

The Life of a Black Medical Trainee in the United States: Past, Present, Future

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Abstract: *An Introduction to the History of Black Medical Trainees:* In these unprecedented times, Black medical professionals must deliver excellent medical care and uphold the highest standards of their profession while living through a devastating pandemic. They must do so in a time when the country tries to reconcile with generations of racism and injustice. The current social environment in America is particularly challenging for medical trainees such as medical students and resident physicians who must focus on their educational requirements and careers in settings that are often averse to addressing topics such as racism. This plight is not new for Black medical trainees, as they have been fighting for centuries to obtain an equitable seat at the table of medical education. Throughout the 19th century and early 20th century, Black physicians were repeatedly disenfranchised from the predominantly white medical societies, most notably the American Medical Association (AMA), which was established in 1847. Racially integrated medical organizations such as the National Medical Society of Washington D.C. (NMS), which was founded in 1870, were developed to challenge discriminatory practices of the American Medical Association against Black practitioners. The inception of the National Medical Association (NMA) in 1895 allowed Black doctors to advocate for disadvantaged patient populations and focus efforts on health issues pertinent to the underserved.

The Struggles of the Black Trainee: However, Black and underrepresented minorities continue to face challenges with medical school matriculation and retention. A 2015 AAMC report showed that Black male medical school matriculants failed to increase significantly between 1978 and 2014. From 2006 to 2018, the number of Black medical school matriculants increased from 6.7% to 7.1%.

Solutions for Improving Medical Education for the Black Trainee: To improve these matriculation statistics, it is critical that institutions integrate innovative measures such as robust recruitment pipelines to expose underrepresented high school and college students to the medical field, as well as seek diversity actively in administration to dismantle the ingrained ideologies of systemic racism rooted in healthcare and medical education. To combat the institutionalized racism that has plagued medical education throughout its existence, collaboration as a unified front is essential to achieving the equity and social justice in healthcare that patients deserve.

Keywords: Diversity ■ Race ■ Medical student ■ Resident ■ Medical education

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AN INTRODUCTION TO THE HISTORY OF BLACK MEDICAL TRAINEES

Ahmad Arbery. Breonna Taylor. George Floyd. These are the names of three African Americans whose lives were tragically cut short as a result of the injustices of racism and socioeconomic inequality in the United States in 2020. These names are amongst countless other Black victims of racially motivated tragedies in America. In these unprecedented times, Black medical professionals must not only deliver excellent medical care and uphold the highest standards of their profession while living through a devastating pandemic, but must do so in a time when the country tries to reconcile with generations of racism and injustice. The current social environment in America is particularly challenging for medical trainees such as medical students and resident physicians who must focus on their educational requirements and careers in settings that are often averse to addressing topics such as racism. This plight is not new for Black medical trainees, as they have been fighting for centuries to obtain an equitable seat at the table of medical education.

David Jones Peck was the first African American to graduate from an American medical school in 1847, as Black learners were barred historically from obtaining a medical education in the United States.¹ Between 1868 and 1904, seven medical schools were established for aspiring African-American physicians including Howard University Medical School and Meharry Medical College. Between 1890 through the conclusion of WWI in 1918, Howard and Meharry accounted for the medical education of over 2400 physicians.¹ Throughout the 19th century and early 20th century, Black physicians were repeatedly disenfranchised from the predominantly white medical societies, most notably the American Medical Association (AMA), which was established in 1847. Racially integrated medical organizations such as the National Medical Society of Washington D.C. (NMS), which was founded in 1870, were developed to challenge discriminatory practices of the American Medical Association against Black practitioners, as African American

populations boomed in major metropolitan regions.² However, Black physicians and those associated with the National Medical Society remained barred from admission to predominantly white medical institutions. In 1895, African American physicians expanded upon the foundation laid by the National Medical Society and established the National Medical Association (NMA), which was open to physicians of all races and served as the preeminent medical congregation for Black doctors.³ The inception of the National Medical Association allowed Black doctors to advocate for disadvantaged patient populations and focus efforts on health issues pertinent to the underserved.⁴

