) also detail the usage of storytelling and other narratives to acknowledge further systemic issues associated with African-American student challenges as they progress through their degree programs. With the importance of employing counter-stories, they indicate that the approach is essential to understand further the depth of racialized experiences of African American medical students in higher education.

Delgado and Stefancic (2013) detail the urgency of storytelling to share understandings regarding legal and political discourse experienced by African Americans. Notably, the dominant group has created its renditions of storytelling throughout history with strong efforts to ensure that the dominant group, also described as the in-group or whites, remains at the top and the out-group consisting of Black and brown people is positioned as the subgroup at the bottom. Storytelling reveals how those in power live in contentment without remorse or guilt for the oppression committed against African Americans. Storytelling allows Black people to reflect upon their history and their lives. More importantly, storytelling can help grasp the experiences of African Americans in higher education institutes.

African American students will utilize counter-stories to share their racialized experiences, which describe their experiences of both institutional and individual racism while attending medical school. According to McCoy and Rodricks (2015), recognizing African Americans' experiential knowledge and counter-stories validates them as knowers and situates learning in their racialized experiences. These students' stories will acknowledge systemic issues in higher education related to racism, racialization, and racialized experiences to provide counternarratives to the dominant narrative as they progress through degree
programs. Therefore, counter-storytelling is a necessary facet of the exploration of the experiences of African-American medical students (McCoy & Rodricks, 2015).

**Whiteness as Property**

The tenet of whiteness as property is a concept in Critical Race Theory that suggests that in American society, whiteness is a form of property that is highly valued and historically used to provide social, economic, and political advantages to white people. The idea is that whiteness is a physical characteristic and a social construct used to create and maintain systems of privilege and oppression. This concept suggests that white people have historically been able to accumulate wealth, power, and influence through their whiteness, while people of color have been systematically denied these same opportunities (Delgado & Stefancic, 2013).

Based on the principles of CRT, it is reasonable to acknowledge the significance of the experiences of people of color, including those passed down through storytelling. Any research that disregards the epistemologies of people of color should be dismissed. This theory-driven literature review will utilize CRT to explore African-American medical students' racialized experiences while attending medical school. CRT is a compilation of several theories fostered through scholarship and activism (Donnor & Ladson-Billings, 2018). As defined by Delgado et al., (2017), CRT focuses on studies about race, racism, and power. CRT differentiates itself from the traditional civil rights movement in questioning the foundations of legal interpretation, liberal disposition, and equity theory. CRT has often been used to examine the relationship between race and education systems, given that it treats race as a social construct (Donnor & Ladson-Billings, 2018). Thus, it helps evaluate medical colleges and university systems to determine the rationale behind the lack of sufficient mentorship for African-American students. More so, the quote highlights why the learning
environments in medical schools have been designed in such a manner as to favor White students over their counterparts from Black communities.

CRT identifies several reasons that can be associated with the racial experiences of African-American students in medical institutes. The chief reason is that America was built for elite whites, and those laws and intentions continue to permeate our behavior, structures, and intentions (Singh et al., 2020). Additionally, CRT provides the appropriate platform for the current study. This is because the theory provides diverse viewpoints for looking at oppressed communities in society and incorporates lived experiences to help unearth racist ideologies (Kadi-Hanifi, 2013). As such, racist notions that have permeated and have become ingrained in modern-day American institutions are born out of and supported by societal inclinations toward racism.

**Proportion of African Americans in Medical School**

Given that the current percentage of African Americans in medical school is below 10% due to retention issues, the number of practicing African-American physicians is unlikely to rise (AAMC, 2018). Affirming this point of view, Baugh (2018) observed that retention issues have reduced the number of Afro-American practitioners due to consistent declines in graduation rates. Explaining the worrying percentage, Singh et al. (2020) indicated that medical students from minority backgrounds have been unprotected from peer and systemic discrimination while taking medical courses in American colleges and universities. According to the NCHS (2021), the education of African-American medical students and other healthcare experts has been warranted as a necessary step to improve health and protect the communities of African Americans. For this reason, African-American medical schools were established to fill this need. By 1965, approximately 2% of all medical students in the
United States were Black or African American, and 75% of those students attended Howard or Meharry (McCoy & Rodricks, 2015). During the 2018-2019 academic school year, medical school graduates were composed of 54.6% (10,879) White students and only 6.2% (1,238) Black or African American students (Association of American Medical Colleges, 2019). The data shows that there has not been a notable change over the past decades.

Roberts et al. (2020) conducted a study exploring the race-related challenges associated with African Americans pursuing academic surgical careers. Notably, the researchers focused on the racialized experiences of 16 African-American students currently undertaking surgery classes. This study indicated that apart from the lack of mentorship, the students often felt pressured to prove themselves in the white-dominated practice (Roberts et al., 2020). Such findings strongly support the need to highlight their racialized experiences while attending medical school to increase their scholarship and awareness of race and racism in higher education. As Baugh (2018) indicated, the racialized experiences of Afro-American students in medical school can help them understand the influences of white-dominated institutions on their academic performance and retention.

**Importance of African-American Medical Doctors in African-American Communities**

Available medical education literature has articulated the importance of a diverse student body in medical schools and a diverse body of researchers from underrepresented minority groups (Frazer et al., 2018; Hall, 2001). The persistent racism, racialization, and racialized experiences pervasive in higher education, particularly in the medical field, deter African Americans from medical school. The low rate of African-American physicians likely further contributes to a decline in prospective African-American students from attending medical school (Frazer et al., 2018). As a result, there is a cyclical process in which African
Americans endure racism, racialization, and racialized experiences in their educational pursuits and thus are not attending medical school, which continues to lead to fewer African American physicians (Gasman et al., 2017). The culmination of the emerging literature on racism, racialization, and racialized experiences among African Americans requires further exploration to better understand the experiences in medical higher education to rectify this cycle.

However, the lack of in-depth explorations into the challenges faced by African American medical students in predominantly white colleges and universities has not only limited their success in medical schools but has also limited the access and quality of care that minority communities within the U.S. enjoy (Hubain et al., 2016; Rector-Aranda, 2016). According to Cohen et al. (2002), African-American medical doctors can accelerate increased healthcare access for underserved communities while also developing adequate research, which could effectively meet social needs and promote universal access to care (Alsan et al., 2019). Previous usages of the CRT theory, though expedient in examining racialized education systems, need to focus on the specific and unique nature of the racialized experiences of African-American medical students. By embodying the perspective of the CRT framework, the current research will fill in the gap in the literature, fostering comprehensive insight into how race and racism have impacted medical higher education for African-American students (Zaidi et al., 2021). More specifically, this study's utilization of CRT will better understand how African-American students pursuing medicine experience could help us understand the perpetuation of demoralizing policies, racialized learning environments, and systemic discrimination concerning African-American students pursuing medicine.
The reviewed literature highlights a lack of African American physicians and a lack of literature on the racialized experiences of African Americans in medical school that has contributed to the lack of African American physicians (Gasman et al., 2017). Most research in this area has centered on the experience of medical education from the white person's perspective, often excluding and isolating African-American students altogether (Zaidi et al., 2021). African-American medical students are often overlooked for advancement in their studies and field due to underlying racial biases, stereotyping, and racism. The exhaustive racialized experiences of African Americans in higher education undoubtedly influence the low rates of African-American medical students and physicians (Alsan et al., 2019). However, without further exploration in this area, efforts to mitigate racialized experiences to increase the rates of African-American physicians have fallen flat (Gasman et al., 2017). Therefore, the proposed study aims to explore the experiences of current African-American medical students to understand better how racialized experiences manifest in their educational environments and to determine whether the experiences positively influence the care they provide to members of the Black community.

Researchers have indicated that patient-centered care effectively enhances healthcare outcomes (Alsan et al., 2019; Zaidi et al., 2021). In the U.S., racial and ethnic minorities have higher rates of chronic disease, obesity, and premature death than white people. Additionally, Gasman et al. (2017) noted that Black patients, in particular, have among the worst health outcomes, experiencing higher rates of hypertension and stroke. African Americans have the lowest life expectancy of any demographic group, living on average 4.5 fewer years (Laurencin & Murray, 2017). Several factors contribute to these health disparities, but the most significant has been a lack of diversity among physicians (Alsan et al., 2019). Notably,
African Americans comprise 13% of the U.S. population but only 4% of U.S. doctors and less than 7% of U.S. medical students (Zaidi et al., 2021). Research has also indicated that physicians of color are more likely to treat minority patients and practice in underserved communities. In contrast, it has been argued that sharing a racial or cultural background with one's doctor helps promote communication and trust.

A study was undertaken by Frazer et al. (2018) to determine how changing the ratio of Black doctors to Black patient population might improve health outcomes and save lives. The researchers set up an experiment that randomly assigned African-American patients to Black or non-black doctors to see whether having a doctor of their race affected patients' decisions about preventive care. Frazer et al. (2018) found that African Americans attended by Black doctors agreed to more invasive preventive services than those seen by non-black doctors. The researchers concluded that this effect was driven by better communication and more trust. These findings support the assertion made by Crewe (2021) that a substantial part of the difference in life expectancy between white people and Black people is due to chronic diseases that are amenable to prevention. However, the absence of Black doctors in routine care activities aggravated the impacts of chronic diseases on the Black population. On the same note, Frazer et al. (2018) indicated that encouraging, recruiting, and training more African-American doctors could reduce cardiovascular mortality by 16 deaths per 100,000 per year, resulting in a 19% reduction in the Black-white male gap in cardiovascular mortality as well as an 8% decline in the Black-white male life expectancy gap.

The notion that Black doctors can potentially provide a higher quality of care for Black patients than non-Black doctors was further corroborated by Laurencin and Murray (2017) in a study comparing the short-term health outcomes of Blacks assigned to Black doctors against
those of African American assigned to non-Black doctors. The results illuminated that Black
patients with Black doctors got more invasive, preventative services and care from their
doctors. Additionally, Laurencin and Murray (2017) discovered that Black male patients
showed increased comfort in thoroughly discussing their healthcare problems with Black
doctors. On the provider side, the Black doctors wrote more notes about their patients' cases
than the non-Black doctors. Additional findings indicated that Black doctors spent more time
with African American patients, mainly because the patients agreed to take more potentially
life-saving screenings and tests with them. Thus, Laurencin and Murray (2017) concluded that
uptake in life-saving healthcare services by African Americans with Black doctors could
improve health outcomes enough to potentially decrease the cardiovascular mortality gap
between Blacks and whites by up to 19%.

Alsan et al. (2019) further affirmed the validity of these findings after engaging in a
study exploring the correlation between quicker Afro-American HIV patient treatment and
African-American doctors' involvement. The researchers hypothesized that one reason for the
difference in treatment times could be that white doctors are more likely to assume that Black
patients will not take medication correctly and delay their treatment than Black doctors, who
are less likely to have those biases or assumptions. Findings from the study indicated that
HIV-positive Black patients with white doctors had an average wait time of 119 more days to
receive protease inhibitor treatments than HIV-positive Black patients with Black doctors
(Alsan et al., 2019).

Black patients tend to comply, communicate, and trust Black healthcare providers.
Kedron et al. (2020) undertook a study investigating adherence to medication and medical
recommendations among African-American communities, comparing outcomes based on the
involvement of White and Black doctors. Findings indicated that even when white and Black doctors used the exact words and communication style, Black patients were more receptive to medical recommendations by Black physicians (Kedron et al., 2020). These findings are consistent with Williams et al. (2023), who engaged in a study in which they explored the correlation between improved African-American patient health outcomes and the involvement of doctors from the Black community. Findings obtained in this study indicated that having a Black doctor could help a Black patient better understand health risks. Additional findings by Williams et al. (2023) revealed that Black patients were more aware of lung cancer risk factors when interacting with physicians they perceived as African American or Black.

Gault et al. (2019) further affirmed the validity of these findings after they investigated adherence to medication by Black patients relative to the deployment of White and Black medical personnel. The researchers utilized a qualitative methodology and a thematic approach. The researchers found that Black patients sometimes follow medication instructions better under Black physicians. Additional findings by Gault et al. (2019) revealed that Black people with Black doctors had higher success rates with their cardiovascular medicines than Black people with non-Black physicians. This explains why different research studies have suggested that Black physicians can expand the communication of essential healthcare notices with Black patients, aiding healthcare compliance by offsetting some adverse health outcomes (Laurencin & Murray, 2017; Zaidi et al., 2021).

African Americans' Challenges Faced in Medical Schools

Increasing the number of Black doctors in medicine starts with medical schools (Murphy, 2021). Black doctors play a very crucial role in decreasing health disparities that affect the Black community. Unfortunately, America does not have enough African-American
doctors to reduce these disparities sustainably. According to Campbell et al. (2020), the dwindling numbers of Black doctors start with fewer Black medical students. Like an assembly line, producing more medical doctors depends on increasing the number of African-American students within the educational pipeline where medical school applicants are manifested (Hesser et al., 1998). Affirming this statement, Amutah et al. (2021) noted that in 2019, only 7.3% of American medical students were Black. However, some medical schools have acknowledged the significance of training minority doctors in an increasingly diverse setting. For example, some medical colleges, like The University of Kentucky, have initiated diversity initiatives to recruit more Black medical students into their programs. Regrettably, other medical institutions, like Texas Tech, have received resistance against affirmative action policies implemented to create a diverse class of future African-American doctors (Espaillat et al., 2019). Studies demonstrating the health education, improved health outcomes, and adherence to treatment of Black patients with Black doctors have highlighted how powerful diversity is to the healthcare system as a whole, stating that Black doctors can lead to Black patients navigating healthcare systems to live healthier, long lives (Amutah et al., 2021; Campbell et al., 2020).

Challenges also exist when it comes to the enrollment of Black students into medical schools. de Brey, Musu, McFarland, Wilkinson-Flicker, Diliberti, Zhang, and Wang (2019) investigated trends associated with admitting African-American students into U.S. medical schools. The Association of American Medical Colleges (AMMC) provided U.S. medical school enrollment data and characteristics. Enrollment measures were constructed for each medical school and aggregated by ownership type and state. After peaking at 1311 students in 1994, African-American medical school matriculation decreased by 8.7% by 1996. Findings
obtained by de Brey et al. (2019) indicated that recent gains in the enrollment of African-American students are being reversed, with increments in enrollment currently recorded at 4.7% at public institutions.

**Gender and Race in Medical Education**

During the 2019–2020 application cycle—the most recent year for which data is publicly available—more than 53.5% of applicants to MD-granting medical schools came from women, who made up 53.7% of the number of students matriculating. For DO-granting medical schools, the percentage of female applicants was 53.4%, while the number of female matriculants was 51.9%. These findings are consistent with the results obtained by Campbell et al. (2020) after they explored racial diversity in the medical profession to understand the impact of affirmative action bans on underrepresented students of color matriculation in medical schools. The findings obtained from the quantitative quasi-experiment study were diverse. For instance, Campbell et al. (2020) discovered that affirmative action bans had led to about a 17% decline in the first-time matriculation of medical school students who are underrepresented students of color. As indicated by Lett et al. (2019), this decline is like drops in the enrollment of students of color that have taken place across other educational sectors, including the nation’s most selective public undergraduate institutions, law schools, and various graduate fields of study, after bans on affirmative action were enacted in U.S. states. However, the dropout rate of African-American students is 40%, indicating that they have the lowest completion rate (Lett et al., 2019). According to Campbell et al. (2020), the dropout rate of African-American medical students in the 2018-2019 academic year was about 42.2%. This high dropout rate is associated with several factors, including financial challenges and the lack of persistence, especially among part-time students (Campbell et al., 2020). Thus,
Campbell et al. (2020) concluded that statewide laws banning the consideration of race in postsecondary admissions pose severe obstacles for the medical profession to address the healthcare crisis facing the nation due to the limited enrollment of African American students.

Even in cases where African Americans succeed at being enrolled in medical schools, the challenges they face are often overwhelming. Bottiani et al. (2017) undertook a study investigating Black medical students' challenges after enrollment from a perspective informed by associated financial issues. The researchers reviewed existing literature focusing on student debt and college costs. Bottiani et al. (2017) found that Black borrowers carry more student debt, repay their loans at higher rates, and default at higher rates than their non-Black peers. These findings matched a recent report by The Education Trust. The report noted the relationship between student loan debt and systemic racism by pointing out the overlapping vulnerabilities, like unequal wealth distribution and rising college costs.

These findings are consistent with the results obtained by Wijesekera et al. (2019) after they undertook a study exploring diversity in medical schools. The researchers started by detailing the wrenching history of African American and medical education and the many challenges still thwarting the long-standing goal of increasing diversity in U.S. medical schools.

Despite advances in medical equality, the voice and agency of Black women health professionals have been routinely ignored. Black women have historically experienced unethical treatment, dismissal, invalidation, and other harms rooted in structural racism and racial stereotypes in their interactions with the medical profession. A representative acknowledgment of Black women in medicine must consider the present-day repercussions of this history (Wijesekera et al., 2019). The mechanisms that have been complicit in silencing
Black women and reducing their significance to a diversity quota tick must be restructured. History has demonstrated that despite scarce resources and structural impediments, black women bring immense value when given the chance. Two examples from American history shed insight into such contributions.

Particularly, Wijesekera et al. (2019) sought to provide unique insights and specifically illuminate the failure to increase the enrollment of Black medical students, especially at new medical schools, many of which have explicitly adopted diversity as a foundational pillar of contemporary mission statements. After evaluating the legacy and consequences of the Flexner Report, which prompted the closure of 5 Black medical schools at a time when strict segregation forbade the admission of Black students to most other medical schools, Wijesekera et al. (2019) found that African Americans were nearly completely expunged from medicine leading to an estimated deficit of approximately 30,000 Black physicians over the past century. In addition, based on the report, to reduce the number of poorly trained physicians, reduce the number of medical schools from 155 to 31 (by the time the report was published, schools had already decreased to 131).

The minimal number of African-American students graduating from medical college will likely lead to fewer African-American Physicians. Campbell et al. (2020) conducted a study exploring the projected estimates of African-American medical graduates of closed HBCU medical schools. The research question guiding the study was 'What are the projected estimates of the number of African American students who would have graduated from HBCU medical schools that closed during the period of the publication of the 1910 Flexner report? The researchers undertook an economic evaluation of 13 historically Black medical schools that were closed and four historically Black medical schools that remained open after
the 1910 Flexner report. An extrapolation based on data from the medical schools that remained open indicated that 5 of the closed medical institutions might have collectively provided training to an additional 35,315 graduates by 2019. Campbell et al. (2020) hypothesized that if these five closed schools had remained open, they could have produced a 29% increase in the number of graduating African-American physicians in 2019 alone. Findings from the study indicated that medical education programs should be created at historically Black universities and colleges to increase the number of African-American graduates from medical schools and the number of African-American physicians in the medical field.

Lucey and Saguil (2020) affirmed Campbell et al.'s (2020) findings in a study investigating the representation of Afro-American students in medical schools and the medical profession. The researchers hypothesized that although an increase in representation has occurred, the number of African-American medical faculty remains limited, and the shortage of African-American faculty can have adverse consequences on the recruitment and retention of minority learners in medical schools. Findings from the systematic review indicated that many medical schools currently use holistic admissions processes, pipeline and outreach programs, and other initiatives to increase the number of students from underrepresented minority groups. Additionally, Lucey and Saguil (2020) found that even with an increase in the number of schools that are addressing issues regarding poor and underserved communities, health disparities, and social factors associated with health, the increase in the number of African-American students, and predominantly male students, remained slow.
These findings were further affirmed by Capers et al. (2018) after they undertook a study exploring medical school acceptance rates by race, attempting to determine whether ethnicity played a role in determining admissions for Black medical students. The study stemmed from reports regarding Black students' talk of admission, headlines made and lawsuits against universities concerning affirmative action, and issues constantly raised by students from ethnic backdrops concerning the influences of ethnicity on medical school admission processes. Findings obtained from the quantitative study indicated that accepted Asians were 40%, Latinx accepted students were 36%, and African Americans accepted 36% (Capers et al., 2018). The researchers concluded that Black students were less likely to be admitted to medical schools due to controversy about race and medical school admissions.

