

# Disaggregating the Asian American Medical Student Experience

Jessica Weng, B.S.<sup>1</sup>, Agnes Zhu, B.S.<sup>1</sup>, Ying ying Chen, M.D.<sup>2</sup>

<sup>1</sup> Mayo Clinic Alix School of Medicine, Rochester, MN

<sup>2</sup> Division of Geriatric Medicine, Department of Community Internal Division, Mayo Clinic, Rochester, MN

## ASIAN AMERICAN MEDICAL STUDENT EXPERIENCE

- Asian students are misconceptualized as the "model minority" and often not included in conversations of diversity, equity, and inclusion
- Studies have shown that Asian students are subject to bias and discrimination in medical school evaluations
- A 2017 study found that **white students were nearly 2x more likely than Asian students to be members of the Alpha Omega Alpha Honor Society, even after controlling for USMLE Step 1 scores, research experiences, self-reported leadership activity hours, and community service** even after restricting to students ranking in the top quartile of USMLE Step 1 scores<sup>1</sup>

Performance evaluation adjectives used to describe medical students	Likelihood of adjective to describe White v. Asian medical students
Exceptional, best, outstanding (standout adjectives)	White > Asian
Bright (ability adjective)	White > Asian
Caring, empathetic, compassionate (patient interactions)	White > Asian

**Table 1.** Adjective comparison of White v. Asian medical student performance<sup>2,3</sup>

- Asian students are overrepresented in medical schools, but there is a significant lack of Asian American representation among medical school leadership
- Across all medical schools, the number of Asian department chairs has only grown from 3% to 8.5% and the number of deans has only increased from 0 to 1 in the last 20 years<sup>4</sup>
- Asian medical students continue to be excluded from race in medicine conversations and struggle to address microaggressions, discrimination, and harassment in their medical schools
- A recent study found that **Asian medical students lacked confidence in their race/ethnicity, felt conflicted about whether microaggressions from faculty and classmates were valid due to their race, and felt obligated to prove they belonged in diversity discussions**<sup>5</sup>
- There is very little existing literature on Asian American medical student diversity research
- Asian medical students from underrepresented minorities highlighted the need for data disaggregation, as there are 20+ ethnic groups lumped in the "Asian American" category, despite widely varied cultures and experiences

