

Racism and sexism in the trajectory of black female medical students: an integrative review

O racismo e o sexismo na trajetória das estudantes de Medicina negras: uma revisão integrativa (resumo: p. 17)

El racismo y el sexismo en la trayectoria de las estudiantes de medicina negras: una revisión integradora (resumen: p. 17)

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Black female medical students are a minority and face various obstacles during their training because they are black women. The study aimed to synthesize the knowledge produced in empirical studies on the racial and gender discrimination suffered by black female medical students. We carried out an integrative review using the PubMed and VHL databases. Fifty studies were analyzed in depth and classified into three thematic categories: 1- Systemic-structural and structuring racial prejudice. 2- Racism as one of the factors of inequity in medical education. 3- Genderized racism experienced by black students. It was concluded that in medical schools, a social space with low ethnic/racial diversity and crossed by structural racism, female black students are negatively discriminated by the intersection of race, gender and social class dynamics.

Keywords: Inequality. Medicine. Racism. Sexism. Students.



Introduction

The structural racism prevalent in the societies of the black diaspora is one of the factors that produces inequalities between whites, blacks and indigenous people in health, education as well as in the world of work. This non-white part of the population has less access to health and education, receives poorer quality care at Brazilian National Health System (SUS) units¹ and has fewer chances of achieving higher education².

Brazil was one of the last countries in the world to abolish slavery, and after liberation, laws were created that prevented the newly freed and their children from accessing public education. The right to education was denied as a government policy in the 19th century². Therefore, the racialization of educational opportunities promoted inequalities. According to Vaz², several restrictive laws were implemented for black men and women, including the Imperial Constitution of 1824 and Decree No. 7.03-1 of 1878. The former established that primary education would be free for all citizens, but citizenship was only granted to free and freed people, therefore excluding the black population.

These actions had repercussions for generations and prevented the black population from accumulating educational capital. And even today, the majority of black students only complete elementary school and have fewer opportunities to access higher quality secondary education. This inequality is concealed through the deleterious conception that they lack the ability to reach more advanced positions, based on the ideology of meritocracy. The latter argues that only individual effort, or the lack of it, can grant or prevent people access to university, and especially to what are popularly called “elite courses”, such as Medicine².

In order to minimize these inequalities in Brazil, racial and social Affirmative Policies have been implemented to reserve places at public universities and offer scholarships to students from the beneficiary social strata. These policies began in 2003 in some state and federal universities and were consolidated in 2012 with Law 12.711/2012, which governs admission to federal universities². However, despite the racial and social quotas, the percentage of black students, both male and female, is still small in medical courses^{2,3}.

Data from the National Student Performance Exam³ shows a slight increase in the number of black students studying medicine. However, among these, those who declare themselves brown predominate. The proportion of black men and women is much lower^{3,4}. In 2019, university students were: 55.0% white, 34.6% brown and only 7.0% black in public universities, and in private universities 75.3% white, 20.8% brown and 2.2% black⁴.

There are very few black students, teachers and researchers in medicine³, especially black women⁵, even considering the feminization of medicine^{5,6}. The vast majority of students are white and come from the most privileged economic classes^{5,6}, which can be seen as evidence of the limited educational opportunities for female black students.



In higher education institutions, the black population experiences racism expressed in differences of color and culture in the organizational and institutional environment. And black female quota students suffer discrimination because they are in a social position where race, gender and social class markers intersect⁶.

Empirical studies have been carried out on the subject and we wonder what contributions can be drawn from their results to reduce racial inequalities. The aim of this review study was to synthesize the knowledge produced in investigations in the field of health, focusing on the causes and consequences of structural/systemic racism and sexism in medical schools, inflicted upon the trajectory of black female medical students, in order to contribute to its dissemination and give resonance to its conclusions.

Methods

We carried out an integrative review of studies published in journals indexed in PubMed and the VHL (PAHO Virtual Health Library). These databases were chosen because they bring together the largest number of bibliographic sources from around the world in the area of Health, of recognized academic quality. The search criteria used were (“medical students”) OR (“medical, school”) AND (“racism”) OR (“bias, racial”) AND (“sexism”) OR (“discrimination, gender”) with a time frame of the last ten years. The inclusion criteria were: complete articles, empirical studies on the topics of medical education, racism and sexism, published in Portuguese, English or Spanish.