Aligned findings by Campbell et al. (2020) corroborated a study exploring the persistent failure of medical schools to improve diversity. The researchers undertook a comprehensive literature review analysis going back 40 years to show that the number of students from the most underrepresented medical groups has declined. Findings indicated that while Black male medical students accounted for 3.1% of the national medical student body in 1978 and 2019, they accounted for just 2.9%. Additional findings revealed that without the contribution of historically Black medical schools, just 2.4% would be African Americans. Campbell et al. (2020) also discovered that while U.S. medical schools have talked for years about enrolling more students of color, the new data underscore how little progress has been made and should serve as an urgent call to action.
Racism, Racialization, and Racialized Experiences Deterring African Americans from Medical School

The racialized experiences of Afro-American students that deter them from success in medical school have been associated with Black student experiences and racial constructs. Dunham et al. (2017) undertook a study exploring medical student experiences of the learning environment in medical school change as students transition to clinical training in undergraduate medical school. The researchers hypothesized that the learning environment is the physical, social, and psychological context in which a student learns. A supportive learning environment contributes to student well-being and enhances student empathy, professionalism, and academic success, whereas an unsupportive learning environment may lead to burnout, exhaustion, and cynicism. Dunham et al. (2017) also indicated that Black students' experiences of the medical school learning environment may change over time and be associated with students' years of training and may differ significantly depending on the student's gender or race/ethnicity. Understanding the changes in learning environment experiences related to student characteristics and years of training could inform interventions that facilitate positive experiences in undergraduate medical education. The Medical School Learning Environment Survey (MSLES) was administered to 4,262 students who matriculated at one of 23 U.S. and Canadian medical schools. Findings obtained by Dunham et al. (2017) indicated that the race-based experiences of African-American students concerning the learning environment and White superiority played a significant role in determining their success in medical schools.

These findings are consistent with the results obtained by Daher et al. (2021) after they carried out a study in which they explored the history of medical education concerning race.
The researchers hypothesized that the institution of medicine was built on a foundation of racism and segregation, the consequences of which still permeate the experiences of Black physicians and patients. Therefore, they attempted to predict the future direction of medical inclusivity by exploring the history of medicine concerning race, diversity, and equity. Daher et al. (2021) took a commentary approach, reviewing material from publicly available books, articles, and media outlets in various areas, including undergraduate medical education and professional medical societies. Findings from the study indicated that an abundance of policies and practices that created a foundation of systemic racism in medical training carried through the career paths of Black physicians have consistently made it challenging for African Americans to succeed in medicine.

The satisfaction of African-American students in medical schools and the burden of being a model to their fellow Black students is the chief reason they seldom achieve the anticipated levels of success. In the qualitative study, McGee et al. (2017) used narrative methodology to explore the experiences of African-American and Asian students in medical schools. The researchers presented the narratives of 23 high-achieving science, technology, engineering, and mathematics (STEM) college students as they focused on the social contexts in which they encountered racialized bias in their academic environments. Findings obtained by McGee et al. (2017) indicated that Asian and African American students constructed personal narratives mediated by symbolic cultural systems to make meaning of their experiences, which more often disputed than confirmed the model minority stereotype.

Often, racism is related to the success of Black students in medical school. For example, Hill et al. (2020) undertook a study in which they assessed the Prevalence of Medical Student Mistreatment by Sex, Race/Ethnicity, and Sexual Orientation. The research
question guided the study, 'Does the self-reported prevalence of medical student mistreatment vary based on student sex, race/ethnicity, and sexual orientation?' the study was driven by the literature-based realization that previous studies had shown that medical student mistreatment was common despite minimal data to help describe how the prevalence of medical student mistreatment varies by student sex, race/ethnicity, and sexual orientation. The cohort study analyzed data from the 2016 and 2017 Association of American Medical Colleges Graduation Questionnaire that surveyed graduating students at all 140 accredited allopathic U.S. medical schools (Hill et al., 2020). Findings obtained from the study indicated that the prevalence of racialized mistreatment among Black students was significantly linked to their inability to complete education in medical school.

These results are consistent with the findings obtained by Morrison, Zaman, Webster, Sorinola, and Blackburn (2023) after they undertook a study investigating race/ethnicity and success in academic medicine utilizing a longitudinal multi-institutional approach. The study aimed to understand differences in productivity, advancement, retention, satisfaction, and compensation by comparing underrepresented medical faculty with other faculty at multiple institutions. The longitudinal multi-institutional approach enabled the researchers to examine academic productivity, advancement, retention, satisfaction, and compensation, comparing White, URM, and non-URM faculty (Morrison et al., 2018). Retention, productivity, and advancement data were obtained from public sources for non-respondents. Findings obtained by Morrison et al. (2018) indicated that the racialized experiences of Black students in medical schools were marked by racial micro-aggression, which made it increasingly challenging for students of color to flourish in medical school.
Racial and racialized experiences of African American students that hinder them from success in medical schools are characterized by school climates and clinical grading. Griffin et al. (2017) conducted a study investigating school racial climate and the academic achievement of African-American high school students seeking medical education. The researchers utilized an integrative development model for ethnic minority children and a process model of engagement to explore whether three dimensions of school engagement (behavioral, emotional, and cognitive) mediated relationships between school racial climate, academic performance, and educational aspirations (Griffin et al., 2017). 139 African American students were recruited from a high school in the southeastern United States. Griffin et al. (2017) found a direct association between experiences of racial fairness, grading, and academic achievement indicators for Black students in medical school through behavioral and cognitive engagement.

Low et al. (2019) affirmed Griffin et al. (2017) findings after they engaged in a study investigating racial/ethnic disparities in clinical grading in medical school. The study was founded on the literature-based realization that medical school performance during the clinical phase is associated with membership in the Alpha Omega Alpha Honor Medical Society, competitiveness for highly selective residency specialties, and career advancement. Thus, Low et al. (2019) hypothesized that although race/ethnicity is associated with clinical grades during medical school, it remains unclear whether other factors, such as performance on standardized tests, account for racial/ethnic differences in clinical grades. Findings indicate that identifying the root causes of grading disparities during the clinical phase of medical school is essential because of its long-term impacts on the career advancement of students of color.
African American’s Experience within Higher Education and Medical School

Negative experiences of their cultures have marked the experiences of African American students in higher education, declined college enrollments, and generally harsh campus climates (McCoy & Rodricks, 2015). Well into the 21st century, racism continues to be a significant topic for discussion within higher education (McCoy & Rodricks, 2015). Hubain et al. (2016) reflected on the nature of higher education institutions' Euro-American values, limiting access to resources and opportunities for African-American students. "Being an African American is more than skin color and physical characteristics; it is more than language, songs, or dance" (Baugh, 2018, p.1282). From this perspective, the experiences of African-American students in colleges and universities are linked to the experiences of their White counterparts and instructors based on their diverse cultures and lifestyles. McCoy and Rodricks (2015) detail that higher education institutions, specifically PWIs, recognize the permanence of racism in the U.S. educational system. Leaders within these organizations can deepen their understanding of African Americans' educational barriers by embracing their cultural differences. The literature emphasizes that PWIs should prioritize institutional change, not just increase the enrollment of African-American students. To do so, focus on the campus climate, cultural components, and diversity of faculty, staff, and administrators to uncover systematic oppressions and disparities within higher education. Critical Race Theory has a firm place in higher education as research signifies the importance of racism as a fundamental facet of U.S. institutions, regular social interactions, and contexts. Given the broad body of scholarship that has emerged in the past 20 years, additional literature is instrumental in the critical race movement.
Rector-Aranda (2016) reflects the negative attention African American students receive in higher education when they exercise fewer desirable characteristics associated with the quiet and orderly classroom setting. However, these behaviors are preferred in the idealistic educational environment. The only assumptions can be made as the color of a person's skin is a primary indicator of the treatment they will receive in America. The overall importance of the literature details the importance of not depriving students of a broader understanding of the natural world in which they must live and learn as a person of color. McCoy and Rodricks (2015) detail African-American students' experiences in higher education using counter-stories to reiterate their classroom oppression experiences. They were challenged to prove their credibility continuously. The stories also highlighted disrespectful attitudes displayed by White students.

**African Americans in Medical Higher Education Programs**

The history of African Americans pursuing medical education degrees in the United States is rooted and shaped by a profound legacy of segregation, racial constructs, and legal doctrine (Borst, 2002). Similar ideas are synthesized by Bederman (1996) when acknowledging that history recognizes that the medical field and medical studies were constructed around racially based ideas of masculinity. As such, Anglo-Saxon White men were considered optimal for pursuing medical careers as opposed to African Americans, women, Catholics, and Jews (Hall, 2001).

Structurally, some factors prohibit African-American students from attempting or completing medical programs. Such factors constitute financial costs of education and training, poor education and school quality, lack of role models, persistent bias, racism, and stereotyping (Powers et al., 2016). Notably, accurate insight into the impacts of such factors
should be merged with explorations into forces that determine the success and failure of African-American students in medical programs. Affirming this point of view, Powers et al. (2016) stated that extrinsic and intrinsic forces shape medical students' educational pathways into successful physical careers. Powers et al. (2016) also discovered a critical shortage of underrepresented minority physicians, specifically African-American physicians. Like an assembly line, producing more medical doctors depends on increasing the number of African-American and underrepresented students within the educational pipeline where medical school applicants are manifested (Hesser et al., 1998).

Racial micro-aggressions have often characterized the experiences of African Americans at medical institutions. Zewude and Sharma (2021) and Hubain et al. (2016) applied CRT as the established language for Black and Brown medical professionals to understand their experiences. Hubain et al. (2016) detailed how CRT is explored in African-American students' experiences with race and racialization within graduate programs. The literature is consistent with racist practices being integrated into medical institutions; CRT forces the reassessment of neutral policies impacting African-American student experiences (Zewude & Sharma, 2021). Previous research by McCoy and Rodricks (2015) explored the racialized experiences of faculty of color at PWIs. The authors focused on their experiences of racial microaggressions, racial oppression, and microaggressive behavior while working in academics. Examples of these stereotypes reflect the misconception that Black bodies are more pain-tolerant than white bodies. "Medical school curricula can critically unpack the way "race" is used as a proxy marker for the structural roots of health problems such as poverty and differential access to health care and education" (Zewude & Sharma, 2021, p.740).
Content Literature Review

Race and racism are vital when exploring African-American medical students' racialized experiences. Race matters because we live in a society where racial differences have been perpetuated and ingrained into modern-day institutions. Overwhelming research indicates that the unique barriers faced by non-White students illustrate the permeation of racism in higher education (Brooks & Watson, 2019; Hall, 2001; Hyman, 2009). Brooks and Watson (2019) mainly focused on the sub-cultural, institutional, dyadic, societal, and individual/peer manifestations of racism. Findings obtained from this study indicated that the manifestation of racism in learning environments was tied to the deep-rootedness of racism inclination within American society, which influenced students' experiences irrespective of their racial backgrounds and influenced leadership practice (Brooks & Watson, 2019). For this reason, this review will begin with exploring crucial terms guiding this study. These key terms include racism, racialization, and racialized experiences.

Defining and Exploring Key Terms

Racism

Racism is a key term when seeking to understand CRT better. Racism is built on race, as racism is a system of advantages or disadvantages centered upon the single factor of race (Campbell et al., 2020). Racism is defined by Benjamin (2005) as the process of justification for the domination, exploitation, and control of one racial group by another. Thus, individuals from dominant communities often manifest racist tendencies, which they often justify intentionally or unintentionally due to the prevalent societal attitudes. The elements of CRT are broken down further when identifying the formation of racism. Schaefer (2002) describes racism as a doctrine of racial supremacy, stating that one race is superior to another.
Parker (2015) carried out a study to expound on the notion that in education, racism has been and continues to be rooted within the structures, discourses, and policies that guide the daily practices of schools and universities. In the study, the researcher provided historical context concerning CRT. After exploring the pretext, context, and post-text of race and racism within the context of school leadership, the researcher discovered that the ever-changing racial dynamics often influenced individual educators' leadership within their society and, as evident in their schools through student-student and staff interactions.

**Racialization**

Racialization refers to giving a racial character to someone or something. According to Hyman (2009), racialization explicitly links the understanding of race to the reality of racism. The central role of racialization is to create natural racial groupings to remind us that such groupings are not natural but the product of a social process. The intersection between racism and racialization contributes to racialized experiences (Hubain et al., 2016; Rector-Aranda, 2016).

**Racialized Experiences**

Racialized experiences refer to experiencing racial discrimination (Hyman, 2009). The notion of racialized experiences conceptualizes the sociopolitical phenomenon in which one racial group categorizes another into the confines of racially based stereotypes, identities, and social practices. Racialized experiences are usually forced upon the racial group in question, wherein the members did not explicitly identify themselves as belonging to such group, identity, or practice. Defining race, racism, and racialization is necessary to explore African American students' racialized experience in medical school.
History in Black Education

Blacks' education started with religious teaching because some viewed slavery as a step in God's mission to convert heathen Africans to Christianity. As early as 1745, Philadelphia's Quakers established elementary schools for African Americans, making them pioneers in providing education for this population (Ogbonnaya-Ogburu et al., 2020). When no regular white pastors or missionaries were accessible, many churches organized special missions to convey the gospel to plantation slaves (Ogbonnaya-Ogburu et al., 2020). Additionally, masters were required by church law to care for the religious training of their slaves. In several southern cities, covert schools frequently broke the law and local "black codes." These prohibitions have existed since South Carolina's 1740 legislation (Ogbonnaya-Ogburu et al., 2020). Religious instruction without letters was promoted to resolve the tension between the desire to teach religion and the hostility to educating slaves; Blacks learned Christian doctrine, but very few also learned to read and write.

Conclusion and Recommendations

Despite the extensiveness of literature on issues related to African-American medical students, previous research efforts have failed to focus on the racialized experiences of Black students, which hinder them from achieving academic feats equivalent to those of their White counterparts. Additionally, existing literature has left enormous gaps regarding race-oriented challenges that make it difficult for African-American students to succeed in becoming qualified physicians. This gap in the literature is characterized by the minimal concentration on the experiences of racism, racialization, and race-driven experiences of Black students in medical school, which has seldom been viewed as critical components in research. Notably, these gaps in literature make it challenging to understand the reasons behind the low number
of African-American physicians based on the racialized experiences encountered during medical school and medical practice.

There is a gap in the research literature examining the experiences of African-American medical students and their racialized experiences. Critical Race Theory and A.A. medical doctors are fascinating as the literature embraces being an African American in the United States of America. CRT has emerged as a robust theoretical framework and methodology, which has extended into educational theory, research, policy, and practice and serves as an analytical tool for examining the experiences of African-American students racialized experiences in medical school (McCoy & Rodricks, 2015). Racial diversity in the medical field remains a distant goal; however, fulfilling this goal is contingent upon the comprehensiveness of African-American medical students in medical schools (Morris. et al., 2021). Whitla et al. (2003) reflected the positive impact of diversity in the classroom, strengthening medical students' experiences in two U.S. medical higher education institutions.

Racial inequalities will always exist to some degree, but our experiences help to shape our reality. Furthermore, African-American students must learn to embrace their differences in higher education. Continuing research in medical higher education will reflect on how students can benefit from the measures discussed throughout the literature review without feeling that they are a statistic that does not matter. More awareness is needed to highlight race and racism in medical higher education, as Hubain et al. (2016) elaborated on the continued consequences of racism impacting African-American students. The counter-stories present through research will demonstrate that race and racism still exist and impact African-American students as they progress through medical school. Race is pervasive, normalized, and deeply embedded in medical higher education (Ladson-Billings & Tate, 1995). More
specifically, additional information will be obtained through research to explore African-American students' experiences using their voices to illustrate what researchers can learn from the racialized experiences of African-American medical students.
Chapter 3: Methodology

This study used qualitative methods to examine and attempt to understand and explain participants' lived experiences while attending medical school. The population of interest in this study was African-American medical students. As detailed in Chapter 2, critical race theory (CRT) is a practical framework to counter educational injustices for African-American students. CRT was also selected because it explains gender, socioeconomic status, and other systemic issues regarding race, which will be explored in the current study. To better understand African American medical students’ experiences while attending medical schools, this study was guided by two seminal questions:

1. What are the racialized experiences of African American students while attending medical schools?
2. What strategies do African American students use to help overcome racism while attending medical schools?

Research Approach/Methodology

In this study, I used critical race methodology and the counter-storytelling research approach to better understand the experiences of African-American students while attending medical school. This study aimed to better understand their experiences as they progressed through the educational pipeline. Critical race methodology emphasizes race and racism throughout the research process, recognizing people of color's experiential knowledge and validating their counternarratives to set the learning process inside their racialized experiences. This methodology generates knowledge by looking at those who have been marginalized, silenced, and disempowered, as noted by Solórzano and Yosso (2002). The counter-storytelling approach was critical for understanding the stories of medical students, particularly when
exploring whether they endured racialized experiences, including racial microaggressions, discrimination, and prejudice. Similarly, Delgado and Stefancic (2001) used counter-storytelling to explore the racialized experiences of African-American students attending medical school.

In my research on African-American medical professionals, I found that counter-storytelling was crucial in uncovering cultural and social experiences that led to improvements and transformations in the field. Using a critical race methodology and a counter-stories research approach, I captured the experiences of these students and gave them a "voice." The counternarratives that I co-created with participants shed light on the issue of racial disparity in higher education and provided a new perspective often overlooked in current literature. Overall, counter-storytelling was an essential component of my educational research that helped me analyze the majoritarian stories of African Americans and make meaningful contributions to the field.

Using the critical race methodology approach, I uncovered the underlying issues of the achievement gap rooted in the belief of whites' intellectual superiority and African Americans' intellectual inferiority, a standard narrative in American culture. The study results provided valuable insights into the experiences of African-American medical students. They helped implement systemic changes to enhance their academic performance and increase the number of African-American medical doctors. Furthermore, Solórzano and Yosso (2002) confirmed that using a critical race methodology to explore the impact of sexism and racism on African-American medical students is an effective and necessary way to gather data.

**Research Site and Participants**

I have noted that the participants in the study attended one of the three Southern medical universities, but the names of these universities have been kept anonymous. Maintaining
confidentiality in research studies is essential to protect participants' privacy and ensure the results' validity. These institutions were in three medium-sized cities in the Southern United States. According to Wright and Esses (2017), the Southern United States is one of the most racially diverse areas in the country, with a culture that distinguishes it from other regions. In addition, this area is also considered less progressive compared to other regions in the United States due to a combination of factors, including racial discrimination (Volchik et al., 2018).

In my study, I utilized my professional network to obtain participants. The primary recruitment tools included LinkedIn and Facebook to connect with current African-American medical students at each institution for research purposes. LinkedIn is a supportive tool to gather quantitative and qualitative research data (Sathish, 2021). Research also suggests that LinkedIn is one of the most popular professional sites used by applicants and recruiters worldwide (Zide et al., 2014). Facebook was also employed to contact potential research participants. Research suggests that Facebook is an effective recruitment tool for medical-related research in terms of cost, speed, and the ability to reach complex demographic groups (Whitaker et al., 2017).

To ensure the adequacy of this study, the snowball sampling method was used as a secondary recruitment approach. Merriam (2009) concluded that snowball sampling is the most popular and commonly employed method in qualitative research. The benefits of snowball sampling included the ability to recruit complex populations and minimal recruitment costs (Merriam & Tisdell, 2016; Naderifar et al., 2017). For example, one African-American medical student was interviewed in the early stages and then asked to help refer other participants. As such, Merriam and Tisdell (2016) describe how the metaphorical snowball got bigger and bigger as new participants became engaged in the study. Sampling bias, a limitation of snowball sampling, was reduced as I continued to recruit potential participants via LinkedIn and
Facebook. Furthermore, the adaptation to snowball sampling was beneficial, as research suggested that employing snowballing is optimal when working with educational programs or samples for research studies (Naderifar et al., 2017).