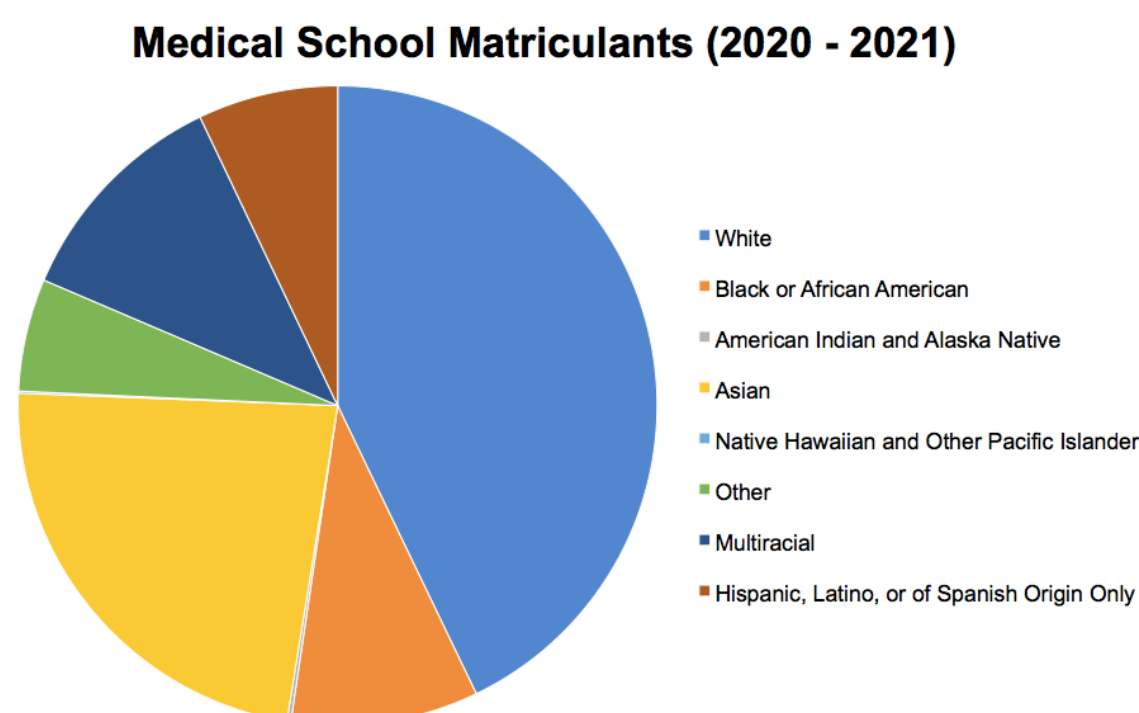
## ASIAN AMERICAN MEDICAL SCHOOL DATA DISAGGREGATION

- Because the 20+ Asian ethnic groups are very different and are populated at different levels in the U.S., it is important to disaggregate data into ethnic subgroups
- Existing American Association of Medical Colleges (AAMC) data: Asian subgroups as applicants to medical school from 2018-2019<sup>7</sup>
- Missing data: Asian subgroups as medical school matriculants or in any other part of medical training
- 2019 U.S. census data and 2018-2019 Asian subgroups AAMC applicant data show discrepancies in representation<sup>8</sup>
- Discrepancies that already exist between the applicant data and U.S. census data underscores a skewed diversity outlook**

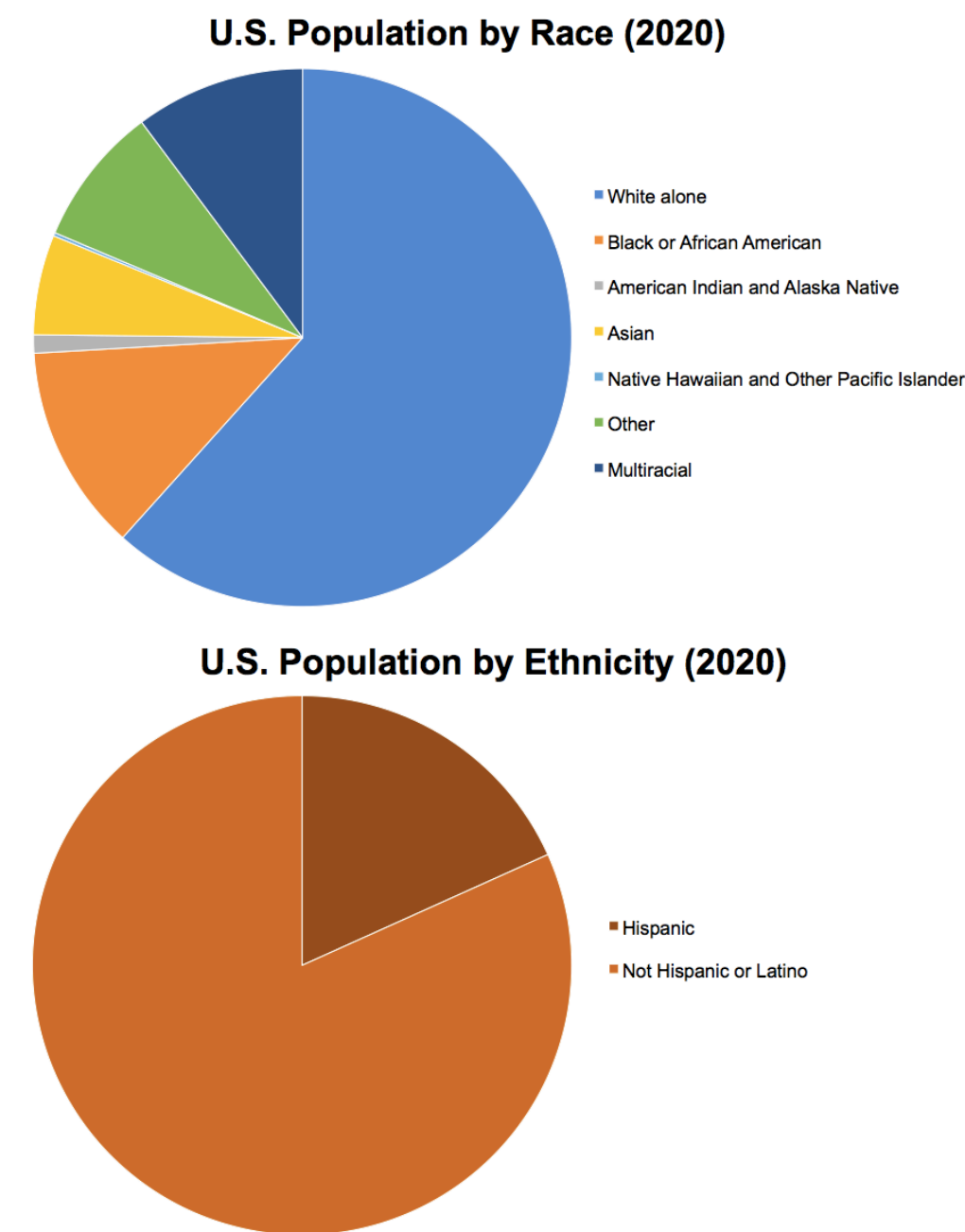
## STUDY AIMS

- Underscore current Asian American medical student diversity research and lack of data in disaggregate form and beyond medical school training
- Underscore discrepancies between medical school applicant disaggregated data and U.S. census Asian disaggregated data
- Call to action for increased diversity research and disaggregated diversity research on the Asian American medical student and beyond

