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**A STUDY OF BLACK MEDICAL STUDENTS
AT THREE MEDICAL SCHOOLS**



REGINALD KEITH FRANKLIN

1974

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Frederick K. Franklin

Signature of Author

April 11, 1974

Date



A STUDY OF BLACK MEDICAL STUDENTS

AT THREE MEDICAL SCHOOLS

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B.S. Howard University

1969

Thesis submitted in partial fulfillment of the requirements
for the degree of Doctor of Medicine, Department of
Psychiatry, Yale University School of Medicine.

March, 1974

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Reginald K. Franklin
March 1974
New Haven

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Reginald C. Fincher

March 1974

PURPOSE

Much of the literature concerning the issue of Blacks in the health professions has focused on the areas of recruitment of the Black student, the acquisition of financial aid, and the validity of the criteria used by predominantly white medical schools for admitting the Black student. Very few studies have dealt with the issue of Black medical students once they matriculate in these schools.

Up until five years ago, the vast majority of Black physicians received their training either at predominantly Black Howard or Meharry Medical Schools. During the past five years, predominantly white medical schools have significantly increased their enrollment of Black students. Many of the students that entered in 1969 and 1970 during the height of the recruitment of Black students are now graduating. What have their experiences been like in the last four years? How have they responded to their new environments? This new influx of students raises questions worthy of investigation.

This study is designed to survey the experiences, attitudes, goals, and expectations of fourth year Black students at two predominantly white medical schools in the Northeast (Yale and Harvard), and Howard, also located on the East Coast.

The objectives of this study are:

To assess the current thinking of Black medical students about their medical school experiences and their future career plans and, in particular, to compare and contrast the students' views of their medical experiences at the predominantly Black medical school with those at the predominantly white medical schools delineating the problems, foreseen and unforeseen, they have encountered.

Although the data are drawn from two mixed schools, they may give some indication of how positive experiences can be enhanced, negative ones minimized. The data may also indicate via career plans how increased enrollment of Black students will affect the distribution of Black physicians.

CHAPTER I

INTRODUCTION

The number of Black physicians in the United States is estimated to be about 6,400, approximately one Black physician for every 3,800 Black citizens in the country; whereas the number of white physicians is approximately one for every 625 citizens.¹ In view of the overall shortage of physicians in this country, the shortage of Black physicians is critical. Partly as a result of the Civil Rights Laws of the 1960s, and the changing attitudes of the leaders of the health professions, efforts have been made within the last several years to increase the number of Black and other minority students in the health professions, including medical schools.

Prior to six or seven years ago, a Black student had little hope of gaining entrance to the predominantly white medical schools. Most Black students hoped to enter one of the two predominantly Black medical schools, Howard and Meharry, that were responsible for the vast majority of Black physicians produced in this country. Today, however, Black and minority students are represented at most of the medical schools throughout the nation.

Much of the literature about Blacks in medicine is concerned with the problems of the Black student prior to his entrance into medical school. These problems center

around recruitment of the Black student and the acquisition of financial aid.

Recruitment of the Black Student

It is often stated that because the pool of qualified Black applicants is small, it is difficult for all the medical schools in the country to obtain a representative number of Black and other minority students. In other words, it is difficult for all these schools to reach their "quota" of "qualified" minority students. This argument is often put forth by medical school administrators as justification for the small number of Blacks enrolled in their schools. Much of the effort toward increasing the number of Black applicants to medical schools revolves around increasing the pool from which the medical schools can choose. Proposals for increasing the number of Black applicants have been made by various investigators in the area of recruitment. The Report of the American Association of Medical Colleges Task Force to the Inter-Association Committee on Expanding Educational Opportunities in Medicine for Blacks and other Minority Students has suggested various proposals for increasing the representation of minorities in the M.D. degree program from 2.8% in 1970 to a projected 12% by 1975-76. Blacks constitute 90% of the minority groups considered in their report. The Task Force states that this 12% projected figure can be reached by implementing several programs designed to increase the number of Black applicants to

medical school, as well as measures to insure the retention of the students once they are admitted to the medical schools. Under the category of Motivational, the Task Force recommends that:

A network of regional centers be established to provide factual and personal information about career opportunities for minority students in the health professions. These centers would serve a motivational purpose by enabling minority students to interact with physicians, medical students, and other health professionals in an atmosphere that is different from the typical academic setting. Also, the centers would provide a centralized location to which community organizations could refer students for assistance and could contribute information on community activities in the health field.²

Under the category of Informational, the Task Force recommends that:

The AAMC seek the necessary funding to expand its office for minority student affairs. The opinion of the Task Force is that an office of minority student affairs with broader responsibilities can be a source of much useful information for prospective medical students, counsellors and advisors, and academic institutions.

Responsibilities of the office should include:

1. Collection and dissemination of information relating to opportunities for minority students in medicine.
2. Increasing the efficiency of matching applicants to medical schools by extended use of the Medical Minority Applicant Registry.
3. Cooperation with the MCAT Advisory Committee of the AAMC to minimize racial and cultural biases in the MCAT.
4. Evaluation of programs directed toward increasing minority enrollment in medical schools.³

In order to reach their 1975-76 projections, the Task Force estimates that if 20% of those Black students initially denied admission to medical school were admitted the following year, the achievement of the 12% goal would be greatly

enhanced. Two methods are suggested for the further preparation of those rejected students. One is the Post-Baccalaureate Fellowship program that some colleges have instituted, which enables the student to take an additional year of courses pertinent to meeting the entrance requirements to medical school. The student may reapply to medical school during the Post-Baccalaureate year. The Post-Baccalaureate program at Haverford College has been successful in getting 90% of its fifteen-twenty students into medical school each year. The other method recommends that the medical school give "conditional" acceptance to the less desirable student and provide a special program in medical school to help him improve his academic background.⁴ Harold L. Applewhite in his paper entitled "A New Design for the Recruitment of Blacks into Health Careers" makes some important suggestions for increasing the pool of Black applicants to medical school. In summary his proposals are:

1. The long range objective should be to improve the total school system and enable schools of medicine and dentistry to reach a larger pool of talented Black students.
2. Resources must be explored better to inform potential students about the professional specialties, the opportunities for service, social mobility, and the economic opportunities for success in dentistry and medicine.
3. Existing health personnel who are motivated toward the practice of dentistry or medicine should be provided immediately with a means for increased preparation and provided additionally with a large measure of encouragement and opportunity to enter dentistry or medicine.
4. State Departments of Health and other Governmental agencies, responsible for planning sufficient health manpower must assign top priority in mobilizing

individuals, agencies, and occupational groups to provide educational opportunities for talented Blacks to engage in dental and medical careers.

5. Medical and dental health agencies in Black communities should be used now to provide information and guidance in health careers. Part-time or summer jobs in these agencies should be made available to Blacks and other minorities as a technique for stimulating interest in the health professions.

6. The radio, television, and newspapers which cater to the Black segment of the population should be used more extensively in disseminating information about the health professions.

7. The greatest impact on recruitment can come from increased effort by individual members of the medical and dental professions.⁵

These seven recommendations along with the recommendations of the AAMC Task Force provide ample ideas and proposals for increasing the pool of Black applicants.

Financial Aid

The problem of financial aid has been an important one for many years for both minority and non-minority students. The rising medical school expenses in addition to the overall increase in the cost of living has been especially burdensome to the minority student who most often comes from a lower economic background than the white student. This problem has been a deterrent to the hopes of many young talented Black students who aspire to a career in medicine. Another aspect of the problem concerns the student who must support a family in addition to meeting the financial obligations of a medical education. This factor alone is a deterrent to many potential Black student-physicians. Edwards, in a 1959 study of Black professionals in Washington,

D.C., found that many of them would like to become physicians but could not afford the cost.⁶ Edwards also found that many Black physicians tended to have fathers in the upper income brackets.⁷

Medicine is a profession for the upper strata of the society. Statistics show that the majority of physicians come from families in the upper socio-economic levels of the country. A recent report indicates that:

In the period 1967-68, 41% of all medical students in the United States came from families with incomes of \$15,000 or more, whereas only 12% of all families in the U.S. were estimated to have incomes greater than \$15,000. At the other end of the economic spectrum, only 37% of the medical students enrolled in the 1967-68 academic period came from families with incomes of less than \$10,000; whereas 66% of all families were estimated to have incomes less than that level. Eighty-five percent of the Blacks in the United States have incomes of less than \$10,000 per year.⁸

In view of these statistics it is evident that sources of financial aid other than that from the family are essential for the minority student to meet his financial needs.

The financial needs of the Black medical student are being met in several ways:

1. The National Medical Fellowships, an organization which has helped to support Black medical students for many years. Its grant awards amounted to \$924,000 to 598 students for the academic year 1970-71.⁹

2. The Health Professions Student Loan Program, a federally funded program which provided \$15,000,000 during the 1967-68 period but has steadily been cut back each year.

3. Grants and loans from each student's medical school.
4. American Medical Association Educational and Research Foundations Loan Guarantee Program.
5. Federally Insured Student Loan Program.
6. Numerous private organizations and foundations.

The Task Force estimates that for the 1974-75 academic year a total of \$6,560,000 in grants and \$5,370,000 in loans is needed to meet the financial requirements of a projected 4,680 minority medical students at that time.¹⁰ Nelson in his summary of the Task Force's financial proposals appraises the current state of financial affairs by stating:

Medical schools are faced with serious financial problems at the moment. It is a measure of their degree of commitment to increasing the representation of disadvantaged students that they may have been able to support as many students as ably as they have in the past two years. For many schools, however, the funds available to them to divert to student aid have now dried up.

It is essential that the federal government direct its attention to the problem of financial assistance for medical students, and for minority students in particular. The consequences of inaction are clear. There will be fewer minority students entering medical school in the fall of 1971. Student finance is now the major barrier to continued growth of programs for increasing the enrollment of minority students.¹¹

Even though this statement was made in 1971, it is clear that a similar or worse financial situation exists today.

CHAPTER II

DESIGN AND METHODOLOGYPopulation

The population for this study consists of fourth year Black medical students at Yale School of Medicine, Harvard Medical School, and Howard University College of Medicine. Fourth year students were chosen because they have had the greatest amount of experience in medical school. It was felt that these students have the broadest perspective in terms of viewing their medical education because they have successfully endured the years of a medical education.

Only American born Black students were chosen because of the necessity to keep the population as comparable as possible.

Schools Selected

Harvard Medical School and Yale School of Medicine were selected for the study primarily because of their proximity and availability of information. Neither had a class sufficiently large to allow for statistical analysis so they were combined to get a sample size of twenty-five. These two schools were thought to be roughly similar in outlook and location. Both have publicly and privately expressed interest in recruiting Black students, and both have increased their class size to accommodate minority enrollment. Howard University College of Medicine was chosen because of

its urban, Eastern environment and availability of data and because it is one of the two predominantly Black medical schools in the country and has been responsible for many years, along with Meharry College of Medicine, for producing the vast majority of Black physicians in the country.

Sample Design

The total number of students included in the study is forty-five. Twenty students from Howard, seventeen students from Harvard, and eight students from Yale. The twenty students from Howard were randomly selected from a list of the fourth year class supplied by the Dean's Office. The students were contacted and were most receptive to the concept and importance of the study. Those students that could not be contacted within a reasonable amount of effort were deleted in favor of the next randomly-selected student. There was no problem contacting and interviewing all eight of the fourth year Black American born students at Yale. There was a problem obtaining the names, addresses, and telephone numbers of the students at Harvard due to the policy of not releasing this home information. Therefore, only seventeen of the twenty-one Black American born Harvard students were contacted and interviewed. The other students could not be reached.

