AFRICAN AMERICAN PHYSICIAN ASSISTANT STUDENT SUCCESS

A doctoral thesis presented
by
Vanessa S. Bester, MPAS, PA-C

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Abstract

The importance of minority PAs in the healthcare field has been widely established. Unfortunately, persistence to graduation is significantly lower for African American PA students than it is for their White counterparts, posing a significant problem. This research study was conducted to understand how to improve support for African American PA student success. Rather than focusing on what is missing from the African American PA student experience, this study was built upon a Critical Race Theory Framework and focused on how the experiences of African American PA students have played a role in their success. The purpose of this study was to explore narratives re-counting the experiences of minority students who have successfully completed their physician assistant education. This qualitative study, based on in-depth interviews with African American PAs who have recently graduated from PA school, was guided by the following overarching question: “What do African American PA students’ narratives reveal about their persistence to graduation?” Results highlighted the value of cultural capital, including aspirations, family, social, resistance, and navigational strengths, as well as using dialogue to confront systemic bias. Recommendations for PA educators in terms of future research and practice are presented.

**Keywords:** Physician Assistant student success, African American, healthcare education, diversity, Critical Race Theory, cultural capital.
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Dedication

For Finnley: May you grow up to make this world better, in your own unique way.

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Chapter 1: Introduction to the Study and Theoretical Framework
The value and importance of a diverse healthcare team is widely recognized in addressing medical provider shortages in underserved areas and improving overall health outcomes in the United States. The problem is health disparities in communities of color, especially in African American communities, are staggering (Sullivan, 2004; Mullins, Blatt, Gbarayor, Yang, & Baquet, 2005; DHHS, 2006; Chapman, Kaatz, & Carnes, 2013; Wong, 2015). Byrd and Clayton (2001) point out “African Americans, since arriving as slaves, have had the worst health care, the worst health status, and the worst health outcome of any racial or ethnic group in the U.S.” (p.115). Promisingly, studies show underrepresented minority medical providers are more likely to practice in underserved communities and are trusted more by their patients, leading to improved health outcomes as a result (Mullins, Blatt, Gbarayor, Yang, & Baquet, 2005; Boulware, Cooper, Ratner, LaVeist, & Powe, 2016). However, there remains a shortage of underrepresented minority medical providers and, in particular, African American medical providers, practicing in the United States (US).

The physician assistant (PA) profession is not immune to the challenge of increasing the number of practicing African American PAs. PA programs, much like all health professions, are struggling to enroll and support underrepresented minority students successfully through to graduation (Mitchell & Lassiter, 2016; DiBaise, Salisbury, Hertelendy, & Muma, 2015). Unfortunately, the PA students in the US educational system are not reflective of the demographics of the country, nor the diversity needs of its healthcare system. The most recent survey and census data available demonstrate only 2.9% of the PA profession practicing medicine is African American, and 3.4% of students entering PA school are African American, while 13.3% of the US population is African American (PAEA 2014; PAEA Program Report, 2018; US Census, 2016). Most would agree that in order to increase the number of African
American PAs practicing medicine, the first goal would be to recruit and successfully educate African American PA students.

The PA profession has established the groundwork with regard to guiding more minorities toward PA school; it has identified that minority PA students may struggle more academically in comparison to their non-minority peers, and it has demonstrated the value of minority PAs in healthcare after they graduate. (Pomeranz, Bailey, & Bradley-Guidry, 2014; Graeff, Leafman, Wallace, & Stewart, 2014; LeLacheur, Barnett, & Straker, 2015). However, the research has tended to lump all underrepresented minority students into one broad category, potentially overlooking the unique qualities contributing to the success of those students. Consequently, this generalization necessitates a reconsideration of how PA educators approach their research on minority PA students and reevaluate what research questions need to be asked. Specifically, this research seeks to understand how African American PAs make sense of their unique experiences as students.

The purpose of this qualitative narrative study was to explore the experiences of successful African American PA students through their stories. With this understanding, PA educators can be better informed as to how to support African American PA students, encouraging success to graduation, and subsequently fulfilling a vital need within the American healthcare system. This chapter begins with a discussion of the context and justification for this study, including a brief background of the US healthcare system, the vital role that minorities and PAs fill within the healthcare system, and the current state of scholarly work relating to minorities in PA education. Then the significance of the study is examined, identifying the scope of impact for this research. Additionally, a thorough consideration of the author’s positionality, as it relates to the study, will follow. Finally, the theory that served as the framework for this
study will be introduced in order to put the problem statement, purpose statement, and research question of this study into perspective. However, before moving into the context and justification of this study, it is important to define key terms related to this research.

**Clarification of Key Terms**

Varying definitions by the federal government, state governments, and the medical profession further confounds the complexity of race, ethnicity, underrepresented minority, and diversity. These definitions do not imply finality or denigrate omitted minority groups. Additionally, terms related to student retention, persistence, success, and attrition will be defined. There are significant differences in how these terms are used and they are often construed as synonymous. The following terms will be defined in order to provide clarity within the confines of this research paper.

**Race.** As defined by the US Census Bureau, race is the self-identification of one being White, Black or African American, American Indian and Native Alaskan, Asian, Native Hawaiian or Other Pacific Islander, or two or more races (US Census, 2017).

**Ethnicity.** Ethnicity is defined by the US Census Bureau as “Ethnicity determines whether a person is of Hispanic origin or not. For this reason, ethnicity is broken out in two categories, Hispanic or Latino and Not Hispanic or Latino. Hispanics may report as any race” (US Census, 2017, p.1).

**Minority.** Black or African American, American Indian and Native Alaskan, Asian, Native Hawaiian or Other Pacific Islander, two or more races, and/or being Hispanic or Latino.

**Underrepresented in Medicine.** “Underrepresented in medicine means those racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population.” (AAMC, 2003, p.1). This term and underrepresented minority (URM) will
be used interchangeably throughout this research given much of the current literature continues to utilize both terms.

**Diversity.** A broad term that encompasses divergent worldviews as well as race and ethnicity. In a perspectives piece in the New England Journal of Medicine, Marc Attiah (2014) aptly states that diversity includes the “experiences of military service, for example, or to sexual orientation or the language one speaks. All such characteristics and experiences figure into the new diversity, which acknowledges that shared experience in this country no longer tracks simply with race” (p.1475).

**Retention.** Retention is defined as the proportion of students who remain enrolled at their original institution, working toward a degree (Tinto, 2010). This definition aligns best with the curriculum and structure of PA education.

**Persistence.** Persistence is defined as the proportion of students who remain enrolled at any institution, regardless of where they originally enrolled, working toward a degree (Roberts, 2016).

**Attainment.** Attainment is defined, by the National Center for Education Statistics, as having earned a degree (Roberts, 2016).

**Success.** Academic success, for the purpose of this paper, is defined as the academic and personal achievements associated with obtaining a degree through to graduation (Kuh, Kinzie, Schuh, & Whitt, 2011). The term success has been chosen for this research because it encompasses not only the persistence of a student but also the positive development of the student while pursuing and attaining their degree.

**Attrition.** Attrition can be defined as the withdrawal from an academic program prior to completion, whether voluntarily or due to formal dismissal from the program.
Context and Justification

The Patient Protection and Affordable Care Act has made significant steps toward increasing access to healthcare for all Americans (PPACA, 2010). Unfortunately, the increase in the number of Americans who now have access to healthcare cannot be sustained by the current number of primary care providers (Jones, 2007; Hofer, Abraham, & Moscovice, 2011; Carrier, Yee, & Stark, 2011). As the demand for primary care providers increases, the number of medical students choosing to practice in primary care continues to dwindle, further exacerbating this shortage (AMA, 2013; Hooker, Cawley & Everett, 2011). The resulting lack of primary care doctors has led to physician assistants (PAs) serving as viable solution to bridging the patient-provider access gap. In response, an unprecedented growth in the number of PA education programs has subsequently occurred (Jones, 2007). Ultimately, the PA profession is playing a crucial role in answering the nation’s plea for more primary care providers.

Complicating the nation’s primary care provider shortage is the fact that American minority and underserved populations are subject to an inferior quality of healthcare delivery and suffer staggering health disparities. (Cantor, Miles, Baker, & Barker, 1996; Carrier, Yee, & Stark, 2011; Sullivan, 2004). The medical and public health literature established that the better the understanding and communication between the medical provider and the patient, the better that patients’ overall health becomes (Vermeire, Hearnshaw, Van Royen, & Denekens, 2001). Moreover, health outcomes are significantly improved when patients are cared for by a medical provider from a similar ethnic or racial background (Ford & Airhihenbuwa, 2010; Gee, Walsemann, & Brondolo, 2012; Carrier, Yee, & Stark, 2011; Khatib, Schwalm, Yusuf, Haynes, McKee, Khan, & Nieuwlaat, 2014). Underrepresented minority primary care providers have a higher propensity to work in medically underserved areas upon graduation, but, regrettably, there
are not enough underrepresented minority providers to meet the demand (Sullivan, 2004; Hilliard & Bouton, 2012). The broad implication is that successfully educating more underrepresented minorities will increase the number of primary care providers in underserved communities, hence positively impacting health outcomes in those communities.