We found 190 articles in the VHL and 69 in PubMed. The titles, abstracts and articles were read separately by the authors. After a joint discussion, 53 studies were initially excluded on the basis of their titles, 35 on reading the abstracts and 52 on reading the full text because they did not meet the inclusion criteria, as detailed in the flowchart below. In the end, there were 50 articles that were included in this review study.

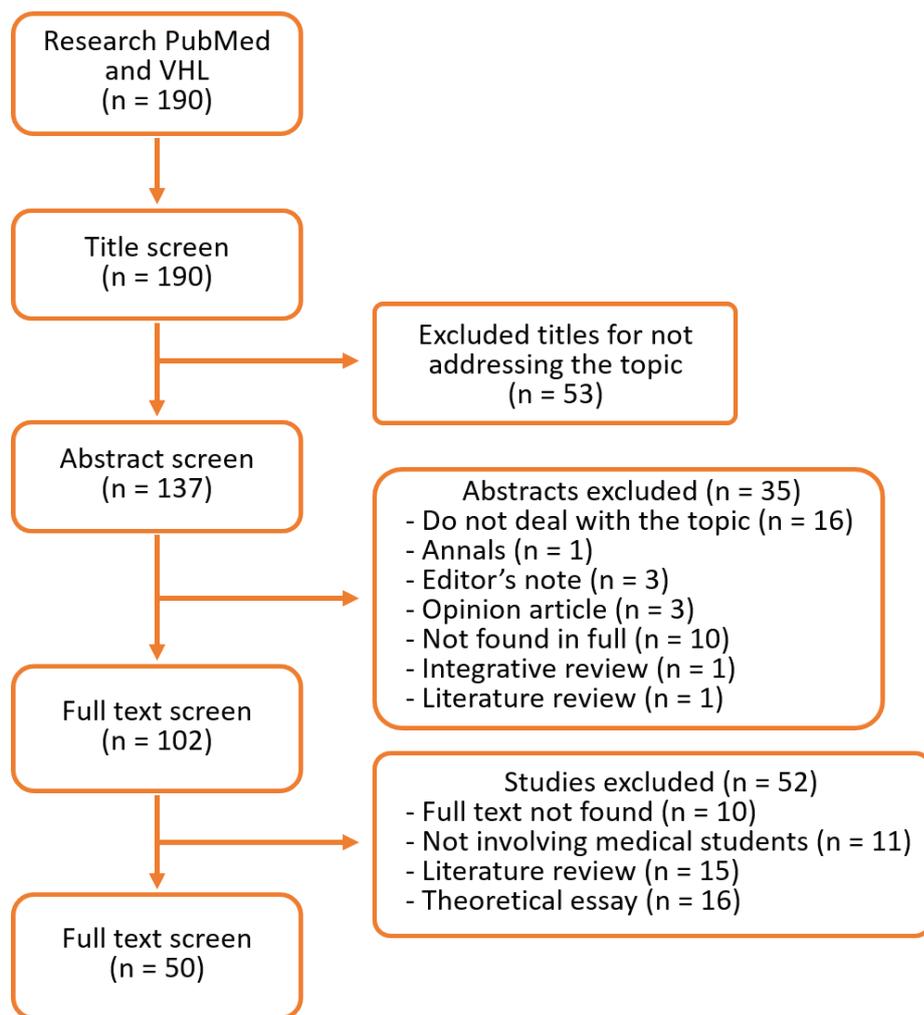


Figure 1. Flowchart.
Source: own authorship.

In addition to the 50 analyzed articles, 13 additional texts were included for the introduction and discussion of the data presented, which are not included in the tables of articles reviewed. We carried out a thematic analysis of the studies, following these steps: comprehensive reading and re-reading to familiarize ourselves with the content and get a sense of the whole; identification of convergent and divergent themes; classification of the themes into categories; comparative dialogue with the literature; and preparation of an interpretative synthesis^{7,8}.