Research Design

There were five major areas of investigation to measure

each student's assessment of his medical education.

Background

This area consisted of inquiry into the environment from which the student came to medical school, but we did not ask for traditional SES, religious, and other demographic variables judging that it might cause unfavorable response to the questionnaire.

Social

This area assessed the student's social experiences at his medical school as well as his social interaction with the city in which his medical school is located.

Medical School Experiences

This area had the student evaluate his medical school experiences in terms of the curriculum, and his relationship to the other students, the house staff, and the faculty.

Goals and Expectations

This area explored the student's career plans and future goals.

Attitudes

This area attempted to determine the student's objective and subjective opinions about his medical school and his education in that school.

Data Collection

A questionnaire was prepared consisting of sixty-one questions surveying the five areas presented above. The questionnaire was pre-tested on second and third year Black students at Yale School of Medicine to determine the completeness as well as the length of the interview.

Each student in the study was contacted as described. The idea of the study was explained to him and an appointment was made. All of the students that were contacted were receptive to the study. Each interview was conducted by the writer of the essay and lasted from approximately forty-five minutes to one and one-half hours depending upon the intensity of each student's involvement in the interview. The students were very receptive to the interview and made many important remarks in addition to those elicited by the questionnaire.

Data Analysis

The aim of data analysis was to organize findings so as to be able to describe and compare the Yale-Harvard and Howard groups. Statistical methods included frequency distributions, cross-tabulations, and the chi-square test for statistical significance. The data was analyzed via Datatext programing at the Yale Computer Center.

CHAPTER III

RESULTS

Who are the Black students in our study? Do the two types of medical schools attract very different students; do the students share some common attributes?

The data show that there are no significant differences between students in the Howard group and in the Yale-Harvard group for location of home, college major, or marital status. The Black students at the three medical schools come from homes in the South (51%), or from the North, but not from the Midwest or Western states. (Table 1, Appendix). Despite the slight majority of Southerners in the study, 76% went to college in the North. (Table 1). An overwhelming majority, 96%, majored in the sciences. (Table 2, Appendix).

Differences between the students at the two types of medical schools show up in the type of college attended, work history after college, and, consequently, average age at entrance to medical school. Students from Yale and Harvard were drawn primarily from the mixed colleges in the North, while Howard drew primarily from the all Black northern colleges. (Table 1). Furthermore, more Black students at Howard than in the Yale-Harvard group had worked after graduating from college. (Table 2).

TABLE 1

COLLEGE

2
 $x = 17.803$
 $p < .001$

	YALE-H HARVARD 1	HOWARD 2	TOTAL
NORTH MIX	64.0%	10.0%	40.0%
	16	2	18
NORTH BLACK	12.0%	65.0%	35.6%
	3	13	16
SOUTH MIX			0.0%
			0
SOUTH BLACK	20.0%	25.0%	22.2%
	5	5	10
MIDWEST MIX	4.0%		2.2%
	1		1
MIDWEST BLACK			0.0%
			0
FARWEST MIX			0.0%
			0
PERCENT TOTAL	55.6% 25	44.4% 20	100.0% 45

TABLE 2POSTGRADUATE WORK BEFORE MEDICAL SCHOOL

2
 $\chi^2 = 11.520$
 p .001

	YALE-H ARVARD	HOWARD	TOTAL
	1	2	
YES	12.0%	60.0%	
			33.3%
	3	12	15
	88.0%	40.0%	
NO			66.7%
	22	8	30
			100.0%
	55.6%	44.4%	
TOTAL	25	20	45

In line with these findings, many more students in the Yale-Harvard group had applied to white medical schools than in the Howard group and almost two-thirds had not applied to any Black medical school. (Tables 3 and 4) Financial aid was especially important to these students. (Table 5)

Students in the two types of medical schools were alike in not being influenced in their choice of medical schools by their premed advisor, by a physician they knew, or by a faculty member they already knew at the medical school they presently attended. (Tables 3-5, Appendix) Furthermore, the racial composition of the school and the student's circle of friends had little influence on his choice of medical school. (Tables 6 and 7, Appendix) Surprisingly, there was no difference statistically between the number who were

TABLE 3MADE APPLICATION TO WHITE MEDICAL SCHOOLS

$\chi^2 = 10.806$
 p at .002

	YALE-H HARVARD	HOWARD	TOTAL
	1	2	
YES	I-----I	I-----I	I
	I 96.0%	I 55.0%	I
	I	I	I
	I	I	I 77.8%
	I 24	I 11	I 35
NO	I-----I	I-----I	I
	I 4.0%	I 45.0%	I
	I	I	I
	I	I	I 22.2%
	I 1	I 9	I 10
	I-----I	I-----I	I
PERCENT	55.6%	44.4%	100.0%
TOTAL	25	20	45

TABLE 4MADE APPLICATION TO BLACK MEDICAL SCHOOLS

$\chi^2 = 19.862$
 p .001

	YALE-H HARVARD	HOWARD	TOTAL
	1	2	
YES	I-----I	I-----I	I
	I 36.0%	I 100.0%	I
	I	I	I
	I	I	I 64.4%
	I 9	I 20	I 29
NO	I-----I	I-----I	I
	I 64.0%	I	I
	I	I	I
	I	I	I 35.6%
	I 16	I	I 16
	I-----I	I-----I	I
PERCENT	55.6%	44.4%	100.0%
TOTAL	25	20	45

TABLE 5FINANCIAL AID CONSIDERATION IMPORTANT

2
 $\bar{x} = 8.712$
 p at .004

	YALE-H HARVARD	HOWARD	TOTAL
	1	2	
	I-----I	I-----I	I
	I 64.0% I	I 20.0% I	I
	I	I	I
YES	I	I	I 44.4%
	I 16 I	I 4 I	I 20
	I-----I	I-----I	I
	I 36.0% I	I 80.0% I	I
	I	I	I
NO	I	I	I 55.6%
	I 9 I	I 16 I	I 25
	I-----I	I-----I	I
PERCENT	55.6%	44.4%	100.0%
TOTAL	25	20	45

recruited by their medical schools. Among the twenty-five students in the Yale-Harvard group, 68% claimed not to have been recruited. (Table 7, Appendix)

Once admitted to medical school, almost all the Black students received scholarship aid (Table 8, Appendix), which tended to remain the same, while loans increased. In the Yale-Harvard group there was none without a loan. (Table 6) Among all the Black students, forty percent received aid from family and relatives and the same number worked at least in their senior year. (Tables 9-13, Appendix) In summary, significant differences were found between the mixed medical schools and Howard, with students at Yale-Harvard having come from mixed Northern schools, having applied mainly to mixed schools. There was no difference between

TABLE 6LOANS

²
 $\chi^2 = 4.016$
 p at .046

	YALE-H HARVARD 1	HOWARD 2	TOTAL
NO LOAN	I-----I	I-----I	I
	I	I 15.0%	I
	I	I	I
	I	I	I 6.7%
	I	I 3	I 3
SOME LOAN	I-----I	I-----I	I
	I 100.0%	I 85.0%	I
	I	I	I
	I	I	I 93.3%
	I 25	I 17	I 42
	I-----I	I-----I	I
PERCENT	55.6%	44.4%	100.0%
TOTAL	25	20	45

medical choice and advisor influence, recruitment practices, and circle of friends. Most Black students were not influenced by these factors. Students at the mixed schools were more concerned about financial aid than those at Harvard. But, almost all of the Black students at all three schools received some scholarship or loan, with loans increasing for most. Half of the students at Howard worked while attending school as opposed to a third at Yale and Harvard.

Social Experiences of Black Students

One of the most important aspects of this study was an investigation of the social experiences of the Black student as it might provide clues to his general sense of well-being. Given that there are important differences as well as similarities in the Black students at the two types of

schools, what were their experiences at medical school? How did they feel about their social environment and their schools interest in them? What are some of the differences in the social experiences at Yale and Harvard as opposed to Howard?

A striking picture emerges of the Black student at the mixed medical school, especially when we remember that many of these students had gone to mixed northern colleges, and had applied only to white medical schools. Only 20% of the Yale-Harvard group felt that the social activities (lectures, discussions, concerts, and parties) of their medical school met their needs as Black people as opposed to 95% of the Howard students who were satisfied. (Table 7) Again, it is statistically significant ($p < .001$) that only 12% of the Yale-Harvard group participated in social activities as opposed to two-thirds of the Howard students. (Table 8) Two-thirds of the Yale-Harvard group felt socially isolated compared to 10% of the Howard group, again a statistically significant difference ($p < .001$). (Table 9)

Asked if they felt that their cultural background was similar to the majority of the students at their medical school, only 20% of the Yale-Harvard group felt that it was as opposed to 75% of the Howard group. (Table 10)

Our data suggest that Black students at the mixed schools had more social outlet in the wider community than at their school. More students at the mixed schools were active in

TABLE 7SOCIAL ACTIVITIES OF SCHOOL MEET NEEDS

2
 $\chi^2 = 25.112$
 $p < .001$

	YALE-H ARVAPD 1	HOWARD 2	TOTAL
YES	I-----I-----I	I-----I-----I	
	I 20.0% I 95.0% I		
	I I I		53.3%
	I 5 I 19 I		24
NO	I-----I-----I	I-----I-----I	
	I 80.0% I 5.0% I		
	I I I		46.7%
	I 20 I 1 I		21
PERCENT TOTAL	55.6% 25	44.4% 20	100.0% 45

TABLE 8PARTICIPATE IN SOCIAL ACTIVITIES

2
 $\chi^2 = 13.361$
 $p < .001$

	YALE-H ARVARD 1	HOWARD 2	TOTAL
YES	I-----I-----I	I-----I-----I	
	I 12.0% I 65.0% I		
	I I I		35.6%
	I 3 I 13 I		16
NO	I-----I-----I	I-----I-----I	
	I 38.0% I 35.0% I		
	I I I		64.4%
	I 22 I 7 I		29
PERCENT TOTAL	55.6% 25	44.4% 20	100.0% 45