THE STRUGGLES OF THE BLACK TRAINEE

In 1964, the Student National Medical Association (SNMA), a subdivision of the National Medical Association, was formed to support underrepresented medical students and encourage undergraduate students to pursue careers in medicine.⁵ Students across the country established regional and local chapters which became instrumental in increasing the number of Black students matriculating into medical school. The number of Black students who matriculated into medical school increased marginally from 6.7% in 2006 to 7.1% in 2018.⁶ However, Black and African American students made up only 8.0% of the medical school applicant pool and 7.1% of the matriculant pool for the 2018-2019 school year. Additionally, Black or African-American physicians made up about 5.0% of the workforce for the same year.⁷ These figures legitimize the isolation many Black trainees experience throughout their medical careers. This is especially pertinent for Black males whose matriculation into and graduation from medical school showed an overall decline for over 35 years. A 2015 AAMC report showed that Black male medical school matriculants failed to increase significantly between 1978 and 2014, despite numerous greater opportunities for medical education in the 21st century.⁸

Medical school is one of the most stressful times in a burgeoning physician's life. "Imposter syndrome", the internalized fear of being unqualified or deemed fraudulent for a specific position, is a common sentiment amongst many, if not all, medical students. This feeling often persists into residency and beyond, despite the rigors of residency training and board qualifying exams. However, Black trainees are at higher risk of depression and anxiety than their white counterparts due to lower levels of social support to cope with these rigors.⁹ Black students aspire to provide excellent care to patients, to pursue success in the

profession, and to inspire other Black learners. Nonetheless, they can be disheartened by the constant reminders of the social inequalities that exist for Black Americans on the news and social media, resulting in increased stress levels and significant emotional tolls. Medical school curricula are often devoid of opportunities to address factors of systemic racism and the devastating health disparities that decimate underserved communities. In addition, inadequate representation limits the formation of robust support systems in many medical institutions, where Black students often struggle with high rates of racial discrimination, inequitable health disparities, and other socioeconomic burdens.

As such, students have had to initiate the conversation to fight racism amongst each other and take to social media so that their voices can be heard when their institutions are silent. Additionally, many Black trainees have had to find solace in their local and regional SNMA communities, where they can discuss the emotional and professional effects of the racial and socioeconomic injustices their communities and patients encounter.

SOLUTIONS FOR IMPROVING MEDICAL EDUCATION FOR THE BLACK TRAINEE

In response to the recent tragedies that have shaken Black America and the United States as a country, there have been an unprecedented number of social media campaigns and physical demonstrations across the globe denouncing the oppression of systemic racism. It is imperative that we, as a medical community, extend beyond unilateral social media outrage and utilize the collective societal energy of this modern civil rights movement to implement tangible, sustainable change. This starts by diversifying our medical institutions from the top down. It is clear, now, more than ever, that we need diverse leaders in our medical school and hospital administrations that reflect the heterogeneous populations for which we provide care. By including more underrepresented minorities in leadership positions in academic medicine and healthcare institutions, we can reduce the perpetuation of racial biases in our academic curriculums and hospital protocols while creating an inclusive and diverse learning environment for our trainees. Leaders of color must be included in all facets of medical education and administration, including key roles on curriculum development teams and admission committees. Additionally, it is critical that training institutions improve matriculation statistics by developing and implementing robust recruitment pipelines to expose underrepresented high school and college students to the

medical field in a manner that is conducive to cultivating interest and retaining students along the difficult pathway to medical school and beyond. Most importantly, medical institutions must seek diversity actively to dismantle the ingrained ideologies of systemic racism rooted in healthcare and medical education. A simple, yet, profound solution to diversifying medical education is to integrate fundamental discussions surrounding healthcare disparities into medical school curricula and standardized patient didactics.¹⁰ Those in positions of power must listen with compassion and respect to the voices of Black and minority trainees and colleagues. To combat the institutionalized racism that has plagued medical education throughout its existence, collaboration as a unified front is essential to achieving the equity and social justice in healthcare that patients deserve.

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