Results and discussion

The vast majority of the studies were carried out in the USA (n=42) and one more in co-participation with Canada. The remaining studies took place in Canada (n=2), England (n=2), Sweden (n=2) and the Netherlands (n=1). No studies were found in Brazil or in any other country in South America or on other continents. These data indicate that there is insufficient discussion of this issue in these regions, which have a large black population. The lack of scientific production on the effects of race and gender oppression in the field of health in Brazil and other countries of the black



diaspora may be due, among other factors, to the colonizing process that naturalized racism and sexism as a form of domination. The issue of race and the oppression of women, especially black women, is a subject with little visibility in health, especially in the medical field, when compared to studies in the social and human sciences⁹. Fredrich et al (2022)⁹ argue that there is a denial of racism in society and for this reason it is invisibilized. One of the effects of this process would be the perpetuation of white privilege, as well as discrimination against brown and black people. Therefore, racism in society ends up not being addressed in academic circles either.

Most of the studies included in this review are quantitative (n=35). Twelve were developed using a qualitative method and three with a mixed Quali-quant approach. After reading and re-reading the articles comprehensively, we identified three main thematic nuclei: I- systemic-structural and structuring racial prejudice; II- racism as one of the factors of inequity in medical education; and III- genderized racism experienced by female black students. We separated the articles into three tables, in a didactic way, according to the main thematic categories in which they were classified. However, in some studies we identified characteristics of more than one thematic nucleus, as described and analyzed below.

Frames 1, 2 and 3 present the following summary data of the 50 studies analyzed: author(s), year of publication, country of study and method, thematic category –or categories- in which it was classified, objectives, sample and main results/conclusions.

Category I- Systemic-structural and structuring racial prejudice

We classified 24 articles in the first category, as described in frame 1 below.

Frame1. Articles reviewed that resulted in category I.

Authors, Year of publication, country of study and method	Thematic category	Objectives	Sampling	Main findings / conclusions
Fitzousa E, et al. ¹⁰ , 2019, USA, Qualitative Study.	I; III	Understand what students think about the workforce in training.	15 students	The portraits of the graduates reflect the institution's racial and gender bias.
Kalifa A, et al. ¹¹ , 2022, Canada, Qualitative Study	I	Explore how medical schools approach racism.	8 students; 4 deans; 7 staff and 11 professors.	Structural racism persists in the institution and there is no action to combat it.
Morrison N, et al. ¹² , 2019, England, Qualitative Study	I	Exploring the experiences of black students with low academic performance.	24 students Focus Group	Due to racism, black students face barriers at university.
Burgess DJ, et al. ¹³ , 2016, USA, Quantitative Study.	I; II	Identify the promotion of activities that favor interracial interactions.	2394 students	The institution held courses to reduce racial prejudice.
Escalante E, et al. ¹⁴ , 2022, USA, Quantitative Study.	I	Addressing racial disparity to combat racism in care practices.	85 students	An anti-racism initiative was implemented in the residency program.
Dyrbye L, et al. ¹⁵ , 2019, USA, Quantitative Study	I	To assess the association between burnout and racial prejudice among residents.	3392 students	"Burnout is associated with racial prejudice and interferes with medical care.
Sanky C, et al. ¹⁶ , 2022, USA, Quantitative	I	Evaluating knowledge about black protagonism.	166 students	There is racism in health and little knowledge about anti-racist protagonism.

Continued.