PAs are filling the nation’s need for primary care providers. Underrepresented minority healthcare providers have a significant impact upon the health of underserved populations. Therefore, increasing the number of underrepresented minorities accepted to and completing PA school is a reasonable step towards improving the nation’s healthcare disparities. Increasing the number of underrepresented minority students that successfully complete their PA education has the potential to increase the number of medical providers practicing in underserved communities across the US. The more access to quality healthcare that a community has, the better the health outcomes within that community. Accordingly, it is imperative to admit and successfully educate as many underrepresented minorities as possible into PA education. Unfortunately, there is a significant disconnect between the number of underrepresented minorities entering PA education and those completing their PA education (Bester & Wick, 2016). This has led to an even greater disparity in the number of minority PAs practicing in healthcare (Jones, 2007; Pomeranz, Bailey, & Bradley-Guidry, 2014; Dibaise, Salisbury, Hertelendy, & Muma, 2015; LeLacheur, Barnett, & Straker, 2015).

The body of literature studying underrepresented minority health professions students is inadequate to develop programs and policy that foster those students’ success. Some scholars push to say that the profession knows what needs to be done but has been unsuccessful for a variety of academic, social, political, and racially biased reasons (Byrd & Clayton, 2001; Orom, Semalulu, & Underwood III, 2013). The PA profession has not historically produced enough
research to guide the profession in clinical practice, or education, and frequently relies upon medical research and medical education models to guide practice (Jones, 2007). Leaders in PA research admit there is very little peer-reviewed, published research by PAs and raise the concern that poster presentations at regional and national PA conferences, although considered scholarly work, are not providing well-designed research with well-answered questions (Ritsema & Cawley, 2014; Cawley, 2008). This brings a larger problem to the surface; if the PA profession wishes to increase the number of minority PAs practicing medicine, they will need to conduct their own rigorous research. Until then, the profession will have to rely on the extrapolation of data and findings from other health professions, which may not truly reflect the unique characteristics of PA education and practice.

Thus far, the PA literature has begun to explore minority faculty and minority student through quantitative descriptive statistics, however the focus on why and how students succeed has not been undertaken. Further complicating the topic, most medical and PA education studies examining the predictors of minority student academic success tend to approach the question from a cultural deficit lens, leaving a large volume of knowledge, in terms of experiences and marginalization, untouched (Morris, 2014; Betancourt, Green, Carrillo, Ananeh-Firempong, 2003). Examining what minorities are lacking in comparison to non-minorities makes assumptions based upon the perceptions of the researchers rather than the experiences of the students (Irizarry, 2009). Some scholars may even push to say that the bulk of this literature is biased, conducted primarily by White men, relying heavily on the researcher’s suppositions about minority students (Almlund, 2013). Further, studying minority PA students collectively, through quantitative means, limits the applicability of research findings; not all minorities have the same experiences (Cokley, McClain, Enciso, & Martinez, 2013; Priest, Walton, White,
The goal in quantitative research has been about generalizability, across all races and ethnicities, applicable to all PA programs. This practice has shifted the terms “minority” and “diversity” into catch phrases that label, rather than discourse that promotes change (Moses & Chang, 2006; New & Merry; 2015).

There is a need to better understand the experiences of minority students, and more specifically, African American students within PA education. The first step is to acknowledge that PAs need PA-specific research to guide practice, and should begin to steer away from extrapolating from the medical and health professions literature. The second is recognizing that underrepresented minorities, especially in such small numbers, should not be batched into one group when being studied. The third is to concede that in order to ask a research question about how to better support African American students in PA education, it is more practical to approach the problem through an inductive methodology. This research, done through qualitative means, has the potential to identify opportunities for PA programs to support and complement African American student experiences through PA school to graduation. Conceivably, these PAs could increase the number of medical providers practicing in underserved communities, further addressing health disparities and the nation’s primary care provider shortage.

**Significance**

The rationale for this research is to expand the PA education literature on the experiences of successful African American PA students. Studying the experiences that affect African American student persistence in PA education has broad implications for many stakeholders. The impact of the loss of our minority students and our classroom diversity is felt at the student level, the program level, our surrounding underserved communities, locally, and nationally, and abroad (Hooker, Hogan, & Leeker, 2007; Jones, 2007; Jolly, 2008; Muma, Kelley, & Lies, 2010;
LeLacheur, Barnett, & Straker, 2015). The significance of this research is that it has the potential to impact not only the diversity of PA education but also health outcomes on a national scale.

Students across all races benefit from a culturally diverse educational environment (hooks, 2003). Multiple studies in medical and nursing education have also established the positive impact of a diverse student body upon both the minority students and non-minority students. Minority students experience increased sense of social support, camaraderie, and a sense of belonging in a more diverse environment (Saha, Guiton, Wimmers, & Wilkerson, 2008; Kalet, et. al, 2013; IsHak, et. al, 2013). Additionally, non-minority students benefit through the opportunity to learn about how to better understand and empathize, empowering them to apply that experience to their future colleagues and patients (hooks, 2013; Attiah, 2014). The value of diversity within the classroom can have a direct, positive impact upon both minority and non-minority students.

The positive impact of cultural awareness and patient-provider communication upon healthcare disparities and subsequent positive health outcomes in the underserved is extensively established within the medical literature (Ford & Airhihenbuwa, 2010; Renzaho, Romios, Crock, & Sønderlund, 2013; Khatib, Schwalm, Yusuf, Haynes, McKee, Khan, & Nieuwlaat, 2014). The more a patient can identify with and trust in their healthcare provider, the better their health will be. If PA education can increase its minority persistence, those students will be more likely to practice in an underserved area. Thus, in addition to addressing the national healthcare provider shortage, medical access and the improved health outcomes of minorities can be achieved. The PA profession spread globally under this premise as well making the implications of this research internationally relevant (Hooker, Hogan, & Leeker, 2007; Jolly, 2008). Increasing the
number of minority PAs is a realistic solution to improving healthcare disparities, but PA programs must be able to understand minority persistence to do so.

**Positionality**

The question: “To what extent do our methods reproduce our fantasies of the *other* rather than interrogate the complexity of our own privileged point of view and the complexity of people who have been deemed *others*?” (Fine, 2007, p. 57), is salient to my research interests. I come from a medically and socioeconomically underserved, but White, background. I am a student, a practicing medical provider, and am now an educator of physician assistants-in-training. In some respects, I am privileged and, in a very few, I am an “other.” It is imperative that I consider the impact of those experiences upon my research, in both a positive and negative manner.

**Formative Years**

I grew up in a rural town and was poor in comparison to the rest of my friends. My parents were hard-working, but my younger sister was born severely disabled, requiring frequent hospital visits that were not always covered by insurance. We lived paycheck-to-paycheck. We were forced to make choices about medications and surgeries based on money or credit available. I learned bedside nursing skills at the age of 7 in order to care for my sister while my parents were working. Had her medical providers or our teachers known, they probably would have called child services on my parents. We had no other option. My childhood was fun; I played sports, I did well academically, I had friends and we were happy. Some friends weren’t allowed to play at my house, because it looked “bad.” I was asked to dress better at church by the pastor, but we had no money for nice clothes. So, I lost some friends and sat in the back of church until I became old enough to realize that I didn’t quite fit in, which still resonates with me.
today. These experiences make me more sensitive to the challenges of coming from a lower socioeconomic background, but can also bias me against people of privilege.

Growing up in a rural community, there was not much diversity, but there was (and still is) significant racism. There was one African American family and a few other families living and working at a migrant farm camp. They were poor like me; they were my friends. Racial slurs, bullying, and exclusion were the norm. These words, conversations, and behaviors happened every day. I can recall riding the bus home one day and a White boy was picking on an African American girl, calling her a dumb “n—.” Many laughed. Those who didn’t laugh, didn’t speak up either. I can’t imagine the hurt and anger she and her siblings must have felt. Reflecting back upon those types of events are shameful to me. The silence was as damaging as the words. The same silence and inaction exists today, but now I am not quiet. I bring these experiences up because they are a part of who I am; I am a part of the dominant culture. I am White. I am aware of how easily those experiences can sway my bias, in either direction. I acknowledge that these experiences have created the bias, both implicit and explicit, that I may bring to my research, as a White investigator. I also know that as a White educator, silence is not an option.

Student

Like many marginalized children, I grew up being told “if you work hard, you can do anything.” Focused on meritocracy as the vehicle to success, I couldn’t understand why I was working so much harder than my peers in order achieve the same level of success. I found myself wondering, what am I missing here? Essentially, I was unaware of the nuances of a middle class, college-educated culture. I did not recognize that I was a social, economic, and educational “other.” As a college student, I struggled to pay for tuition and worked hard to balance finances and education. There wasn’t time to explore support systems or networks of people like me; we
were all working. By that time, I had also begun to see a greater difference in power between myself and my educators: asking questions about content or navigating the system seemed out of the question to me. If I made a mistake, I accepted the consequences and never asked for help -- I didn’t think I could, I didn’t realize I had resources. My experience as a student allows me to be more aware of the reasons why “others” may not seek resources while also giving me a tendency to blame the “system” for failing to help.