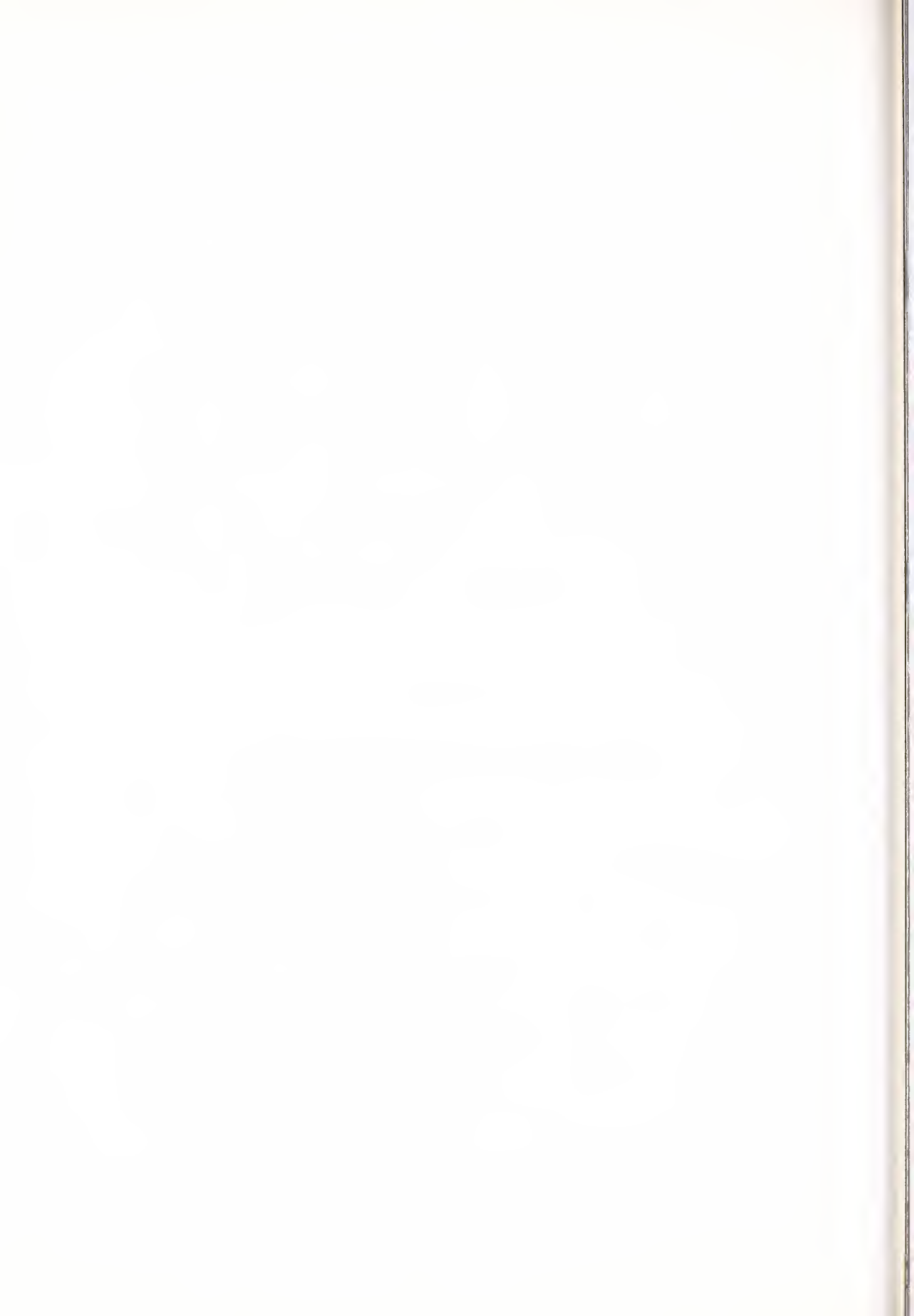


TABLE 9FEEL SOCIALLY ISOLATED AT MEDICAL SCHOOL

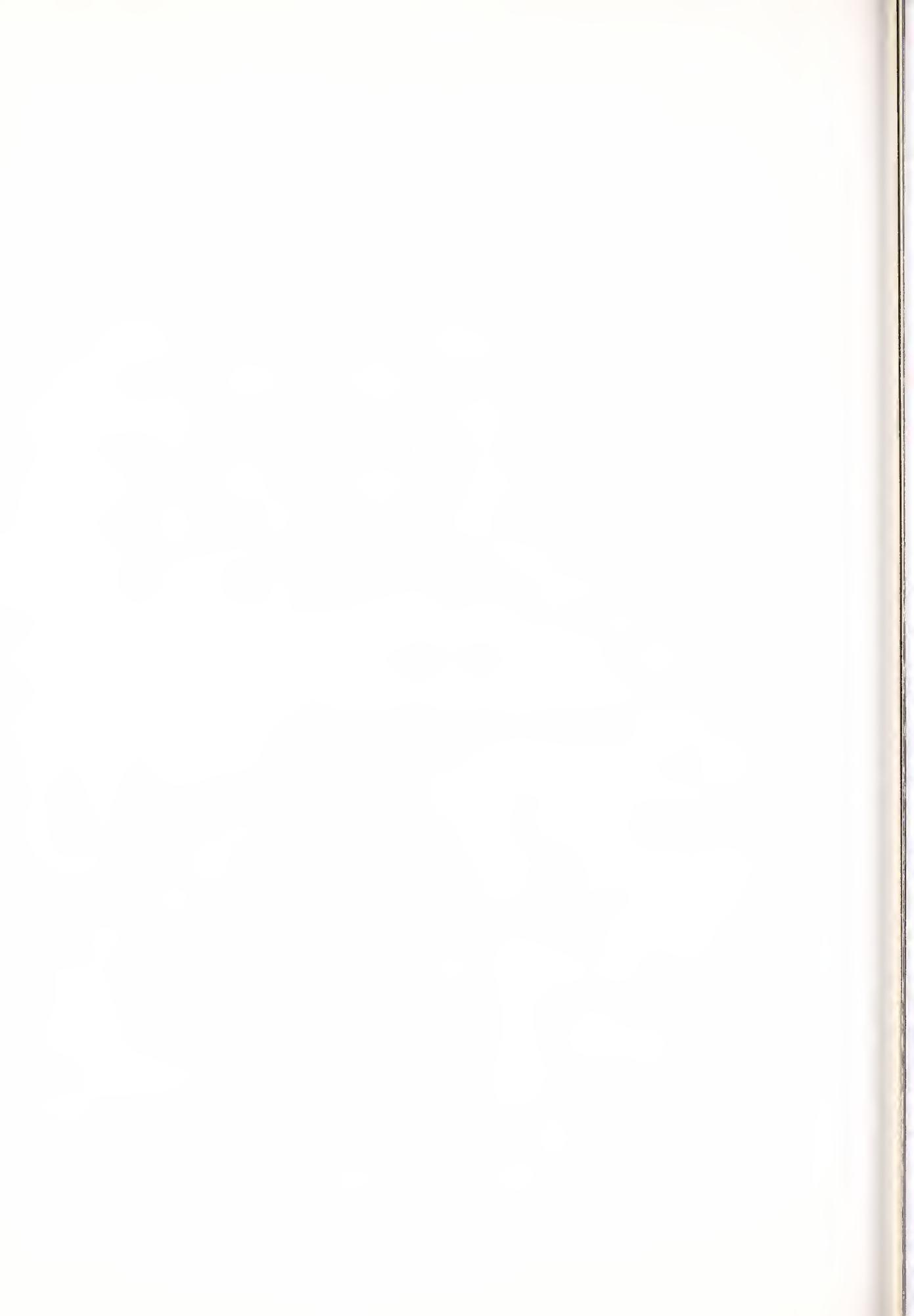
2
 $\chi^2 = 14.491$
 $p < .001$

	YALE-H ARVARD	HOWARD	TOTAL
	1	2	
YES	I-----I	I-----I	I
	I 66.7% I	I 10.0% I	I
	I	I	I
	I	I	I
	I 16 I	I 2 I	I 40.9% I
	I-----I	I-----I	I
NO	I 33.3% I	I 90.0% I	I
	I	I	I
	I	I	I
	I	I	I
	I 8 I	I 18 I	I 59.1% I
	I-----I	I-----I	I
PERCENT	54.5%	45.5%	100.0%
TOTAL	24	20	44

TABLE 10SIMILAR CULTURAL BACKGROUND

2
 $\chi^2 = 13.612$
 $p < .001$

	YALE-H ARVARD	HOWARD	TOTAL
	1	2	
YES	I-----I	I-----I	I
	I 20.0% I	I 75.0% I	I
	I	I	I
	I	I	I
	I 5 I	I 15 I	I 44.4% I
	I-----I	I-----I	I
NO	I 80.0% I	I 25.0% I	I
	I	I	I
	I	I	I
	I	I	I
	I 20 I	I 5 I	I 55.6% I
	I-----I	I-----I	I
PERCENT	55.6%	44.4%	100.0%
TOTAL	25	20	45



community projects outside of those sponsored by their medical school than at Howard, though there is no statistical significance between the two types of medical schools.

(Table 11)

TABLE 11

ACTIVE IN COMMUNITY PROJECTS

$\chi^2 = 1.805$
p at .179

	YALE-H ARVARD	HOWARD	TOTAL
	1	2	
YES	50.0%	30.0%	
	12	6	18
	50.0%	70.0%	
	12	14	26
NO	50.0%	70.0%	
	12	14	26
	54.5%	45.5%	100.0%
	24	20	44

At Howard, 40% said that their social activities were mainly with non-classmates, but at the mixed schools, 60% said this was the case. The difference is not statistically significant. (Table 14, Appendix)

Few students (11%) at either type of school said they socialized with their white classmates outside the classroom. (Table 15, Appendix)

These findings show significant differences between Howard and Yale-Harvard students in that the Howard students

feel that the social activities of their medical school meet their needs as Black people; that they participate in these activities more than the Yale-Harvard students; that their cultural background is similar to the majority of students at their school; and that they feel less socially isolated than the Yale-Harvard students at their medical school. Also, the Yale-Harvard students are more active in community projects than the Howard students, possibly reflecting the Yale-Harvard student's greater need for social activities outside their medical schools.

Medical School Curriculum and Experiences

How does the Black student view his school's program and attitude toward him? What does he feel about the courses offered in his school? What is his attitude toward the house staff and faculty?

Again we find a statistically significant difference between the Howard and Yale-Harvard groups. Only one quarter of the Yale-Harvard group thought that their school had courses and lectures relevant to the Black community experience compared to 90% of those students at Howard. (Table 12) (The students' response to this question was based on his own interpretation of whether the courses or lectures at his school were relevant to the Black community experience).

While 90% of the Howard students thought that their school had adequate role models and was interested in their development, only 24% of the Yale-Harvard students thought

TABLE 12RELEVANT COURSES AND LECTURES

$\chi^2 = 19.446$
 $p < .001$

	YALE-H ARVARD	HOWARD	TOTAL
	1	2	
	I-----I	I-----I	
	I 24.0% I	I 90.0% I	
	I	I	
YES	I	I	I 53.3%
	I 6 I	I 18 I	I 24
	I-----I	I-----I	
	I 76.0% I	I 10.0% I	
	I	I	
NO	I	I	I 46.7%
	I 19 I	I 2 I	I 21
	I-----I	I-----I	
PERCENT	55.6%	44.4%	100.0%
TOTAL	25	20	45

that their schools provided adequate role models, and only 40% thought that their medical school had a genuine interest in the development of Black students. (Tables 13 and 14)

Both these differences are statistically significant ($p < .001$).