Phelan SM, et al. ¹⁷ , 2019, USA, Quantitative Study	I	To identify the racial prejudice of students when they enroll in clinical internships.	3756 students	The racism expressed by students is associated with their decision not to do internships in poor communities.
Kristoffersson E, et al. ¹⁸ , 2022, Sweden, Qualitative Study	I; III	Indicate how medical schools can combat discrimination.	15 students	There have been insufficient anti-racist policies and actions to deal with discrimination.
Ona FF, et al. ¹⁹ , 2020, USA, Qualitative Study	I; II	Developing and implementing an anti-racist curriculum at the medical school.	22 students	Starting with a "pilot" project for anti-racist education, curricular reforms and institutional changes were proposed.
Perdomo J, et al. ²⁰ , 2019, USA, Quantitative Study	I	Discuss and address the impact of structural racism on health.	66 students	The Proposal implemented provided tools to reduce institutional racism and prejudice.
Van Ryn M, et al. ²¹ , 2015, USA, Quantitative Study	I	Examining racial prejudice among medical students.	3547 students	Racist attitudes are built up in childhood and are difficult to change.
Tsai J, et al. ²² , 2016, USA, Quantitative Study	I	To discuss the teaching of the concept of race in medical education.	350 lectures	The slides showed that race was presented as a determinant of health risk.
Burke SE, et al. ²³ , 2017, USA, Quantitative Study	I	To examine the effects of racism of white medical students in the clinical internship.	2922 students	It is necessary to address racial prejudice due to racist occurrences in medical education and health.
Kristoffersson E, et al. ²⁴ , 2021, Sweden, Qualitative Study	I; II	To analyze whether black and Latina students in the medical clinic feel excluded.	18 students	Students feel excluded and teachers must provide theoretical concepts for understanding discrimination.
Davis DLF, et al. ²⁵ , 2021, USA, Quantitative Study	I	Addressing racial diversity in medical schools.	615 students	Through the "DMO" program, concepts about racial diversity were introduced.
Davis D, et al. ²⁶ , 2013, USA, Quantitative Study	I	Examining the MCAT scores of white, Black and Latinx medical school students.	45800 examinations	The MCAT does not have a racist bias, even though the scores of Blacks and Latinxs are lower.
Bright HR, et al. ²⁷ , 2019, USA, Quantitative Study	I; II	Comparing the perceptions of two groups of students on race and health	84 students	Participants in the training reported greater comfort when talking about race and racism.
Low D, et al. ²⁸ , 2019, USA, Quantitative Study	I	To evaluate the association between race/ethnicity in student assessments.	7366 words in 1096 assessments	There is a racialization in performance evaluation summaries, internship grades and written exams.
Grimm LJ, et al. ²⁹ , 2020, USA, Quantitative Study	I; III	Identify the use of the expressions: agency and community skills in Letters of Recommendation.	2624 Letters of Recommendation	The term community was used more to describe black people and agency for women.
Perry SP, et al. ³⁰ , 2016, USA, Quantitative Study	I; III	Identify how students feel at university.	4732 students	Racial prejudice from white students is detrimental to the well-being of black students at university.
Chin MH, et al. ³¹ , 2022, USA, Qualitative Study	I	To check whether students identify racial inequalities and prejudices.	17 students	The activity gave the students the skills to understand racial prejudice.
Degife E, et al. ³² , 2021, USA, Quantitative Study	I; II	To know the knowledge of students and facilitators to address racism.	102 students and 40 facilitators	Anti-racist teaching has enabled a critical view of the misuse of the concept of race in clinical contexts.
Capers Q, et al. ³³ , 2017, USA, Quantitative Study	I; II	Measuring implicit racial bias in college admissions.	43 professors and 97 students	There is racial prejudice in college admissions. We need to increase racial diversity.

Source: own authorship.



Structural racism is the key factor beneath racial prejudice in medicine. It is a systematic form of discrimination based on race/skin color that structures all social relations between blacks and whites and determines the privileges of the latter, according to Fitzsousa, Anderson and Reisman¹⁰ and Burgess et al.¹³. Racial prejudice is revealed in the education of black students, as evidenced by Morison et al.¹² and Burgess et al.¹³. It also results in prejudice and institutional racial discrimination experienced by black students during the medical course¹³.

Institutional racism stems from structural racism. It takes place in the context of institutional relations and is characterized by the absence or difficulty of access for black people to social goods such as education, work and health. These barriers lead to less participation and unequal access for black men and women¹³.

This structural racial prejudice persists culturally in societies. It is present in people's unconscious and will shape personal experiences, behaviors and values. It manifests itself, for example, through biased comments from white students and makes black men and women feel discriminated against, unaccepted and unrepresented on the course.

Racial prejudice is explicit among white students according to the studies by Burgess et al.¹³ and Dyrbye et al.¹⁵, as it appears in interracial relations during the course. In addition, it is one of the factors of discrimination in medical care for the black population, increasing inequity in health, as pointed out by Sanky et al.¹⁶ and Pehlan et al.¹⁷.

According to Kristoffersson and Hamberg¹⁸ and other authors^{19,20,23}, racial prejudice is based on negative stereotypes associated with black people and can lead to the exclusion of black students and micro-aggressions at university. Therefore, it has deleterious consequences for the trajectory of black students, since the existing learning environment perpetuates educational inequality^{27,29}.