**Medical provider**

My experience growing up clearly influenced my career path. It also influenced my own priorities in delivering healthcare and in teaching. I experienced people’s inability to understand what it means to be poor and why/how people are poor. I experienced isolation, sacrifice, and learned to prioritize based upon our financial situation; I experienced the “us and them.” It frustrates me to see colleagues dismiss patients because there is a perception that some are “uneducated” or “irresponsible with their finances and got themselves into that position.” Unfortunately, these comments, more often than not, are directed to our minority patient population and made by my White, male colleagues. The medical community promotes all of the wonderful things it does for those who are underserved, yet that disconnect while seeing my co-workers talk about and interact with their patients remain. Common comments include “They’re a low-life. They’ll never come back regularly and will probably sell that prescription on the street” or “they look like a drug-seeker. Why can’t they get it together and pay their bills?” A paternalistic relationship between provider and patient exists, which demands a sincere attempt, by the person in power, to acknowledge that difference in power and to make an effort in closing that gap. I am acutely aware of this, and understand that because I am also White and (now) in a higher socioeconomic class, I must acknowledge that my medical decision-making isn’t always
free of bias. I am cognizant of this and now try to challenge my colleagues who do not realize their own biases.

**Faculty member**

I have held two administrative positions at two very different PA programs at this point in my career. One program, a state-funded medical and research university, seeks to provide an education in the medical profession to those [qualified] individuals who may not have had the opportunity otherwise. The program focuses on adult learners from rural and underserved areas, minorities, and military veterans. Balancing life, bills, and responsibilities, the university expects our students to learn in the same model that medical students learn (in half the time) and wonder why they are unable to graduate the program. These students are not empowered to succeed and the program faults the students’ lack of preparation or intellectual ability and fails them out. The second program, a private liberal arts college, has an outward-focused mission: to serve the community with uncompromising commitment and compassion. The outward focus oftentimes diverts attention from the students. This, combined with the constraints of a small college that lacks the resources and support services of a larger university, generates a struggle in successfully recruiting and educating minority students.

**Summary**

In part, these experiences have motivated me to work harder and want to change the system that oppresses so many. I have been challenged by colleagues about my motives for this research; implying that I am jumping on the diversity bandwagon. In exploring my positionality through this doctoral program, I recognize that I am not perfect nor can I block out some of my conscious and unconscious biases. But I am continually aware of making a purposeful effort to overcome my own prejudices and open up the conversation. In clinical practice and in the
classroom, racism is always there. I counter to those colleagues that diversity and equity are a fight that we should all be a part of, especially because I’m White. I choose this research because discourse about racism is everyone’s responsibility. The experiences I have had formed values of my own. These include equity for opportunity, empathy and understanding amongst our leaders, and motivation to incite change.

**Research Problem and Research Question**

The importance of minority PAs in the healthcare field has been widely established (DHHS, 2006; Henry & Hooker, 2014). Unfortunately, persistence to graduation is significantly lower for African American PA students than it is for their White counterparts, posing a significant problem. Further research to better understand how to support African American PA students must be conducted. Rather than focusing on what is missing from the African American PA experience, this study focuses on how the experiences of African American PA students have played a role in their success. The purpose of this study is to explore narratives re-counting the experiences of African American students who have successfully completed their physician assistant education. This qualitative study, based on in-depth interviews with African American PAs who have recently graduated from PA school, is guided by the following overarching question: “What do African American PA students’ narratives reveal about their persistence to graduation?”

**Theoretical Framework: Critical Race Theory**

This research utilizes critical race theory (CRT), which has the potential to facilitate “discourse about the intersection between race, gender and class and takes an activist stance to bring substantive changes in U.S. society with an outcome focusing on social justice” (Morgan, 2013, pp. 205-206). CRT places emphasis upon the strengths of race and difference, rather than
assuming something is lacking from that race. The theory also keeps in mind that racism and oppression are inherent and unavoidable in our society. Approaching this problem from a critical race theory perspective provides the stimulus toward a better understanding and support of minority students in PA education.

Critical race theory has roots in the social sciences and critical theory, originating from the Frankfurt School in the 1930’s. Critical theorists pushed beyond a goal of understanding a phenomenon in society to actually critically exploring our world with the intent of forging a more just and equitable society. The goal of critical theory is to make positive change with the information being sought, keeping in mind the complexities of society and acknowledging the advantages that some groups in society have over others (Horkheimer, Adorno, & Noeri, 2002). Taking this concept of disadvantages from the social sciences realm, Paulo Freire then applied critical theory to inequities in education through his seminal work, *Pedagogy of the Oppressed*, first published in 1968. In parallel, lawyers and legal theorists, Derrick Bell and Alan Freeman shaped CRT out of the experiences and activism of the 1960’s American civil rights movement (Delgado & Stefancic, 1993). The trajectory of critical theory eventually coalesced CRT and the work of contemporary scholars together, introducing the consideration of race and disadvantage into a wide variety of fields, including economics, public health, and education (Ladson-Billings, 1998; Altonji, & Blank, 1999; hooks, 2003; Ford & Airhihenbuwa, 2010). The most expansive utilization of CRT has occurred in the field of education. However, prior to entering into a discussion of the contemporary applications of CRT in education it is necessary to define CRT as it is commonly understood by those contemporary scholars.

Delgado and Stefancic (1993) outline multiple themes consistent within critical race theory providing a better definition or trajectory that are worth discussing here. First and
foremost, CRT scholars seek to make change while acknowledging the presence and influence of racism in every aspect of life, an inherent part of our culture. To do this, CRT makes use of storytelling and counter-storytelling to better elaborate the conditions or experiences being described, to identify who is being oppressed, and what defines oppression. Within CRT, scholars seek a better understanding of the origins of race and racism while acknowledging the complexity of the intersectionality of race, sex, and class. There is a great focus on the critique of the efficacy of liberalism, status-quo, and current civil rights law in evaluating the efforts being made toward change. Additionally, many CRT scholars, legal and educational, call for discourse as the primary means toward change, both on a small- and large-scale model (Ladson-Billings, 1998; hooks, 2003; Alexander, 2010; Fine & Weis, 2012; Hobson, 2014).

A very natural progression of CRT has taken shape in the field of education, beginning with the pedagogy of Freire, and more formally through Delgado bringing CRT out of legal theory and into mainstream academia (Freire, 1996; Ladson-Billings & Tate, 1995). Through the collaborative work of Ladson-Billings, Tate, Delgado and Stafancic in the mid-1990’s, the introduction of CRT into education was, at first, rocky, given the very nature of what CRT attempts to expose: racism and the advantage of White over non-White (Delgado & Stafancic, 1993; Ladson-Billings & Tate, 1995). In contemporary educational literature involving CRT, three streams have presented themselves as applicable to research on minority PA student success. These include the concept of cultural capital, collaboration and community, as well as promoting safe and positive discourse toward change. Each will be discussed further, including an elaboration on their applicability to PA minority student research.

**Cultural Capital**

The history behind theories on cultural capital is as deep and entrenched in education as
racism itself. The premise behind cultural capital in CRT is that our culture assumes that White or dominant culture holds more credibility and weight than the culture and knowledge from “others,” putting them at a disadvantage (Yosso, 2005). CRT scholars Solórzano and Yosso (2001) reject this premise and create a framework which highlights “community cultural wealth,” acknowledging cultural worth that often goes unrecognized (Yosso, 2005, p. 70). The forms of capital emphasized include aspirational capital, familial capital, social capital, linguistic capital, resistant capital and navigational capital (Yosso, 2005). Using Yosso’s framework for community cultural wealth, a solid set of research questions can be developed to explore what factors are contributing to minority PA student success. Further, this framework helps to avoid making suppositions or assumptions about the participants of the study and allows for a departure from a researcher’s implicit biases while acknowledging that those biases will be ever-present. However, relying on six forms of capital helps to shape the research questions but has the potential to overlook additional findings that are not explored within Yosso’s framework. For this reason, additional possibilities outside of Yosso’s framework, including collaboration, community, mentorship, and dialogue, will be further discussed next.

**Collaboration, Community, and Mentorship**

Although not an established framework within CRT, the theme of collaboration and community runs through most contemporary scholarly work framed in CRT. Pioneers of such work cement the importance of collaboration, community and mentorship within the realm of CRT and push Yosso’s framework of cultural wealth further into the framework of mentorship (Fine, Weis, & Powell, 1997; Solórzano & Bernal, 2001; hooks, 2003). Combining the platform of collaboration and community described in contemporary CRT research along with the developing field of mentoring theory, I included collaboration, community, and mentorship into
my research focus. Mentorship theory has many interpretations and conflicting concepts, making it a complex topic difficult to apply however by rooting my research questions within CRT there is a potential for valuable information to be gained (Scandura, 1997; Bozeman & Feeney, 2007). Developing a framework that supports and, at the same time, explores minority PA student experience, helps to enhance what is known about those types of relationships, who is taking part, and what kinds are worthwhile.

**Dialogue**

One theme encountered throughout these contemporary readings is the call for people to be open, accepting and conversant about equity, race and justice. Most notably, the seminal writings of Delpit (1988) build the structure for her audience and researchers that followed her, to identify the issues of race and racism utilizing a safe dialogue. This framework encourages both non-Whites and Whites to confront those issues rather than ignore or silence them (Delpit, 1988; hooks, 2003; Hobson, 2014; Alexander, 2010; Ladson-Billings, 1998). As a White female educator, I am keenly aware of my positionality and the potential for my own biases and experiences to influence my research. In turn, I am also aware that because of my Whiteness, my research will be interpreted (and valued) differently, by different audiences. I feel it is important to consider Delpit’s focus on dialogue for this reason. The basis of CRT is to acknowledge racism, challenge the dominant culture, make change toward social justice through experiential knowledge and new approaches (Solórzano & Yosso, 2001; Delpit, 1988). Delpit frames this concept of safe dialogue in a way that allowed me to explore racism in a more impactful manner.