The Yale-Harvard group felt that they were individually quizzed more often in comparison to white students in a teaching situation than the Howard group. (Table 15)

Yet, on a number of other questions all probing aspects of discrimination or racism, no significant differences were found between students at Howard or those at Yale and Harvard. The vast majority felt they related very well to the house staff and faculty members. Over 90% of the entire sample felt free to ask faculty members for individual tutoring if

TABLE 13ADEQUATE ROLE MODELS

2
 $\chi^2 = 19.466$
 $p < .001$

	YALE-H ARVARD	HOWARD	TOTAL
	1	2	
YES	I-----I	I-----I	I
	I 24.0% I	I 90.0% I	I
	I	I	I
	I	I	I 53.3%
	I 6 I	I 18 I	I 24
NO	I-----I	I-----I	I
	I 76.0% I	I 10.0% I	I
	I	I	I
	I	I	I 46.7%
	I 19 I	I 2 I	I 21
	I-----I	I-----I	I
PERCENT	55.6%	44.4%	100.0%
TOTAL	25	20	45

TABLE 14INTEREST IN BLACK STUDENT DEVELOPMENT

2
 $\chi^2 = 11.817$
 $p < .001$

	YALE-H ARVARD	HOWARD	TOTAL
	1	2	
YES	I-----I	I-----I	I
	I 40.0% I	I 90.0% I	I
	I	I	I
	I	I	I 62.2%
	I 10 I	I 18 I	I 28
NO	I-----I	I-----I	I
	I 60.0% I	I 10.0% I	I
	I	I	I
	I	I	I 37.8%
	I 15 I	I 2 I	I 17
	I-----I	I-----I	I
PERCENT	55.6%	44.4%	100.0%
TOTAL	25	20	45



TABLE 15BLACK STUDENTS QUIZZED MORE OFTEN

2
 $\chi^2 = 4.021$
 p at .045

	YALE-H HARVARD	HOWARD	TOTAL
	1	2	
	I-----I	I-----I	I
	I 28.0% I	I 5.0% I	I
	I	I	I
YES	I	I	I 17.8%
	I 7 I	I 1 I	I 8
	I-----I	I-----I	I
	I 72.0% I	I 95.0% I	I
	I	I	I
NO	I	I	I 82.2%
	I 18 I	I 19 I	I 37
	I-----I	I-----I	I
PERCENT	55.6%	44.4%	100.0%
TOTAL	25	20	45

they (the students) felt they needed it. A similar percentage felt comfortable asking questions of instructors and faculty members; and felt comfortable with the interns and residents on the wards. (Tables 16-18, Appendix)

Most of the students did not feel threatened or intimidated by the house staff, by the faculty, by the white students, or the Black medical students. (Tables 19-22, Appendix)

While a majority had not observed incidents of racism among house staff and faculty directed toward Black patients, one-third of the Yale-Harvard group observed racism as opposed to 15% of the Howard group, a statistically significant difference. (Table 16)



TABLE 16INCIDENTS OF RACISM TOWARD BLACK PATIENTS

	YALE-H ARVARD	HOWARD	TOTAL
	1	2	
2			
$\bar{x} = 1.739$			
$p \text{ at } .042$			
YES	I-----I	I-----I	I
HOUSE	I 8.0% I	I 10.0% I	I
STAFF	I	I	I
	I 2 I	I 2 I	I 8.9%
			I 4
YES	I-----I	I-----I	I
FACULTY	I	I	I
	I	I	I
	I	I	I 0.0%
			I 0
YES-H.S.	I-----I	I-----I	I
FACULTY	I 32.0% I	I 15.0% I	I
	I	I	I
	I	I	I
	I 8 I	I 3 I	I 24.4%
			I 11
NONE	I-----I	I-----I	I
OBS.	I 50.0% I	I 75.0% I	I
	I	I	I
	I	I	I
	I 15 I	I 15 I	I 66.7%
			I 30
PERCENT	55.6%	44.4%	100.0%
TOTAL	25	20	45

Most of the students (73%) stated that they had never observed racism by their fellow medical students directed toward Black patients. One-fifth said they had observed racism by white students, and one student said that he had observed racism by Black medical students directed toward Black patients. There is no statistically significant difference between the two groups, but it is interesting to note that the Howard students have observed more racism by white medical students at their school (25%) than have the students in

the Yale-Harvard group (16%). (Table 17).

TABLE 17

RACISM BY MEDICAL STUDENTS

$\chi^2 = 2.066$
p .5

	YALE-H ARVARD 1	HOWARD 2	TOTAL
YES BLACK	1	5.0%	2.2%
		1	1
YES WHITE	16.0%	25.0%	20.0%
	4	5	9
NONE OBS.	80.0%	65.0%	73.3%
	20	13	33
NEVER WORKED	4.0%	5.0%	4.4%
	1	1	2
PERCENT	55.6%	44.4%	100.0%
TOTAL	25	20	45

One-fifth of the entire group stated that an occasional white patient refused to let the student examine him because he or she was Black. (Table 18) A careful distinction was drawn between those patients who are difficult for everyone and those who reacted to the student's Blackness. Furthermore, very few students (9%) felt that the white patient population resented the Black medical student's presence on the wards. (Table 23, Appendix) One student never worked

with white patients. Even though it is statistically significant (p at .025) that the Yale-Harvard group had more white patient refusals, it must be kept in mind that Howard students have fewer white patients.

TABLE 18

WHITE PATIENT REFUSALS FOR EXAMINATION

	YALE-H ARVARD	HOWARD	TOTAL
	1	2	
YES	I-----I	I-----I	I
	I 32.0% I	I 5.0% I	I
	I	I	I
	I 8 I	I 1 I	I 20.0% 9
NO	I-----I	I-----I	I
	I 68.0% I	I 95.0% I	I
	I	I	I
	I 17 I	I 19 I	I 80.0% 36
	I-----I	I-----I	I
PERCENT	55.6%	44.4%	100.0%
TOTAL	25	20	45

Most of the students felt that neither the nurses, nor the paramedical or ancillary staff resented their presence on the wards. There was no statistically significant difference between the Yale-Harvard and Howard groups. (Tables 24 and 25, Appendix)

In summary, students in the Yale-Harvard group felt that their schools did not provide courses or lectures relevant to the Black community experience, adequate role models, or have a genuine interest in their development; contrary

to the Howard students. Other differences were that the Yale-Harvard group felt that they were quizzed more often in a teaching situation and had more white patients refuse to let the students examine them because they were Black. The data indicate that most of the students in both groups felt comfortable in their relations with the house staff, faculty, nurses, and paramedical staff. The incidence of observed racism by house staff and faculty was low in both groups; however, it was significantly higher in the Yale-Harvard group than in the Howard group. There was no significant difference in the incidence of racism by medical students in either group.

Academic Program

The mean percentage for class attendance was 85% during the preclinical years. There was no statistical significance between the two subgroups.

Asked if they felt they were competing with the other medical students in an unhealthy fashion, most (60%) of the entire group answered that they were not. However, it is close to statistical significance (p at .067) that 52% of the Yale-Harvard group stated that they were competing in an unhealthy fashion as opposed to 25% of the Howard students. (Table 26, Appendix)

Almost half (46%) of the entire group of students thought that there should be a special program designated specifically for tutoring Black students in academic

trouble. However, the subgroup breakdown indicates that the Howard students were overwhelmingly (90%) in favor of a program, yet the Yale-Harvard students only weakly responded to the idea (12%). This is a statistically significant difference ($p < .001$). (Table 19)

TABLE 19

SPECIAL ACADEMIC PROGRAM FOR BLACK STUDENTS

		YALE-H ARVARD	HOWARD	TOTAL
		1	2	
YES	I-----I-----I			
	I 12.0% I 90.0% I			
	I I I			
	I I I 46.7%			
	I 3 I 18 I 21			
NO	I-----I-----I			
	I 88.0% I 10.0% I			
	I I I			
	I I I 53.3%			
	I 22 I 2 I 24			
	I-----I-----I			
PERCENT	55.6%	44.4%	100.0%	
TOTAL	25	20	45	

Goals and Expectations

This section is concerned with the students' future career plans, medical school influences on his career plans, and other factors which may have helped to determine his goals. Again, the Howard and Yale-Harvard groups show significant differences.

Upon entering medical school, most of the students (71%) wanted a career in private practice. Few students (9%) wanted

careers in academic medicine, pure scientific research (7%), or combined academic medicine-private practice (13%).

(Table 27, Appendix) There is no statistically significant difference between the Howard and Yale-Harvard groups. However, there is a statistically significant difference (p at .014) between the two groups in that over one-third of the Yale-Harvard group indicated that they had changed their minds since entering medical school, as opposed to only 5% of the Howard group. (Table 20)

TABLE 20

CHANGE IN INITIAL CAREER PLANS

	YALE-H ARVARD	HOWARD	TOTAL
	1	2	
YES	I-----I-----I		
	I 36.0% I 5.0% I		
	I I I		
	I I I 22.2%		
	I 9 I 1 I		10
NO	I-----I-----I		
	I 64.0% I 95.0% I		
	I I I		
	I I I 77.8%		
	I 16 I 19 I		35
	I-----I-----I		
PERCENT	55.6%	44.4%	100.0%
TOTAL	25	20	45

Forty percent of the Yale-Harvard group denies that faculty (Table 21) or students (Table 28, Appendix) influenced their career plans while Howard students reported faculty influence.

Furthermore, the Yale-Harvard group was significantly

TABLE 21FACULTY INFLUENCED CAREER PLANS

²
 $\chi^2 = 6.583$
 p at .011

	YALE-H HARVARD 1	HOWARD 2	TOTAL
YES	I-----I-----I	I-----I-----I	
	I 8.0% I 40.0% I		
	I I I		
	I I I 22.2%		
NO	I-----I-----I	I-----I-----I	
	I 92.0% I 60.0% I		
	I I I		
	I I I 77.8%		
	I 23 I 12 I 35		
	I-----I-----I		
PERCENT	55.6%	44.4%	100.0%
TOTAL	25	20	45

different in its choice of type of internship. The subgroup breakdown is statistically significant (p at .04) in that it indicates that three-fourths of the Yale-Harvard group was going to do a Straight Medicine internship as opposed to half for the Howard group. Also, more Yale-Harvard students were going to do Straight Pediatric internships than Howard students; however, a Rotating internship accounted for 40% of the Howard group and only 4% of the Yale-Harvard group. (Table 22)

Though not statistically significant, similar figures exist for what speciality the students chose. Internal Medicine (60%) was the most popular with the entire group. Again, the Yale-Harvard students wanted Internal Medicine (72%) over the Howard students (45%); whereas Howard students were

TABLE 22

INTERNSHIP

2
 $\bar{x} = 10.099$
 p at .040

	YALF-H ARVARD 1	HOWARD 2	TOTAL
ST. MEDICINE	72.0% 18	50.0% 10	62.2% 28
ST. PEDIATRICS	16.0% 4	5.0% 1	11.1% 5
ST. SURGERY	4.0% 1		2.2% 1
ROTATING	4.0% 1	40.0% 8	20.0% 9
PSYCHIATRY			0.0% 0
PSYCH-MED			0.0% 0
MED-PEDS			0.0% 0
OTHER	4.0% 1	5.0% 1	4.4% 2
NONE			0.0% 0

more interested in a career in Family Practice (20%) than the Yale-Harvard students (4%). Twenty percent of the Howard group indicated an interest in Obstetrics-Gynecology compared to no one in the Yale-Harvard group. (Table 29, Appendix)

Whereas most of the Howard students intended to practice in the South (60%), only 24% of the Yale-Harvard group wanted to go South. Half of the students from the Yale-Harvard group whose homes are in the South intend to go back there, whereas three-fourths of those at Howard from the South intend to go back. Interestingly, 37% of the Howard students from the North intend to practice in the South. No one from the North in the Yale-Harvard group intended to practice in the South. (Tables 23-25) These figures show a statistically significant difference.