In the opinion of Perry et al.³⁰, the psychological impact of racial discrimination on the well-being of black female and male medical students is great. Those who assume a black racial identity suffer greater discrimination and less acceptance. In addition, it can lead to an experience of exclusion, a feeling of incapacity and even emotional suffering, with female students being the most affected due to gender intersectionality.

Due to the intersection of gender and race power relations that underpin educational inequalities, black female students face double discrimination in these social contexts³⁰.

Following the studies reviewed and classified in this category, racial prejudice takes the form of discrimination and translates into the negative view that black men and women have lower intellectual capacities, which persists in society and reduces their chances of getting a place in the best medical residencies.



Category II- Racism as one of the factors of inequity in Medical Education

In the second category, we included 16 articles dealing with the under-representation of black students in medical schools, shown in frame 2 below.

Frame 2. Articles reviewed that resulted in category II.

Authors, Year of publication, country of study and method	Thematic category	Objectives	Sampling	Main findings / conclusions
Stegers-Jager KM, et al. ³⁴ , 2016, Netherlands, Quantitative Study	II	Investigate low performance in selection processes.	2432 students	Racial prejudice does not explain the low performance of students from racial minorities.
Teherani A, et al. ³⁵ , 2020, USA, Quantitative Study	II; I	Evaluate the impact of a more equal selection process in the medical course	992 Selection processes	The holistic process can create racial equity in selection processes.
Polanco-Santana JC, et al. ³⁶ , 2021, USA, Quantitative Study	II; I	Evaluating bias in student performance exams.	339 entrance exams.	There is racial discrimination only in the description of black and Latinx candidates.
Colson ER, et al. ³⁷ , 2020, USA, Quali-quant study	II; I	Identify potential causes of racial inequalities.	840 student data and Focus group (six students, six directors, two teachers and eight staff)	They developed an approach to reduce racial inequalities.
Newcomb AB, et al. ³⁸ , 2021, USA, Qualitative Study	II; I	Design a pilot for the implementation of an anti-bias curriculum.	20 students and 16 residents	They developed skills to respond to racism through curriculum creation.
Kukulski P, et al. ³⁹ , 2022, USA, Quantitative Study	II; I	Identify differences in the classifications of black and white students.	1555 students	There is racial prejudice even after controlling for other predictors of performance.
Onyeador IN, et al. ⁴⁰ , 2020, USA, Quantitative Study	II; I	To examine the effect of interracial contact in the medical school environment.	3134 students	The training enabled more positive attitudes and less racial prejudice.
Loue S, et al. ⁴¹ , 2015, USA, Quali-quant study	II; I	Identify gaps in the concept of racism in the curriculum.	333 students and Focus Group with 16 students 4 students other group	Learning about racism can increase personal awareness and change
Mathieu J, et al. ⁴² , 2022, Canada, Quantitative Study	II; III	To investigate the experiences of black medical students.	52 students	Racial discrimination interferes with the learning of black male and female students.
Odonkor C, et al. ⁴³ , 2022, USA, Quantitative Study	II; I	Compare the profile by race/ color of candidates for the pain medicine specialty.	30415 students	Of all the applicants for pain medicine residency, almost all are white.
Mosley MP, et al. ⁴⁴ , 2021, USA, Qualitative Study	II; I	Analyze the learning of the concept of race for clinical practice.	22 students	A critique of the concept of 'race' must be promoted in order to deconstruct the association between race and disease.
Wusu MH, et al. ⁴⁵ , 2019, USA and Canada, Quantitative Study	II, I	Evaluate a strategy to increase the number of Black and Latino students.	2552 candidates	With a strategic recruitment plan, they increased the number of Black and Latino candidates.
Claridge H, et al. ⁴⁶ , 2018, England (UK), Qualitative Study	II; I	Identify factors that hinder better performance.	41 students and eight staff members	Racial discrimination has a negative impact on exams and the choice of specialization.
Robinett K, et al. ⁴⁷ , 2021, USA, Quantitative Study	II; I	Analyze the results of the admission process.	48 students and 143 teachers	In order to achieve equity in health, racial and ethnic diversity in medicine must be increased.
Mujawar I, et al. ⁴⁸ , 2014, USA, Quantitative Study	II; I	Investigating racial diversity over 12 years.	740 students	After changes in the curriculum there were improvements in self-perception about equality and diversity.
Spector AR, et al. ⁴⁹ , 2019, USA, Quantitative Study	II; I	Analyzing racial prejudice in student selection.	1.093 students' exams	After a review of the selection process, the gap between black and white candidates narrowed.

