

# An Exploration Of The Underrepresented Minority Medical Student Experience



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# Purpose Statement



The purpose of this study was to explore the underrepresented minority medical students' perception and experience of the medical school learning environment, and to identify how these experiences shape students' perceptions of mental health and help-seeking behaviors

# Research/Problem Statement



- Mental Health Concerns in Medical Education
  - 49% of medical students reported burnout (Brazeau et al., 2014; Dyrbye et al., 2008)
  - 11% suicidal ideation (Brazeau et al., 2014; Dyrbye et al., 2008; Rotenstein et al., 2016)
  - 27.2% of medical students experienced depressive symptoms or prevalence of depression (Rotenstein et al., 2016)
- Elements of the learning environment that are partially responsible for mental health concerns and disparities
  - Lack of social support in the learning environment is associated with depression and aspects of burnout (Thompson et al., 2016)
  - Mental health concerns increase feelings of isolation and perceived lack of support in the learning environment (Wu, 2016)
- Underrepresented minority medical students are more vulnerable than their non-minority counterparts in the learning environment
  - Disparities in achievement (Dyrbye et al., 2007; Orom et al., 2013)
  - Higher levels of distress and feelings of isolation and lack of support (Goebert et al., 2009; Grbic & Sondheimer, 2014)
  - Higher rate of suicidal ideation at 13% among African Americans compared to 4.5% of White students (Goebert et al., 2009; Stripling, 2009)
  - 3.4% of Hispanic students being more likely to experience depression when compared to non-Hispanic students (Tjia, Givens, & Shea, 2005)
  - More likely to delay graduation or leave medical school without a degree (Dyrbye et al., 2007; Orom et al., 2013)

# Justification



- ❧ Non-white physicians and underrepresented minority medical students are more likely to serve in underserved communities and care for the growing underserved patient population (Grover et al., 2016; Marrast et al., 2014)
- ❧ Distress such as burnout, depression, and anxiety associated with racial discrimination, feelings of isolation and stereotype threats may contribute to higher attrition rates and disparities in achievement among underrepresented minorities (Burgess et al., 2010; Dyrbye et al., 2007; Orom et al., 2013)
- ❧ Minority students were 5 times more likely to report that race had adversely affected their medical training experience (Dyrbye et al., 2007)
- ❧ Efforts to increase enrollment of underrepresented minority students through pipeline programs and holistic admission approaches have improved (Grover et al., 2016). This study will address the gap in the research regarding the student experience after matriculation and focus on retention

# Research Questions



- ❧ What is the difference between experiences in medical school for underrepresented racial/ethnic minority students compared to non-racial/ethnic minority students?
- ❧ What are the perceptions and experiences of underrepresented minority medical students? How do these perceptions relate to Schlossberg's Transition Theory?
- ❧ Specifically, what are underrepresented minority medical students' perceptions of mental health? What services and systems do underrepresented minority students identify as effective coping strategies and support for their academic and personal well-being?

# Data Analysis



- ❧ Descriptive analysis of the AAMC Year-Two Questionnaire (Y2Q)
- ❧ Conducted 10 Interviews
  - ❧ 2 African-American males, 2 Hispanic males, 4 African-American females, & 2 Hispanic females
- ❧ Analyzed interview data for a priori & emergent themes related to experiences in the learning environment
- ❧ Analyzed interview data for themes related to mental health, coping strategies, and help-seeking behaviors

# Major Findings RQ1



**Research Question One** explored the difference in the experiences of minority medical students and non-minority medical students' responses to the Y2Q survey

- ❧ Determined that in comparison to white/non-Hispanic students, minority students were **less likely to have a positive perception of the learning environment** based on the Learning Environment Scale that included 3 subscales (student-student interaction, faculty interactions, emotional climate) with 11 items.
- ❧ Determined that in comparison to minority students, **white/non-Hispanic were more likely to experience slightly higher rates of burnout and perceived stress, and slightly lower rates of quality of life**
- ❧ This is inconsistent with research that indicates minority students experience lower rates of quality of life and were more likely to have higher levels of perceived stress (Dyrbye et al., 2006; Grbic and Sondheimer's, 2014)

# Major Findings RQ2



## Overarching Themes that define my Major Findings

- ❧ Additional layers and pressures contributing to the identity of minority medical students
- ❧ Obstacles and barriers related to access of resources and social support

# Major Findings RQ2 cont...



## Additional layers and pressures contributing to the identity of minority medical students

- ❧ Discovered that many minority students come with layers of responsibilities, roles, and identities
  - *“Just like responsibilities, financial hardships, responsibilities as far as family...”*
  - *“I grew up being poor, not having access to healthcare, obviously, they’re going to have some impact on me...”*
  
- ❧ Discovered unwelcomed and welcomed pressure for students to take on additional roles
  - *“One of the responsibilities that I feel was on my shoulders when I got here is to advocate on many different levels because of lack of representation of minorities in this field...”*
  
- ❧ Discovered minority students looked for ways to limit these pressures by disengaging or isolating themselves or confining themselves to their circle of friends

# Major Findings RQ2 cont...



## Obstacles and barriers related to access of resources and social support

- ❧ Students reported not feeling as prepared for medical school as their non-minority peers (lack the resources and support needed)
- ❧ Discovered that there is a knowledge gap due to their lack of social capital in medicine
  - "So for me, first generation, college student, and then in med school, you feel first generation all over again. Like you don't really know what's to come..."*
- ❧ Revealed issues of trust with peers and faculty
  - "I think just, people not understanding that there are other things other than medical school influencing our life..."*
- ❧ Students found it easier to stick with other students with similar lived experiences instead of interacting with non-minority students that are insensitive to minority issues

# Major Findings RQ3



**Research Question Three** takes a look at minority students' perception of mental health and the services and systems they identify as coping strategies and support

- ☞ Students revealed that for the first time, weaknesses and even learning disabilities were exposed in the new learning environment and their coping mechanisms were quickly tested
- ☞ Some students chose not to seek help for fear of repercussions to their academic record or professional career or fear of being perceived as less capable because of their race/ethnicity, which confirmed stereotype threats  
*"Just feeling like people were thinking that it's just another Black girl complaining or who can't keep up..."*
- ☞ Many participants quickly learned that the support systems they leaned on before may not be adequate for their needs in medical school  
*"I do talk to family...however family cannot really understand what I'm going through at all..."*

# Implications



The results of this study have potential for positive change at the institutional level, in the classroom, for social and mental support, and the overall learning experience for minority medical students

- ❧ (a) Institutional commitment to creating a more sensitive and culturally inclusive environment creating a space to reduce stereotype threats and isolation
- ❧ (b) Enhanced medical education and teaching practices to reduce distress and distractions
- ❧ (c) Develop transition programs to decrease the gap in knowledge and increase social capital
- ❧ (d) Adequate support systems particularly those related to mental health and learning strategies to improve retention and close the graduation gap

# Questions