The overall group statistics reveal that most of the students whose homes are in the South intend to go back to the South ultimately to practice (65%), and conversely, those students from the North intend to practice in the North (68%). Only 13% from the North want to go South, and 17% from the South want to practice in the North. This is statistically significant ($p < .001$). (Table 26)

It is close to statistical significance (p at .056) that more Yale-Harvard students are interested in academic medicine combined with group or private practice (40%) than the Howard students (10%). One-fifth of the Howard students want just Private Practice as opposed to no Yale-Harvard

FUTURE LOCATION OF PRACTICE

2
 $x = 15.895$
 $p < .002$

YALE-HARVARD

	NE	SOUTH	MIDWEST	SOUTHWEST	FARWEST	TOTAL
NORTH	71.4%	5.1%				
EAST						44.0%
	10	1				11
SOUTH		54.5%				
		6				24.0%
MIDWEST						0.0%
						0
SOUTH WEST						0.0%
						0
FARWEST	14.3%	36.4%				
	2	4				24.0%
OVERSEAS	14.3%					
	2					3.0%
						2
PERCENT TOTAL	50.0%	44.0%	0.0%	0.0%	0.0%	100.0%
	14	11	0	0	0	25

TABLE 25

FUTURE LOCATION OF PRACTICE

HUME

HOWARD

²
x = 2.813
p at .094

	1 NE	2 SOUTH	3 MIDWEST	4 SOUTHWEST	FARWEST	TOTAL
NORTH EAST	-----	-----	-----	-----	-----	
	62.5%	25.0%				
						40.0%
	5	3				8
SOUTH	-----	-----	-----	-----	-----	
	37.5%	75.0%				
						60.0%
	3	9				12
MID-WEST	-----	-----	-----	-----	-----	
						0.0%
						0
SOUTH-WEST	-----	-----	-----	-----	-----	
						0.0%
						0
FARWEST	-----	-----	-----	-----	-----	
						0.0%
						0
OVERSEAS	-----	-----	-----	-----	-----	
						0.0%
						0
PERCENT TOTAL	40.0%	60.0%	0.0%	0.0%	0.0%	100.0%
	8	12	0	0	0	20

students. Most of the students in the entire group wanted a group practice setting (42%) in which to pursue their careers. Only a few (9%) indicated private practice although 71% wanted private practice upon entering medical school. One-fourth wanted academic medicine combined with group or private practice. Less than 10% wanted only academic medicine, community medicine, or research. (Table 27)

In summary, most of the students upon entering medical school wanted a career in private practice; however, it is statistically significant that more Yale-Harvard students changed their minds during their medical school years. Although most of the students reported that faculty members did not influence their career plans, it is statistically significant that more Howard students were influenced by faculty members than Yale-Harvard students.

Internal Medicine proved to be the most popular internship and career choice with significantly more Yale-Harvard students wanting Straight Medicine internships as opposed to the Howard students who are more interested in a Rotating internship as well as Str. Medicine. The Howard students also showed the broadest career interest; wanting more Family Practice and Obstetrics-Gynecology than the Yale-Harvard group. There was no statistically significant difference.

There is a statistically significant difference between the two types of schools in where the students intend to practice. Most of the students in the sample whose

homes are in the South intend to go back; and most from the North will stay in the North to practice. More of the Howard students than the Yale-Harvard students intend to practice in the South; and more Howard students than Yale-Harvard students whose homes are in the South intend to return to the South to practice. Interestingly, students from the North intend to practice in the South.

Although most of the students in the sample wanted a group practice setting, it is close to statistical significance that more Yale-Harvard students were interested in combined academic medicine-private or group practice than the Howard students. Private practice alone was much more popular with the Howard group. Very few students wanted strictly academic medicine, community medicine, or research.

We conclude the data presentation by reporting that all but one student said that they were satisfied with their decision to attend their medical school. (Table 30, Appendix). In the following chapter we shall discuss and draw conclusions based on the results of this study.

TABLE 26

FUTURE LOCATION OF PRACTICE ACCORDING TO HOME OF STUDENT

²
 $\chi = 71.021$
 $p < .001$

	NE	SOUTH	MIDWEST	SOUWEST	FARWEST	TOTAL
NORTH	68.2%	17.4%				
EAST						42.2%
	15	4				19
SOUTH	15.6%	65.2%				
						40.0%
	3	15				18
MIDWEST						
						0.0%
						0
SOUTH WEST						
						0.0%
						0
FARWEST	5.1%	17.4%				
						13.3%
	2	4				6
OVERSEAS	9.1%					
						4.4%
	2					2
PERCENT TOTAL	43.9%	51.1%	0.0%	0.0%	0.0%	100.0%
	22	24	0	0	0	45

2
 $x = 12.316$
 $p \text{ at } .056$

	YALE-H HARVARD 1	HOWARD 2	TOTAL
PRIVATE PRACTICE		20.0%	8.9%
		4	4
GROUP PRACTICE	40.0%	45.0%	42.2%
	10	9	19
ACADEMIC MEDICINE	8.0%	10.0%	8.9%
	2	2	4
COM-MED	4.0%	10.0%	6.7%
	1	2	3
RESEARCH			0.0%
			0
ACAD-PP	40.0%	10.0%	26.7%
	10	2	12
COM-PP	8.0%		4.4%
	2		2
RES-ACAD			0.0%
			0
MILITARY		5.0%	2.2%
		1	1

DISCUSSION AND CONCLUSIONS

This study has compared and contrasted the experiences of Black students at the predominantly white medical schools at Yale and Harvard with those of Black students at the predominantly Black Howard University College of Medicine. Differences were found to be especially marked around social and learning experiences and future career plans. One other area--financial aid--in which Black students at all three schools showed similar problems is discussed here because it has major implications (policy? program?).

Social Isolation

This study was able to document what has hitherto been an impression--that the social environment of Black students at mixed medical schools is a good deal less than satisfactory to them. Fewer Yale and Harvard students than Howard students attend and participate in social activities sponsored by their schools; more Yale and Harvard students socialize with people outside of their medical school; fewer Yale and Harvard students actively socialize with their white classmates outside of the classroom; and many feel that their cultural background is dissimilar from that of the majority of students at their schools. In short, there is more feeling of social isolation among the Yale and Harvard students than among the Howard students.

The reasons for the social isolation experienced by

the Black medical students at Yale and Harvard are multiple and complex. Furthermore, it is difficult to measure the significance of a meaningful social experience for a medical student's ability to deal with the constant stresses and anxieties encountered in medical school. However, the personal interviews give some insight into the importance Black medical students attribute to a viable social outlet. The Howard students almost uniformly indicated that the social environment of their city, Washington, D.C., as well as their university, provided that "break" needed from their medical studies and, consequently, helped to relieve some of the anxiety and tension of medical school. Most of the Yale and Harvard Black students felt that the social climate of their schools and universities did not provide social activities relevant to their experience; consequently there was little participation. While students at Harvard could apparently turn to activities in Boston, the Yale students uniformly indicated that New Haven did not provide a social outlet for them, only intensifying their need for meaningful social activities. Size of the city and not the proportion of Blacks may be crucial here, judging from the three cities involved. A different spread of activities available in the larger cities provide a more favorable social outlet for Black students. There is not much a place like Yale can do about this, but it can concern itself in other ways with the students' environment.

One can say that a medical school does not function to

provide a meaningful social experience for its students, Black or white. The medical school experience itself curtails, to a large degree, the students' social life. But the fact remains that largely white medical schools in a predominantly white culture automatically have social opportunities and outlets at hand for white students. A predominantly Black medical school in a predominantly Black environment, in Washington, D.C. or in other countries, does the same. The system breaks down for minority students, though not, it should be noted, for the minority of white students at Howard, who retain the possibility of having a social environment of their own choosing close at hand. One can only speculate that the lack of meaningful social interaction will not help the Black medical student with his studies; it can only hinder and make ever more difficult his development into a physician.

In what ways can the mixed medical school help to provide a satisfactory social experience for its Black students, without becoming paternalistic or undertaking a social mission removed from its main education concerns? One way is for the medical school to provide adequate financial resources for the students to pursue school-related activities that are also Black-related. An organization present in most medical schools is the Student National Medical Association, a national organization of Black medical students. Money should be provided to help each school's SNMA chapter accomplish some of its goal and

objectives, such as establishing a lecture series, bringing in prominent individuals from the community and from other schools to lecture on medically related and Black-related topics. Another way is for these mixed schools to arrange for regional "Institutes," helping Black medical students to create a continuing dialogue with students at other schools to discuss and find solutions to problems common to them all. This need not be an expensive undertaking. Black students should also be encouraged to attend national medical and medically related conventions. Such conferences are important in increasing contact with Black professionals and in creating a feeling of solidarity and mutuality of interests. Funding arrangements might well be sought from private individuals or organizations. It is not inconceivable that some way of staying in touch with local, state, and national opportunities, developments, and needs could be found, perhaps by regular newsletter. The impetus for these opening moves ought to come from the prestigious and already communicating schools rather than from the Black students attending them. These suggestions, if adopted, might alleviate some of the isolation that Black students feel in the larger setting, but they do not address directly the day-to-day social isolation that students feel in their local school situations. Before dealing with this, we need to look again at the areas within the medical school setting that are particularly troublesome or non-troublesome for Black students at mixed schools.

Learning the Hard Way

Black medical students in this study, by and large, felt comfortable and at ease in their day-to-day interaction with the other medical students, the house staff, and the faculty. The students felt free to ask questions, ask for individual tutoring, and, in general, felt comfortable and at ease with the house staff on the wards.

The interviews revealed that the Howard students experienced little difficulty relating to their house staff and faculty members. The difficulty that did exist seemed to be related either to the individual student's own reticence in dealing with house staff or faculty members, or as some students stated, the "I got mine (the hard way), you get yours" attitude, which is said by some students to exist among some of the older faculty members. However, the students stated that this situation is improving due to the hiring of younger faculty members who seem better to understand the students' problems.

Although the Yale and Harvard Black students generally felt comfortable with the house staff and faculty, there was more individual variance in the responses of the students than in the Harvard group. Whereas some students never experienced conflict with house staff or faculty, most students recalled instances that caused conflict between the students and house staff or faculty member. Most cases involved house staff. The nature of these incidents often involved the attitudes the students felt that certain

members of the house staff had toward them. Many students stated that certain members of the house staff would neglect them, often showing favoritism to a white student on the same team or service. Some students felt that certain interns and residents underestimated their intellectual capacity to understand certain concepts in a teaching situation. Other students experienced what they felt to be outright hostility from some house staff and faculty over seemingly insignificant matters. Many students felt that they were singled out and quizzed in a teaching situation, in contradistinction to the white students. In summary, many of the Yale and Harvard students felt that a double standard is in operation for them, especially when they are on the wards. This study does not address itself to the factual question of whether or not such a double standard exists. Sufficient for the purpose of this essay is that some students feel that it exists, and that it is color-bound.

At the same time, Yale and Harvard Black students consistently made note of the lack of role models for them in their medical schools. Both medical schools have few Blacks, either house staff or faculty, with whom the students may identify, and those are apt to have extraordinary demands made on their time by the medical school committees, and the local, and often national, community. Many students stressed the importance of role models and expressed the desire that their medical school get more

Black house staff and faculty. One of the most positive aspects of their medical school experience, according to some Howard students, was that there were many interns, residents, and faculty with whom they could identify and feel free to openly express themselves. A few stated that the abundance of Black role models was their primary reason for attending Howard over the predominantly white medical schools.

The need for Black role models at the predominantly white medical schools cannot be overstated. These medical schools should actively seek and recruit more Blacks on house staff, faculty, and administrative levels. Where medical schools have input into community hospitals, clinics, and Health Medical Offices, they should indicate their commitment to the training and hiring of Black professionals. This makes sense, not only in terms of Black medical students, but also in terms of patients. As an extension of this, more Black professionals of various types are needed in medical settings, such as social workers, psychologists, health organizers, and educators. These professionals and paraprofessionals will benefit the community-at-large as well as the medical schools.

Until some of this occurs, the medical schools and the present Black house staff and faculty can institute certain measures to strengthen the present student-house staff-faculty relationship. To begin with, the faculty, both Black and white, can make themselves more available to

the students. The Black faculty, in particular, can do this by identifying themselves to all the new students, both new and continuing students, at the beginning of the academic year. Secondly, the incoming Black students can meet in small groups with a Black faculty member in order to discuss on a scheduled basis the problems that occur during the adjustment period to medical school. Later, during the students' years in the medical school, the Black faculty would serve in an advisory capacity, helping the student plan his clerkships and electives as well as measuring and evaluating the student's progress. If the student were in academic trouble, the Black advisor would serve as a liaison between the student and the department in which the student is in trouble, helping to formulate a plan of future action but, more importantly, reviewing how a student and a department got into such trouble.