Source: own authorship.



Systemic racism is identified as one of the factors contributing to the inequality of access for black students, both men and women, in medical schools, since racial discrimination influences the educational process of this part of the population from the beginning of their school life. Therabi et al.³⁵ as well as other researchers^{36,37} have identified that the representation of black students in American universities is small compared to the representation of the black population in the general population.

The institutional racism present in medical schools has an impact on relationships between teachers, students and patients. It also influences the educational environment, as emphasized by Newcomb et al.³⁸ when they reported racial abuse at the institution they researched. In a hegemonically white educational context, black male and female students are discriminated against and less valued in terms of their intellectual potential than their white peers. This unequal treatment can be seen in the lower scores in admissions processes at American, English and Dutch universities and in letters of recommendation from American universities, as pointed out by Kukulski et al.³⁹ and another study⁴⁰. This discrimination can influence the low educational performance of some students, according to Loue et al.⁴¹.

Some universities provide training for teachers^{45,47} with the aim of clarifying what racism is and its harmful effects on society. They also promote changes in the medical curriculum. The study by Mujawar et al.⁴⁸ showed that the inclusion of anti-racist education brought about changes in the medical curriculum and greater racial diversity in the course.

The inequity in medical education resulting from structural racism, according to the articles reviewed, is evidenced by the under-representation of black students in medical courses, in interpersonal relationships between whites and blacks in educational and health contexts and in stereotyped and prejudiced views about the ability of black people, which support a preconceived idea of the existence of differences based on race/color.



Category III- The “genderized racism” experienced by female black students

In the third category we classified ten articles, described in frame 3 below:

Frame 3. Articles reviewed that resulted in category III.

Authors, Year of publication, country of study and method	Thematic category	Objectives	Sampling	Main findings / conclusions
Brown O, et al. ⁵⁰ , 2021, USA, Quantitative Study	III; II; I	Identifying gender, race/ ethnicity bias in letters of recommendation.	3,060 recommendation letters	Surgical and leadership skills were identified mostly in white men.
Gerull KM, et al. ⁵¹ , 2021, USA, Qualitative Study	III; I	To investigate whether the feeling of belonging to the university affects professional choice.	23 students	Black female students don't feel represented in some specialties.
Wijesekera TP, et al. ⁵² , 2019, USA, Quantitative Study	III; I	Evaluate the effects of race and gender on recommendation letters.	11781 registrations	There are differences in the letters of recommendation and lower scores for women and black people.
Royal KD, et al. ⁵³ , 2018, USA, Quantitative Study	III; I	Assessing whether medical students are connected to each other.	184 students	Black women are less socially connected with their classmates.
Gwayi-Chore MC, et al. ⁵⁴ , 2021, USA, Qualitative Study	III; I	Evaluate the experiences of students, teachers and staff.	28 teachers and/or staff and 36 students	The School of Public Health at the University of Washington promotes actions to reduce racial and gender prejudice.
Dream S, et al. ⁵⁵ , 2021, USA, Quantitative Study	III; II; I	To examine whether there is gender and racial bias in the selection of general surgery residents.	149 recommendation letters	The best evaluations were given to whites. Black female students are the most discriminated against.
Dorsey C, et al. ⁵⁶ , 2021, USA, Quantitative Study	III; II; I	Assessing diversity in vascular surgery, general surgery and orthopedics	61043 residents	Black students and women are under-represented in all specialties.
Ross DA, et al. ⁵⁷ , 2017, USA, Quantitative Study	III	Assess the prevalence of gender and race inequality.	N=6.000 students' assessments	There are differences in the description of candidates according to their race and gender.
Williams RL, et al. ⁵⁸ , 2018, USA, Quali-Quanti Study	III; I	Identify contexts of racial/gender prejudice in the clinic. .	104 teachers and/or staff and 21 students Focus group with 196 students	Training can reduce racial/gender prejudice among students.
Martin GC, et al. ⁵⁹ , 2016, USA, Quantitative Study	III; I	Investigating gender/race prejudice in slides.	34219 slides	The images used in the lessons are not representative of black people and women.

Source: own authorship.