**Critique of Critical Race Theory**

CRT offers an opportunity to not only understand and learn about the experiences of minority PA students, but also offers the potential toward making a change for the better. What
the writings of many critical race theorists do not fully address is the “how” and the future direction of critical race theory work. Having an open dialogue is the start of better understanding; however I sometimes find myself asking “what more?” What kind of setting should these conversations happen in, how often should this be happening, what exactly is the outcome or goal that defines racial equity and social justice? Much of critical race theory writing ends with the goal to explore the issues and to open dialogue, assuming change will occur (Alexander, 2010; Ladson-Billings, 1998; Delpit, 1988). Some contend doing so at a grass-roots level will incite change, whereas others insist that change must occur from a globally larger entity (Alexander, 2010; Ladson-Billings, 1998; Delpit, 1988). There is contention between critical race theorists as to the means to the end and both the means and the ends are not well-defined. Further, critics also point out that Critical Race theorists fail to acknowledge principles of intersectionality, privileging race over other identities. This neglects the importance of gender, sexual preference and other identities that impact the experience of race (Bowleg, 2012). Regardless, for change to occur, people must be aware that change is needed. These considerations were the basis for choosing CRT as the primary theoretical framework in this study.

**CRT in Academic Medicine**

A broad search in the physician assistant national publication, the Journal of American Academy of Physician Assistants, and the national PA education journal, the Journal of Physician Assistant Education, yielded no hits for the search “critical race theory” in a medical or academic application. Searching the term in popular medical education journals, including Academic Medicine and the BioMed Central journals, provided a handful of studies calling for the use of CRT in medicine and medical education and even fewer focused on CRT applied to
student persistence (Betancourt, 2006; Ford & Airhihenbuwa, 2010; Thakore, Naffziger-Hirsch, Richardson, Williams, & McGee, 2014). Critical race theory is just beginning to be utilized in medicine and medical education. Based on the history and congruence of PA education to medical education, the PA profession will soon follow suit in examining itself through a CRT lens. This section will discuss the benefits of using CRT in PA education and will elaborate on the few scholarly articles in medical education calling for and/or utilizing CRT in their design.

Critical race theory allows a researcher to consider features of a phenomenon that are present and unique to a person or group of people, as opposed to a deficit leading to an occurrence. Scholars in education have been utilizing CRT for over twenty years to better understand the experiences of minorities in education (Ladson-Billings & Tate, 1995; Ladson-Billings, 1998; Yosso, 2005). The emphasis is on what is present by avoiding assumptions based on what may be missing and keeping in mind that racism and oppression is inherent in our society. The framework embraces the presence of racism and oppression rather than ignoring it, creating an opportunity to discover characteristics of a population that can be embraced and augmented (Yosso, 2005).

A CRT framework has direct implications on and applications for the medical field. Using a CRT framework, Betancourt (2006) outlines suggestions for the elimination of healthcare disparities at the patient level, in education and in medical research. Betancourt set the stage for the awareness and utility of CRT in medicine. Thakore, Naffziger-Hirsch, Richardson, Williams, and McGee (2014) take CRT in medical education further through randomized-controlled research to address limitations of previous diversity approaches in mentoring diverse PhD candidates in medical schools. This study sought to establish what aspects of cultural capital impact the mentoring relationship between a minority student and minority faculty member.
Although useful, the first study is broad and overarching while the other is very specific to PhD candidates in the United Kingdom; neither have a direct impact upon medical education, PA education, or their minority students.

Over the last two years, the lack of CRT in medical education and its potential role in improving the experiences and outcomes of minority students has begun to be recognized. Healthcare disparities continue to exist despite the Patient Protection and Affordable Care Act (PPACA), increasing national expenditures on healthcare, and exponential technological advances in medicine. While some authors focus on incorporating CRT into medical education curriculum, so as to improve the understanding and cultural competence of all medical students, others are just recently completing sentinel research on minorities in medical education from a CRT lens (Morgan, 2013; Morris, 2014). In 2013, Morgan chose CRT in order to facilitate “discourse about the intersection between race, gender and class and takes an activist stance to bring substantive changes in U.S. society with an outcome focusing on social justice” (pp. 205-206). Through studying the experiences of black males in medical school, seven themes impacting their experience were established: strong mentorship, evaluation/grading, self-advocacy, isolation, parental support, identity and academic resilience (Morgan, 2013, pp. 221-222). This work provides new insight into the narrative of black men in medical school not previously explored that can now be used to help improve diversity efforts and support. Although this sentinel article uses CRT to examine minority medical students and cannot be directly applied to PA students, it does set the stage for research on minority PA student persistence.

Scholars in academic medicine are now beginning to recognize that CRT has a place in eliminating healthcare disparities and at the very least, in improving educational outcomes for

Rejecting the cultural deficit model and approaching research through a CRT lens will provide a new pathway toward achieving a more diverse and equitable PA education experience. In turn, this experience leads to an increase in the number of successful minority PA students, leading to more practicing minority PAs providing medical care. The penultimate outcome will be a positive improvement in the health of our country’s growing and diverse population (Ford & Airhihenbuwa, 2010).

Summary

This study’s assumption is that there are opportunities to support and complement African American experiences during PA school that PA educators are unaware of. Smedley, Butler, and Bristow (2004) aptly state that America is becoming one of the most diverse countries in the world but despite this, the number of minority health professionals has failed to increase at the same momentous rate. African American medical providers are more likely to return to work in the communities they grew up in. If PA educators are unable to support and successfully educate African Americans students, communities will never receive that medical care. With a better understanding of African American PA student success, educators can look to what is working in supporting African American student retention and attainment of their degree. Using this research, educators can identify areas within their own programs that can be improved in order to better support the success of their African American students. Chapter 2 will provide an extensive literature review of the current body of PA scholarly work, the contributions of diversity research in the health professions, and establish the theoretical framework from which this research study will be based.
Chapter 2: Literature Review

The physician assistant (PA) profession is poised to address the nation’s health inequities through educating more medical providers, thereby bridging the patient-physician access gap. Despite the exponential growth of the PA profession, there remains a significant disparity in the number of providers caring for minority communities (Jones, 2007; Hooker, Cawley, & Everett, 2011). The impact of this shortage is particularly profound in African American communities (DHHS, 2006; DeSantis, Siegel, Sauer, Miller, Fedewa, Alcaraz, & Jemal, 2016). Medical providers from minority and underrepresented backgrounds have been shown to be more likely to practice in underserved communities, resulting in improved health outcomes (Dowell, Norbury, Steven, & Guthrie, 2015; Griffin & Hu, 2015; Boulware, Cooper, Ratner, LaVeist, & Powe, 2016; Pomeranz & Horvath, 2017). The foundation of this research is based upon the premise that investing in African American PAs will yield positive educational, social, and health outcomes.

It is paramount that the PA profession works to improve educational, social, and health disparities by educating more African American providers. More specifically, PA educators must play a role in increasing the number of African American PAs through supporting African American PA student success. However, there is a lack of understanding of the experiences that contribute to African American PA student success. This literature review will first discuss the current body of PA scholarly work, related to minorities and diversity, and explore the connection between the PA and medical education professions. Then the contributions of diversity research in the medical education literature will be undertaken. Finally, the latest medical education literature will be explored. This information will provide a foundation,
through a critical race theory lens, to answer the question: What do African American PA students’ narratives reveal about their persistence to graduation?

**Methods**

The methods of this literature review were guided by Rocco and Hatcher (2011). In order to perform a comprehensive search of available research data, the assistance of a research librarian with experience in educational doctorate research was employed. The initial literature screen was completed by searching the online research databases, NCBI-PubMed for medical literature as well as ERIC for educational literature. Subject terms were chosen with the assistance of EBSCO information services after keyword searches yielded extraneous results. Further informal searches were performed by manual screening of the past 2-year’s articles within the Journal of the Physician Assistant Educational Association, the Journal of the American Academy of Physician Assistants, Academic Medicine and informal collaboration with colleagues well-versed on the topic.

The terms searched included physician assistant education, minority physician assistant faculty, minority physician assistant students, physician assistant attrition, physician assistant persistence, minority medical school faculty, minority medical students attrition, minority medical student persistence, as well as cultural deficit model in physician assistant education, critical race theory in physician assistant education, cultural deficit model in medicine, critical race theory in medicine, and minority health outcomes. Secondary bibliographic review from the literature obtained from the electronic research databases was utilized to further expand the search efforts.

After the initial screen, abstracts were scanned to narrow down the appropriate literature based upon the date of publication with a concentration on research studies focused on minority
PA and medical students, critical race theory and minority health outcomes. Comparable literature in other health professions was selected based upon applicability to the PA literature selected. Additional seminal articles from early PA education and medical school curriculum development were considered. Only those related to minority or culturally-focused PA curricula were included.

