

# From aspiration to attrition: challenges facing black medical trainees

Sarah Allbright<sup>1</sup> and Devaun Reid<sup>2</sup>

<sup>1</sup>BS, Medical student, University of Florida College of Medicine, Gainesville, United States

<sup>2</sup>BS, Medical student, University of Southern Florida Morsani College of Medicine, Tampa, United States

**Date submitted:** 12-November-2024

**Email:** Sarah Allbright (sarahallbright@ufl.edu)

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-Non Commercial-Share Alike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

The day I began medical school was almost the proudest day of my life. As the first in my large Ethiopian-American family to embark upon the journey of becoming a physician, this quickly became one of our family's greatest achievements. I was elated to enter this new chapter, where I could not only represent my family through my triumphs, but also join the mere 5% of black physicians in the US who represent an African-American population of more than double that figure.<sup>1</sup> But no matter how accomplished I felt, I couldn't forget the countless other black students, just like me, who were discouraged from reaching this point.

Each semester that had passed in college, I found myself amongst the dwindling number of black students pursuing medicine. When I asked my friends why they switched fields, their answers were always strikingly similar: "My pre-medical advisor told me I won't get into medical school with a B- in chemistry," or "Since I have to work full-time and can't do all the extracurriculars, I was advised that my chances are slim." Not knowing any better, each of these interactions made me fearful, and heightened my own anxiety, leading me to believe that I needed to be the perfect applicant if I ever wanted a shot at becoming a doctor.

By the end of college and my medical application cycle, I quickly realized that much of this anxiety was unwarranted. Of course it was important to study hard, solidify my knowledge base and be actively involved in meaningful service and extracurricular activities, but I also found that many traditionally imperfect students were getting accepted to medical school by holistic evaluation of their applications and experiences, regardless of background or skin color. This made me question the advice my friends had received that resulted in drastic changes in the trajectory of their career

Citation: Allbright S and Reid D. From aspiration to attrition: challenges facing black medical trainees. *Educ Health* 2024;38:88-90

**Online access:** [www.educationforhealthjournal.org](http://www.educationforhealthjournal.org)  
DOI: 10.62694/efh.2025.221

Published by The Network: Towards Unity for Health

paths. On a broader scale, I wondered about the quality of medical mentorship and guidance that exists for black students, especially for those who come from non-medical and first-generation college households who deeply rely on their advisors.

How many more students like me would have made it to medical school if they knew that they were, in fact, qualified? Would that 5% be higher?

The discouragement of underrepresented students doesn't stop at medical school admissions. Less than a month after beginning medical school, I bore witness to the widespread implementation of a new law banning the use of federal and state funds for diversity, equity, and inclusion (DEI) programs in public universities across my state. Taking this a step further, my university elected to eliminate all offices and positions pertaining to DEI, which thus extended directly to my medical school. These programs provided me with mentorship, shadowing and research opportunities during the pandemic—access to professional and clinical networks (that were unavailable to me through my personal network without family members or close friends working in medicine).

These programs supplied MCAT study materials I otherwise wouldn't have been able to afford, but were instrumental in helping me achieve a competitive MCAT score. All these programs were dismantled overnight by one piece of legislation that was not based in evidence, but instead on unfounded fears and narrowminded "scarcity mentality". I truly believe that I would not have made it to medical school without the support and encouragement of these programs.

Being at the epicenter of these changes made me realize just how far the barriers to adequate support

extend for students who are underrepresented in medicine (URiM). Prior to these laws being passed, minority students were already facing significant challenges upon entering medical school. Students from traditionally marginalized groups are reported to have an attrition rate that is nearly four times higher than their non-marginalized counterparts.<sup>2</sup> With the changes to legislation in many states across the country, I fear that there may be even higher rates of attrition due to the lack of funding for programs aimed at supporting URiM students. This lack of meaningful support could directly translate to fewer URiM students becoming physicians, a disparity shown to lead to missed opportunities for improved health outcomes for minority patients.<sup>3</sup> For the sake of patient care, this is an alarming issue that policymakers and medical institutions should be working to eliminate—not exacerbate.

Given the concerning data seen in medical school attrition rates, one might hope that the outlook would improve upon graduation. Unfortunately, this is not the case. There are striking disparities seen in attrition rates for residency programs, where one study reported URiM physicians were about 30% more likely to withdraw, and eight times more likely to take extended leave compared to their white counterparts.<sup>4</sup> In exploring the factors for why the attrition rates are so high amongst black and other URiM residents, one of the most notable reasons investigated was inequities in sufficient mentorship and support available.<sup>5</sup> From this study and numerous others, it is clear that there are systemic problems that must be addressed to bridge the gap that creates the URiM population. When black residents leave residency programs prematurely, it

worsens the racial disparities in the medical field and leads to the immense talent and untapped potential within our communities continuing to go unrecognized.

As I explore specialties and look to my own future in medicine, I can't help but feel a sense of the constant battle that can seemingly never be won. My passionate reason for entering this noble profession was to serve the very communities that lack representation in the healthcare space—but seeing the political push against supporting students like me, I feel the same pressure I once felt to strive for perfection. The fear of becoming one of the many black students discouraged from becoming a practicing physician is something that will burden me, and countless other students, throughout our medical education and training. Facing this reality is extremely disheartening, but I am hopeful for a drastic change in how we support and encourage aspiring black and URiM physicians.

Representation in medicine and improved health outcomes of historically marginalized communities should not be a partisan issue, it must become a fundamental goal for high quality patient care. To reach this, we must continue to support programs and initiatives that aim to uplift students and residents of diverse backgrounds and nurture their success and confidence to be part of this once non-inviting space. We must have the courage and integrity to stand up in a heated political climate to progress towards a better future in medicine, where we have a more equitable and diverse workforce, and all patients can be adequately represented. Only then, will it be the true proudest day of my life.

## References

1. Ly DP. (2022). Historical trends in the representativeness and incomes of black physicians, 1900-2018. *Journal of General Internal Medicine*, 37(5), 1310–1312. <https://doi.org/10.1007/s11606-021-06745-1>
2. Nguyen M, Chaudhry SI, Desai MM, Chen C, Mason HR, McDade, WA, Fancher, TL., & Boatright D. (2022). Association of sociodemographic characteristics with US medical student attrition. *JAMA Internal Medicine*, 182(9), 917–924. <https://doi.org/10.1001/jamainternmed.2022.2194>
3. Marcella A, Garrick O, Graziani GC. (2018) Does diversity matter for health? Experimental evidence from Oakland. <https://www.nber.org/papers/w24787.pdf>. doi:10.3386/w24787
4. Baldwin, DeWitt C. Jr., Rowley BD, Daugherty SR, Bay RC. (1995) Withdrawal and extended leave during residency training: results of a national survey. *Academic Medicine* 70(12): p 1117-1124. PMID: 7495457.

5. Ramanan RA, Taylor WC, Davis RB, & Phillips RS. (2006). Mentoring matters. Mentoring and career preparation in internal medicine residency training. *Journal of General Internal Medicine*, 21(4), 340–345. <https://doi.org/10.1111/j.1525-1497.2006.00346.x>