I contacted students via the direct messaging tool on both social networking platforms by sending the attached recruitment email. After initial communication with eligible participants, the consent form was emailed to the participants interested in participating in the study. Once the potential participant signed the consent form in agreement with participation and returned it to me via email, the interview was scheduled via the Zoom platform. Before the Zoom interview, the participants selected their pseudonyms, the discussion began, and the Zoom recording started. The U.S. South had historically been described as the epicenter of racism, with these characteristics making the Southern United States the optimal regional choice to obtain the participants' experiences while attending medical schools (Monroe, 2021). The findings of this study might provide insights into how the demographic characteristics of the Southern United States influenced the participants' experiences.

This research included participants who were currently enrolled in medical school. It was essential to note that all participants self-identified as African American. Potential participants included medical specialties. Current residents and fellows were eligible to participate in this study. Six African-American medical students were chosen for this study based on their personal experiences. This study focused on the quality of the experience as opposed to the quantity of participants.

Participants who met the selection criteria were asked to read and acknowledge their understanding of the participation agreement before the interview. To participate, individuals opted in via Informed Consent (Appendix C), which detailed the study's purpose, the
participants' role, the expected engagement time during the interviews, and the possible benefits of the study. Participants were also informed that the interviews would be recorded over Zoom to facilitate data analysis. The Informed Consent (Appendix C) also indicated that the participants could discontinue participation in the study at their discretion.

**Data Collection**

**Interviews**

Interviews were used to collect data regarding African-American medical students' experiences while attending medical schools. Though time-consuming, interviews yielded rich data for analytical research purposes while building rapport with the study participants (Merriam, 2009). Data was collected from 6 African-American medical students using the Zoom application. COVID-19 forced restrictions in 2020, and qualitative research interviews transitioned from in-person to virtual platforms, including Zoom. The platform allowed for the versatility of interviews, which was beneficial as I could reach participants worldwide. Studies by Oliffe et al. (2021) determined that the benefits of online video platforms included rapport building, flexibility, and cost savings. The study also gathered rich data from participants compared to in-person interviews. Various limitations might mar the effectiveness of Zoom-based interviews. Oliffe et al. (2021) affirmed that although Zoom was considered a preferred interview method, difficulty connecting, call quality, and reliability issues limited its effective use.

Although the Zoom platform was generally user-friendly, I predicted some participants might require assistance joining the interview sessions due to call quality, reliability, poor internet connectivity, webcam functionality, and microphone issues (Gray et al., 2020). Additionally, there were potential limitations to using Zoom, such as difficulties establishing
rapport and interpreting nonverbal cues. However, despite these limitations, I utilized the Zoom platform due to its ease of use, convenience, and simplicity (Oliffe et al., 2021). The platform also allowed me to record the audio of the interviews without needing third-party software (Gray et al., 2020), which helped ensure the research participants' privacy.

The study utilized a semi-structured interview guide (Appendix A) to collect data on the experiences of African-American students in medical schools. In addition to the twelve main questions, probing questions were used to gather information about the impact of race as a demographic factor on the performance of African-American students. The participants' responses provided valuable insights into the strategies used by African-American students to address issues of racial discrimination and inequality in the classroom, as well as how medical schools embraced and supported diversity in their classrooms.

In the current study, semi-structured interviews were used to collect data regarding the experiences of African-American students attending medical schools. Adeoye-Olatunde and Olenik (2021) defined semi-structured interviews as data collection tools where the interviewer asked several predetermined questions and un-predetermined follow-up questions depending on the responses from the participants. Semi-structured interviews were adopted when the researcher was interested in (a) collecting qualitative open-ended data, (b) exploring the thoughts, feelings, and beliefs about a topic of interest, and (c) gaining deeper insights into sensitive issues (Husband, 2020). Semi-structured interviews also allowed participants to reflect on racialized experiences while providing rich data (Patton, 2016).

Adeoye et al. (2021) affirm that semi-structured interviews gave the researcher various advantages, including reliability and ease of analyzing findings. The advantages merited the adoption of semi-structured interviews in the current study. Each interview lasted
approximately 45-60 minutes. The semi-structured interview facilitated the use of open-ended questions, allowing for flexibility and exploration (Merriam, 2009). The benefit of the semi-structured interviews included open discussions and engagement from each participant (Adeoye-Olatunde & Olenik, 2021). Some questions led to further discussions or became conversational, allowing participants to reflect on their racialized experiences while attending medical school. The follow-up questions were non-scripted, with the additional option of email follow-ups being included to provide clarification after a review of the narratives.

Counter-storytelling helped illuminate and call attention to the importance of factors restricting African-American students in medical education settings. CRT served as a lens to depict and understand the students' experiences while also allowing the counter-stories to serve as a collective voice to shed light on racial inequalities and create a premise for racial advancement in medicine focused on the communities of African Americans (Hubain et al., 2016). CRT was incorporated during the data collection process as the counter-stories collected from African-American medical students elevated the minority voice, juxtaposed to previously published research (Harper, 2009). The counter-stories magnified African-American medical students' narratives, truths, and experiences. As stated in the literature, qualitative interviews and counter-stories were aligned with CRT as a lens, given the importance of centering the voices of people of color in this framework (Delgado & Stefancic, 2001).

**Data Analysis**

For the purposes of data analysis, a thematic approach was utilized. According to Elliott (2018), this approach involves evaluating content or asserted themes to address questions related to who, whom, why, what, and how. The collected data was synthesized,
coded, linked, shaped, and managed to generate insightful and accurate conclusions (Maher et al., 2018). Each transcript of the recorded Zoom interviews was coded for patterns, themes, and topics. An inductive analysis was then conducted, incorporating the interview data (Maher et al., 2018). The identified patterns and themes emerging from the interviews were examined for similarities and grouped based on the nature of the responses.

Rev.com and Zoom transcription software were employed to transcribe the audio recordings of the interviews to maintain the transcription process's integrity. However, it is essential to note that, as Oliffe et al. (2021) pointed out, the use of transcription software can be limited by inaccuracies, particularly with rapidly spoken words. To address this potential limitation, the transcript files were thoroughly proofread. I read and re-read the transcribed data from each participant to ensure the accuracy of my transcription. Additionally, in line with the recommendation of Leech and Onwuegbuzie (2011), the interview transcript responses were returned to each respondent for validation to confirm accuracy.

**Analysis Procedures**

Analysis of the research data was guided by the six stages of thematic analysis suggested by Maher et al. (2018). As such, I engaged in the following steps:

1. Read and re-read and make notes
2. Used notes to develop initial codes
3. Identified patterns and themes
4. Identified relationships and clustered themes
5. Reviewed themes and theme definitions
6. Wrote the results of the analysis from identified themes.
Thematic analysis was the chosen method to identify and categorize patterns and themes from the collected data (Dufour & Richard, 2019). The analysis process began with self-familiarizing the data to gain a deeper understanding. This involved reading the transcripts multiple times and taking notes. The second phase involved generating initial codes. In the third phase, the focus was on identifying common patterns and themes. The subsequent phases involved reviewing and defining these themes. Finally, the last phase centered on producing the report.

During the initial phase of the thematic analysis, multiple readings of the transcripts were conducted to enable me to make notes about the interviews. The preliminary notes, grounded in the transcripts, provided the foundation for generating initial themes in the subsequent stages. Keywords from the transcripts were instrumental in this phase, setting the stage for generating initial codes in the second phase. As a result of analyzing the transcripts, initial notes, and identified keywords, themes were created. Distinctive phrases and responses from the transcripts, alongside my notes, were pinpointed (Elliott, 2018). This led to the third phase: identifying patterns and themes based on participants' responses, which were subsequently coded for in-depth analysis.

In the fourth phase of the thematic analysis, relationships between themes were identified and clustered. By examining the emerging themes, connections between them were drawn (Kalpokaite & Radivojevic, 2018). Themes were grouped based on conceptual likeness, and thematic clusters were assigned descriptive labels (Raskind et al., 2019). Notably, even isolated themes, or those without apparent connections to others, were retained in the study, recognizing their potential significance. After the thematic clustering, the results of this analysis were drafted (Blair, 2015).
In the subsequent phase, themes and their definitions underwent a thorough review. The results were then presented in a format where themes were elucidated based on participants' accounts and the overarching analysis. Illustrative examples from participant narratives were provided for each theme, offering insights into the central phenomenon. Precisely, the themes encapsulated the underlying concepts, patterns, and assumptions. This drafted analysis formed the foundation for presenting and discussing the results in the fourth chapter.

**Trustworthiness**

Trustworthiness is a critical consideration in qualitative research, defined as the truthfulness, authenticity, and quality of findings (Kekeya, 2021). Credibility, transferability, dependability, and confirmability are detailed as the criteria for approaching trustworthiness, which can be challenging in qualitative research (Lincoln & Guba, 1985). This study engaged in multiple procedures to enhance the trustworthiness of the findings (Kekeya, 2021). Analytical memos and member checking were employed to address and manage concerns related to credibility. Kekeya (2021) defined credibility as the confidence that can be placed in the truth of the study findings. This study used self-reflective and analytical memos throughout the interview process to build trustworthiness. Additional benefits of analytical memos include the opportunity for researcher reflection, theme development, questions, and possible issues to be addressed (Emerson et al., 1995).

Member checks were conducted to ensure accuracy and transparency during the research process. This involved allowing participants to review their narratives and create a clear audit trail. Once the interviews were completed, I transcribed each participant's interview and carefully reviewed each transcript for errors. The transcriptions were then sent
to each participant for them to review and make any necessary changes. A 2–3-week window was provided for this process. All participants confirmed that their transcripts were accurate and that no changes were needed.

**Positionality**

It is acknowledged that due to my identity, it would be difficult to completely disengage my voice from this study, as I have chosen which themes to report on and how to frame the study. However, I have strived to let the participants' voices speak for themselves, with various credibility checks ensuring that I fairly report and summarize their lived experiences. It is important to note that I identify as an African American born and raised in Mississippi. I attended a predominantly Black K-12 school system and was only introduced to PWIs when leaving home to pursue my postsecondary educational career. I completed my bachelor's and master's degrees at a PWI in Mississippi. For my doctoral degree, I have chosen to diversify my portfolio and complete my studies at an institution that does not identify as a PWI. I believed these experiences would challenge the narratives and perceptions I experienced during my early years of education.

After graduation, I got married, and four years after marriage, we had an African-American son. This experience opened my eyes to the racialized experiences that my son would face in America. As a mother, I was determined to protect him while exposing him to the realities of the world. Despite his light complexion and curly hair, we taught him early on that he would be treated as a Black man in America. Recent events surrounding police brutality, the Black Lives Matter movement, and discussions about America's history of racial tensions have further emphasized the importance of evaluating my identity and adjusting my
views of myself. As a result, the culmination of my race has become an essential aspect of my daily life.

For example, I was driving down the road, and the police passed me, then immediately turned around and began following my car as though they were looking for a reason to pull me over. My eight-year-old son freaked out and immediately placed his hands in the air. I quickly told him to stay calm and that we would deal with the police should we get pulled over. Instances like these are not fully understood when looking at Black people and people of color from the outside. Teaching my son how to comply with police at an early age should not be a significant topic of discussion at the age of eight, but studies show that Black men are much more susceptible to profiling and racial stereotypes.

My positionality is prudent for unraveling, coding, and interpreting my research. Furthermore, I am African American and work as a medical institution's Director of Post Graduate Clinical Education. As I climb the career ladder, I know that few professionals in my position resemble me. From experience, I have learned that African Americans are often overlooked and treated differently because of their skin color. My voice will enter at the end as the translator to draw from all experiences and validate my narrative as an African-American medical professional.

I share similar traits with the participants recruited for my research study. Although my experiences may be like the participants’, I remained open and objective during the data collection process. As a part of my research process, I utilized CRT to ensure that any judgments did not interfere with the quality of the data collected during the interviews. I maintained objectivity by ensuring that personal bias, views, and values did not affect my findings’ data collection, analysis, and reporting (Merriam, 2009). As such, as reflected by
Merriam (2009), the goal allowed for the fundamental or true essence of each participant's experiences to be magnified.

**Summary and Conclusion**

The research approach used to pursue the objective of this research is critical race methodology. Given the need to gather expedient data in addressing the guiding research questions, a qualitative research approach was utilized to help acquire valuable data for understanding the experiences of African-American medical students/participants while attending medical colleges and universities. For research to be reliable and considered scientific, objectivity is paramount. The research approach encompasses the utilization of the CRT alongside a storytelling approach, which is critical in helping identify and understand the racialized social-cultural experiences based on the participants' experiences (MacDonald, 2014). The research was conducted in a medium-sized metropolitan city in the Southern United States. The study consisted of 6 African-American students, and data collection was carried out using interviews. Data analysis was conducted using the thematic analysis approach. The succeeding Chapter 4 focused on discussions and findings.
Chapter 4: Findings

This chapter analyzes the counter-stories by presenting the themes created from the various components of the participant's experiences while attending medical school in the Southern United States. Most research in this area has centered on the experience of medical education from the white person's viewpoint, often dismissing and even isolating the voice of African-American students (Zaidi et al., 2021). Furthermore, the themes created illuminate dimensions of the different parts of the participants’ stories and are aligned with patterns and connections drawn among the participants. Although the racial demographics of the participants are the same, African-Americans as a race are diverse.

In my study, Howard (2008) provided valuable insight into the counter-stories' role. Specifically, counter-storytelling empowers African-American medical students to provide narratives countering the negative stereotypes of their identities as culturally and socially deficient, uneducated, unmotivated, violent, and anti-intellectual.

Participant Backgrounds

Sasha

Sasha is a fourth-year medical student. She grew up in Byram, MS, a small town outside Jackson. Sasha came from a loving, middle-class family. Her mother is a nurse practitioner in the army, while her father serves as the fire chief in their town and is also an assistant pastor at their church. Sasha's parents have been happily married for 29 years. She has an older brother and a younger sister, and her faith in God has always been the cornerstone of her life. Additionally, her parents instilled in her a strong work ethic and the value of education. Sasha has lived in Mississippi her entire life and realized the significance of representation. For Sasha, representation is crucial in achieving her dream of joining the medical field. It is inspiring for her
to see someone who looks like her in that field, as it makes her believe her dream is achievable.

Sasha hopes to inspire others to work hard and trust in God, just like her parents taught her, so
that they can achieve their goals.

Jacobi

Jacobi, a third-year medical student, is the youngest of three siblings, raised by both
parents in a two-parent household. He is a native Mississippian. Although he is from Jackson, he
chose to attend Alcorn State University in Lorman, MS, where he majored in biochemistry and
was involved in multiple extracurricular activities. Jacobi prides himself in making music and
often creates and recites his own lyrics. His peers describe him as a “Black man in a white coat.”

Chan

Chan is a second-year medical student from Chicago, Illinois, raised in Alabama. He
grew up in a loving two-parent household until his father died of colon cancer when he was nine.
Chan attended primary school in Hanceville and earned his bachelor's degree in biomedical
science from the University of Alabama. Through a rural medicine program, he pursued his
dream of being accepted into medical school and becoming a doctor to help those in rural areas.
Chan is grateful for his journey thus far and thoroughly enjoys his medical school experience.

Jay

Jay is a 2nd-year medical student from Tupelo, MS. Jay's parents never went to college
and struggled financially. Her mother often relied on government assistance to care for Jay and
her sister. Despite these challenges, Jay was the first in her family to attend college, earning a
bachelor's degree in biology from Mississippi State University. However, financial and academic
struggles caused her to take four years off before matriculating into medical school. Jay feels
fortunate to be where she is now and is excited to give back to her community one day.
**Deja**

At the time of the interview, Deja was a 4th-year medical student attending one of the Southern medical schools. She grew up with her brother and mom in Knoxville, TN. Her parents struggled with substance use, and much of her childhood was spent caring for her brother. Deja revealed that she was fortunate that most of her family lived within 20 minutes of her. She feels that without their help and support, she would not have been able to make it to where she is now. With her family’s help, she was privileged to attend a wealthy (predominately white) high school that prepared her well for college. She attended the University of South Carolina for three semesters, then transferred to UT Knoxville to be closer to family when her grandfather became ill. Deja double majored in Neuroscience and Psychology and graduated in 2018. She is now a first-generation physician completing her child neurology residency in Denver, CO.

**Trebor**

Trebor was a fourth-year medical student when the interviews were conducted. He completed his undergraduate studies at Alcorn State University with dual bachelor's degrees in Biochemistry and Molecular Biology. Recently, he graduated and became a first-year internal medicine-pediatric resident physician. He grew up in a two-parent household with two older twin siblings. Trebor's father is also a doctor, and he saw the medical field's negative aspects, including long hours, exhaustion, and a lack of time with family. As a result, Trebor initially did not want to pursue medicine. Instead, he wanted to study law at Oakland State University. However, he eventually decided to follow in his father's footsteps and pursue a medical career. Trebor's father suffered a stroke last year and can no longer practice medicine, but he can still complete his daily activities.
This chapter will analyze the data collected to address the research objectives specified in the first chapter. The following section presents themes and subthemes drawn from the 6 participants: Sasha, Jacobi, Chan, Jay, Deja, and Trebor. Participant experiences are organized around four themes and subthemes listed in Table 1.

**Table 1**
*Themes and Subthemes from Participant Interviews*

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**Theme 1—Imposter Syndrome**

Throughout the interviews, participants detailed their experiences, which serve as perceptions of their racialized experiences with the joint discussion topic involving feeling like imposters at their respective medical higher education institutions. African Americans generally experience imposter syndrome daily (Takyi-Micah, 2021). The term "impostor syndrome" was coined in 1978 by American psychologists Pauline Rose Clance and Suzanne Imes, related to women and the internalization of their success. Additional research over the past several decades was indicative that impostor feelings are not limited to women and concluded that imposter syndrome is most often experienced by people of color (Carver-Madalon, 2020), which makes
them feel like they are never genuinely successful. Imposter syndrome is also real in the medical field, as African-American medical students and doctors feel they have something to prove because of their race. This realization is further explored as CRT holds that race is an artificial association based on the appearance of skin color, hair texture, and psychological and behavioral tendencies, which can be deemed as good or bad by society (Rector-Aranda, 2016). The historical stereotypes and societal perceptions were created by the majority white majority, creating a system where Black people were supposed to be inferior and unable to self-rule (Graham et al., 2011). As such, African-American medical students must prove to others that they are worthy of the spot they hold in medical schools. This category was created using the voices of each participant in this study. Jacobi shared, "Every day, I feel like I must justify my place here, like I have to constantly prove that I am not a mistake or a quota filler."

This narrative is not isolated. Imposter syndrome is prevalent in academia as African-American medical students are often left feeling that they are not intelligent enough despite their numerous milestones.

The relationship between imposter syndrome and critical race theory lies in how systemic racism contributes to feelings of inadequacy and self-doubt among African-American medical student participants. The counter-stories reflect how students who have experienced discrimination or microaggressions may internalize these experiences and begin to doubt their abilities or qualifications. In this way, imposter syndrome can be seen as a symptom of systemic racism.

The participants’ experiences reflect feelings of having something to prove to the larger medical school, as African Americans account for a small percentage of the overall medical student population. When entering their respective medical school programs, Sasha, Jacobi,
Trebor, and Deja felt like imposters. The stories depict feelings of them not feeling good enough to attend medical school. The students questioned themselves and their ability to succeed. Furthermore, Sasha felt she had something to prove when beginning medical school.

For example, when asked, Trebor spoke about feeling imposter syndrome and having a target on his back while attending medical school. When he began medical school, Trebor felt he had something to prove to others. He attributed the targets on his back partially to the fact that he came from an HBCU (Historically Black College or University) and that he was one of a few Black students in his class. Trebor stated:

So, I came in feeling like I had something to prove, but I was very shell-shocked. I will not lie…So, when I first entered, I felt like I had something to prove.