The Black intern or resident can serve as an immediate role model to the Black student. He would be especially valuable to the first and second year student who needs someone, not much older than he, with whom to identify. These students need someone who has attained the desired goal; yet is still similar enough in age to relate on a peer level with the student. Also, the Black intern or resident can acquaint the first or second year student with the workings of the ward so that, when the student starts his clerkships, he won't be starting out on the wards "cold," and at the same time be worrying about his reception there.

A "big brother" system should be instituted in which the third and fourth year Black students would be assigned incoming students to serve as advisors on a day-to-day basis. The "big brother" would recommend books, acquaint the student with his new community, and otherwise serve as a friend to whom the new student could come for help if needed and companionship.

The third or fourth year medical student might also conduct tutorial sessions. Incentive in the form of monetary payment could be provided to the upperclassmen for the periodic review of basic science material for the first and second year student. Also, review sessions for the National Boards would also be of great benefit to the second year students. These sessions could be conducted by both faculty and students.

This system would provide adequate orientation for incoming Black students as well as monitor the students' progress through medical school and help to ward off potential trouble spots. This system would be instituted in addition to any present system or orientation advisors the medical school already has.

In addition to providing role models and mediators, the medical schools may have to take some action around the issue of performance evaluation, particularly on the ward. The nature of house staff-student conflict is varied and often difficult to pinpoint. On the wards, the student is often uncertain of himself and his role. Also, he is aware

that a certain amount of knowledge and expertise is expected of him. Many students are uncertain as to exactly what the interns, residents, and attendants expect of them. What are the criteria for the evaluation of the student? This problem is especially important to the Black medical student since there is much subjective thinking on the part of interns and residents about the Black student. A standard set of objective criteria should be composed in order to properly evaluate each student's performance on a clerkship. The student should be aware of what these criteria are and be informed of his progress or lack of it midway through the clerkship, not weeks after. These measures would be of great benefit in promoting better house-student relationships, as well as providing a fair system of evaluations.

As we have already reported, most students at all three schools on direct questioning denied observing incidents reflecting racism toward themselves or others, including Black patients.

This is an important, if puzzling, finding in that racism is certainly not a taboo topic. Yet in their comments to this reporter, many told "war stories," particularly at Harvard and Yale, where twice as many as at Howard reported observing incidents. One student related that a young Black female complaining of lower abdominal pain was first thought of as having Pelvic Inflammatory Disease. Other students stressed a lack of respect for Black patients as opposed to white patients. Another

student recalled having heard jokes made about Black people and Black patients. It must be made clear that not all house staff and faculty are accused of racism. (In the survey results, house staff, and not medical students nor even many faculty members are most often mentioned as racist.) Yet, as the students pointed out, it is very discouraging to work and learn in an atmosphere where racism can and does occur and is furthermore unpredictable.

In sum, Black medical students at the mixed schools thought they had a fairly difficult learning situation--as well as social situation--in which to grow and achieve. Although almost all Black students, including these, said they were "satisfied" with their medical school experience, we have to juxtapose this with the feelings of the majority of the Yale and Harvard students who felt that their medical schools did not have a genuine interest in their development into physicians. In contrast, 90 percent of the Howard students felt that their school was interested in their development. The Yale and Harvard students put forth many reasons to explain the lack of interest. One student stated that, "Their [the medical school administrators'] goals are not in tune with the education needed by Black students." This student was very much involved in a local community clinic. From her standpoint, the lack of interest manifested itself in the lack of courses and programs pertaining to Community Medicine and Family Practice at her medical school. This student felt that her school overly stressed research,

diagnosis, and management of rare diseases. Other students felt that it was pressure from the Federal Government that had been responsible for their being admitted to Yale and Harvard and that these schools did not care about the problems of Black students. All students did not share the latter opinion. Some students felt that the schools had committed themselves to training Black students once they were admitted. One student, who was active in admissions at his school, stated that it was his impression after working with many faculty members that his medical school was genuinely interested in the development of Black students.

One can only conclude, however, that as Black medical students experience it, the mixed medical school presents a number of hazards--social isolation, learning without appropriate role models or placements, and uncertainty about the results of his school's commitment to him. That the entire group, with the exception of one person, expressed satisfaction with their decision to attend Yale or Harvard, indicates both their accomplishment and their remarkable staying powers. Despite their varied backgrounds and experiences, these students successfully endured, not only the rigors imposed by medical education upon any student, but the burdens they endure unequally. They are yet able to maintain a positive perspective on the total experience.

Future Goals and Career Plans

The student's medical school has an influence on what kind of setting and where he intends to practice. The Black

students at Yale and Harvard are inclined to practice Internal Medicine in a combined Academic Medicine-Group Practice setting in the Northeast, as opposed to the Howard students whose interests range from Northeast Academic Medicine to Family Practice in the rural South. One of the advantages of attending Howard, according to the students, is the emphasis placed on Family Practice and diseases most common to Black people. These students feel that they receive a solid foundation in diagnosing and managing the most common diseases, especially those most common to Black people. The Yale-Harvard statistics show that the average Black student there is likely to be interested in Internal Medicine with an academic affiliation to a university medical center. This interest reflects the academic-research orientation of Yale and Harvard. Upon entering medical school, few Yale and Harvard students were interested in Academic Medicine; the number increased as they progressed through medical school. The students were quick to make note of the research orientation of their medical school and the influence it had on their career plans. The variation and differences in career plans between the students at Yale and Harvard and those at Howard emphasize the differences in orientation of these schools.

It is interesting that approximately half of the students at Yale and Harvard whose homes are in the South will return to the South to practice; whereas at Howard, there is a greater percentage of students from the South

returning South. Again, one can surmise that a student's medical school will be an important influence on what area of medicine he will enter, where and in what kind of setting he will practice. It can be concluded that Yale and Harvard's academic and research orientation serve as a strong influence to their Black students regardless of their background or previous orientation.

The schools, for their part, could point out other "valid" alternatives to their present emphases, such as Family Practice. Furthermore, they could clearly indicate that clerkships away--at Harlem Hospital, for instance--are available. Perhaps a formalized exchange with Howard could be set up. Where opportunities exist for seeing Black patients and families, they should be maximized. A number of complaints were made by Harvard students when Boston City Hospital was no longer available to them for a ward placement.

Financial Aid

The financial part of this discussion concerns itself with financial aid which is essential to the Black student. As mentioned in the Introduction, the sources of financial aid range from federally funded programs to private organizations, including medical schools and foundations. Over the past few years, the financial aid situation has become critical, especially for the Black student who most often gets limited financial aid from relatives and friends. The data indicate that, although most of the students get scholarship aid, it is usually somewhat less than the ever

increasing loans the students get. Many students are leading economically marginal lives in medical school due to their lack of financial resources. Many only get enough for extracurricular activities and personal needs. Several measures should be instituted to help relieve the Black medical students' financial burden. To begin with, a full time staff position should be created to deal only with financial aid. This person and his staff would be responsible for identifying all sources of financial aid around the country and informing the students of these potential resources. The staff could also contact these agencies and make arrangements for the students to apply for grants or loans. Secondly, meaningful employment opportunities in medical and medically related areas should be provided for students in financial need. We have already mentioned tutoring. One can also think of jobs as lab technicians and blood bank technicians, as well as others.

Finally, the author found that very few students at any of the three medical schools considered themselves "recruited." Therefore, in consciously making room for minority students, white medical schools in particular, might well think that aside from entrance, successful completion of the four year course is the goal for Black students, which means setting aside funds as well as places. At least a third of the students at the mixed schools were recruited as opposed to only 10% of the Howard students. Many students reported that they were told prior to their

admission that they would receive adequate financial aid to meet their school and personal expenses. However, as the years passed, funds for financial aid diminished and the financial situation became critical.

Summary

This essay reports on the results of a survey of twenty-five Black medical students in their fourth year at Yale and Harvard and twenty at Howard. The survey was supplemented by free-ranging interviews, done at the same time by the same interviewer.

Black students at the mixed medical schools differed from those at Howard in:

- 1) Social isolation felt by the students in their academic setting and sometimes in their wider community;
- 2) Their evaluation of their learning situation in which they missed contact with Black role models, Black patients, Black diseases, and Black clinical settings; and
- 3) Career plans.

Black students at the three schools were similar--with important qualifications--in their expressed satisfaction with their choice of medical school, denial of racial incidents, and need for financial aid.

The essay has made some recommendations for changing the mixed medical schools' policies or programs.

This study is limited to a geographic and special Ivy League base and must await future studies to test its applicability to other schools.

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APPENDIX ATABLE 1HOME

2
 $x = 1.138$
 $p \text{ at } .286$

	YALE-H HARVARD	HOWARD	TOTAL
	1	2	
NORTH EAST	I-----I	I-----I	
	I 50.0% I	I 40.0% I	
	I	I	
	I 14 I	I 8 I	48.9% 22
SOUTH	I-----I	I-----I	
	I 44.0% I	I 60.0% I	
	I	I	
	I 11 I	I 12 I	51.1% 23

TABLE 2UNDERGRADUATE MAJOR

2
 $x = 1.674$
 $p \text{ at } .196$

	YALE-H HARVARD	HOWARD	TOTAL
	1	2	
SCIENCE	I-----I	I-----I	
	I 92.0% I	I 100.0% I	
	I	I	
	I 23 I	I 20 I	95.6% 43
SOCIAL SCIENCES	I-----I	I-----I	
	I 8.0% I	I	
	I	I	
	I 2 I	I	4.4% 2
HUMANITIES	I-----I	I-----I	
	I	I	
	I	I	
	I	I	0.0% 0
PERCENT	55.6%	44.4%	100.0%
TOTAL	25	20	45

TABLE 3

PREMED ADVISOR INFLUENCED SELECTION OF SCHOOLS TO APPLY TO

2
 $\chi^2 = 1.038$
 p at .309

	YALE-H HARVARD	HOWARD	TOTAL
	1	2	
YES	I-----I	I-----I	I
	I 30.4% I	I 16.7% I	I
	I	I	I
	I 7 I	I 3 I	I 24.4% 10
NO	I-----I	I-----I	I
	I 69.6% I	I 83.3% I	I
	I	I	I
	I 16 I	I 15 I	I 75.6% 31
PERCENT	56.1%	43.9%	100.0%
TOTAL	23	18	41

TABLE 4

PHYSICIAN INFLUENTIAL IN CHOICE OF MEDICAL SCHOOL

2
 $\chi^2 = .051$
 p .5

	YALE-H HARVARD	HOWARD	TOTAL
	1	2	
YES	I-----I	I-----I	I
	I 28.0% I	I 25.0% I	I
	I	I	I
	I 7 I	I 5 I	I 26.7% 12
NO	I-----I	I-----I	I
	I 72.0% I	I 75.0% I	I
	I	I	I
	I 18 I	I 15 I	I 73.3% 33
PERCENT	55.6%	44.4%	100.0%
TOTAL	25	20	45

TABLE 5KNOW FACULTY MEMBER BEFORE MEDICAL SCHOOL

$\chi^2 = .161$
 p .5

	YALE-H HARVARD	HOWARD	TOTAL
	1	2	
YES	I-----I-----I		
	I 20.0% I 25.0% I		
	I	I	I
	I	I	I 22.2%
	I 5 I 5 I 10		
NO	I-----I-----I		
	I 80.0% I 75.0% I		
	I	I	I
	I	I	I 77.8%
	I 20 I 15 I 35		
PERCENT	55.6%	44.4%	100.0%
TOTAL	25	20	45