The studies reviewed show the intersection of gender and race prejudice in medical courses, as evidenced by the small number of black female medical students and teachers in medicine⁵⁰.

Researchers have identified situations during the course such as bullying, verbal micro-aggressions from colleagues and teachers and even sexual abuse, with the consequences being depression and/or anxiety on the part of some female students⁵¹.

According to some researchers⁵², medicine still culturally represents professionals as white and male, associating these white males with professional competence and ability^{52,53}, which contributes to black students feeling uncomfortable, less capable and excluded on the course⁵³.



According to Gwayi-Chore et al.⁵⁴, there is an under-representation of black people, especially women and indigenous people in higher education and a structural hierarchy persists which perpetuates white privilege and reproduces discrimination based on race and gender.

Racism and sexism produce experiences of discrimination and oppression for these black female students, due to the intersection of these systems structured by racist perceptions of gender roles, which was named by researcher Grada Kilomba⁶⁰ as “genderized racism”.

“Genderized racism” presents itself in the institutional environment of medical schools, which is extremely hierarchical and historically a social space with low racial-ethnic diversity and fewer opportunities for them during the course⁶¹.

As a result of “genderized racism”, female black students face many more institutional barriers than their white colleagues^{61,62}. This is also true of teaching staff, as fewer of them are professors at the university and in specialties considered to have a higher medical risk.

Discrimination based on race and gender power relations⁶³ contributes to the low representation of black women on the course, which highlights the numerous barriers faced by students in the educational context.

Final considerations

The studies reviewed show how the journey of black students in medical training is arduous, with numerous barriers. The very small number of black female doctors, university professors and professionals in senior positions may reflect the difficulty of facing these barriers.

The knowledge produced in the research reviewed reveals that discrimination based on racial and gender prejudice can lead to fewer opportunities during the course. The teaching environment in medical courses is strongly hierarchical and hegemonically white, made up of unequal power relations between men and women and based on racial prejudice. These are even perceived during the course in situations of violence such as moral and sexual harassment and verbal micro-aggressions, in some cases damaging the mental health of students who often come to feel like outsiders, i.e., not part of the university.

The data from this study, limited to a review of research by other authors, shows that actions can and should be implemented to reduce/eliminate these inequities within higher education institutions and the medical courses themselves in order to reduce the barriers faced by black female students.



Authors' contributions

Both authors actively participated in all stages of preparing the manuscript.

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Conflict of interest

Both authors have no conflict of interest to declare.

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Alunas negras do curso de Medicina são minoria e enfrentam diversos obstáculos durante a formação por serem mulheres negras. Objetivou-se sintetizar o conhecimento produzido em estudos empíricos sobre a discriminação racial e de gênero que sofrem estudantes de Medicina negras no curso. Realizamos uma revisão integrativa nas bases de dados do PubMed e BVS. Foram analisados em profundidade cinquenta estudos classificados em três categorias temáticas: I- O preconceito racial sistêmico-estrutural e estruturante; II- O racismo como um dos fatores da iniquidade na educação médica; e III- O racismo genderizado vivenciado pelas estudantes negras. Concluiu-se que, nas escolas médicas, um espaço social com baixa diversidade étnica/racial e atravessado pelo racismo estrutural, as estudantes negras são discriminadas pela intersecção das dinâmicas de raça, gênero e classe social.

Palavras-chave: Desigualdade. Estudantes. Medicina. Racismo. Sexismo.

Las alumnas negras del curso de medicina son minoría y enfrentan diversos obstáculos durante la formación por ser mujeres negras. El objetivo fue sintetizar el conocimiento producido en estudios empíricos sobre la discriminación racial y de género que sufren estudiantes de medicina negras en el curso. Realizamos una revisión integradora de las bases de datos del PubMed y BVS. Se analizaron en profundidad cincuenta estudios clasificados en tres categorías temáticas: 1- El prejuicio racial sistémico-estructural y estructurador. 2- El racismo como uno de los factores de la inequidad en la Educación Médica. 3- El racismo de género vivido por las estudiantes negras. Se concluyó que, en las escuelas médicas, un espacio social con baja diversidad étnica/racial, atravesado por el racismo estructural, las estudiantes negras son discriminadas por la intersección de las dinámicas de raza, género y clase social.

Palabras clave: Desigualdades. Estudiantes. Medicina. Racismo. Sexismo.