**Current Body of PA Scholarly Work**

The physician assistant profession is in its professional and scholarly infancy when compared to physician colleagues. Formal medical education in the United States took form in the late 1800’s whereas the PA profession formed in the 1960’s. Because PA education is novel in comparison to medical education, there is a lack of a significant body of PA education research (Hegmann & Axelson, 2012; Hocking, Crowley, & Cawley, 2013; Ritsema & Cawley, 2014). This section will begin with a discussion of the current body of PA scholarly work in terms of the amount of scholarly work produced, the quality of that work, as well as the eminent scholars within the profession. Then, a more detailed examination of the current diversity scholarship within the PA profession will be discussed.

**Quantity, Quality, and Eminent PA Scholars**

The PA profession has not historically produced enough rigorous research to guide the profession in clinical practice or education. The majority of the decisions made by the PA profession have been based upon medical research and medical education, just as the original model for PAs was intended (Jones, 2007). However, most PAs would argue that there are features of the profession that render it inherently unique to other health professions (Glicken & Miller, 2013; Hooker, Cawley, & Everett, 2011; Ballweg, Brown, Vetrosky, & Ritsema, 2017).
This would then imply that PAs should be conducting a significant amount of research in order to inform both their scholarly and clinical practice.

Although the medical education community and the PA education community have not chosen to delineate an expected standard amount of scholarly work, it is apparent that PA faculty publication is significantly less than their MD counterparts. PA scholarly research has been steadily increasing over the past 15 years, however when comparing academic PA and medical academia benchmarks, PA educators fall significantly behind (Hocking, Crowley, Cawley, 2013). Hegmann and Axelson (2012) found that PA faculty published approximately 4.2 articles over an entire career whereas recent studies in medical education have cited that physicians are publishing approximately 7.1 to 17.4 publications in a 5-year span (Ferrer, & Katerndahl, 2002). Reasons for this discrepancy of quantity of scholarly work have been attributed to a lack of doctoral-trained PAs, focus on clinical practice productivity, and lack of mentorship networks to increase support for scholarly work (Ritsema & Cawley, 2014).

The quantity of PA education research is not the only challenge in considering the literature. The quality of the research is an additional concern. There is very little peer-reviewed, published research by PAs and the majority of that research is in the form of quantitative surveys or in the form of poster presentations that are never published (Cawley, 2008; Hocking, Crowley, Cawley, 2013). Furthermore, PA researchers admit that the scholarly work requires more advanced methodologies and research design as well as increased diversity of subjects studied is needed (Hocking, Crowley, Cawley, 2013; Ritsema & Cawley, 2014; Cawley & Dehn, 2017). Unfortunately, PAs are not producing enough well designed research with well-answered questions that are reliably capable of informing practice. Part of this professional challenge is
that the quality and expertise of conducting research increases with more experience; the profession needs time to age.

When considering research related to inequities and race, it is important to also consider who is doing the research, what are the research questions, and what are the motivations in conducting that research. Race, gender, bias, and privilege should be considered when scrutinizing the literature generated by eminent scholars (Milner, 2007). Interestingly, the majority of articles published are by male PA faculty, who also publish more over a lifetime than female PA faculty despite the fact that over 67% of faculty are women and only 11% are minorities (Hegmann & Axelson, 2012; PAEA Faculty Report, 2018). Highlighting these inequities more, the scholarly productivity of faculty, minority productivity is not reported in the findings at all. It is not apparent if the data was collected to begin with, again, demonstrating the weaknesses in current PA education research. The literature is limited because there is inherent bias in predominantly White men developing the research questions in the first place (Abraham, 2015; Sturges, 2017). Furthermore, the pressure to publish in academia continues to remain a concern when considering the motivations of the researchers and the reliability of the study, putting into question the motivations of majority, male researchers (Creamer, 1998; Khan, Thompson, Taylor, Venable, Wham, Michael, & Klimo, 2014). Regardless, there is a significant discrepancy between who is publishing the PA literature and the demographics of the profession, leaving diverse, valuable voices silent.

The lack of diversity in PA faculty has the potential to significantly impact the amount and quality of information gained about PA minority students. Subsequently, this could limit the extent of change and/or implementation of programs to support minority students. The relative inexperience of PAs in research overall, leads to a reduced level of the rigor and skill required to
ground research in theory as well as apply it in practice. This does not mean that PA research should be discounted or abandoned, nor does it mean that PAs should rely on their physician colleagues to do the research for them. Moving forward, this suggests PA researchers will need to consider diversity in their research design and continue to develop their expertise in meticulous research methods. It is crucial to note that there is excellent diversity work coming from the PA profession, despite these challenges. This work will be discussed next.

**PA Diversity Research**

The value of diversity in all aspects of life, particularly healthcare and education, has been widely established (Ladson-Billings, 1998; Clarke & Antonio, 2012). bell hooks (2003, p.80) points out that “in racially integrated educational settings we all have the opportunity to learn in the context of diversity, to be critically conscious of difference without allowing difference to keep us apart.” This idea extends across the spectrum of PA education, from prospective applicants, to the students, as well as their educators. Thus far, the PA literature has just begun to explore minority applicant recruitment, the role of diversity and culturally competent curriculum, as well as minority faculty experiences (LeLacheur, & Straker, 2011; Pomeranz, Bailey, Bradley-Guidry, 2014; DiBaise, Salisbury, Hertelendy, & Muma, 2015, Bester & Wick, 2015; Buchs, & Mulitalo, 2016; Sturges, 2017). This section intends to present the current PA-generated diversity research in terms of minority PA applicants, minority PA students, PA curriculum, and minority PA faculty. First, it is important to note the limitations of PA diversity research in terms of the potential for overgeneralization of minorities as one homogenous group.

**Dangers of overgeneralization.** The medical field is dependent upon quantitative, randomized, controlled trials powered with large numbers validating statistical significance
PA education literature tends to utilize similar methodologies to study students, faculty, and the workforce (Hocking, Crowley, Cawley, 2013). The need to conduct research related to diversity that will be statistically significant often leads PA researchers to place all minorities into one large group in order produce quantitative, statistically valid results. This practice fails to acknowledge the unique differences and experiences of each minority and has the potential to overlook and ignore significant findings (Power, Dolly, & Blaine, 1993). On one hand this could be seen as a flaw of the profession’s desire to use quantitative methods to answer a research question. On the other hand, this overgeneralization could also be due to the bias and assumptions of the researchers. Regardless, it is necessary to consider the rigor and validity of research related to diversity, most importantly because the number of minorities in PA education is so small and the number of individuals within different minority groups is even smaller. That being said, the bulk of this literature review is also limited, as the majority of research on PA minorities has been overgeneralized and does not highlight the unique features of individual minority groups.

Minority PA applicants. In response to the disparity of minorities in PA education, the first step educators have taken is toward the recruitment of students into the PA profession, developing a PA pipeline. While the majority of PA programs have turned toward medical education models of recruitment and outreach through STEM programs and mentorship, a few researchers are pushing forward to examine the PA pipeline further (Nickens, Ready, & Petersdorf, 1994; Museus, Palmer, Davis, & Maramba, 2011). The majority of the PA applicant research has been based on descriptive statistics and the perceived barriers (by the researchers) to attending PA school (Garcia & Fowkes, 1989; Legler & Stohs, 2003; DiBaise, Salisbury, Hertelendy, & Muma, 2015). This information provided many PA programs a starting point from
which to structure their recruitment and admissions approach (Coombs & Mulitalo, 2003; Muma & Pries, 2010). Most notably, the use of admissions personal statements, Title VII funding, and interventions at the K-12 level, including outreach to parents, has proven promising (Lopes, Badur, & Wies, 2016; Scarbrough, Xie, & Shelton, 2017). Although individual initiatives have been slow to take hold across the profession, there has been an increase in the amount of PA pipeline research. This research will inform PA educators on ways to help increase their minority PA matriculates.

**Minority PA student success.** The next step to increasing minority PAs practicing in medicine is to support and retain minority students successfully to graduation. Recruiting students through a PA pipeline will only be beneficial if those students are successful. Until recently, the PA education profession has relied upon literature from other health professions and outdated PA research to support their minority students (Garcia & Fowkes, 1987; Wiggs & Elam, 2000; Legler & Stohs, 2003; Simmons, 2003; Pomeranz, Bailey, Bradley-Guidry, 2014). Ongoing policy reform, including affirmative action bans, continue to perpetuate an ever-changing academic environment and minority student population (Garces & Mickey-Pabello, 2015). Unfortunately, these factors have led to continued minority PA student attrition at rates double that of their majority counterparts (Pomeranz, Bailey, Bradley-Guidry, 2014; DiBaise, Salisbury, Hertelendy, & Muma, 2015, Bester & Wick, 2015). Without a solid foundation of PA student-specific research about minority student experiences, the profession will continue to struggle to increase the number of successful PA school graduates. If persistence does not improve, efforts at increasing recruitment and enrollment of minority students will make much less of an impact, especially if those enrolled continue to drop out. A decrease in minority
students completing PA school leads to a continued disparity of primary care providers in the United States, especially in underserved areas.

There have been few (if any) attempts at directly studying the predictors of academic success of minority PA students. The premise of PA research on this topic is based upon the results of other health professions or through hypothesizing trends in PA matriculate data reports (Simmons, 2003, Ferguson, James, & Madeley, 2002; Dyrbye et al., 2006; PAEA, 2014; PAEA Program Report, 2018). Simmons (2003) sought to determine the predictors of academic success for minority PA students through a review of multiple studies including medical, nursing, and PA students. The author concluded that a lack of academic preparation, perceived racial alienation, lack of minority mentors and economic disadvantage contributed to students failing (Simmons, 2003). This review was not a rigorous systematic review and acknowledged that there is a paucity of literature surrounding minority student success. It is also important to point out that the studies identified in the review all relied upon a deficit model, focusing on what was hindering success rather than what was contributing to success.