TABLE 6FRIENDS INFLUENCE IN CHOICE OF MEDICAL SCHOOL

$\chi^2 = .551$
 p at .458

	YALE-H HARVARD	HOWARD	TOTAL
	1	2	
YES	I-----I-----I		
	I 8.0% I 15.0% I		
	I	I	I
	I	I	I 11.1%
	I 2 I 3 I 5		
NO	I-----I-----I		
	I 92.0% I 85.0% I		
	I	I	I
	I	I	I 88.9%
	I 23 I 17 I 40		
PERCENT	55.6%	44.4%	100.0%
TOTAL	25	20	45

TABLE 7
RECRUITED BY MEDICAL SCHOOL

$\chi^2 = 3.111$
p at .078

	YALE-H ARVARD 1	HOWARD 2	TOTAL
YES	I-----I-----I		
	I 32.0% I 10.0% I		
	I	I	I
	I	I	I 22.2%
	I 8	I 2	I 10
NO	I-----I-----I		
	I 68.0% I 90.0% I		
	I	I	I
	I	I	I 77.8%
	I 17	I 18	I 35
PERCENT	55.6%	44.4%	100.0%
TOTAL	25	20	45

TABLE 8
SCHOLARSHIP AID

$\chi^2 = 1.278$
p at .258

	YALE-H ARVARD 1	HOWARD 2	TOTAL
NO AID	I-----I-----I		
	I	I 5.0% I	
	I	I	I
	I	I	I 2.2%
	I	I 1	I 1
SOME AID	I-----I-----I		
	I 100.0% I 95.0% I		
	I	I	I
	I	I	I 97.8%
	I 25	I 19	I 44
PERCENT	55.6%	44.4%	100.0%
TOTAL	25	20	45

TABLE 9
FAMILY ASSISTANCE

		YALE-H ARVARD	HOWARD	TOTAL
		1	2	
2	<u>TABLE 23</u>	I-----I-----I		
		I 60.0% I 60.0% I		
x =0.0		I	I	I
p .5	NO AID	I	I	I
		I	I	I 60.0%
		I 15 I 12 I		I 27
		I-----I-----I		
		I 40.0% I 40.0% I		
	SOME AID	I	I	I
		I	I	I 40.0%
		I 10 I 8 I		I 18
		I-----I-----I		
	PERCENT	55.6%	44.4%	100.0%
	TOTAL	25	20	45

TABLE 10
SCHOLARSHIP CHANGE

		YALE-H ARVARD	HOWARD	TOTAL
		1	2	
2	<u>TABLE 25</u>	I-----I-----I		
		I 12.0% I 36.8% I		
x =4.4		I	I	I
p at .101	INCREASE	I	I	I
		I	I	I 22.7%
		I 3 I 7 I		I 10
		I-----I-----I		
		I 52.0% I 47.4% I		
	SAME	I	I	I
		I	I	I 50.0%
		I 13 I 9 I		I 22
		I-----I-----I		
		I 36.0% I 15.8% I		
	DECREASE	I	I	I
		I	I	I 27.3%
		I 9 I 3 I		I 12
		I-----I-----I		
	PERCENT	56.8%	43.2%	100.0%
	TOTAL	25	19	44

TABLE 11
LOAN CHANGE

TABLE 24
2
x = 3.321
p at .191

	YALE-H ARVARD 1	HOWARD 2	TOTAL
INCREASE	I-----I	I-----I	
	I 80.0% I	I 64.7% I	
	I	I	I 73.8%
	I 20 I	I 11 I	I 31
	I-----I	I-----I	
SAME	I 20.0% I	I 23.5% I	
	I	I	I 21.4%
	I 5 I	I 4 I	I 9
DECREASE	I-----I	I-----I	
	I	I 11.8% I	
	I	I	I 4.8%
	I	I 2 I	I 2
	I-----I	I-----I	
PERCENT	59.5%	40.5%	100.0%
TOTAL	25	17	42

TABLE 12
EMPLOYMENT

2
x = 1.500
p at .221

	YALE-H ARVARD 1	HOWARD 2	TOTAL
YES	I-----I	I-----I	
	I 32.0% I	I 50.0% I	
	I	I	I 40.0%
	I 8 I	I 10 I	I 18
NO	I-----I	I-----I	
	I 68.0% I	I 50.0% I	
	I	I	I 60.0%
	I 17 I	I 10 I	I 27
	I-----I	I-----I	
PERCENT	55.6%	44.4%	100.0%
TOTAL	25	20	45

TABLE 14

SOCIAL ACTIVITIES WITH: CLASSMATES OR NON-CLASSMATES

2
 $x = 1.785$
 $p \text{ at } .409$

	YALE-H ARVARD	HOWARD	TOTAL
	1	2	
CLASSMATES	I-----I-----I		
	I 24.0% I 35.0% I		
	I	I	I
	I	I	I 28.9%
	I 6 I 7 I	I 13	
50-50	I-----I-----I		
	I 16.0% I 25.0% I		
	I	I	I
	I	I	I 20.0%
	I 4 I 5 I	I 9	
NON-CLASS MATES	I-----I-----I		
	I 60.0% I 40.0% I		
	I	I	I
	I	I	I 51.1%
	I 15 I 8 I	I 23	
PERCENT	55.6%	44.4%	100.0%
TOTAL	25	20	45

TABLE 15

SOCIAL ACTIVITIES WITH: IF WITH NON-CLASSMATES

2
 $x = 1.487$
 $p \text{ at } .476$

	YALE-H ARVARD	HOWARD	TOTAL
	1	2	
> 50% BLACK	I-----I-----I		
	I 80.0% I 92.3% I		
	I	I	I
	I	I	I 84.8%
	I 16 I 12 I	I 28	
50-50	I-----I-----I		
	I 10.0% I 7.7% I		
	I	I	I
	I	I	I 9.1%
	I 2 I 1 I	I 3	
< 50% Black	I-----I-----I		
	I 10.0% I	I	I
	I	I	I
	I	I	I 6.1%
	I 2 I	I 2	
PERCENT	60.6%	39.4%	100.0%
TOTAL	20	13	33

TABLE 16

FELT FREE TO ASK FOR TUTORING

$\chi^2 = .055$
 $p = .5$

	YALE-H HARVARD	HOWARD	TOTAL
	1	2	
YES	I-----I	I-----I	I
	I 92.0%	I 90.0%	I
	I	I	I
	I 23	I 18	I 91.1%
NO	I-----I	I-----I	I
	I 8.0%	I 10.0%	I
	I	I	I 8.9%
	I 2	I 2	I 4
PERCENT	55.6%	44.4%	100.0%
TOTAL	25	20	45

TABLE 17

FELT COMFORTABLE ASKING QUESTIONS OF INSTRUCTORS AND FACULTY

$\chi^2 = 2.571$
 $p = .109$

	YALE-H HARVARD	HOWARD	TOTAL
	1	2	
YES	I-----I	I-----I	I
	I 88.0%	I 100.0%	I
	I	I	I 93.3%
	I 22	I 20	I 42
NO	I-----I	I-----I	I
	I 12.0%	I	I
	I	I	I 6.7%
	I 3	I	I 3
PERCENT	55.6%	44.4%	100.0%
TOTAL	25	20	45

TABLE 18FELT COMFORTABLE WITH HOUSE STAFF ON WARDS

2
 $x = 3.512$
 $p \text{ at } .061$

	YALE-H ARVARD	HOWARD	TOTAL
	1	2	
YES	I-----I	I-----I	
	I 84.0% I	I 100.0% I	
	I	I	I
	I	I	I 91.1%
	I 21 I	I 20 I	I 41
NO	I-----I	I-----I	
	I 16.0% I	I	I
	I	I	I
	I	I	I 8.9%
	I 4 I	I I	I 4
PERCENT	55.6%	44.4%	100.0%
TOTAL	25	20	45

TABLE 19FEEL THREATENED BY HOUSE STAFF

2
 $x = 1.361$
 $p \text{ at } .244$

	YALE-H ARVARD	HOWARD	TOTAL
	1	2	
YES	I-----I	I-----I	
	I 16.0% I	I 5.0% I	
	I	I	I
	I	I	I 11.1%
	I 4 I	I 1 I	I 5
NO	I-----I	I-----I	
	I 84.0% I	I 95.0% I	
	I	I	I
	I	I	I 88.9%
	I 21 I	I 19 I	I 40
PERCENT	55.6%	44.4%	100.0%
TOTAL	25	20	45

TABLE 20
FEEL THREATENED BY FACULTY

$\chi^2 = .672$
p at .413

	YALE-H ARVARD 1	HOWARD 2	TOTAL
YES	I-----I	I-----I	I
	I 12.0% I	I 5.0% I	I
	I	I	I
	I 3 I	I 1 I	I 8.9% 4
NO	I-----I	I-----I	I
	I 88.0% I	I 95.0% I	I
	I	I	I
	I 22 I	I 19 I	I 91.1% 41
PERCENT	55.6%	44.4%	100.0%
TOTAL	25	20	45

TABLE 21
FEEL THREATENED BY WHITE MEDICAL STUDENTS

$\chi^2 = 1.998$
p at .368

	YALE-H ARVARD 1	HOWARD 2	TOTAL
YES	I-----I	I-----I	I
	I 4.0% I	I 10.0% I	I
	I	I	I
	I 1 I	I 2 I	I 6.7% 3
NO	I-----I	I-----I	I
	I 96.0% I	I 85.0% I	I
	I	I	I
	I 24 I	I 17 I	I 91.1% 41
NEVER WORKED	I-----I	I-----I	I
	I	I 5.0% I	I
	I	I	I
	I	I 1 I	I 2.2% 1
PERCENT	55.6%	44.4%	100.0%
TOTAL	25	20	45

TABLE 22

FEEL THREATENED BY BLACK MEDICAL STUDENTS

$\chi^2 = 1.278$
p at .258

	YALE-H HARVARD	HOWARD	TOTAL
	1	2	
YES	I-----I-----I		
	I	I 5.0%	I
	I	I	I
	I	I	I 2.2%
	I	I 1	I 1
NO	I-----I-----I		
	I 100.0%	I 95.0%	I
	I	I	I
	I	I	I 97.8%
	I 25	I 19	I 44
NEVER WORKED	I-----I-----I		
	I	I	I
	I	I	I
	I	I	I 0.0%
	I	I	I 0
	I-----I-----I		
PERCENT	55.6%	44.4%	100.0%
TOTAL	25	20	45

TABLE 23

WHITE PATIENT RESENTMENT OF BLACK STUDENTS

$\chi^2 = 1.867$
p at .392

	YALE-H HARVARD	HOWARD	TOTAL
	1	2	
YES	I-----I-----I		
	I 12.0%	I 5.0%	I
	I	I	I
	I	I	I 8.9%
	I 3	I 1	I 4
NO	I-----I-----I		
	I 88.0%	I 90.0%	I
	I	I	I
	I	I	I 88.9%
	I 22	I 18	I 40
NO WHITE PATIENTS	I-----I-----I		
	I	I 5.0%	I
	I	I	I
	I	I	I 2.2%
	I	I 1	I 1
	I-----I-----I		
PERCENT	55.6%	44.4%	100.0%
TOTAL	25	20	45

TABLE 24NURSES RESENTMENT OF BLACK STUDENTS

$\chi^2 = .161$
 $p = .5$

	YALE-H ARVARD	HOWARD	TOTAL
	1	2	
YES	I-----I	I-----I	I
	I 20.0% I	I 25.0% I	I
	I	I	I
	I 5 I	I 5 I	I 22.2% 10
NO	I-----I	I-----I	I
	I 80.0% I	I 75.0% I	I
	I	I	I
	I 20 I	I 15 I	I 77.8% 35
PERCENT	55.6%	44.4%	100.0%
TOTAL	25	20	45