As found in prior literature (Taylor, 2019; Hyman, 2009; Powers et al., 2016), for African-American students like Trebor, the challenge takes on new dimensions as a result of inherent racial prejudices in the educational system as well as societal stereotypes that cast doubt on their capacity for intellectual achievement. The phrase "I had something to prove" refers to more than just demonstrating to oneself or one's family that one can be successful in academic pursuits. Instead, the focus should be on challenging deeply rooted societal stereotypes about the capacities of Black people in general. When Trebor says:

So, I came in feeling like I had something to prove, but I was very shell-shocked; I will not lie. Therefore, when I initially arrived, I had the feeling that I had something to prove.

The increased pressure is reflected in the speaker's remarks here. The imposter syndrome, an internalized sense of intellectual fraudulence, is not his only challenge. In addition, he is coping with the additional constraints that come from the outside, such as the expectations of society. Throughout history, African Americans have been subjected to societal pressures that harm their intellectual capacities. Such constraints for African-American students include
diminished access to quality education, diminished access to employment, disparate rates of incarceration, reduced financial assistance, and lack of mentorship. Trebor understands that changing decades of exclusion, racism, and lack of opportunity for African-American medical students will not be fixed overnight and will require long-term efforts and creating awareness of reoccurring structural barriers (Post & Mitchell-Sodipe, 2019). The literature by Carver-Madalon (2020) further eludes that measures must be taken to help students overcome these constraints and build their confidence to act on their ambitions, as students may regret not making essential career decisions because of imposter syndrome in the future.

This extra strain of disproving societal stereotypes about one's ethnicity may heighten the sentiments of imposter syndrome and make it more challenging for students like Trebor. This distinguishes their experience from the imposter syndrome that a first-generation white student could have. Trebor’s firsthand accounts of struggle illuminated my study and fueled the need for additional questions to learn more about his experiences at his medical institution. The repercussions of having something to prove impacted Trebor during his first year of medical school as he struggled to adjust. Negative impacts included him failing a class at his medical institution, yet Trebor continued to preserve.

Trebor was not fond of the term "imposter syndrome" but agreed that the definition fit his reality at his medical institution. He described how imposter syndrome continues to have residual effects on his life as he allowed it to define him and his abilities while attending medical school.

Trebor's personal experiences detailed the struggles and triumphs he endured as he progressed through medical school. He described how feeling like an imposter in medical school humbled and humiliated him as he adjusted and gained the confidence to succeed and advance
throughout his final year. During the interview, he used a mathematic algorithm to explain how he was able to succeed at his medical institution. Trebor stated:

   Thus, my experience in medical school from a school standpoint was a very, very, very slow rising, like y equals mx plus B curve, like a slope type of thing. I was just hitting the steps. It was taking concise baby steps type of thing, but I finally got to the top, and I stayed there ever since.

Sasha reflected on similar experiences:

   It has made me want to prove it wasn't just a fluke that I got in, [and] I deserve to be here [medical school], and I want to show, and be here and show that I can succeed.

Sasha’s voice resounded hope and optimism despite the reality of not feeling capable of the success she strived for in medical school. Furthermore, Sasha felt optimistic for other African-American medical students from similar backgrounds, although their narratives are seldom heard. It was valuable and significant that Sasha voiced that African-American students from families without medical doctors can also succeed. As such, Sasha felt like an imposter because her background did not mirror either image.

Jacobi voiced similar sentiments of having something to prove when he began medical school. It was intriguing to hear Jacobi detail that only 2.5% of Black males serve in the medical field, which served as descriptors signifying how few African-Americans are in the medical school environment. Jacobi's confidence burst from the seams of the conversation when he stated, "So, it just feels like you naturally just got a bigger chip on your shoulder." He felt like an imposter when shadowing and rotating in the medical setting and receiving different treatment than other medical students from different ethnic backgrounds. He voiced being ignored by patients and medical staff in medical settings while constantly having to re-introduce himself and explain why he was rotating in the facility.
Deja detailed her perception of being an African-American medical student as impactful on her well-being. This difference was described in the words of Deja, who remarked, "Regardless of race, we're all experiencing imposter syndrome, but for minority students, that's quadrupled." Deja's remarks perfectly encapsulated the situation. Her comment highlights the heightened sense of inadequacy and the fear of failure that minority students often suffer, highlighting the need for more understanding and assistance. Deja further described how the narrative of feeling like imposters is pushed into the minds of African-American medical students by society, and after a while, they begin believing it. Even though interactions with prejudice might push some people to behave in ways that defy erroneous stereotypes, these individuals may still struggle with the conflict between their feelings and how society perceives them (Carr et al., 2012).

Furthermore, Critical Race Theory helps contextualize and explain imposter syndrome by examining how social power and privilege operate in medical schools. (Feenstra et al., 2020). As such, the implications of CRT help explain why individuals from marginalized groups are more likely to experience imposter syndrome by examining the historical and cultural factors that contribute to their marginalization, as African Americans are often underrepresented in medical schools and the medical profession. Therefore, it is necessary that medical schools re-evaluate and develop institutional diversity policies and guidelines and, more importantly, modify specific guidelines to create an environment where diversity is welcomed and included in the recruitment and retention policies for African-American students, faculty, and staff.

**Enduring the Crosshairs: Negotiating Racialized Spaces in Medical Education**

The theme "Enduring the Crosshairs: Negotiating Racialized Spaces in Medical Education" offers a profound exploration into the unique challenges faced by African-American
medical students, presenting a nuanced tapestry of experiences amidst the broader framework of institutionalized racism within the academic domain. At its core, the theme highlights the paradox of visibility. While African-American students stand out because of their racial identity, resulting in increased scrutiny, they face systemic invisibility in representation and inclusivity. The weight of this paradox is not just sociological but also psychological. Microaggressions, implicit biases, and racial stereotyping, as detailed in the findings by Owoseni (2020), are not merely external experiences; they internalize to shape perceptions, self-worth, and aspirations.

Moreover, the burden of constantly defying and dismantling racially charged narratives inflicts an immense cognitive strain, creating an academic experience that is far more demanding than that of their white counterparts. The historical backdrop, evident from the glaring underrepresentation statistics, further complicates this narrative. This is not just a remnant of past prejudices; it is an ongoing structural barrier perpetuating under-representation cycles by systemically disadvantaging potential African-American applicants from the foundational stages of their education.

Looking closer, the student narratives operate as testimonials, anchoring the abstract conceptualizations of racial bias into tangible, sensitive realities. Sasha's portrayal of feeling the need to "work twice as hard" and the metaphor of balancing on a tightrope captures the delicate interplay between academic pressures and racial consciousness. Similarly, Jacobi's sentiment of 'otherness' and Deja's assertion of being perpetually on guard are emotional reminders of these students' daily lived reality—a reality filled with emotional stress, identity crises, and constant self-validation. However, beyond these individual experiences lies a more extensive, systemic critique. The entrenched structural biases within medical education, as underscored by research such as Brooks and Watson (2019) and Taylor (2019), do not merely pose challenges at an
individual level; they threaten the very fabric of medical academia and its future. The medical field deprives itself of diverse perspectives, experiences, and innovations by sidelining a significant section of potential contributors based on race. Prior research in higher education underscores this issue, highlighting that these challenges are not isolated from medical education but are pervasive across academic domains. The urgency is not merely about inclusivity; it is about ensuring the excellence and progression of the medical field. As the narratives indicate, a profound transformation of the academic environment is imperative—not as an act of concession but as a cornerstone for a more equitable, diverse, and enriched academic future.

No One Looks Like Me—Finding Strength in Numbers

The subtheme "No One Looks Like Me—Finding Strength in Numbers" arose from the stories of five African-American medical students - Sasha, Jacobi, Deja, Trebor, and Chan. As a young African-American student entering medical school, navigating through classes, coursework, and clinicals can be challenging when few students have the same Black and brown complexion. It's important to remember that you are not alone in this experience and to seek support from peers and mentors. Keep pushing forward and remember that your unique perspective and experiences can bring valuable contributions to the medical field.

Research by Owoseni (2020) details that African-American medical students consistently reassure themselves that they belong in medical school. According to Smith (2023), having more African-American doctors can benefit the Black community and help to overcome the skepticism in the medical system; as such, it is essential to understand their perceptions of racialized experiences. The narratives detail African-American medical students’ reactions and how they navigate being an African-American medical student in the Southern United States. Research from the AAMC (2010) details how the historical exclusion of Black people from medicine has
impacted the current low percentage of practicing US doctors and the “institutional and systemic racism in our society.” As such, diversity and inclusion action items should be added to medical education's continuous quality improvement guidelines to address racism, and all medical education policies should be reviewed regularly to determine how they support diversity and inclusion efforts.

When I asked Trebor about his medical school class, his response was resounding. His story detailed how many students surrounding him in medical school did not mirror his complexion or family background. Trebor used the term "multifaceted" to describe his friends as he was disgruntled with the traditional way of saying that an African-American person has "white friends." He emphasized that he gained close friendships with non-African-American students while in medical school, yet the bond built with the 10 African-Americans in his class was priceless.

Trebor, Sasha, Jacobi, and Deja share their unique but interwoven experiences of feeling like outliers within their medical school cohorts, where African-American students were considerably underrepresented. Trebor found solace in a small group of fellow African-American students - a mere 10 out of his entire class. He emphasized the deep bonds he formed with these peers, stating, "If I knew I was having trouble or if I was in a pickle, I knew I could turn to one of those ten people, and they would have my back no matter what." This close-knit group became his support system, sharing each other's triumphs and defeats throughout their shared medical school journey. Similarly, Sasha found herself alone in a sea of unfamiliar faces on her first day of medical school. With a mixture of anticipation and apprehension, she navigated the auditorium only to find that none of the students trickling in mirrored her African-American
complexion. Not until later did Sasha discover a small group of 10 African-American students in her class, a minuscule percentage of the total cohort of 165.

Jacobi's narrative echoes Sasha's, detailing a similar disproportion of racial representation within his medical school class. He noted, "It was 167 in my class starting, and I think we had 14 Blacks." This constitutes a low figure of about 8.3% African-American students within his cohort. Deja's story added further context to this theme as she struggled to recall the exact number of African-American peers in her medical school class. She estimated 10 out of nearly 160 students with a soft chuckle. Deja highlighted the importance of racial representation, particularly given her experiences in a city with a predominantly African-American population.

As I interviewed additional participants, each narrative found commonalities between them and added relevancy to the overall study. By the time Chan's interview occurred, he unknowingly added a significant amount of richness to my study with his detailed response to each question.

Chan’s feelings mirrored other participants when describing the low number of African-American students in his class. He felt “underserved” by the University as he recounted his experiences during med school and how they resonated from the perspective of an African-American male. Chan's experiences were like those of the other participants in that he, too, saw a low percentage of African-American students in his classroom. This was a common theme. He said that he felt "underserved" by the University, which, in his opinion, did not provide sufficient support for the institution's African-American students. Overall, he described the lack of mentorships available for African-American students and study resources left him feeling “underserved” by his medical institution. His experiences throughout medical school were formed not just by the stringent academic requirements but also by the obstacles and
expectations of his identity as an African-American male. This was the case because of the severe academic demands placed on him.

As one of the few African-American students, Chan often found himself as the only representation of his ethnic group in various settings, including lectures, study groups, and clinical rotations. Because of the nature of this role, there was an increased level of pressure and scrutiny. Sometimes, he felt an underlying pressure to achieve higher than his colleagues to debunk misconceptions about his skills. He felt this need to disprove the assumptions that were made about him. This additional strain is specific to students of color navigating primarily white areas.

In addition, Chan struggled with the harsh reality of seeing a few other people who looked like him working in the medical sector, both inside his faculty and more generally. Chan stated:

I feel like with med school, I will say, especially as an African-American male, I feel like we're very underserved. I feel like there's not a lot of African-American students. Whenever I came here, one of the things that was notable that they were talking about during orientation was that we broke the record for the amount of black males in our class. And then the number was literally nine, nine out of 200. Moreover, that was very shocking because I went to undergrad here.

It was difficult for him to envisage his future in medicine due to the absence of African-American role models; this was a challenge he did not have to confront compared to his contemporaries who did not come from a minority background. This underrepresentation also meant that there needed to be more mentors who could empathize with his experiences and advise him through the specific obstacles he encountered as an African-American male working in medicine. Chan was subjected to various prejudices and microaggressions that he did not share with his peers. These experiences, such as his being mistaken for a non-medical staff member or experiencing subtle bias in assessments, reinforced his sentiments of being an
outsider and underlined the discrepancies inside the institution. His path through medical school was impacted by these events, which were unique to his viewpoint as an African-American man. They also underlined the vital need for improved diversity and inclusiveness within medical education.

He remembers the accolades received during new student orientation as his class broke the record for the number of African-American males enrolled in medical school. However, the nine African-American males out of 200 students shocked Chan as he hoped to see more African-Americans accepted and enrolled. Chan stated:

So, nine is just black males. Okay, Black women, though, are about 13 or 14. So, in total, I would say it's about 22 black students. And even though I still feel like that's a good chunk, I've always thought that the black males being a small amount was always shocking to me because, with nine out of 200 people, I think the statistic of that is very low. And I feel like that's very shocking because of the fact that we need representation. And I knew at the end, when I was young, I knew I wanted to be a doctor. Moreover, that's one thing that I was just always so interested in. So, I’m just finally getting to this point, and then seeing how that's just a small number, that's not a tiny dream, that's just a dream for a small number of people is very shocking, especially people that are just like me.

The low statistics were bothersome for him as he knows the importance of representation in the African-American community. Despite the small number of African-American students in Chan's class, he found strength in the numbers. Chan detailed:

I feel like that even though there's a small amount of us; there's still that bond that we have, especially among the Black males, but as well as the Black women and just building that.

Critical Race Theory (CRT) provides insight into the resilience shown by African-American medical students such as Chan. The story told by Chan highlights the significance of resilience for African-American students as they navigate the predominately white medical school domain. The connection among the African-American students is a source of community and strength, even though they are significantly underrepresented in the student body. This
connection between Black males and Black females paves the way for reciprocal support, shared understanding, and collective empowerment. CRT serves as a barrier to protect them from the microaggressions and systemic prejudices that they often encounter in the medical sector.

One of the critical ideas of CRT, which is counter-storytelling, is shown in this resilience. By their dogged determination, these students challenge the prevailing narrative on the kind of people who should work in the medical industry. They assert that not only do they belong to the medical profession, but they also offer vital viewpoints and abilities that contribute to its advancement. Their mere existence and the success that they have achieved are acts of defiance against the structural hurdles that they are up against.

The awareness that the information gained through the experiences of African-American people is both valid and essential to comprehending and overcoming racial inequity. Therefore, when seen through the perspective of critical race theory (CRT), the resilience of these African-American medical students is not only a personal quality; instead, it is a kind of resistance, a monument to their experienced knowledge, and an essential component in diversifying the medical profession and improving healthcare for everyone.

Chan was thankful for his bond with the African-American students in his class. Like Trebor, Chan found being around a small group of African-American students comforting and reassuring. He detailed that being around the right people is essential to staying determined while in medical school, as the dream of becoming a doctor is primarily a "small dream for a small number of people that are just like me."

Overall, the counter-stories detail how African-American medical students developed coping strategies to navigate their challenges, such as seeking peer support or finding mentors
who can offer guidance and affirmation. Yet, the lack of diversity among faculty and leadership can limit their opportunities for mentorship and role modeling (Jackson, 2022).

For African-American medical students, the lack of diversity among faculty and leadership roles may drastically limit the chances for mentoring and role modeling that are available to them. Research backs up this assertion, showing that a lack of racial and ethnic diversity in academic medicine's leadership positions may harm the professional development of students from underrepresented groups (Jackson, 2022). According to von Hippel et al. (2005), the presence of role models who share a person's ethnic and cultural heritage may play a vital role in the process of developing a sense of belonging, overcoming feelings of impostor syndrome, and successfully navigating the specific hurdles that a person may encounter. As a result, the efforts to improve diversity in academic medicine's faculty and leadership roles should be a significant priority in the field.

The narratives of the African-American medical students Sasha, Jacobi, Deja, Trebor, and Chan shed light on the pervasive underrepresentation in the medical education system, specifically within the Southern United States. This underrepresentation has profound implications on the experiences of these students, shaping their academic journey, social interactions, and psychological well-being. Navigating predominantly white institutions (PWIs) can be met with challenges for students of color, as (Strayhorn, 2019 and Owoseni, 2020) both articulate the need for a sense of belonging in educational environments and how race, as a pivotal social identity, is influential. Interestingly, despite these students being part of prestigious institutions in the Southern United States, they consistently must reassure themselves of their rightful place. The AAMC’s (2019) discussion on the historical exclusion of Black individuals
from the medical field further emphasizes the value of diversity, implying a systemic problem rooted in historical biases and prejudices that continue to perpetuate these disparities.

Critical Race Theory (CRT) is a valuable lens for understanding these lived experiences, asserting that racism is ingrained in the fabric of American society. The resilience displayed by these African-American students, supported by their close-knit community within the medical schools, becomes a counter-narrative to the mainstream discourse. These counter-stories not only challenge the stereotypes and misconceptions about African-American students but also emphasize the value of their unique perspectives in the medical field. The subtheme, "No One Looks Like Me—Finding Strength in Numbers," goes beyond a mere statement of racial discrepancy in numbers; it speaks to these disparities' emotional, psychological, and social implications. The importance of mentorship and the influence of faculty diversity underscore the need for systemic changes in the medical education sector, as pointed out by Jackson (2022). Diversity in leadership and faculty is not just a box to be checked. However, molding the next generation of culturally competent medical professionals who represent the communities they serve is crucial.

**Theme 2—African-Americans as Devalued Medical Professionals**

The devaluation of African-American medical students is categorized in this section as a form of systemic racism. It is another example of how America has devalued African Americans since they first arrived in the British colonies in 1619 (Jackson, 2022). This theme was created as African-American physicians commonly experience overt and subtle workplace discrimination from medical and non-medical leadership, colleagues, and patients. When African-American students experience discrimination, there is a direct association with adverse career outcomes and unwelcoming work environments (Owoseni, 2020). These cultures of workplace silence
centered around experiences of discrimination, pressure to take on diversity-related tasks, and feelings of isolation, fatigue, hurt, and invisibility (Owoseni, 2020), as reflected in the following subcategories.

**The White Coat Effect**

The subtheme "The White Coat Effect" highlights the challenges faced by African American medical students regarding their white coat status in medical school. Furthermore, the significance of the white coat as a rite of passage for medical students cannot be overstated. It has been a symbol of the medical profession for over a century, representing professionalism, respect, and the noble calling of medicine. The white coat is particularly important for African-American medical students as it helps them receive the respect and distinction they deserve as medical professionals. Unfortunately, many African-American students still struggle to gain respect in the medical setting, which has been described as the white coat effect. The counter-stories describe how Sasha, Jacobi, Deja, and Chan overcame the white coat effect while pursuing medical degrees at their respective institutions.

Sasha described her white coat effect experience in the clinical setting as she was mistaken as a nurse instead of a doctor by one of her patients. While she stated that “I don't really take it personally at all,” this experience is congruent with previous research as African-American medical students seen wearing hospital scrubs are often mistaken for non-physician hospital staff, including technicians, patient escorts, or custodians if they decide to take off their lab coat and stethoscope before entering other areas of the hospital. This specific intersectionality exposes her to a form of bias that non-male white professionals may not experience to the same degree. Indeed, other research has noted this nuanced disparity, suggesting that African-American women in medicine face a 'double jeopardy' where they must contend with gender and
racial bias (Nelson et al., 2023). The essence of Sasha's experience is not just about being mistaken for a non-physician but the persistent underestimation of her capability and potential in a space where she rightfully belongs.