Investigation into the contributors of minority PA student success is sparse, partly due to a predominance of a cultural deficit framework in the literature. Why students succeed is a hind-thought at best. Garcia and Fowkes (1987) studied a recruitment and retention initiative for minority students, comparing outcomes of 34 minority students and 36 “non-minority” students enrolled in a PA Program. The investigators found that in comparison to the non-minority students, the minority students lacked academic preparedness and clinical experience. They also found that of the 6 minority students who dropped out, 5 left for personal reasons and only 1 for academic trouble; concluding a lack of social support. Interestingly, despite these deficits, most of the minority students who failed assessments were able to remediate and pass reassessments
more efficiently than their non-minority counterparts. These details were not especially highlighted in the study but they do point toward the need to reject the deficit model and explore why the minority students were more successful in the remediation process. Unfortunately, this study was conducted more than 30 years ago. Its recommendations for further research on retention efforts and improving minority PA student support systems has not been robust. The lack of research on minority PA student success is the impetus for this dissertation. Despite the gap in knowledge about the minority PA student experience, there have been intentional efforts toward researching and implementing a more inclusive PA curriculum. Curriculum directly impacts the experiences of all PA students and will be discussed next.

Curriculum. Until recently, PA educational pedagogy was founded on problem-oriented treatment and veered away from teaching students to also consider the human, or real-life, needs of their patients (Pedersen, 1999; Pomeranz & Horvath, 2017). PA education has turned its focus toward incorporating cultural competency into the curriculum in an attempt to better support minority students and prepare majority students to provide culturally competent medical care to their future patients (Beck, Scheel, De Oliveira, & Hopp, 2013; Parkhurst, Kayingo, & Fleming, 2017). Additional scholars push further to incorporate tenets of social justice into the curriculum while introducing concepts of race, implicit bias, and non-discriminatory patient care (LeLacheur, & Straker, 2011; Buchs, & Mulitalo, 2016; Sturges, 2017). Although anecdotal and limited to small curricular (and cultural) changes at individual institutions, the literature published demonstrates a trend toward how PA educators can create inclusive curriculum and understand how that curriculum impacts both minority and majority students.

Minority faculty. PA literature has begun to recognize minority status and race as variables impacting job satisfaction and attrition of PA faculty. All of the following studies
conducted were focused on the overall PA educator population and were not designed to focus on or compare sub-groups, including race, ethnicity, gender, sexual preference. Despite this, each study underscores the existence of racism and its impact upon the faculty role. Through a systematic literature review, Reed (2006) sought to examine the determinants of job satisfaction for all PA faculty. The findings included that regardless of race or gender, a respected professional status, faculty rank, and perceived opportunities for advancement positively impact job satisfaction. She also found that there was a component of job dissatisfaction related to minority status, including differences in rank and salaries between minority and majority faculty, however, the study design was not focused to assess the degree of impact upon job satisfaction (Reed, 2006). Graeff, Leafman, Wallace and Stewart (2014) sought to further investigate which job aspects were satisfying or dissatisfying using quantitative descriptive research. The investigators surveyed 239 PA faculty regardless of race or gender, and found high amounts of job satisfaction associated with colleagues, management, and salary, but those faculty holding a lower academic rank also possessed lower job satisfaction (Graeff, Leafman, Wallace & Stewart, 2014). Additional PA authors approach faculty experience through intent to leave academia. Some have identified organizational support, role conflict, and age as variables impacting intent to leave whereas others have found recognition by the administration, support for scholarly work, fair promotion and tenure process, and a sense of institutional community impact a PA faculty member’s intent to leave (Coniglio & Akroyd, 2015; Beltyukova & Graham, 2017). All studies have used quantitative methods to assess demographic data, but fail design their studies to directly measure the impact and factors associated with minority PA faculty job satisfaction or intent to leave. Despite research design flaws, one can make a connection between the fact that minority faculty are paid less and hold lower academic ranks than their majority peers with the
evidence pointing toward a lack of organizational support and unfair promotion and tenure impacting faculty to leave academia. This would imply that because minority faculty are not supported through salary, promotion, or tenure, they are more likely to be dissatisfied with their jobs and leave academia at higher rates. Discussing minority faculty retention is relevant to this research study because minority students have been found to matriculate and succeed at a PA program that have a higher proportion of minority faculty on staff (Muma, Kelley, & Lies, 2010; Dibaise, Salisbury, Hertelendy, and Muma, 2015). Further research is needed to understand why.

Influence of Diversity Research Upon Medical and PA Education

The similarities between medical education and PA education provide an opportunity for PAs to draw conclusions from those findings and apply them to PA practice. The medical education research also provides a platform from which to design PA-focused research geared to answer specific questions and make intentional change within the profession. It is important to review contemporary scholarly work, including those from medical education, higher education, and psychology to better inform the design of research unique to PA education. There is a lot to be learned from the scholarly work of other professions, especially when considering research design and paradigms.

Although the medical education literature has begun to expand beyond quantitative methods, much of the research still approaches minority students and faculty from a deficit-lens (Moore & Charvat, 2007). Both medical and PA scholars can draw from current education and psychology literature to avoid deficit thinking in their research design. This section will begin with a brief discussion surrounding current policies impacting minorities in healthcare and education, to provide for context of the status of funding and support for diversity efforts. Next an explanation for the inference of medical education literature to PA educational practices will
be discussed. Then the medical education literature related to diversity work will be reviewed. This section will conclude with an analysis of the contemporary research paradigms in education and psychology, including Critical Race Theory (CRT), from which this doctoral proposal is being modeled.

**Minorities and Policy in Academic Medicine**

American minority and underserved populations are subject to an inferior quality of healthcare delivery and staggering health outcomes. (Cantor, Miles, Baker, & Barker, 1996; Sullivan, 2004; Carrier, Yee, & Stark, 2011). The complexity of this problem requires lawmakers, health professionals, and educators to look for a multi-dimensional solution. Taking a top-down approach, federal, state and private initiatives have focused on increasing funding for improving minority medical care and increasing the number of medical providers working in underserved and minority areas. The aims of governmental process and socially just reform do not always align, but at the base of these efforts is the focus to increase the number of minorities entering the health professions.

Federal initiatives are dedicated to increasing diversity in medical education in order to improve access to healthcare in underserved areas by increasing the numbers of medical providers working in those communities. The federal government provides incentives in the form of underserved grants and stipends, loan repayment programs and funding for service programs to encourage students and institutions to practice in underserved areas (DHHS, 2006; Pomeranz, Bailey, & Bradley-Guidry, 2014). Notable contributing programs include Title VII grants, Indian Health Scholarships, National Health Service Corps, Health Resources and Services Administration, and Area Health Education Centers (Cawley, 2008). Continued funding for these programs demonstrates the ongoing need for primary care providers in underserved areas.
Improving access to and success in attaining post-secondary education is at the forefront of federal and state education policies and initiatives. The Department of Education and national leaders, including the President and Secretary of Education, have endorsed recommendations and goals for higher education attainment from multiple private foundations (Crellin, Kelly, & Prince, 2012). These initiatives not only call for an increase in higher education attainment, but also place emphasis on the needs of the educationally underserved and underrepresented minorities. The federal and state focus places import on developing a pipeline to increase the number of minorities entering into the healthcare fields. Attention is focused on getting the students there. Not as much is placed upon keeping them there.

Additional private organizations have developed initiatives and dedicated significant funding sources to place more health profession graduates in underserved communities, including the AMA in partnership with the Kellogg Foundation and the Robert Wood Johnson Foundation (AMA, 2013; Sullivan, 2004). The private efforts made toward diversity in medicine include programs which build community connections with minority students from the kindergarten through the health professions level, provide minority students academic support and healthcare career exposure, as well as targeted programs for minorities specifically interested in healthcare (AMA, 2013; Kocher, Emanuel, DeParle, 2010). Initiatives and programs from private organizations focus efforts toward building a pipeline for minority students from kindergarten to completion of healthcare education.

Healthcare education policy is important to include within this literature review because funding and support of diversity research is needed in order to meet the needs of our diverse nation. Without adequate funding, research will remain anecdotal, and support for educational pipelines, student attainment, and programs to encourage providers to work in underserved
communities upon graduation will fail. The research produced must also accurately inform policy makers at the institutional, state, and federal levels to ensure the best allocation of resources to address educational, social, and health inequities. This should be done across all health professions, including PA and medical education. These professions have many connections that will be discussed next.

**Medical Education Extrapolated to PA Education**

Medical school has traditionally been taught in a 2 and 2 model, where the students learn didactics for 2 years and then hands-on clinical training for 2 years (AAMC, 2013). PA school admits students already experienced in healthcare for a 1 and 1 model, where the students learn didactics for 1 year and then hands-on clinical training for 1 year. PA school duration is half the time of medical school with the direct intent of training qualified medical providers in a shorter period of time to better meet the healthcare shortages in America (Hooker, 2011). Upon graduation, PAs can then practice medicine while maintaining a legally binding, collaborative relationship with a physician. The PA curriculum is structured almost exactly to that of medical education curriculum, enabling them to practice cohesively, alongside their collaborative physicians.