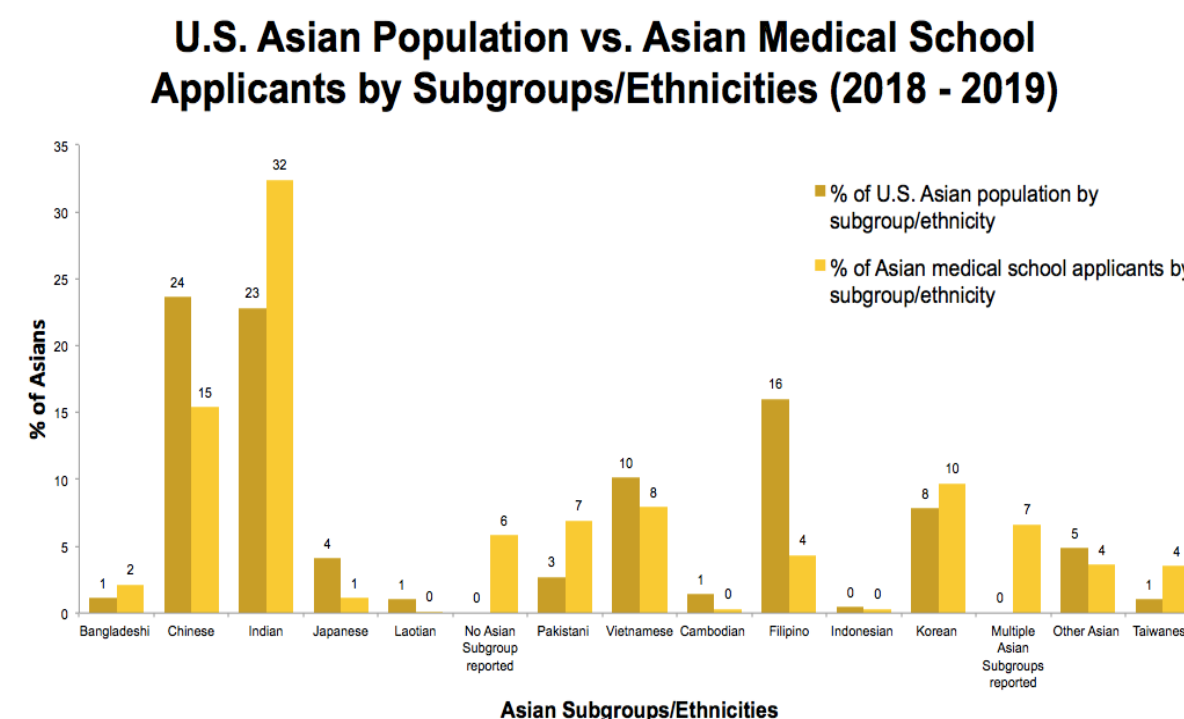
## FIGURE 1: U.S. MEDICAL SCHOOL MATRICULANTS BY RACE/ETHNICITY



## FIGURE 2: U.S. POPULATION BY RACE/ETHNICITY



## FIGURE 3: U.S. ASIAN POPULATION VS. ASIAN MEDICAL SCHOOL APPLICANTS BY SUBGROUP



## CALL TO ACTION

At the medical school level, we believe the best ways to address issues faced by Asian medical students are

- include coursework focused on Asian racism and health disparities in mandatory curriculum, while ensuring there is disaggregation of the Asian experience
- make a conscious effort to include Asian students in diversity, equity, and inclusion conversation and initiatives
- conduct research on the Asian medical student experience to better understand their specific issues and needs.

On the national level, we believe there are some ways to better represent data on Asians and Asian Americans in medicine. We believe that there could be

- better reporting of data disaggregation and data on matriculant data in medical schools and residencies
- better reporting of data disaggregation on Asian subgroups in the physician working force
- comparing the U.S. census disaggregate data to medical school matriculants and other trainees in the medical field to better discuss diversity in medicine and in the community

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