Jacobi described his white coat effect experience similarly, as he did not fit the nerdy stereotype perceived by society for Black male doctors. His experience includes educating the African-American community to get more exposure medicine to the Black males in Southern states to mitigate the stereotypes. However, rather than allowing this disjunction to discourage him, Jacobi embraced it as a source of inspiration. He decided to transform this perceived disadvantage into an opportunity to motivate and instruct, seeing that his experience and identity may serve as a point of relatability for young Black males.

His experience is not limited to his own personal struggles; it also involves a proactive desire to introduce members of the African-American community, especially young Black males living in the South, interested in medicine. Jacobi intends to dismantle these prejudices and encourage future generations to consider medicine a viable career choice by revealing his personal story and challenging conventional preconceptions about what a Black doctor should look like. This project is about breaking down barriers establishing new narratives, and cultivating a culture in which black males are encouraged to strive for success in disciplines like medicine, which are often perceived as being beyond their grasp. The narrative of Jacob's life is a tale of adversity and perseverance.

Deja’s perception of racialized experiences aligned with CRT’s interest convergence as her perceived race was used to promote the medical programs at her institution. Historically, the tenet of interest convergence stipulates that Black people achieve equal rights only when the whites' and Black people's interests meet (Donnor & Ladson-Billings, 2018). She urged that she
had been singled out due to her race, as she identifies as an African-American female despite her biracial ethnicity. Deja felt that the administration at her institution used her brown likeness to help the image of diversity and inclusion of the white coat at her institution, hence the idea of a convergence of interests. She stated that she was targeted to help represent a unified and diverse college campus. Specifically for "doing promotional videos or taking pictures for advertisements or whatever. It seems like they're always asking students of color to participate in these things, and I know that's something that happens across the country."

Chan ignored negative stereotypes about his medical student status. Chan’s narrative highlighted the racialized experience of being perceived as dumb educationally, which fueled the stereotype that African Americans are educationally unfit to serve as medical doctors. Chan disagreed with the perceptions and detailed how hard he worked to obtain his educational pursuits. As such, he stated, "I know that these people [white peers] will have a wake-up call when we get to clinical, but hopefully, they learn how to navigate and just push forward and be more willing in the future to be inclusive." Chan further detailed the impact of stereotyping and how the pandemic was an additional barrier for African-American medical students. Chan stated:

But I think in terms of just across the nation, I just feel like Black students have to juggle, I guess all of this talk about, I guess this whole respect thing with when it comes to doctors that we've really been getting away from ever since the pandemic, just normally I felt, I feel like the respect for doctors has gone down and I feel like it's going to go down even worse for a lot of Black students in the future.

In the face of these mounting challenges, however, the inherent resiliency of students like Chan becomes ever more pronounced. Navigating a landscape where respect for physicians is seemingly declining, coupled with the unique set of adversities faced by Black students, could quickly become an insurmountable burden. Yet, it's in these trials that their strength truly shines through. Chan's perspective reflects a resilience deeply ingrained within the Black student
community. This resilience, though born from necessity, is a testament to their tenacity and commitment to their medical journey. Despite the societal pressures and additional hurdles, they remain undeterred in their pursuit of medicine, willing to confront and overcome the obstacles in their paths.

According to CRT, marginalized groups' lived experiences and narratives, such as African-American medical students, are valid, critical, and integral to understanding and addressing racial disparities (Jackson, 2022). In this case, their experiences of adversity and their responses to these challenges provide invaluable insights into their capacity for resilience and fortitude in the face of systemic barriers. However, this resilience should not be seen as a requirement or a justification for the persisting disparities but rather a call to action to address the systemic issues causing these adversities. The unwavering strength and resilience of students like Chan underscores the pressing need for meaningful change within the medical education system.

The narratives of Sasha, Jacobi, Deja, and Chan highlight the intricate interplay between individual resilience and systemic barriers present in the educational journey of African-American medical students. Historically rooted stereotypes, such as those explained by (von Hippel et al., 2005), not only create a stereotype threat for African-American students but also act as a persistent challenge they must navigate while pursuing their medical careers. The “white coat effect” described in these accounts illustrates more significant institutionalized biases in medicine, where the intersectionality of race and professional identity produces unique experiences for Black professionals (Nelson et al., 2023). Beyond individual interactions, this effect raises questions about institutional dynamics, representation, and the very essence of professional identity in medicine. The presumption of incompetence or the sabotage of Black
professionals to fit preconceived constructs points to the deeply entrenched racial biases within the medical community and society.

Further, Deja's experience resonates with the tenet of interest convergence, a concept from Critical Race Theory (CRT), which suggests that benefits accruing to marginalized groups often align with the interests of dominant groups (Donnor & Ladson-Billings, 2018). The tokenistic use of Deja's identity for institutional branding exemplifies this, where institutions may superficially project inclusivity without enacting meaningful systemic change. Chan's resilience, while inspiring, echoes concerns raised by (Delgado & Stefancic, 2013) regarding the danger of accepting narratives of perseverance without addressing the oppressive systems that necessitate such resilience. As these stories converge, they underscore the urgency for academic medicine to go beyond superficial measures of diversity and inclusivity. Real change necessitates a deeper introspection into curricula, institutional cultures, and the mechanisms perpetuating racial disparities in the medical field. The burden should not rest on marginalized students to constantly adapt and overcome; institutions must actively dismantle the barriers that necessitate such resilience.

**Microaggressions and Discrimination**

The subtheme, “Microaggressions and Discrimination,” was created as microaggressions are prevalent daily among medical students from minority backgrounds. It is essential to be mindful of our words and actions' impact on marginalized groups. Microaggressions, which are subtle put-downs that can happen automatically, can be very harmful and contribute to a larger culture of discrimination (Espaillat et al., 2019). We must be aware of these behaviors and work to avoid them in our interactions with others. Microaggressions, although often dismissed as
isolated incidents, can lead to a decrease in self-esteem and cause feelings of anger and frustration when they occur frequently (Espaillat et al., 2019).

The CRT tenet of counter-storytelling (Hiraldo, 2010) was significant as participants detailed their feelings of microaggressions and discrimination while attending medical school. Counter-storytelling is a method of telling the stories of people whose experiences are not often told and is next explored as African-American students' experiences are a critical component of this research. McCoy and Rodricks (2015) examine counter-storytelling as a primary educational research component. Specifically, the tenet of counter-storytelling is displayed as counter-narratives, personal testimonies, and stories to provide insight into discrimination and racism within higher education. The counter-stories in this section detail how African-American medical students experience microaggressions, such as being mistaken for a service worker or having their credentials questioned, as well as more overt forms of discrimination, such as being excluded from opportunities or subjected to derogatory comments. These experiences can create a sense of isolation and undermine the student's confidence in their abilities. The participant's counter-stories detail how some remarks were subtle while others were blatantly disrespectful; this subtheme depicts the African-American medical student’s perception of racialized experiences in medical school.

More importantly, the tenet of counter-storytelling is essential to unraveling patterns of systematic inequalities and oppression (Sleeter, 2017). As such, The African-American male student participants provided insight into microaggressions and discrimination. As such, the African-American males in this study, Trebor, Chan, and Jacobi, all expressed feelings of racialized experiences because of their identifying as African-American and male. Studies
suggest that over a year, approximately 98% of African Americans experience some form of racial discrimination, including being called a racist name (Tinsley-Jones, 2003).

Trebor experienced microaggressions from his white medical school classmates because of the backpack he carried to class daily. For Trebor, the HBCU backpack was a memento of the hard work that ensued during the first four years of his academic pursuits as he prepared for medical school. Trebor was very proud of the foundation created by the undergraduate University, and the backpack gave him comfort and confidence to keep pushing. However, an unprovoked medical school classmate mocked him for the backpack and offered to take him to the bookstore to purchase him a new backpack that was more fitting. Trebor repeated what was said and explained how his fellow student's insensitive comments towards his HBCU bag caused him significant discomfort. He stated: "And they were like, oh, well, we want you to have a book bag that's more representative of the institution here… and I kindly told them to stop talking to me.” Trebor’s experience speaks to a subtle type of microaggression, a microinsult, which is sometimes masked by ambiguity and may be offensive to certain people.

The advice that he switches to a backpack that is "more representative of the institution" might be seen as a form of microaggression because it indirectly downplays the significance and value of his HBCU background in the context of his new academic setting. Even though Trebor's classmates were unaware of the country of origin of his backpack, the fact that he may have seen this as a kind of microaggression is not invalid. This is because microaggressions often take the form of dismissals or underestimations of someone's racial identity, even when the offender is unaware of the potential damage their behavior may cause (Sue et al., 2007). In this case, the underlying meaning of the statements made by Trebor's classmates hints at his need to adhere to his medical institution’s identity, which overshadows his identity related to his origins at a
previous undergraduate institution. Trebor’s interpretation of what happened is essential, and the discomfort he felt because of the contact proves that it was microaggressive in character.

Notably, not all microaggressions and discrimination are loud and heavily dramatic, but as Powers et al. (2016) say, they can negatively affect a person. As detailed by Trevor, microaggressions are often subtle and build up over time for medical students. Chan's experiences were similar to microaggressions at his medical school. His experiences were centered around racialized experiences during medical school lectures. Chan detailed how his white peers disregarded helpful lectures being presented to the class about microaggressions. He stated: "I personally felt very irritated" with students shopping for shoes during the lectures or stating that they did not know what microaggressions were and resisted the idea of having an open mind to the new information. It is not the act of students shopping for shoes during lectures that is at the heart of the microaggression; instead, it is the student's reluctance to recognize the reality of microaggressions and their effects. Because it seems to ignore and invalidate the experiences of persons habitually exposed to such hidden forms of discrimination, this lack of openness and understanding may be viewed as a microaggression in and of itself. This is because it seems to discard and invalidate those individuals' experiences.

This dismissive attitude may lead to sentiments of marginalization and exclusion, which may be especially detrimental in the context of a medical school, which is an environment that requires inclusion and respect across varied cohorts of students. Although a single microaggression may seem minor, repeated instances may result in deep alienation and uneasiness. Notably, the negative impacts of microaggressions are typically connected to the cumulative nature of the microaggressions themselves.
In this scenario, a student going shoe shopping during a lecture could not be considered a microaggression in and of itself. However, it can contribute to an overall environment of disdain or contempt. This kind of behavior, especially if the lecture is on racial problems, diversity, or inclusiveness, can amplify dissatisfaction and the idea that concerns and experiences linked to racial microaggressions are not being given the significance they deserve. The fact that the student views this behavior as part of a broader pattern of dismissiveness may help to understand why they must communicate their dissatisfaction.

Chan's counter-stories reflect McCoy and Rodricks (2015) discussion of how White students consistently display disrespectful attitudes in classroom settings while African-American students are continuously challenged to prove their credibility. Chan stated: And feeling very put off with all of this, even though that one of those topics that's not necessarily specifically for African-American people or the LGBTQ community or anything like that, it is just something to understand.

Jacobi did not hesitate to be more open to his perceptions of racialized experiences at his medical school. Early in the conversation, he asked me, "Can I cuss?" At this point, I knew I had established the necessary rapport with him to obtain unfiltered information regarding medical experiences at his medical school. Jacobi highlighted with intensity the moment his white classmate casually used the term "real nigga" in a comfortable conversation while attending medical school. Jacobi stated:

Oh, I got called a nigga, a real nigga, my white classmate, first year of med school. He described how his white classmate felt comfortable making him uncomfortable in a conversation regarding the Cha Cha slide dance. The white classmate said that the white students on the dance floor were not doing the dance correctly and "they need some real niggas out there."
Jacobi was stunned that the student was comfortable using the term "real nigga," so he asked again to ensure he heard him correctly. The triggering moment in the discussion was surrounded by the fact that Jacobi knew that his classmate was using racist remarks. Nevertheless, he knew any form of retaliation would automatically cause him to be the aggressor. Jacobi stated:

    My mindset was just, I got too far. I already know how hard it is to get this far to lose it all right here right now over this comment. So, I just had to be the bigger person that day... I was like, dog, don't ever say that shit to me again in your life.

Jacobi detailed the presence of a double standard and more invisibility for him as a Black man while working in the clinical setting and seeing his white peers vaping in the restricted areas.

“I know I done seen white boys vaping in the hospital, vaping in the lounges, vaping in the bathroom, vaping on the elevators, doing all this crazy stuff that I know if the moment I it did, I'd be out of there. But they do it blatantly, and it is not even discussed."

Jacobi's experiences illustrate a double standard that is all too prevalent. According to Jacobi, his white peers enjoy an implicit exemption from specific laws and standards inside the clinical context. This double standard may make him feel as if he is continuously negotiating a field that is filled with invisible landmines; a single mistake might result in severe repercussions for him, while others seem to disobey these laws with impunity, which can make him feel as if he is constantly navigating a field that is filled with invisible landmines.

The jarring picture of his white peers vaping in restricted places, which is considered unprofessional and a violation of hospital laws, is a prime illustration of this point. Jacobi claims that this behavior was carried out openly and boldly, without any fear of being reprimanded. Jacobi, on the other hand, was aware that the repercussions of his actions would be severe and immediate if he were to act in the same manner. This is not just about vaping; it is about the concept of fairness and the experience of having the sensation that, as a Black man, he is held to
a different and stricter set of norms than others. Because of this double standard, he has the impression that he is being watched constantly while the behaviors of his white peers are allowed to go unabated. This has the effect of making him feel invisible. This is a concrete example of the "invisibility" that he talks about; he is visible in terms of inspection and the possibility of punishment, but he is invisible in terms of enjoying the same rights as his white peers.

Like Jacobi and Chan, Trebor detailed how discrimination hits home at his medical school and that there are several different forms of discrimination. Trebor stated:

It is so difficult to navigate the world of medicine in medical school because you are not allowed to be yourself half of the time. You can never express outrage; you're not allowed to express distaste; you're not allowed to express disagreement with something; otherwise, you're labeled as combative, or you're labeled as not receptive to feedback, or you're labeled as disengaged.

Trebor expressed that his experiences with discrimination in medical school were highly frustrating. However, he detailed how Black women in medical school have a more difficult time depending on the area of specialty that they choose. Trebor commented:

The discrimination we face as Black males in medicine is palpable, but the challenges Black women encounter can be even more complex. Depending on their specialty choice, they may face not only racial discrimination but also gender bias. It's a multifaceted struggle that demands our attention and action.

This statement underscores the intersectionality Black women in medicine often face, contending with racial and gender biases.

Chan was taken aback by the discrimination and negative encounters at his medical school. He detailed how students accepted into medical school are supposedly the best of the best students and how their perspectives should be more open and accepting, yet this was not the case. He described feeling ignored and unable to articulate critical issues with his white classmates. In a comprehensive review, Smith (2021) stated that bias, discrimination, and a lack of cultural competency could harm the educational environment for minority students and may
contribute to a cascade effect on the healthcare of minority patients. Chan's observations align with these findings, and they show that this is a problem that needs to be addressed. This study contributes to the discussion by supporting Chan's emotions of alienation and the expectation that the setting of medical school, which purports to be comprised of the best of the best, should encourage inclusion and acceptance yet often falls short of achieving this goal. Chan stated:

I was right all along, and then they were just like, oh, okay, whatever, let's go to the next one. And I was just like, okay, well, this is annoying because I felt like it was just like you didn't really equate my knowledge to your knowledge, and you just ignored that.

These encounters caused Chan to feel excluded as he was the only African-American student in the group. His experiences were considered not as competent as his white peers. He felt that his knowledge was not sufficient for the needs of the group, hence leaving him feeling invisible, like Trebor. The observations made by Chan are consistent with the results of research carried out by Hlavinka (2020). They concluded that minority medical students, such as African-Americans, are often subjected to stereotyping and microaggressions, which may result in sentiments of exclusion or a devaluation of the academic and professional qualities that they possess. This continual undercutting adds to a perceived lack of respect for their intellectual achievements, a sentiment both Chan and Trebor mirrored in their separate experiences. This emotion is a result of the fact that their efforts are seen as being invisible.

The experiences of Trebor, Jacobi, and Chan provide a distressing window into the daily challenges Black medical students face. The presence of microaggressions, both subtle and overt, illuminates the complex dynamics of racial prejudice embedded within educational institutions. Chan's experience, for instance, is emblematic of how passive forms of discrimination, such as dismissive behavior during a lecture about microaggressions, can be just as damaging as more explicit acts. This sentiment echoes Powers et al. (2016), who highlighted the insidious nature of
microaggressions and their ability to affect an individual negatively. It is not just about overtly racist remarks but a culture of insensitivity, invalidation, and ignorance. Such behaviors contribute to an educational environment where minority students constantly feel marginalized.

Jacobi’s encounter with a white classmate casually using racially derogatory terms exemplifies the audacity with which some individuals navigate spaces, oblivious or indifferent to the harm they cause. This incident, however severe, is more than just an isolated event. It represents a more extensive network of structural and systemic prejudices that racial minority students navigate daily. As McCoy and Rodricks (2015) posit, the behavioral patterns displayed by White students in classroom settings create a burdensome atmosphere wherein African-American students are perpetually in defense, having to validate their credibility. Trebor’s experiences further accentuate the multi-dimensional nature of discrimination. His insights on the challenges faced by Black women in medicine reveal the intersecting nature of racial and gender biases. Intersectionality, a term coined by Kimberlé Crenshaw, underscores how multiple forms of discrimination can overlap, producing unique challenges for individuals at these intersections. Finally, the sentiments expressed by these students, from feelings of invisibility to being treated as less intelligent, mirror the findings of Hlavinka (2020). In sum, these narratives underscore the need for a radical rethinking of institutional policies and cultures, moving beyond tokenistic measures toward genuine inclusion and equity.

**Theme 3 – Barriers - Struggle for Survival**

Medical school’s rising costs and the accompanying soaring debt after college are categorized as massive barriers for aspiring African-American doctors. The average student loan debt for doctors is approximately $200,000, which has been shown to inhibit African-American students’ progression as they seek medical degrees (Smith, 2021). Affordability must be
understood from the sociocultural aspect as African-American students and their families from low-income backgrounds struggle the most (McDonough & Calderone, 2006). The third theme, *Barriers- Struggle for Survival*, consists of two subcategories that help to explore further how African-American medical students struggled to survive financially.

**Lack of Resources**

The struggle of African-American students' pathway to graduation from predominantly white institutions with white-based curricula has been well reported (Rogers-Ard, 2019) as African-American students continue to struggle due to lack of resources (Smith, 2021). Parker (2015) added that racism had been rooted within structures and discourses that guide the daily processes of colleges and universities.

Everyone in this research project detailed their difficulties while in medical school. These challenges included a wide range of spheres, such as monetary obstacles, problems within the family, difficulties in obtaining transportation, and, most significantly, restricted access to essential academic resources. Deja's ordeal was a prime example of these challenges and painted a sobering picture of the fight for survival. The paucity of resources, most notably exam preparation material for the Medical College Admissions exam (MCAT), was cited by all six participants as a significant obstacle that directly influenced their journey through medical school. According to one of the test takers, Sasha, the problem was not that the MCAT had an inherent bias. However, the problem resided in the fact that it was only an exam that students could approach with extensive studying, and studying required resources that came at a significant expense.

Furthermore, students were only able to approach the test with intensive studying. As a result, the lack of access to these resources became a huge hurdle for these prospective African-
American doctors, especially Deja. This was because financial constraints hampered their ability to utilize these resources. Sasha stated:

The resources there are not cheap at all, even on the AMC website to get; I think one of the question banks is upwards of a hundred dollars for one question bank, and they have four or five or some odd different ones. But the book section to study for Kaplan and Princeton Review and stuff those are not cheap. They're like 200 and 300 dollars.

Sasha further detailed how some test banks were not helpful after she purchased them, yet there is no way to get her money back.