Medical education is rooted in tradition and PA education follows suit. Both have been slow to change and are cautious to respond to the needs of learners, educators, and society as a whole (Jones, 2007; Essary & Stoehr, 2009). It is well established that there is a significantly disproportionate amount of minorities in the medical and PA professions in comparison to the general population (Cantor, Miles, Baker and Barker, 1996; Clarke & Antonio, 2012; Cropsey et al., 2008). The majority of students pursuing medical and PA education come from a middle- to upper-class, culturally White background, as are their instructors (AMA, 2013; DiBaise,
Salisbury, Hertelendy, & Muma, 2015). The policies, curriculum and ideologies of American medical education were developed and are maintained by those same White, privileged leaders. Over the past 150 years, neither the policies nor the ideologies have adjusted quickly enough in response to the demographic needs of the nation (Dehn & Jones, 2005). This is a culture that is resistant to change, rooted in tradition and hierarchy.

It is important to acknowledge that the many of the challenges explored in this research are common to medical and PA education. Similarities in medical and PA education exist in terms of culture, research, policy, and diversity (Jones, 2007). On the one hand, this congruence can argue for the extrapolation of medical education literature to PAs. On the other hand, PA and medical students differ in professional experience and the curricula vary in length and depth of content. Most PAs would contend that the heart of the profession is fundamentally unique, PA-generated research is required, and caution must be exercised in assuming minority medical and PA educational experiences are synonymous (Cawley & Dehn, 2017; Opacic & Roessler, 2017). Despite the demand for independent PA research, there is a place for medical education research in PA education and scholars across fields can learn from other’s work. Much of medical and PA education research has been viewed through a deficit lens, assuming a shortcoming of the person or group rather than examining all possible factors at play. The next section will further explore deficit thinking and its impact upon PA and medical education.

**Deficit Lens Predominates**

The cultural deficit model tends to view a problem related to race, culture, minority status etc. as a deficiency or shortage ascribed to the studied group’s characteristics. From an education perspective, Irizarry (2009) aptly summarizes this concept by explaining that
The cultural deficit model attributes students’ lack of educational success to characteristics often rooted in their cultures and communities… [and] blames the victims of institutional oppression for their own victimization by referring to negative stereotypes and assumptions regarding certain groups or communities. This perspective overlooks the root causes of oppression by localizing the issue within the individuals and/or their communities. (p. 1)

Traditionally scholars like Bourdieu (1997) use this model to explain what is missing from a particular subject group as opposed to what has been added to help them succeed (additional aspects of their culture) or fail (the undeniable presence of racism and oppression). This framework at first seems natural to use in health profession and education research.

Physician assistant and medical research have traditionally viewed race and minority experience through a cultural deficit lens (Coniglio & Akroyd, 2015; Simmons, 2003; Garcia, 1987; Legler, 2003; Reed, 2006; Cawley, 2015). Both professions use this framework when evaluating education and the practice of medicine (Renzaho, Romios, Crock, & Sønderlund, 2013; DiBaise, Salisbury, Hertelendy, & Muma, 2015). Traditionally, minority health professions students have suffered higher attrition rates than white students, with studies citing academic unpreparedness resulting in academic and non-academic dismissal, and withdrawal for personal reasons (Stetto, Gackstetter, Cruess, & Hooper, 2004; AMA, 2013; Bester & Wick, 2015; PAEA Program Report, 2018). These attrition rates are ascribed to an increase in depression, burnout and poor quality of life in comparison to their nonminority counterparts (Dyrbye et al., 2006; Stetto et al., 2004; Kalet, et.al., 2013). Further emphasizing this difference between minorities and the majority in medical education, Cropsey et al. (2008) found higher attrition rates among minority and female medical school faculty members for similar reasons.
Many studies surmise minority attrition is a failure due to a lack of quality education and social coping skills rather than recognizing that the system is oppressing minority students and faculty (Rodriguez, Campbell, & Pololi, 2015; Royal, Cannedy, & Dent, 2016).

The reasons for minority student attrition have been deduced by interpretation of quantitative survey, assumptions of the investigators and the influence of previous studies in the field of education. Researchers have hypothesized that minorities fail to succeed because something is lacking in comparison to non-minority students. Unfortunately, there is very little health professions literature that investigates the why for those factors of attrition and there is even less literature examining the how minority success is achieved. Much of the existing medical education research has relied on a cultural deficit model to make conclusions about minority success and attrition but movement away from deficit thinking has started to rise in medical education.

**Rejecting the Deficit Model in Medical Education**

Medical education literature has begun to advance toward forthcoming dialogue and better understanding as to why there is such a struggle to recruit, support, and retain minority students and faculty. Medical education researchers have begun to acknowledge that minorities are not generalizable and that each experience is unique, focusing in on the intersectionality that has been neglected in contemporary research thus far (DeMeester, Lopez, Moore, Cook, & Chin, 2016; Royal, Cannedy, Dent, 2016). Further, scholars in medical education have embraced the value of qualitative methods, developing standards for producing rigorous qualitative work in academic medicine (O’Brien, Harris, Beckman, Reed, & Cook, 2014). This section will explore the academic medicine literature being produced that is rejecting the deficit model.
Minority faculty. While many studies have identified the factors that are characteristic to faculty job dissatisfaction and attrition, including being a racial or gender minority, more recent studies are asking why this phenomenon is occurring. Beyond survey results citing struggle for tenure, increasing clinical responsibilities, and less leadership opportunities, researchers are publishing more data based on experiences of minority faculty that shed new light on job satisfaction and attrition (Holmes & Menachemi, 2017; Campbell, Rodríguez, Brownstein, & Fisher, 2017). Royal, Cannedy, and Dent (2016) open a discourse regarding the overgeneralization of minorities and highlight the isolation that black female faculty experience in academic medicine which substantiated an earlier study accounting the segregation of African Americans in the medical profession (Baker, Washington, Olakanmi, Savitt, Jacobs, Hoover, Wynia, 2009). The experiences described have the power to change perceptions and actions of colleagues while providing opportunity conversation and inclusion.

The concept of a minority tax, where “the burden of extra responsibilities placed on minority faculty in the name of diversity” has brought light that minority faculty may struggle for tenure and leadership opportunities due to an expectation to provide more clinical care to minority patients than White providers would (Rodríguez, Campbell, & Pololi, 2015, p.1). This dedication to clinical care restrains the time a faculty member requires to complete the tasks deemed necessary to advance in leadership and tenure, forcing the faculty member to work significantly harder to achieve those academic benchmarks. Furthermore, additional scholars have described race-conscious professionalism as a “dual obligation encountered by many minority physicians not only to pursue excellence in their field but also to leverage their professional stature to improve the well-being of their communities” (Powers, White, Oriol, & Jain, 2016, p.913). Identifying these experiences and publishing this data in the literature brings
forth unseen barriers to success in minority medical faculty. These studies also highlight the strength and fortitude of minority medical faculty that should be celebrated. Both the barriers and the strengths in these experiences provides for opportunity to open up the conversation and work towards solutions.

**Minority students.** Medical education scholar practitioners are making a plea to their colleagues to incorporate more qualitative work and critical paradigms into research being done on minority medical student education (Acosta & Ackerman-Barger, 2017; Karani, Varpio, May, Horsley, Chenault, Miller, & O’Brien, 2017; Tsai & Crawford-Roberts, 2017). Just as with PA education, the predominant findings of quantitative research demonstrate that deficit frameworks identify what is missing in African American medical students and surmise that having a role model and being exposed to medicine early on in life may increase African American physicians (Rao & Flores, 2007). Unlike PA education, medical education researchers have followed up with qualitative research demonstrating that social support, financial support, mentorship and exposure to the medical field, strong group identity, faith, and a person sense of drive were all factors contributing to success in minority medical students (Odom, Roberts, Johnson, & Cooper, 2007; Thomas, Manusov, Wand, & Livingston, 2011). These studies, although few in numbers, have opened an opportunity for further discussion on race in medical education, acknowledging the impacts it has upon students. These studies also substantiate the applicability of a CRT framework to the study of African American PA students.

**Toward Critical Race Theory in PA Education**

In order to improve African American student success in physician assistant (PA) education, further research is required to better understand the factors that contribute to that success. The body of knowledge about minority PA students, in general, remains shallow.
Further complicating the issue is that the bulk of the literature in PA education tends to approach the question from a cultural deficit lens. This generates a significant amount of assumption based upon bias and leaves an abundance of knowledge, in terms of the experiences and marginalization of minority PA students, untouched (Morris, 2014; Betancourt, Green, Carrillo, Ananeh-Firempong, 2003). The assumptions and biases present are causing scholars to ask the wrong questions, presenting answers that fail to generate change (Acosta & Ackerman-Barger, 2017). Approaching this problem from a Critical Race Theory perspective, allows the researcher to use a broad lens that includes several key premises. These premises include:

1. acknowledging the presence of privilege and power in every aspect of our society,
2. allowing for the intersectionality of race, class, and gender within that context,
3. using narratives and story to make meaning of experiences,
4. embracing those experiences across time and disciplines to incite a purpose toward social justice and change

(Soloranzo & Yosso, 2002).

