



# Underrepresented in Medicine:

*A meta-ethnography of underrepresented  
students' experiences of medical school*

# Sous-représenté(e)s en médecine:

*Une méta-ethnographie*

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# **Executive Summary**

## **Background: the issue**

With the increasing recruitment Under-represented in Medicine (UiM) students—referring to groups underrepresented in medical school compared to the broader population—there is a growing literature base examining their experiences in medical school. Challenges such as differential attainment, burnout, discrimination, and unequal access to opportunities have been identified, indicating that underrepresented students struggle in many ways.

However, evidence of students' challenges is often quantitative in nature or focused on one underrepresented identity alone, making it difficult to make connections across groups, and illuminate both similarities and differences. We established the goal of identifying and synthesizing the qualitative evidence, so that we can honour, and centre, the stories of underrepresented students in medical education policy and practice(s).

## **Objectives**

Our objectives were therefore to: 1. synthesize qualitative evidence related to underrepresented students' experiences of medical school; 2. mobilize findings to share outcomes with local, national, and international medical education decision makers; and 3. communicate strengths, gaps, and opportunities in the literature for future research agendas.

## **Methodology**

To meet these objectives, we conducted a meta-ethnography (ME), a critical qualitative synthesis, to help build a deeper understanding of the complex, lived experiences of UiM students during medical school. Meta-ethnography leverages existing qualitative data, grounded in the rich perspectives and experiences of UiM students, while generating new concepts and insights, and, in some cases, actionable knowledge.

### **Search methods**

We developed a search strategy for MEDLINE (Ovid) to capture relevant concepts. Following an initial screening exercise and identification of additional records through social media and the suggestion of a UiM student, the search was expanded and rerun in MEDLINE, then adapted to Scopus. Based on conclusions from the initial screening that more recent publications contained richer qualitative data, the Scopus search was restricted to articles published from 2017 to the final search date on June 22, 2023.

### **Selection criteria**

We included qualitative studies published in English between 2000 and mid-2023 that focus on the experience of undergraduate medical education for UiM students. We used general and specific terms describing UiM students (groups we included: racialized students, Indigenous students, disabled students, students from rural and/or low socioeconomic backgrounds, First in Family students, and gender and sexual minority students). We excluded non-research articles, articles published in languages other than English, articles published prior to 2000, articles that

did not include UiM students as participants, and articles that did not examine UiM students' experiences of medical school.

### **Data collection and analysis**

We followed the seven-step process for meta-ethnography. First, we established the rationale and parameters for our study. We then developed our search strategy and selected primary studies, using systematic review software. Team members carefully read included studies for first and second order concepts, and pulled out key data (e.g., study characteristics, quotations, and notes about our observations and reactions). We then determined how studies were related by coding first order data (block quotations from articles), and clustering codes. We performed this same process with second order concepts (authors' interpretations). We were then ready to collectively explore broader relationships between study characteristics and concepts. We built a concept map using a virtual whiteboard. We then looked for patterns and recurring strands within our interpretations during virtual team analysis sessions. Finally, we linked our findings to the original study priorities, and connected our emerging themes to the literature.

## **Results**

We included 37 studies on the lived experiences of UiM students in medical school. Our synthesis led to four overarching themes:

1. **“Working ten times as hard”**: additional labour required of UiM students (gap work; emotion work; managing dissonance; advocating; proving stereotypes wrong);
2. **“Let me control my tone”**: disciplining UiM student bodies for being “different” (tone, “professional” dress, names, dialect, stereotypes, surveillance);
3. **“I stuck out like a sore thumb”**: othering, isolation, (in)visibility and representation; and,
4. **“Sticking together”**, withdrawing, “playing on prejudices,” and serving: strategies for surviving medical school.

## **Key messages**

- UiM students articulated a vast amount of work required to survive medical school.
- UiM students consistently experienced dissonance between their backgrounds and experiences and the normative, expected biographies of medical students.
- Stories often revolved around negotiating the complexities of students' bodies.
- Working to meet the idealized physician identity was difficult, emotional, and exhausting.
- UiM learners constantly measured themselves against an idealized physician identity that interfered with their sense of self. Professionalism was weaponized to protect the identity of physicians as homogenous, privileged and emotionally neutral professionals.
- Theories relating to identity management, masking, code switching, and passing, help articulate the burden placed on UiM learners in medical school.
- Focusing on what UiM students lack neglects the immense insight, empathy, and sophisticated social expertise that underrepresented students bring to medicine.

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