Trebor, agreeing, described the MCAT test as a significant obstacle for African-American students. He vocalized how medical schools limit the number of African-American students who apply because they need the opportunities, connections, or know-how to circumvent the barriers. He detailed: "We've made a lot of strides in trying to combat that [barrier], but it still is a very pertinent barrier to be aware of." Trebor knew that being African-American meant that he would have to work harder in medical school. He described how many of his classmates had the entire tests for the entire year and did not have to put forth nearly as much effort to prepare. Trebor stated:

You wonder why they're sitting in Boca Raton [tropical destination] half of the semester while you're sitting over in the books like 16 hours a day trying to just make a 50 on a test. And it's just just part of that thing where you weren't in the in-crowd, you weren't privy to that knowledge, you weren't privy to those resources because you didn't look like them [white students].

Trebor used the analogy of not having the family's blessing and working extra hard to survive. The lack of resources for Trebor included financial discrimination and race as major components that hindered and deterred African-American medical students. He vividly detailed how some students spent more than $3,000 on testing and study material while noting that the actual test needed to be calculated into the $3,000. Furthermore, tutoring was an additional expense that most medical students could not afford. Trebor stated:
And then you talk about tutors; most black people can't afford them. My friends had told me that they got tutors\(^1\); they started out at $5,000.

This situation underscores the implications of such barriers for African-American students: not only do they struggle more to survive in the rigorous academic environment of medical school due to the lack of resources, but the challenges they face are also significantly magnified due to the intertwined factors of race and financial inequity. Therefore, addressing these issues is a matter of individual effort and a call for systemic changes that can level the playing field for all students, irrespective of their race or economic background.

Financial strains significantly impact African-American medical students as the cost of the study material is not factored into the equation of tuition and fees and serves as a factor prohibiting African-American medical students from completing medical programs (Powers et al., 2016). The significance of Louise Seamster's research on the relationship between racial identity and the burden of student loan debt cannot be overstated. According to Seamster, the racial wealth gap is a factor that further compounds the situation by placing a more significant financial burden on students of color, particularly African-American students (Seamster & Charron-Chénier, 2017). This highlights how the systemic structure of racial and economic inequality creates a financial barrier far more difficult for African-American medical students to overcome than for students of other races. The end consequence is not only an individual fight but also a systemic hindrance that has the potential to slow down the process of diversifying the medical profession.

Considering these systemic disadvantages, this added financial burden and the racial wealth gap stresses the need for more comprehensive financial assistance and resource allocation

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\(^1\) Trebor has completed medical school and now serves as an AHEC (Area Health Education Center) Scholar, mentoring and supporting future medical doctors while giving back to underserved communities. His dedication to medicine is truly unwavering.
policies. These measures must consider these structural inequalities. We should strive to increase the number of African-American students enrolled in medical schools and do all in our power to guarantee that those students are successful in their studies and ultimately get their degrees.

Trebor further detailed how his friends would spend $20,000 to pass a class and almost bankrupt themselves. In summary, Trebor felt that the discrimination experienced in medical school is something nobody prepares students for and is often difficult to explain.

Deja did not understand the various processes involved with medical school, including the MCAT\textsuperscript{2}. She needed to know the resources required to progress from one phase to the next. She stated:

I didn't know what step one was. I didn't know what step 2 was or any of that until I started medical school. I didn't know that there are all these resources that you're gonna have to pay for when you get there. There’s just a lot of things I didn't know. I walked into this very blind.

Deja's struggle for survival was pertinent to creating themes in this section as she dived into her personal family history to help create a visual of her struggles and the importance of achieving success as a medical student. Her background built the narrative as her parents struggled with substance abuse during her childhood. As a result, Deja spent a significant amount of time caring for her younger brother. Deja's village consisted of grandparents and aunts, who were heavily involved in her life. She credits them for ensuring she had a good education, clothes, groceries, and necessities.

Chan also agreed that the additional costs for study materials often cause an additional financial burden and barrier to African-American students. He described arriving for an exam and having trouble understanding the context of the questions being asked. Chan was often

\textsuperscript{2} In my current role, I have initiated an MCAT preparatory program to provide free study materials to students from disadvantaged backgrounds, specifically African American students in their gap year. The goal is to eradicate the cost barrier for students and boost their knowledge and confidence in test-taking.
overwhelmed when taking tests as he did not have adequate resources to prepare for the exams. To overcome barriers, he continued to persevere. He stated, "And then I'm also trying to seek out more questions online and asking my mentor about these different things just to see if he knows any good resources to test myself and get a little bit more experience."

Jay’s voice resonated like others when describing the struggles related to MCAT preparation. Her story strengthened the theme by detailing the importance of preparing for medical school tests before enrollment. She detailed the financial burden, accessibility, and time constraints required, which cause challenges to many pre-medical and medical students. She attributed her success to overcoming barriers and stated: "I think, like I said, BRIM [Black Representation in Medicine] does a really great job of helping them find resources or helping them get free resources."

Sasha's challenges, such as financial loads, accessibility problems, and time limits, are not exclusive to her alone. Instead, they are examples of a widespread and systemic problem that has a disproportionately negative impact on students of color who are pre-medical and medical students. Historically, educational achievements are often determined by the interaction between racial background and financial standing. Her tale, along with the experiences of countless others, exemplifies this interaction (Paschall et al., 2018).

Sasha's participation in the Black Representation in Medicine (BRIM) program is a testimonial to these students' resilience and capacity to seek out and use available resources to overcome obstacles. BRIM stands for "Black Representation in Medicine." However, it is essential to remember that this is not a simple road or the one most suited for all students. The fact that African American students are required to look for these extra resources exemplifies the systemic flaws in how education, especially medical education, is organized and supported.
These experiences, when considered within the framework of Critical Race Theory (CRT), shed light on the intersections of race and class, illustrating how the system often works to the detriment of those who come from marginalized backgrounds. When one takes into consideration the need for "Shadow Education," which is a phrase that refers to supplementary educational services such as private tutoring, exam preparation, and enrichment courses, such inequalities become readily apparent. Students of color, who may not have the financial resources to access these services, are further marginalized due to the presence of these supplementary resources, which often come at a significant cost. Baker et al. (2012) found that this created an unequal playing field and further marginalized students of color. When considered within the standardized testing framework, such as the MCAT, the problem becomes even more significant. With pricey study materials and courses to prepare for exams, this creates another systemic barrier that disproportionately impacts people with fewer resources, particularly students of color. In a nutshell, Sasha's story emphasizes how important it is to enact policies that recognize the existence of these systemic inequities and work towards reducing the adverse effects of those disparities. In order to accomplish this goal, more educational chances and resources need to be made available to students from marginalized backgrounds, including African Americans and others. This will allow for a fairer distribution of educational possibilities.

Financial Aid

Financial aid creates racialized experiences for African-American medical students, including higher debt loads, inadequate financial literacy, and limited scholarship access. The participants dug deeper when thinking about the limited or lack of resources, and the second
subtheme created included how African-American students were impacted financially and the strain created when trying to survive at their perspective medical institution.

Deja's challenges in obtaining financial help are not unique because she grew up in a family with just one parent. This problem is consistent with the results of various studies emphasizing the systemic impediments within financial assistance systems that disproportionately harm students from single-parent homes (Goldrick-Rab & Han, 2011). According to the findings of this research, these laws often fail to consider the specific conditions these families face, which unwittingly creates obstacles to gaining access to necessary financial resources. For instance, research by Orfield et al. (2016) highlighted the challenges that students from single-parent households experience while navigating the intricacies of financial assistance systems, especially those who need information from both parents. The situation that Deja found herself in highlights the need for a more sophisticated understanding of financial assistance programs and reforming such rules to better accommodate today's different family arrangements. Deja's lack of a two-parent household limited the amount of financial aid that she was able to apply for as some forms required information from both parents, which she did not have readily available; this finding is consistent with Olson & Rosenfeld (2016), which detailed that family background is an essential component of an individual's future occupation, earnings, and directly influence education. She candidly detailed the stress of not having any information from her father when applying for financial assistance. She added that financial barriers impact many minority families living at or below the poverty line. She highlighted how medical school is often out of reach for students from minority backgrounds as the struggles for basic day-to-day often supersede educational pursuits. Deja discussed "things that happened historically, like redlining," as contributors to the difficulties faced by African-American students. Although
racism is not aberrational, most African Americans continue to be routinely discriminated against or unfairly treated in public and private platforms (Gillborn, 2006; Ogbonnaya-Ogburu et al., 2020).

Deja shared her personal struggles with her family from childhood to today, acknowledging that her minority status and limited family support made it harder for her to succeed in medical school. She also mentioned that the out-of-pocket financial costs, such as tutoring, were a significant barrier for her in pursuing her studies. Despite these challenges, Deja worked hard and worked part-time to balance her financial burdens. Deja's hard work and perseverance have paid off, as she has successfully graduated from medical school and is now ready to begin her medical residency in another part of the country. Her dedication and commitment to balancing her financial burdens through a part-time job are genuinely inspiring and a testament to her character.

However, it is unfortunate that African-American medical students tend to graduate with higher debt levels than their white counterparts, putting them under significant financial stress and limiting their career options after graduation. It is important that we address this issue and work towards creating more equitable opportunities for all students, as African-American medical students tend to graduate with higher debt levels than their white counterparts. According to Smith (2021), 86.6% of African-American students take out federal student loans and graduate with $7,400 more debt than white students, which puts them under significant financial stress and limits their career options after graduation. Trebor vocalized the financial barriers he faced while in medical school and trying to manage his finances. He detailed his struggles when describing a conversation between himself and white classmates. His white classmates could depend on their parents to pay their car notes, rent, and groceries from "Whole
Foods." Trebor's experiences were different in that he could not rely on the financial support from his family to the same degree. Trebor detailed, “like financial discrimination is big racially wise," and those experiences caused additional burdens for him while in medical school.

Furthermore, Trebor detailed how he carried the racialized experiences alone while his non-African-American classmates could care less about his struggles. He stated: “And you just know that they're sitting there laughing and joking as if nothing's going on, and you wonder why you must deal with that [financial burdens].” These burdens caused by racialized experiences are another form of discrimination described by Trebor. CRT deems that white students' experiences are ordinary in educational settings, and racism is still a concern (McCoy & Rodricks, 2015). He further described how he feels discrimination is magnified ten times worse because he is African-American. As such, "that's its own struggle, and you have to deal with…so, when people ask about racial discrimination in medical school, it hits home."

Trebor's counter-stories reflect literature by McCoy and Rodricks (2015) detailing how African-American students use counter-stories to reiterate their classroom oppression experiences. He concluded the discussion by explaining that many of the racialized experiences he endured in medical school are a "part of the nature of the fight that we have to do is because racial discrimination is systemic in medical school—built into it." This statement is essential to the overall theme of African-American medical student’s struggle for survival. The vocalization of these racialized experiences helped to paint a vivid picture of medical school.

Chan also detailed the financial struggles that he experienced while attending medical school. He described medical school as a great opportunity if all students' playing fields were level. However, he understands that he experiences challenges differently because he grew up
with different resources than his white classmates. His racialized experiences were derived from the lack of financial support and respect he received from clinical staff.

Jay's experiences highlighted financial hardships and his inability to ask her family for monetary support. She was candid when detailing her family's limited role in providing financial assistance in medical school despite her not having a job. Moreover, Jay said: "I'm basically relying on student loans to help pay for bills and anything else." As such, Jay used financial aid to cover her expenses and often would not have money to pay for anything else, including study materials and tutoring. Jay's stark reality included learning to thrive despite the financial barriers she endured and internalized.

According to Smith (2021), Black students tend to have higher debt burdens than other racial and ethnic groups, which may contribute to the decline in medical school attendance among Black students. The literature and Jay's counter-stories support this finding. It is important to address this disproportionate debt burden to ensure equal opportunities for all students pursuing higher education in the medical field. Yet, a few other African-American students were in the "same boat" as Jay and could not afford to pay for additional material and supplies for medical school. These constraints limited Jay's ability to perform in medical school as financial security is often connected to better outcomes, consistent with the literature. African-American medical students are more likely to come from low-income families and may require more financial assistance to attend medical school. However, financial aid may not be distributed equally, resulting in African-American students receiving less support than their white counterparts (Campbell et al., 2020).
Theme 4: Comfortable but Uncomfortable being an African-American Medical Student

Despite small hurdles to progress, equal rights, racial discrimination, and bias are continuous issues for African-American medical students (Smith, 2021). The counter-stories detailed in theme four detail how institutionalized racism at Southern medical schools can surface through threats and inequitable treatment or the denial of access to career-changing opportunities. The subcategories Racial Profiling/ Unnecessary Policing, The George Floyd Effect, and Trauma and Mental Fatigue depict specific occurrences of discrimination, profiling, and trauma experienced by medical students. The findings are relevant today as many people perceive themselves as being racism-free despite their social judgment and behavior reflecting differently (Tinsley-Jones, 2003).

Racial Profiling/ Unnecessary Policing

Racial profiling is another form of discrimination that impacts African Americans across various spectrums. Racial profiling is a form of discrimination everywhere and disproportionately negatively impacts African Americans in various societal contexts, including education, work, and law enforcement. Racial profiling may take several forms (Laurencin, 2020). It is common for people to make assumptions about other people based on their racial or ethnic heritage rather than on the behavior of the persons themselves or the information they provide. This may translate into unjust treatment, lower expectations, and unfavorable stereotypes about the talents and potential of African-American students within the setting of medical school. This pervasive bigotry may prevent these students from advancing academically, make the learning environment unfriendly, and eventually lead to the underrepresentation of African Americans in the medical profession. The behavior of this kind is not only
discriminatory, but it also contradicts the concepts of justice and equality, both of which are essential to the process of developing an educational setting that is both inclusive and productive.

The ACLU (American Civil Liberties Union) defines racial profiling as a form of discrimination by law enforcement targeting individuals for the notion of crime based on their race, ethnicity, religion, or national origin. In the African-American community, individuals are often weary of "driving while Black," as minor traffic violations can potentially turn deadly. Jacobi and Trebor provided beneficial insight into creating the racial profiling subtheme. Research indicates that African Americans may be systematically denied access to services and opportunities, treated with less respect and courtesy, or ignored because of institutional racism (Tinsley-Jones, 2003).

Jacobi laughed when I asked questions pertaining directly to discrimination and racism while in medical and various clinical settings. Jacobi's laughing in answer to queries concerning racism and discrimination in medical and professional settings may have resulted from a complex emotional reaction reflecting various experiences and sentiments. It is possible that this laughing acted as a defense mechanism, a technique to cover the anguish or suffering associated with addressing such complex subjects (McCoy & Rodricks, 2015). Furthermore, laughing may frequently be used as a coping mechanism to cope with the cognitive dissonance generated by the sharp difference between the values of the medical profession and the harsh reality of discrimination encountered by students of color. This cognitive dissonance can be caused by the stark contrast between the ideals of the medical profession and the harsh reality of discrimination faced by students of color (Hesser et al., 1998). As a sort of resilience against the structural inequalities that he has encountered, the use of humor may be a means for him to handle the stress caused by such experiences.
Alternately, his chuckle may be seen as a sign of exhaustion or resignation, a means to communicate that he has become used to dealing with prejudices during his professional path. The underlying causes might be complicated and personal, reflecting the difficulties of managing racial relations in a predominantly white environment. He used the words "discrimination" and "prejudice" to describe his rotations in the clinical setting. Jacobi detailed the internal memo to always wear his medical jacket with his name embroidered so that he would not be mixed up with patients in the hospital. He was once racially profiled by medical staff at a Grenada, MS facility during required rotations. The police were called because the staff reported a Black man looking too comfortable in the medical rooms. Jacobi remembers feeling ambushed while watching Sunday night football in his room when a nurse and police officer began banging on his door and asking him what he was doing there. Jacobi stated:

I was like, I'm a medical student, and he was like, can you show us your badge? And they were like, we were just making sure [because] we just had a complaint. We had a call, someone being very comfortable in this room.

Jacobi further described the humiliation and trauma he endured from this racialized experience. Stories are often told about the negative encounters engaged in by African-American students. Yet, limited scholarships emphasize how African-American medical students face discrimination and traumatic experiences while trying to break systemic barriers to meet medical school's clinical and curriculum requirements.

It is important to note that Jacobi's experience with racial profiling is not an isolated occurrence but rather a component of a broader, more systemic problem. This interaction is an unnerving reminder of the pervasive discrimination inside medical school. It should be no surprise that students of color might suffer considerable psychological damage from such experiences. According to the findings of research conducted by Garcia (2019), instances of
racial microaggressions, such as the one Jacobi described, may harm African Americans’ mental health by elevating stress levels and adding to feelings of isolation and alienation. In addition to this, racial discrimination may create obstacles for medical students’ academic and professional growth. According to the findings of research conducted by Cunningham (2020), such experiences may harm the academic performance of minority medical students and lead to increased student dropout rates. When considered over time, these consequences can contribute to the underrepresentation of African-American doctors in the medical sector, hence maintaining existing health inequities in our society.

Trebor experienced issues with unnecessary policing as well, which left him traumatized and rethinking the situation to determine if he had taken it the wrong way. As an African-American medical student, Trebor detailed that this unfortunate reality of dealing with racialized experiences occurs like second nature over time. He described being harassed while walking to his car regarding the scrubs he was wearing. Trebor further depicted his racialized experiences as "brutal" while noting that he was never physically assaulted, from accusations of stealing the scrubs to not having his badge readily available for security. He confidently took each experience in stride and stated: "It was a number of things that you dealt with throughout the years that you learned to deal with and become better about it."

The conversation was overwhelming as Jacobi and Trebor knew it was better for them to continue pushing toward their goals of completing medical school instead of losing themselves in the battle. Both participants felt relieved during their interviews when vocalizing their racialized experiences. In that sense, the conversation was helpful for me as the researcher but also therapeutic for the participants as they expressed the anger, rage, and disappointment previously bottled within. However, the conversations were disturbing in that slavery
immediately came to my mind as both African-American males knew that it was in their best interest to remain silent. During slavery, slaves had no constitutional rights, which silenced them to the degree of being subjected to mental and physical degradation and denied basic rights (Chase, 2019).

**George Floyd Effect**

After the murder of George Floyd, many physicians reflected on how they were impacted and how this, too, was an example of what racism feels like (Cunningham, 2020). The literature was relevant to this study as Cunningham (2020) described the health effects of racism and how it became embodied by her and other African Americans. Like the "Ferguson effect," which was exacerbated following violent public–police interactions propagated through social media after the death of an unarmed Black man, Michael Brown (Copeland et al., 2022), the George Floyd effect discusses the context of George Floyd's death and how the United States should begin revisiting civil rights issues as African-Americans questioned their safety and the legitimacy of police brutality (Copeland et al., 2022).

Sasha described her racialized experiences in medical school after a classmate posted inappropriate posts on social media following the George Floyd protests. She described the trauma she experienced when she read a post created on social media by a classmate proclaiming: "If I run into any protestors, I'm going to just run 'em over with my car or something like that." Although the social media post later led to the student being expelled from medical school, Sasha internalized the event as "completely inappropriate," thus impacting her mental health while attending medical school.

On the other hand, Deja was impacted differently by the George Floyd killing as she stood in solidarity alongside other medical students at her medical institution. She stated: "There
was the White Coats for Black Lives (WC4BL) movement that was going on at many different medical schools, which was extremely nice to see that kind of solidarity that went on across the country which is nice." Deja was seemingly proud of how the George Floyd killings brought many medical students together in the Southern United States, including her medical institution.

Trebor expressed his experiences differently after George Floyd was murdered when detailing his interactions with faculty at his medical institution. He was disgusted that only one professor at his medical school, "including my deans, my professors, my classmates, anybody that reached out to us and asked, were we okay." Trebor expressed frustration as George Floyd's death sparked conversations nationwide regarding the unfair treatment of Black men by the police. He was further annoyed as the leaders asked him and other African-American students to take a photo to show solidarity at the institution without having a conversation to check on the African-American students' well-being. The solidarity at this medical school resembled the tenant of Interest Convergence as the majority of white leaders knew that it was in their best interest to display to the outside world that their students felt nurtured, supported, and cohesive, while behind closed doors, the administration did ask any questions or utilize any resources to ensure that African-American students' well-being was sound and intact.