TABLE 25PARAMEDICAL STAFF RESENTMENT OF BLACK STUDENTS

$\chi^2 = .045$
 $p = .5$

	YALE-H ARVARD	HOWARD	TOTAL
	1	2	
YES	I-----I	I-----I	I
	I 12.0% I	I 10.0% I	I
	I	I	I
	I 3 I	I 2 I	I 11.1% 5
NO	I-----I	I-----I	I
	I 88.0% I	I 90.0% I	I
	I	I	I
	I 22 I	I 18 I	I 88.9% 40
PERCENT	55.6%	44.4%	100.0%
TOTAL	25	20	45

TABLE 26

COMPETING WITH OTHER MEDICAL STUDENTS

2
 $x = 3.375$
 $p \text{ at } .067$

	YALE-H ARVARD	HOWARD	TOTAL
	1	2	
YES	I-----I-----I		
	I 52.0% I 25.0% I		
	I	I	I
	I	I	I 40.0%
	I 13 I 5 I 18		
NO	I-----I-----I		
	I 48.0% I 75.0% I		
	I	I	I
	I	I	I 60.0%
	I 12 I 15 I 27		
	I-----I-----I		
PERCENT	55.6%	44.4%	100.0%
TOTAL	25	20	45

TABLE 27

INITIAL CAREER PLANS

2
 $x = 3.150$
 $p \text{ at } .369$

	YALE-H ARVARD	HOWARD	TOTAL
	1	2	
ACADEMIC MEDICINE	I-----I-----I		
	I 8.0% I 10.0% I		
	I	I	I
	I	I	I 8.9%
	I 2 I 2 I 4		
PRIVATE PRACTICE	I-----I-----I		
	I 64.0% I 80.0% I		
	I	I	I
	I	I	I 71.1%
	I 16 I 16 I 32		
RESEARCH	I-----I-----I		
	I 12.0% I I I		
	I	I	I
	I	I	I 6.7%
	I 3 I I 3		
ACAD-MED/ PRIVATE PRACTICE	I-----I-----I		
	I 16.0% I 10.0% I		
	I	I	I
	I	I	I 13.3%
	I 4 I 2 I 6		
	I-----I-----I		
PERCENT	55.6%	44.4%	100.0%
TOTAL	25	20	45

TABLE 28
STUDENT INFLUENCE ON CAREER PLANS

$\chi^2 = 4.278$
p at .258

	YALE-H HARVARD 1	HOWARD 2	TOTAL
YES	I-----I	I-----I	I
	I	I 5.0%	I
	I	I	I
	I	I	I 2.2%
	I	I 1	I 1
NO	I-----I	I-----I	I
	I 100.0%	I 95.0%	I
	I	I	I
	I	I	I 97.8%
	I 25	I 19	I 44
PERCENT	55.6%	44.4%	100.0%
TOTAL	25	20	45

TABLE 30
SATISFIED WITH DECISION TO ATTEND CHOICE OF MEDICAL SCHOOL

$\chi^2 = .818$
p at .365

	YALE-H HARVARD 1	HOWARD 2	TOTAL
YES	I-----I	I-----I	I
	I 96.0%	I 100.0%	I
	I	I	I
	I	I	I 97.8%
	I 24	I 20	I 44
NO	I-----I	I-----I	I
	I 4.0%	I	I
	I	I	I
	I	I	I 2.2%
	I 1	I	I 1
PERCENT	55.6%	44.4%	100.0%
TOTAL	25	20	45

TABLE 29

MEDICAL SPECIALITY

2
 $\bar{x} = 10.170$
 $p \text{ at } .071$

	YALE-H HARVARD	HCWARD	TOTAL
	1	2	
INTERNAL MEDICINE	72.0% 18	45.0% 9	60.0% 27
SURGERY	4.0% 1	5.0% 1	4.4% 2
PEDIATRICS	16.0% 4	5.0% 1	11.1% 5
PSYCHIATRY			0.0% 0
PUBLIC HEALTH			0.0% 0
FAMILY PRACTICE	4.0% 1	20.0% 4	11.1% 5
COMMUNITY MEDICINE			0.0% 0
OB-GYN		20.0% 4	8.9% 4
OTHER	4.0% 1	5.0% 1	4.4% 2

APPENDIX B

Much of the literature concerning the issue of Blacks in the health professions has focused on the recruitment of the Black student, and the validity of the criteria used by predominately white medical schools for admitting the Black student. Very few studies have dealt with the issue of Black medical students once they have become matriculated into these medical schools.

Prior to five years ago, the vast majority of Black physicians received their training either at predominately Black Howard or Meharry Medical Schools. During the past five years, predominately white medical schools have significantly increased their enrollment of Black students. This new influx of students raises questions worthy of investigation.

This study is designed to survey to career plans, attitudes, and expectations of Black medical students at the predominately white New England medical schools and at the two predominately Black medical schools. A questionnaire will focus on the initial career plans, attitudes, and expectations of the classes of 1974 and 1975 as they entered medical school, and the changing, if any, of the attitudes. The study will also focus on possible factors that may have influenced the medical students while in medical school over the course of their undergraduate medical training.

The data from the questionnaire will be analyzed in two ways:

1. To assess the current thinking among Black medical students regarding their medical education, and to delineate the problems, foreseen and unforeseen, they have encountered in medical school.

2. To compare and contrast the students' concepts of their medical education at the predominately white medical schools with those at the predominately Black medical schools in order to determine if their respective experiences have exerted much influence on their thinking about medicine, and their future careers in medicine.

Reginald K. Franklin

APPENDIX C

June 25, 1973

Associate Dean of Student Affairs
School of Medicine
Harvard University
Cambridge, Massachusetts

Dear Sir:

Mr. Reginald K. Franklin, a Black student in the class of 1974 at the Yale School of Medicine, is conducting a study of the attitudes, goals, and career plans of Black students along the east coast. It is his hope that students from your school will be permitted and encouraged to participate. I hope that you will be able to support him in this activity.

As he points out, there is little or no information in this area. His findings should be of value to us in student affairs.

Thank you in advance for your cooperation.

Sincerely yours,

James P. Cover, M.D.
Associate Professor of Psychiatry
Yale Child Study Center
Associate Dean
Yale Medical School

JPC:jg

July 13, 1973

Dear Fellow Medical Student,

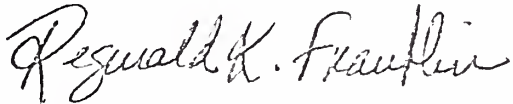
APPENDIX D

I am a 4th year Black medical student at Yale University School of Medicine. To fulfill the requirement for my senior essay, I am doing a survey among Black American born medical students at various medical schools along the East Coast concerning their ideas and thoughts about their medical education. I am requesting that you participate in this study. I have already contacted various members of your class (Class of 1974) by telephone when I was in D.C. July 6,7,8. I was unable to contact you by telephone, so hence, the letter. Those members of your class that I contacted by phone agreed to participate. The study consists of a one hour interview to ask you questions about your views of your medical education. Also, this will give us an opportunity to rap about the various similarities and differences of our two medical schools. All information will be kept strictly confidential. This study has been approved by your Dean's Office.

If agreeable, I would like to set up an appointment to interview you either Sat. July 21 in the afternoon or evening, or Sun. July 22 anytime ^{or} during the day. I will be in D.C. that weekend and will be able to meet with you at any location you desire (home, hospital, work, etc.). I would appreciate it if you would return to me in the provided self-addressed envelope:

1. If you are agreeable
2. Telephone number and specific time that I can call you to confirm an appointment.
3. A convenient time for us to meet.

I realize that time is at a premium for all of us and that there is little time from your ~~receipt~~^{receipt} of this letter and the time I'm requesting the interview; therefore, I am asking that you please return your answer to me immediately. Thanks for your consideration.


Reginald K. Franklin

13. Where is your home? _____
14. Are you married? _____
15. Do the social activities sponsored by your school (concerts, parties, discussions, lectures) satisfy your needs as a Black person? _____
16. Do you participate in these activities? _____ If no, why not? _____
17. Does your medical school have lectures or courses relevant to the Black community experience? _____
18. Does the city or town your medical school is located in provide ample social outlet for you? _____
19. Did the lack of or advantage of an active social outlet influence your decision to attend a predominately Black or predominately white medical school? _____
20. Are you active in community projects outside of those sponsored by your medical? _____ If yes, What kind of project and how many hours per week? _____
21. Do you, as a Black person, feel socially isolated at your medical school? _____
22. Are most of your social activities with members of your school, or with people outside your school? _____
If outside the school, are most of these people Black or white? _____
23. Do you actively socialize with the white members of your medical school outside of the classroom? _____

24. Do you feel that your cultural background is similar to the majority of the students at your medical school? _____

25. Is there a special program for tutoring Black students at your school? _____

26. Should there be a special program for tutoring Black students at your school? _____

If yes, what kind of program? _____

Do you attend your lectures? _____

27. Did you know personally or work with any of the faculty members at your medical school prior to attending medical school?

28. Are there faculty members designated for informal tutoring of Black students? _____

29. Do you feel free to ask faculty members for individual tutoring sessions? _____

30. What percentage of your total medical school expenses (tuition, room, board, and extracurricular) do you receive from your school in scholarship? _____

31. What percentage do you receive in loan from the school or other sources? _____

32. What percentage do you receive from your parents or relatives? _____

33. Is your scholarship an increase or decrease from the last school year? _____ How much? _____

34. Is your loan an increase or decrease from the last school year?

How much? _____

35. Were you employed during the school year? _____ If yes, how many hours per week? _____

36. Does your medical school have an affiliation with or actively operate a clinic which has predominately Black patients? _____

If yes, what kind of clinic? _____

37. Is Your school involved in community action projects? _____

If yes, what kind of projects? _____

38. Do you know any students in academic trouble? _____

39. What, where, and with whom are you thinking about practicing medicine in the future? _____

40. What kind of internship will you do? _____

41. What hospital would you prefer to go to? _____

42. When you entered medical school did you want a career in academic medicine, private practice, or scientific research? _____

43. Has medical school changed your mind about #42? _____

If yes, what changed it? _____

44. Is there any one faculty member that has any influence on your decision to pursue a particular career? _____ If yes, is this person Black or white? _____

45. Have any of your fellow classmates or any upperclassmen influenced your decision to pursue a particular career? _____

46. Do you feel that your school has a real interest in the development of Black students? _____

47. Do you feel that the physicians at your school serve as adequate role models in terms of your development as a physician? _____

If no, why not? _____

48. Do you as an individual feel that you are quizzed more often than the other students in a teaching situation? _____

If yes, for what reasons do you feel this way? _____

49. Do you feel comfortable asking questions of instructors or faculty members? _____ If no, why not? _____

50. Do you feel comfortable with the house staff on the wards? _____

If no, why not? _____

51. Have you encountered any overt incidents of racism toward Black patients by any members of the house staff or faculty? _____

If yes, were the staff members Black or white? _____

52. Have you encountered any incidents of racism toward Black patients by any of your fellow medical students? _____ If yes, were they Black or white? _____

53. Have any patients refused to let you examine them because you are Black? _____

54. Do you feel threatened working along with the white medical students? _____

The Black medical students? _____ If yes, in what way? _____

55. Do you feel threatened by the house staff or faculty? _____

If yes, in what way? _____

56. Do you feel that you are competing with the other medical students? _____

If so, explain further? _____

57. Do you feel that the white patients resent your presence on the wards? _____

58. Do you feel that the nurses and other paramedical staff resent your presence on the wards? _____

59. What has been your best experience in medical school? _____

60. What has been your worst experience in medical school? _____

61. Are you satisfied with your decision to attend this medical school? _____

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