Not only did George Floyd's death impact everyone around the globe, but it also served as a stark reminder to Black people that systemic racism was a harmful reality of life (Garcia, 2021). Floyd's 2020 brutal and unlawful death was a systemic trigger for millions of Americans. The unlawful death made some fear for their safety, while others were triggered to support the blatant attack on African Americans. Copeland, Carmen, and Semukhina (2022) also discussed issues of racial profiling in law enforcement as racialized changes in the quantity and quality of policing changed worldwide.
Trauma and Mental Fatigue

Tinsley-Jones (2003) documented the deleterious effects of racism on the mental health. Studies by McCord and Freeman (1990) detail that race-related stress can significantly impact students' quality of life and increase the chance of hypertension, coronary heart disease, and cancer. Furthermore, the psychological effects of race-related stress and trauma were apparent to some extent in the counter-stories of all six participants. Racialized experiences can negatively impact the mental and physical health of students of color and increase the likelihood of them experiencing helplessness, anxiety, and depression at higher levels than White students due to their minority status (Tinsley-Jones, 2003). The stories told by each participant detail the dark realities of attending medical school. With mental health awareness continuing to make strides within the African-American community, the participants were comfortable detailing the various forms of trauma and mental fatigue they suffered while attending their respective medical colleges.

Jacobi's racialized experiences were further realized and can also be explained as traumatic as he reflected on the various occurrences in medical school. Specifically, Jacobi detailed being accused of being a member of a "cult in room 106" because he studied with a small group of African-American students in the same room over the course of the school year. When the white medical students began noticing their study patterns in the same room, he said that rumors began spreading that “the Black M1s have a cult going on in [room] 106. Jacobi attributed the racialized experience as a normal thing for African-American students seeking to strengthen their knowledge base, hence relating to CRT's tent of racism as a normal and ordinary experience of most African-American people (Hylton, 2010). Jacobi further
detailed how his race impacted his experience. “I feel like it [race] has a tremendous [impact on my] experience.

Furthermore, Jacobi described the overall impact that racism had on his life as he knew that he was required to move differently than his white counterparts in medical school because his burdens and worries seldom crossed the minds of white students. Jacobi further detailed that the mere fact of him being "born Black" came with the expectation to look normal and behave in majority-white settings because someone was always watching him as a Black man. Despite the trauma endured, Jacobi said", I feel like that makes me a better doctor for one, because when I'm there, I'm devoted to patient care, [and] whatever the rules are, I follow those rules.

Deja experienced trauma firsthand when traveling with one of her attendings to the clinic they were rotating at for the rotation block. During the presentation of the article during the car ride, the conversation took a sudden shift. Deja was alarmed and felt "extremely uncomfortable" when her attending physician and nurse began talking negatively about African Americans as though her “biracial ears” were numb to the conversation. The physician attending described African-Americans in the rural and lower economic status areas as “these people.” Deja stated that she was very uncomfortable having “to listen to him basically victim blame for people who are subjected to health inequities and discrimination and health care, and all of those things.” Notably, Deja later detailed during the discussion how these experiences empowered her to work for change in the African-American community.

Trebor's traumatic experiences created a more profound appreciation regarding the medical school experience and the importance of his small group of African-American peers. Research suggests that establishing a network of supportive individuals can facilitate the understanding of slippery issues like racism (Tinsley-Jones, 2003). Trebor illuminated his trauma
as feeling dehumanized to the point that "you were moving through the motions." He described that his classmates often overlook that African-American medical students are human, too. When managing the stress and trauma created by medical school, Trebor said:

We’re each other's therapists. We're each other's best friends. We're each other's shoulders to cry on for one. It pushes me to have cultural humility and understanding that my race is not the only one that exists, and it's important for me to understand that in the same way, I ask for them to be understanding of races.

Summary

This study focused on 6 African-American medical students as participants matriculating through medical school. The African-American medical school participants have endured similar situations while attending one of the three anonymous Southern medical schools. Through their resilience and grit, each participant has continued persevering toward the final phase of their journey as an African-American medical school student. Each participant told stories of their experiences, recounting their social, academic, and professional journey to pursue a medical degree. The participants’ responses to the semi-structured interview questions allowed them to recount the successes and difficulties they experienced from their early school years through the present day.

Despite the obstacles, the counter-stories presented detail how African-American medical students draw on their personal and cultural strengths to persevere and advocate for themselves and their communities. The narratives also reflect how African-American medical students use their experiences as an opportunity to challenge systemic inequities and promote greater diversity and inclusion in the medical profession. Additionally, the overall themes created further illuminate the participants' stories and racialized experiences they encountered while attending medical school, detailed by the four significant findings essential to supporting African-American medical students pursuing medical degrees.
Chapter 5
Discussion and Conclusion

This study intended to understand the perceptions of racialized experiences of African-American medical students attending medical school. I explored the perceptions of current African-American medical students as they navigated through medical school in Southern states using the Critical Race Theory framework (Delgado & Stefancic, 2013). Unfortunately, the racialized experiences of African-American medical students are not well understood. This study is critical because it adds to the limited literature regarding African-American medical students' perceptions of racialized experiences. This perspective was valuable as the number of African-American medical students is significantly lower than their white counterparts. This chapter summarizes the qualitative research study, including an overview, restating the research questions, and discussing the research implications within higher education.

Summary of the Study

This study examined six participants who were currently enrolled in Southern medical schools. I used a critical race methodology research approach with counter-storytelling to investigate the problem in the literature. The rationale for using a critical race methodology research approach was to understand the stories of medical students, portray the medical students' experiences, and help understand whether they endured racialized experiences, including racial microaggressions, discrimination, and prejudice (Solórzano & Yosso, 2002). The research leveraged semi-structured interviews, reflective journaling, and document reviews to collect robust and comprehensive participant data. The data were diligently examined and interpreted, creating significant themes that aptly encapsulate the racial experiences of the students. I gathered research data through semi-structured interviews, journaling, and document review.
Participants provided insight into their views, thoughts, and experiences while attending medical school in the Southern United States. Research subjects participated in semi-structured interviews that I recorded, transcribed, and analyzed. Four themes were identified and reported through interviews, document review, and journal data analysis. Interviews asked participants to describe their racialized experiences while attending medical school. The counter-stories of the participants were interconnected as they shared their individual academic, professional, and social experiences. It was very easy for some participants to talk about their families, but for others, it was tough to talk about details because of their intimate personal challenges. I am genuinely humbled by the level of openness, vulnerability, and courage each participant exhibited through the sensitive topics and stories they willingly shared. Their willingness to share sensitive aspects of their journey, despite the personal discomfort, underscores their commitment to addressing the crucial issue of racial disparities in medical education. Their contributions provided invaluable insights into this pressing issue, which remains central to this study.

Research Question 1

What are the racialized experiences of African American students while attending medical schools?

The first research question for the study acts as the study's keystone, shedding light on the whole scope of our examination. This question digs into the complex dynamics of racialized experiences that African American medical students go through throughout their academic career, beginning with their undergraduate studies and continuing to graduate from medical school. During our semi-structured interviews, we used the lens of Critical Race Theory (CRT) to explore the contours of their experiences and shed light on the key variables
that led to their tenacity. This allowed us to understand better how their experiences shaped who they are now. The crucial significance that CRT had in identifying and comprehending how structural racism, oppression, and power dynamics are woven into the lives and experiences of these students cannot be overstated.

This crucial question generated memories of their racialized experiences when they were engaged in the environment of medical school, which paved the way for creating relevant and compelling themes. The following is a list of the most recent articles that have been written on this topic. This study's findings highlight that the participants have experienced diverse racially charged experiences. These experiences appear in various ways, and their influence may be seen in a wide range of facets of their life and academic endeavors. This more profound comprehension of their racialized experiences provides an up-close and personal look at the daily reality of African-American medical students and the obstacles they face on their way to becoming practicing doctors.

**Imposter Syndrome** is very common today. From school to work and home, most people have experienced imposter syndrome at some point in their lives. As reported, participants' lived experiences were centered around experiencing feeling like imposters at their respective medical higher education institutions (Rice et al., 2023). The participants' voices described not feeling intelligent enough to be a medical student at their respective medical institutions. The counter-stories reflect how students who have experienced discrimination and microaggressions begin internalizing these experiences, which leads to them doubting their abilities to perform well in medical school. In this way, imposter syndrome can be seen as a symptom of systemic racism (Volpe, 2022). The impact of systemic racism left one participant feeling shell-shocked and struggling to survive, with others ignoring their immense qualifications
and feeling as though their admittance into medical school was a fluke at best. Overall, students constantly struggle with the tensions of believing in their abilities while ignoring the stereotypes created by society.

The literature supports the feelings of having impostor syndrome that the participants stated. Studies have shown that ethnic minority students, particularly in high-stakes contexts like medical schools, might have heightened feelings of being an impostor, particularly at primarily white institutions (Cokley et al., 2017). This is especially true in settings where most students are white. This is further worsened when these students face discrimination or microaggressions, frequently driving them into self-doubt, relating to systemic racism difficulties described by scholars such as Jones (2000). Microaggressions are small, subtle slights toward a person that are intended to be offensive.

As reported, most participants felt they had a target on their backs when attending medical school. Most participants mentioned the immense feeling of having something to prove when entering and attending medical school at their universities. These experiences are significant as previous studies detail fewer African-American medical students admitted into medical school. One participant described feelings of not belonging in medical school as few students resembled their Black and brown complexions. Targets on their backs fit this theme as students described feeling out of place due to stereotypes, microaggressions, and blatant racism while attending medical school, as described in the following subcategories.

The participants' descriptions of feeling like they had a "target on their backs" are consistent with earlier results published in the relevant literature. According to Jackson et al. (2015), historically speaking, a relatively low number of African American students have been enrolled in medical schools. This underrepresentation amplifies feelings of isolation and
the need to prove one's value continuously. The students at the three anonymous universities have all voiced similar thoughts, consistent with what they have said. In addition, the feelings of not belonging owing to racial inequalities and consequent racial biases have been thoroughly documented (Robinson, 2017). This is because racial disparities exist.

**African Americans as Devalued Medical Professionals.** This theme is powerful as it highlights participants’ direct encounters with stereotyping, discrimination, and microaggressions. As reported, some racialized experiences were subtle, while others were blatantly disrespectful. The participant counter-stories were vivid and unfiltered as they described instances of being called “a real nigga” by fellow white classmates or being mistaken for the custodian or patient escort by white staff members within the hospital setting. The counter-stories aligned with CRT's Interest Convergence, as one participant described being included in the University's marketing promotions to project a unified and diversified medical school. Many students described the necessity of always having their white coat and badge with them, as they would not be recognized or respected by hospital officials without their proper credentials.

The literature reveals several situations where African American medical practitioners have been subjected to implicit and explicit bias. These results are consistent with the experiences described by the participants, such as being misidentified as non-medical personnel or being subjected to blatant prejudice. These real-world experiences are consistent with the CRT's Interest Convergence theory, which suggests that marginalized groups gain when their interests converge with those of the dominant group (Delgado et al., 2017). These real-world experiences resonate with the theory.
All participants detailed stereotyping and bias. Specifically, participants reported feeling stereotyped and subject to bias from their peers, faculty, and patients. These racialized experiences led to feelings of isolation and marginalization and a sense of not belonging in their perspective of the medical community. The male participants described experiencing microaggressions, often unconscious forms of discrimination, regularly. These include comments regarding their HBCU backpack, gestures regarding typical African-American dance moves and traditions, and behaviors that communicate hostility or disrespect. The cumulative effect of these racialized experiences damaged most participants' mental health and well-being.

**Barriers -Struggle for Survival.** The theme summarized the overwhelming impact financial barriers and lack of resources generally had on participants. Some participants detailed their financial struggles in childhood and how their parents could not provide the necessities. In contrast, others understood the path to medical school as their parents were medical doctors or had experience in the medical field. Family support was also a vital component of participants' struggle for survival and served as another racialized experience. Several participants described being unable to call home to mom and dad to help cover their expenses or provide financial support. Other participants described driving old vehicles or living with family members to curb the overwhelming costs of medical school.

It has been shown beyond a reasonable doubt that African American medical students and professionals continue to face chronic problems of stereotyping and bias (Walton et al., 2015). This is supported by the participants' feelings of marginalization and isolation due to their racial experiences.

The counter-stories further revealed how some participants experienced living at or below the poverty line often superseded their educational pursuits of becoming a medical doctor.
Other participants described learning how to manage their finances as they manage on a limited budget. At the same time, their white medical school classmates seldom worried about paying rent, buying groceries, or other financial burdens of medical school. As such, financial barriers serve as a racialized experience as participants vocalized the "nature of the fight" when painting the vivid picture of financial struggles for African American medical students. These struggles are linked to barriers in the participants' performance. One participant stated that she needed to figure out how she would afford the next year of medical school as she was running out of loans to apply for. There were no additional scholarships or aid available. This stark reality is cumbersome, and participants vocalized that they needed more help to survive.

Other participants wanted more than the limited progress made for African-American medical students. They described how more should be done to help level the playing field for all medical students. One participant described how a classmate spent nearly $20,000 on study prep material and tutors to help them pass a course in medical school, all while nearly bankrupting themselves. Another participant was disgruntled with how his white classmates laughed about spending $3,000 on MCAT study materials and an additional $5,000 on tutors. The first-generation participants were bewildered when learning about the additional costs. In contrast, the participants with medical professionals in their families were aware of the additional costs but could not afford to pay for additional resources.

According to Oliver and Shapiro (2006), the economic disadvantages that African American students endure are congruent with broader socioeconomic challenges that have been brought to light by scholars. The participants' narratives about their financial challenges, particularly in the context of medical school, emphasize the racialized character of financial
obstacles, which is a prominent topic in the literature on higher education. This is especially true in the case of medical education.

*The George Floyd Effect.* This subtheme was depicted as similar occurrences of discrimination and trauma felt by medical students while navigating medical school during the aftermath of heightened racial tensions following George Floyd's murder by police in Minneapolis, Minnesota, in May 2020. Participants expressed worry and concern as their white classmates made racial remarks threatening to kill protesters walking in the streets. Participants described heightened awareness as many deeply rooted systemic realities for African Americans surfaced worldwide. These realities were earth-shattering as another participant described how all the professors, deans, and white student body failed to acknowledge the more significant issue. The participant described frustration when only one professor checked in on the African-American student's well-being. Furthermore, CRT's interest convergence was displayed as another participant described the majority of white leaders requesting solidarity photos without having a conversation to check on students' overall mental health.

CRT's focus on understanding racial power structures (Bell, 1980) resonated with the aftermath of George Floyd's death, which led to the international acknowledgment of systemic racial inequities. The experiences that participants have had in the aftermath of this event highlight the significance of acknowledgment and assistance from institutions at times of such upheaval.

*Trauma and Mental Fatigue.* The final subtheme expressed by most participants was surrounded by trauma and mental fatigue. Trauma and fatigue significantly impacted the participants by creating unique stressors and challenges. The psychological effects of race-related stress have taken the forefront as society has prioritized mental health awareness. The
interviews revealed that race-related stress and trauma were apparent to some extent in the counter-stories of all six participants. The students detailed the dark realities of attending medical school. One participant described the trauma endured as tremendous based on being "born Black" and required to move and act differently than their white counterparts.

Multiple studies have shed light on the psychological toll being subjected to racialized situations may have on African American students. Williams, Lawrence, Davis, and Vu (2019) mentions the harmful effect of these racialized experiences on academic performance and mental health. This validates the experiences that the participants in this research stated.

Poor mental health is the culmination of the racialized experiences shared by participants. Overall, the participants vocalized how their racialized experiences harmed their academic and professional success and mental health and well-being. One participant also detailed the urgent need for medical schools to address these issues through policies and programs that promote diversity, equity, and inclusion. Research has shown that African-American medical students face a range of racialized experiences that can significantly impact their academic performance, mental health, and overall well-being. (Williams et al., 2019).

The experiences that the participants in this research recounted correspond closely with the literature that is already available on the racialized experiences of African American medical students. Their stories highlight the need for educational institutions in the medical field to cultivate settings that prioritize diversity, equality, and inclusion in order to provide these students with a higher level of assistance.
Research Question 2

What strategies do African American students use to help overcome racism while attending medical schools?

The confrontation with threats and unequal treatment often triggered resistance amongst the study participants, who discovered adaptive ways to persevere and flourish amidst the recurrent racialized experiences in their medical school journey. Our findings underscore the significant role that coping strategies play for African-American medical students as they traverse the intricate landscape of medical school. Numerous participants expressed their resilience and unwavering determination, even as they encountered barriers through their medical programs. It is imperative to recognize the diverse array of factors contributing to the resilience and persistence of African-American students within higher education. According to our participants, aspects such as the educational environment, interpersonal relationships within that setting, and how students grapple with their experiences are crucial to the resilience of African-American students.

However, it is unfortunate that African-American students are often faced with a disproportionate number of racially charged obstacles and, thus, bear the brunt of these challenges. As Owoseni (2020, para. 1) insightfully articulates, "African American medical students must realize that while their presence in the class is a step towards diversity, the real measure of inclusivity in a medical school is reflected in the diversity of faces they see across the institution. This includes not only their fellow students but also the employees in the administration building and the faculty members who guide them." Hence, the endurance and triumph of these students underscore their resilience and fortitude in an environment often stacked against them.
Building Community with Other African American Students. Students expressed how they built their own micro-communities as they navigated around medical school with few students mirroring their same complexions. Most students developed coping strategies to overcome the harsh realities of medical school. As African-American medical students begin to observe the landscape of the field of medicine, they begin to realize and question their abilities in the space they have entered. Representation in academic medicine is vital for the participants as the difficulties of the medical school journey require affirmation that all students feel a sense of belonging. One participant was determined to create a circle of multifaceted friends as he felt that diversity would help him overcome barriers in medical school.

Interestingly, each participant knew how many other African-American students were in their medical class. The small group of African Americans found power in the bond created with other African-American students in their class, hence building their own community. Many students mentioned studying together, eating together, and building priceless lifelong bonds through their resilience. However, another participant described his frustration with the relatively low number of African Americans in his class and detailed how medical school administration should do more to serve the small African-American population of students in medical school.

Additionally, all participants vocalized the impact of underrepresentation in medical school. Each participant described the mental impact of being significantly underrepresented in the medical profession, including among medical students, which led to isolation. One participant described being the only African American student in his study group and performing poorly in the class due to his voice not being heard by the white students. The participants described how the number of African American medical students will make it harder for future
students as the barriers continue to exist, causing African Americans to be less likely to pursue careers in medicine.

The experiences and perspectives of minority students in higher education settings are significantly influenced by representation, or the lack thereof, as shown in the literature (Jones, 2017). This idea is consistent with the conclusions drawn by Smith et al. (2018), who found that to alleviate feelings of alienation, minority students often look for groups of their kind inside educational institutions that are primarily white. The participants' narratives clarify their need for community and recognition; for example, several describe their attempts to locate and connect with other African American students in their classrooms. As a result of the participants' collective experiences, it is impossible to overstate the significance of these micro-communities in terms of their role in giving emotional and intellectual support.

*Overcoming the Lack of Financial Resources.* The additional costs associated with medical school are often overlooked and under-emphasized. African-American medical student participants found coping strategies to include study groups aimed at togetherness, positive reassurance, and resource sharing. One participant found reassurance in knowing that they were in the "same boat" as other African-American medical students, and it served as a strategy for survival and overcoming racism. Participants detailed searching for free test banks online and other free resources to help students be prepared for each step of the medical school journey.

Other participants described overcoming barriers thanks to Black-led medical associations, including BRIM (Black Representation in Medicine). These associations were described as significant and influential development tools that taught participants how to study and what resources were best at little to no cost. Most participants reported the lack of Black mentorship and support from faculty and peers as a barrier, making it difficult to navigate the
challenges of medical school and pursue career goals. Furthermore, their counter-stories of circumventing institutional and financial barriers can be used as a reference for current and future African-American medical students.

Many students, especially those from disadvantaged families, face many obstacles in their academic aspirations. The most significant obstacles are financial limits and a lack of resources, which may hinder their academic achievement. The literature has well-documented the association between financial stability and academic outcomes. According to Martin and Bolliger (2018), students under financial hardship are more likely to struggle academically and possibly consider quitting school.

This financial stress may be increased for marginalized students, particularly African Americans, by a historical environment of socioeconomic adversity and structural hurdles. Multiple studies have shown the relevance of access to resources and financial assistance for academic achievement (Taylor, 2019; Barbayannis, 2022). With enough resources, students are placed in a safe position, sometimes able to meet the expectations of their academic programs.

Our results are consistent with this larger picture. They demonstrate how, during these problems, African-American medical students often demonstrate creativity and perseverance by finding other resources, such as free online test banks. The decision to join Black-led medical organizations, such as BRIM, emphasizes their need for both academic resources and a feeling of community.

Jackson's (2020) study supports this narrative by emphasizing the critical role of community and external organizations in supporting minority students' academic endeavors. Similarly, Turner and Moore (2016) found that minority students who actively participated in
ethnic or race-specific student organizations had greater levels of academic self-efficacy and belongingness, directly related to favorable academic performance.

Furthermore, Williams (2017) contend that institutional support through scholarships, financial grants, and access to free resources can significantly alleviate these financial pressures, allowing students to focus on their studies without constantly being plagued by financial worries.

Developing Resilience and Mental Toughness. As African-American medical students, participants shared their views on learning to develop resilience and mental toughness. This strategy was derived based on the graphic accounts and encounters endured by participants as they navigated racial profiling, unnecessary policing, the George Floyd Effect, and overall trauma. The necessity of these counter-stories is urgent as more African-American medical students are quitting school, dying by suicide, and being scarred by the trauma of medical school. These narratives are essential as the participants develop mental toughness and understand that their individual experiences are the result of systemic racism.

Two participants remembered their experience with racial profiling and unnecessary policing. While one participant rotated at a hospital in Grenada, MS, he recalls having the police show up at his living facility within the hospital as the nursing staff reported a Black male looking too comfortable in the facility. The participant described the humiliating experiences as unacceptable as he was ambushed while watching Sunday night football quietly in his living facility. Instead of the weekend staff conversing with the participant, they immediately classified him as a threat and called the police. Another participant was targeted and harassed by police while walking to his vehicle at a medical facility during rotations. The officer required the participant to show his medical badge and asked questions regarding the scrubs to ensure they were not stolen before letting the participant leave.
Although no participants reported physical harm, the encounters left them with immeasurable trauma. The harassment, a racialized experience, lingered in the participants' minds and left them wondering what else they could have done to avoid the situation. The therapeutic counter-stories revealed the guilt associated with racialized experiences as the participants recounted the occurrences and replayed the situations with "what if" analyses. However, the stark reality is that these racialized experiences should not continue to occur or be deemed normal. CRT's tenet of racism is normal was attributed to this experience as African American students try to lead an everyday life by staying under the radar of institutionalized racism while attending medical school. African-American medical students' path is not restricted to lecture rooms and labs. They often contend with the broader cultural backdrop of race, which inevitably punctuates their day-to-day interactions. As Brown and Jones (2016) emphasize, racism is widespread, with racial profiling and bias extending from the streets to academic institutions.

Trauma related to racialized experiences is significant. Clark (2018) researched the adverse psychological and emotional effects of such experiences. They discovered that those exposed to racial bias usually exhibit tension, anxiety, and post-traumatic stress disorder symptoms. These results are consistent with Jenkins and Smith (2019), who detailed that minority students at PWIs often felt the need to "code-switch" or modify their behavior and speech to fit the prevailing culture better. This constant adjustment may be taxing and strengthens the participants' "comfortable but uncomfortable" paradox.

Delgado and Stefancic's (2013) proposal via Critical Race Theory (CRT) provides a prominent perspective to analyze these experiences. The "comfortable but uncomfortable" relationship exemplifies CRT's claim that racism is ubiquitous and normalized. Furthermore,
Williams et al. (2019) contend that these racialized experiences are not isolated incidents but indicative of a more significant, systemic problem perpetuating racial inequalities.

**What Do These Findings Mean?**

The primary purpose of this study was to investigate the perspectives of racialized experiences that African-American medical students have had throughout their medical school. In addition, these results highlight the urgent need for transformational changes to be made at the institutional level to encourage the education and retention of successful African-American doctors. As a result, the goals of this study are twofold: first, to magnify the voices of African-American medical students, and second, to serve as suggestions for other African-American students who wish to begin a career in medicine. Both goals are interconnected with one another.

The categories and themes revealed in Chapter 4 are the results of an in-depth investigation of how the participants responded to the interview questions. The objectives of this chapter are to (1) examine these findings concerning the research questions through the lens of Critical Race Theory (CRT); (2) classify the lived experiences of the students by sharing their narratives of racialized experiences in medical school; and (3) propose actionable recommendations to dismantle the profoundly ingrained structural and systemic racism in education, with a particular emphasis on higher medical education. The counter-stories outline the devastating effect that racism has had on the experiences of the six African-American medical students who are underrepresented in their pursuit of a medical degree.

Through the narrative descriptions, we can recognize a consistent pattern of racially charged experiences that permeate these African-American students' medical education. Their scholastic career is intricately connected with these experiences, filled with microaggressions, discrimination, and prejudice. These experiences shape their viewpoint and drive their
determination to achieve against the odds. These tales bring to light the harsh realities of their experience of navigating through an educational system rife with systematic racial hurdles, illuminating their hardship and tremendous resilience in the face of adversity.

The results also highlight the significance of instituting systemic changes to create an atmosphere that is friendlier and more encouraging to African-American students. These include expanding representation in faculty and administration, refining admission rules to eliminate inherent prejudices, introducing diversity training to fight unconscious bias among staff and students, and incorporating anti-racist courses as a starting point. According to the study's findings, the transformation of medical education and healthcare, in general, requires these systemic reforms to be more than simply necessary but also vital.

In addition, since it gives a voice to African-American medical students, this study offers vital insights into the specific issues experienced by this group. These tales, saturated with their experiences, goals, and aspirations, serve as a vital reference guide for other African-American students pursuing a medical career. They provide an unvarnished look into the realities of medical education, offering an honest evaluation of its challenges, difficulties, and benefits.

**Limitations**

A significant limitation of this study involved the participation sample of students enrolled in medical schools in the Southern region. An exceptionally low number of African-American students are enrolled in medical school at the three anonymous universities used in the study. As such, finding participants willing to participate in the study was highly challenging. With the small numbers of the African American population among those who are admitted to medical school, there are even smaller numbers that can persist through medical school graduation. I have not received a response after sending multiple emails to potential students. I
also was unsuccessful in recruiting students using the LinkedIn platform. As such, I utilized medical pages associated with each institution to connect with students via Instagram and Facebook via direct messaging. Although I made multiple attempts to reach over one hundred potential students via social networking, participation resulted in six students who fit the criteria. There were four participants from one medical institution, one participant from another, and one final participant from a separate institution. I am fortunate and grateful for the participants who chose to participate in this study. With all their challenges, I strongly acknowledge that their time and stories are precious.

The last limitation I will bring to the surface for my study might be the most obvious one. I identify as African American, an underrepresented minority who has experienced many trauma-inducing encounters like many African-American study participants. My lived experiences helped to shape my perspective as a researcher. As much as I have been hyper-sensitive to paying attention to my positionality and subjectivity, some may claim that I am biased due to the homogeneity between myself and the participants. It is with full transparency that I acknowledge this level of limitation imposed on my qualitative research study.

**Implications and Recommendations**

This study provided insight into the perceptions of racialized experiences of African-American medical students in 3 Southern states. An implication that can be drawn from this study involves a call for medical school administration to support this population even more at medical institutions. Findings suggest that the limited number of African-American medical students will continue to shrink unless more attention is placed on recruiting and retaining African-American students into the medical school pipeline. Furthermore, the findings suggest that African-American students can benefit from faculty, staff, and mentors that mirror their
Black and brown complexion. The loneliness, isolation, and underperformance could be minimized if institutions begin acting better to support African-American students through mentorships and other programs.

Intentional collaboration between 4-year colleges, universities, and medical schools that provide programs and services to African-American medical students during their pre-med years is essential to the success of the population being prepared for the medical school journey. This program should be designed with the lens of Critical Race Theory in mind to meet the needs of students through wrap-around support and services. Through the CRT framework, it is crucial to understand that this population is unique and impacted by societal factors that may prevent educational attainment (Bush 2013).

This study adds to the limited research on the racialized experiences of African-American medical students. My study yielded findings for six African-American participants. Recommendations for future studies could include a larger sample size with multiple representations of underrepresented groups in medicine. The participants' perceptions speak to what they deem necessary to resolve their issues. As detailed in their counter-stories, participants want the leaders within medical schools to listen to their voices. By authentically listening with empathy and compassion, institutional leaders can better understand the barriers limiting the success of African-American medical students. The policies, procedures, and practices implemented should reflect the daily struggles with racism and oppression exhibited by participants.

Based on the findings from this study, I suggest the following recommendations: 1) increased recruitment and retention strategies for African American medical students; 2) Enhanced curriculum and training initiatives to build and strengthen the academic pipeline for
African American medical students; 3) Address faculty diversity and create formal mentoring programs; 4) foster and create a safe and inclusive learning environment with community engagement; 5) increase funding opportunities for African American medical students.

Medical schools can actively recruit and retain a diverse student body, including African American students, by offering scholarships, mentorship programs, and other support. It is important to focus on strengthening programs that reach minority students earlier in their education. This can be a crucial strategy for permanently closing the diversity gap in medicine. By providing targeted support and resources to these students, we can help them overcome barriers and achieve their full potential. We must prioritize this work and ensure that all students have equal access to the opportunities they need to succeed. Medical schools can incorporate cultural competency and anti-racism training into their curriculum to help students understand and address health disparities African-American patients face. Medical schools must prioritize diversity in their faculty and ensure that African-American medical students can access supportive mentors who can help guide them through their medical training process. Medical schools should create a safe and inclusive learning environment by addressing bias, discrimination, and microaggressions and fostering a culture of respect and inclusion. Medical schools can engage with local African-American communities to build relationships, address health disparities, and offer opportunities for students to engage in community service and advocacy.

By implementing these recommendations, medical schools can help promote a more equitable and inclusive learning environment for African-American medical students and, ultimately, help address health disparities African-American patients face. Furthermore, I recommend that this study be replicated in different regions of the country. Due to the small
sample size, this study only provides a limited perspective on the African-American student experience.

Therefore, more perspectives of African-American students could add to the literature. Because this research focused on students in medical school, another area that needs future research involves looking at residency programs, fellowship programs, and medical education training programs. Understanding the experiences of African-American medical students as they advance beyond the first four years of medical school would add to the limited literature available. It would also be interesting to learn more about other health professionals’ perspectives, including African-American pharmacy and dentistry students. Their perspectives could be compared to students in medical school to see if and how they differ.

**Conclusion**

Counternarratives, which are the cornerstone of CRT, offer a powerful approach to sharing the real-life experiences of African-American medical students. In addition to this, counter-stories function as a thorough resource guide, packed to the brim with relevant solutions that may be used by future African-American medical students who may face obstacles that are comparable to those described here. In order to have a complete knowledge of these racialized experiences, it is necessary to investigate the historical and political settings of oppression in the United States. This will shed light on the ingrained and persistent nature of racism, which is still present today.

The counter-stories shared by participants mirrored the far-reaching repercussions of racial intolerance and discrimination. These accounts not only shed light on the undeserved benefits enjoyed by individuals who profit from racial injustices but also graphically explain the damaging effects that racism has on those who are at a disadvantage. The purpose of this
qualitative narrative research study was twofold: firstly, to investigate the perceptions of racialized experiences of African American students who were pursuing a medical degree, and secondly, to shed light on pressing issues that need to be addressed in order to foster an equitable academic environment (Dickerson et al., 2018). These goals were accomplished by examining the perceptions of racialized experiences of African-American students who were pursuing a medical degree.

My research amplifies the voices of six tenacious medical students, revealing their struggle, tenacity, and flexibility in the face of a grueling path through their medical school. These students have shown an unshakeable dedication to working as healthcare leaders and practitioners who provide great healthcare for all people. The African American medical students who took part in this study are always aware of and able to adjust to the challenges posed by racism, especially when it takes the form of health inequalities that impact Black and Brown communities in the Southern United States. The accounts provide evidence of the persistent challenges and obstacles they must overcome, challenges their white colleagues very seldom come up against while in medical school.

The participants presented intensely personal accounts that detailed their encounters with racialized experiences in academic settings and healthcare facilities. These accounts painted a clear picture of the pervasive racism in academic institutions and healthcare facilities by focusing on the authors' own experiences and those of their families and friends. Despite the strong counter-stories recorded in this study, it is abundantly clear that there is still much work to be done in higher medical education. The difficulty of bringing about the structural and institutional shifts necessary to eradicate long-standing prejudices and foster an atmosphere that is both inclusive and egalitarian is vast and very important. The road towards
diversity, equality, and inclusion in medical education will be long and complex; nonetheless, this journey must be made to guarantee that African-American students are adequately represented and successful. Their stories serve as a rallying cry, a powerful reminder of the urgent need for radical change in our educational institutions, and they serve as a call to action.

**Final Researcher Reflections**

I feel incredibly grateful to have had the opportunity to interview such amazing individuals for this study and to share their stories with the research community. I am continually impressed by their strength and determination in the face of societal expectations and stereotypes, both from mainstream culture and their own African-American community. Their ability to make choices that contributed to their success is truly inspiring. I applaud all those who supported them along the way - from parents and communities to peers, mentors, and teachers - for their unwavering commitment to helping these individuals achieve their personal and academic goals.

Finding suitable participants for my study was more of a challenge than I had anticipated. However, I persevered and went to great lengths to locate those who met the criteria. They were all grateful to participate and thanked me for allowing them to share their experiences. Many of them confided that they had never been asked about their experiences during medical school before and found the experience to be therapeutic. I firmly believe that giving a voice to African-American medical students who have faced discrimination in their pursuit of academic excellence is essential. It is also our responsibility to expose the systemic and institutional racism that can impede the success of African-American students.

I hope this study brings attention to the obstacles and achievements that African-American medical students face throughout their educational journey, focusing on their
experiences during medical school. This group has not been thoroughly researched, and gaining a deeper understanding of how they thrive is crucial in combatting the underrepresentation of African Americans in medical school and as physicians in the future.
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Appendix A

Interview Questions

Chosen Pseudonym:
Date:
Time:
Location:

1. Tell me about your decision to attend medical school.
   a. What sparked your interest in the medical school you chose to attend?
   b. Can you tell me about the application process? Also, how was the interview process?

2. Please describe your overall experiences while in medical school.
   a. How did you start to build relationships on campus with others, or did you?
   b. Tell me about your relationship with faculty members.
   c. How was the curriculum in medical school? Was it engaging for all students?

3. How would you describe the racial climate overall on your medical school’s campus?
   a. Do you feel like the curriculum reflects your experiences and interests? If so, how? If not, how does this influence your engagement with the curriculum?

4. What experiences of discrimination have you encountered while in medical school, if any?
   a. Please think of any discrimination you may have faced and how you would classify the discrimination.
   b. How do you think your race influenced your medical school experiences?

5. Tell me about your experiences with faculty.
   a. What kinds of faculty support do you wish you would have had but did not?

6. What barriers do you see existing for African-American medical students?
   a. Can you explain the barriers you have faced while attending medical school?

7. What have you seen in the news or on social media about discrimination in medical school?
   a. How has this compared to your own experiences?
8. How have your experiences in medical school shaped how you think about race and racial identity in your life outside of medical school?

9. How have you coped with the challenges you experienced while attending medical school?
   a. Who or what has supported you while you were in medical school?

10. In an ideal world, what could medical schools do to be more supportive of African-American medical students?

11. What advice would you give an African-American undergraduate student who wants to attend medical school?

12. Do you think I should know anything about your medical school experiences as an African-American student that we have not discussed yet?
Appendix B

Recruitment Email

Hello,

My name is Pamela Harlan-McSwain, and I am a doctoral candidate in the department of Higher Education Leadership at the University of Memphis. My reason for contacting you is to ask if you would be interested in being a part of my research study. In the study, I will attempt to explore the perception of racialized experiences of African American students while attending medical school. Participation will include a 45–60-minute semi-structured interview.

There will not be any compensation provided for your participation in this study. However, food will be provided during the focus group interview.

If you are interested and willing to participate in this study, please complete the attached consent form and return to me at phrlnmcs@memphis.edu. Feel free to contact me with any questions you may have.

Thank you,

PHM
Appendix C

Informed Consent to Participate Form

Informed Consent for Research Participation

Title: PRO-FY2023-250: Exploring the Perceptions of African American Medical Students, Their Racialized Experiences While Attending Medical School

Sponsor: Pamela Harlan-McSwain, The University of Memphis

Researchers Contact Information: phrlnmcs@memphis.edu

You are being asked to participate in a research study. The box below highlights key information for you to consider when deciding if you want to participate. More detailed information is provided below the box. Please ask the researcher(s) any questions about the study before you make your decision. If you volunteer, you will be one of about 10 people to do so.

<table>
<thead>
<tr>
<th>Key Information for You to Consider</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Voluntary Consent:</strong> You are being asked to volunteer for a research study. It is up to you whether you choose to participate or not. There will be no penalty or loss of benefit to which you are otherwise entitled if you choose not to participate or discontinue participation.</td>
</tr>
<tr>
<td><strong>Purpose:</strong> The purpose of this research is to better understand and explore the perceptions of African American Medical Students regarding their racialized experiences while attending medical school.</td>
</tr>
<tr>
<td><strong>Duration:</strong> It is expected that your participation will last 45-60 minutes for the semi-structured interview.</td>
</tr>
<tr>
<td><em>Total:</em> One hour</td>
</tr>
<tr>
<td><strong>Procedures and Activities:</strong> You will be asked to participate in one interview during the 22-23 semester responding to questions about your perceptions of racialized experiences while in medical school.</td>
</tr>
<tr>
<td><strong>Risk:</strong> Some of the foreseeable risks or discomforts of your participation include finding some questions we ask you to be upsetting or stressful. If so, we can tell you about some people who may be able to help you with these feelings.</td>
</tr>
<tr>
<td><strong>Benefits:</strong> Some of the benefits that may be expected include adding to the scholarship regarding African American medical students and your perspective could be useful in creating ideas for future diversity, equity, and inclusion programs as well as recruitment.</td>
</tr>
<tr>
<td><strong>Alternatives:</strong> Participation is voluntary, and the only alternative is to not participate.</td>
</tr>
</tbody>
</table>
Appendix D

IRB Approval

Institutional Review Board
Division of Research and Innovation
Office of Research Compliance
University of Memphis
315 Admin Bldg
Memphis, TN 38152-3370
March 8, 2023

PI Name: Pamela Harlan-McSwain
Co-Investigators:
Advisor and/or Co-PI: Daniel Collier
Submission Type: Initial
Title: Exploring the Perceptions of African American Medical Students, Their Racialized Experiences While Attending Medical School
IRB ID: #PRO-FY2023-250

Expedited Approval: March 8, 2023

The University of Memphis Institutional Review Board, FWA00006815, has reviewed your submission in accordance with all applicable statuses and regulations as well as ethical principles.

Approval of this project is given with the following obligations:
1. When the project is finished a completion submission is required
2. Any changes to the approved protocol requires board approval prior to implementation
3. When necessary submit an incident/adverse events for board review
4. Human subjects training is required every 2 years and is to be kept current at citiprogram.org.

For additional questions or concerns please contact us at irb@memphis.edu or 901.6783.2705

Thank you,

James P. Whelan, Ph.D.
Institutional Review Board Chair
The University Memphis.