CRT in the setting of PA education provides an opportunity for PA educators to better understand what questions should be asked by allowing the student to tell their story and arrive at answers unlikely to be found in a quantitative survey. This framework has the potential to incite dialogue and discourse surrounding race and privilege in PA education, gain knowledge and understanding about the experiences of African American PA students, and can substantiate the use of CRT within health professions education research moving forward.

**Summary**

The PA and medical education professions are struggling to improve the diversity of their student body and, therefore, the US healthcare workforce. PA literature is lacking in both quantity and quality. Medical education literature is well established; however, it continues to overgeneralize minorities, underestimate minorities through deficit model frameworks, and employ quantitative methodologies with small sample sizes in an attempt to study complex
phenomenon. However, there are a few scholars who have recognized these flaws and are exploring qualitative methods, utilizing frameworks built from critical race theory, in order to understand what the medical and PA education literature has been failing to answer: how do we increase the number of minorities providing healthcare in the U.S.? To best answer that question, the research will need to start with rigorous qualitative methods, informed by appropriate theory, focused upon and celebrating the uniqueness of each individual. This research focused on the unique experiences of African American PA students, through a critical race theory lens, through qualitative inquiry. The next chapter will further detail the research design, including the history, rationale, and application of the paradigm selected within this study.

**Chapter 3: Research Design**

Physician Assistant (PA) educational programs struggle to recruit and, more importantly, retain African American PA students through to graduation. The problem is there is little known about how African Americans experience and successfully complete PA school. There is a need to better understand the experiences of successful African American PA students in order to improve their persistence through to graduation. By exploring the stories of African American PA student experience, it is possible to establish a foundation from which future research and change in PA educational practice can be generated. This research study utilized a qualitative, narrative methodology to address the problem. Narrative research provides for an excellent steppingstone from which to gain understanding of the experiences of individuals. This allows for a solid framework that can generate substantial, unbiased, and unassuming research toward change (Trahar, 2009).

Thus far, contemporary quantitative research related to African American PA students has been limited. The research questions are most significantly constrained in terms of axiology
(predominantly White researchers’ assumptions and biases) and the reliance upon a quantitative methodology to answer complex and uninformed questions. More directly put: we cannot answer a research question when we do not know what question should be asked in the first place. The first part of this chapter will provide an overview of the philosophical underpinnings of narrative research, including key scholars, current scholarly debate, and the alignment of narrative methodology with this study’s research question. Then, the research design, including a description of the participants, data collection, data analysis, and data presentation will be delineated. This chapter will conclude by summarizing how the research methodologies used address the principles of ethics, credibility, transferability, self-reflexivity, and transparency, necessary for rigorous qualitative research (Marshall & Rossman, 1995; Creswell, 2013; Saldaña, 2015).

Research Question

The key research question guiding this research study was: What do African American PA students’ narratives reveal about their persistence to graduation? The data collected allows for a better understanding of how successful African American PA students experience PA school. It is the hope that this better understanding will inform future research and impact how PA educators approach teaching and supporting African American students through to graduation.

Methodology: Philosophical Underpinnings of Narrative Research

What is known about African American PA students is limited to quantitative, descriptive statistical analysis conducted through a deficit lens. There are not enough African American PA students to power a statistically significant quantitative research study. As a result, researchers have resorted to grouping all minorities together in order to achieve a larger sample size. Despite
merging all minorities together, the validity of the research remains suboptimal and the uniqueness of each minority group (and individual) is lost (Hancock, Mueller, & Stapelton, 2010). Further, the results of these studies do not inform or change PA educators’ scholarly practice. Given the limitations of quantitative methods in the study of African American PA students, a qualitative approach is necessary to help answer this investigation’s research question. Thus far, a genuine attempt at rigorous qualitative methods has not taken place in the PA education literature (Pomeranz, Bailey, & Bradley-Guidry, 2014). This section will first explore key scholarly work and current scholarly debate surrounding narrative research. Then the rationale and alignment of a constructivist paradigm with a narrative research methodology will be presented.

**Key Scholarly Work**

Narrative inquiry, and narrative research in general, has gradually developed over the last 30 years. It is important to note that while often used interchangeably, there is a difference between narrative research and narrative inquiry. Most simply put, narrative research methods employ both deductive and inductive analysis whereas narrative inquiry is almost exclusively centered on inductive analysis (Connelly & Clandinin, 1990; Caine, Estefan, & Clandinin, 2013). There are many perspectives within narrative research, including varying theoretical frameworks, forms of data collected, and analysis techniques employed. Many scholars have played a role in contributing to the narrative research literature, nevertheless, this section will focus in on scholars who progressed the ideas of narrative research into the basic framework employed in education today. To illustrate the progression of educational narrative research, this section will include a brief discussion of representative narrative studies and then highlight contemporary scholarly debate surrounding forms of data collected, and analysis techniques employed.
Eisner's (1988) review of experiential research pushed the utility and importance of narrative methods within education and educational research. The premise that Eisner presents is that our past experiences shape how we interpret and understand new experiences and each person can have a very different understanding of the same experience because of this. What this means for education and educational research, for example, is that we cannot assume that one type of educational experience will benefit each participant in the same way, that some experiences cannot be reproduced reliably. This points out that our educational practice must be fluid, flexible, and ever changing rather than dogmatic and scripted. Eisner goes on to acknowledge that our experiences are shaped by language, images, and our personal representations formed by prior experience however, each person will interpret how an experience is re-conveyed differently. In terms of methods, Eisner (1988) sums up:

> We are beginning to ask ourselves how we can see and describe minor miracles of stunning teaching instead of prescribing how teachers should go about their work… through the primacy of experience and the expansion of method, our politics will become a liberating force for both understanding and enhancing the educational process (p. 19-20).

This work was a call for change in educational research, however the focus remains on the experiences of the participant at the forefront of the research.

Connelly and Clandinin (1990) then provide researchers a clear idea of how to approach narrative research and methods. They push educational narrative researchers to better develop relationships between participant and researcher with the emphasis that telling the story and re-living the experience being studied is a part of the experience itself. They introduce the use of multiple modalities of data, including interviews, field notes, storytelling, letter writing, and
biographical and autobiographical documentation. The authors also point out that narrative inquiry in educational research must resist reporting the data as cause and effect and acknowledge at that point in time, that “education is the construction and reconstruction of personal and social stories; teachers and learners are characters in their own and other's stories” (Connelly and Clandinin, 1990, p.2). The article emphasizes that we need to utilize methods that will explore various interpretations of an experience and make the researcher as much of the process of data generation as the participant. This work outlines the need for true and earnest relationships within narrative research as well as suggestions for quality data collection, but acknowledges that assessing reliability and rigor in reporting narrative research findings needs further development.

Some scholars have pointed out that narrative analysis requires an open mind and often times it will change as the research unfolds, accommodating to the method of analysis which best compliments the data obtained (Trahar, 2009). That being said, many have recognized the concern that this type of analytic approach (or lack thereof) could be construed as a function of convenience, allowing the researcher to present their preferred version of the narrative that will best suit their motives (Riessman, 1993). As narrative research has progressed, several analytic approaches have been established, offering more legitimacy and rigor. Riessman (2008) provides an apt summary of the analytic approaches used and points out that these approaches often vary depending on the discipline of the researchers.

The majority of scholarly narrative research in the field of education is based upon the premises by Eisner (1988) and his contemporaries; understanding how we make sense of our lives through narrative is complex and often interpreted differently by ourselves and others. Trahar’s (2009) narrative and autoethnographic research on international student experiences in
the UK higher educational system demonstrated that the researcher can interpret a story as racist when the storyteller does not have the same impression of the situation described, emphasizing Eisner’s (1988) point about different interpretations. Connelly and Clandinin (1990) place an emphasis on the fact that researchers are embedded in the narrative, as a participant and the researcher. Exemplifying this, Cole, Nolan, Seko, Mancuso, and Ospina (2011) describe the experiences of disabled women who utilize an online forum as a support system. Utilizing their own narratives in addition to archived online materials and other’s autobiographical narratives, Cole and Ospina are both participants and researchers who add to the narrative on multiple levels. One can see the evolution and application of different narrative approaches has the potential to spark scholarly debate. The debate on what constitutes the narrative and how narrative analysis is conducted will be discussed further.

**Scholarly Debate**

Within the field of narrative research, a few ongoing debates revolve around what forms the narrative and how to approach narrative analysis. As discussed above, the use of the terms narrative research and narrative inquiry interchangeably causes strife amongst the more traditional scholars in the field (Connelly & Clandinin, 1990). Additional perspectives within the field point out that many authors have differing opinions on who and what shapes the narrative most (the subject, the researcher, or a combination of the two) and how best to present that data: in pure form versus broad interpretation (Eisner, 1988; Riessman, 2002; Gubrium & Holstein, 2009). This section will further explore the current debates of what constitutes the narrative and how analysis should be approached.

**Forming the narrative.** Most scholars would agree that “investigators’ definitions of narrative lead to different methods of analysis, but all require them to construct texts for further
analysis, that is, select and organize documents, compose field notes, and/or choose sections of interview transcripts for close inspection” (Riessman, 2002, p.1). Traditional interpretation and application of narrative research focuses upon the data obtained from the subject, leaving researcher-generated data (field notes, journals, etc.) to serve in a more supplemental or analytic role (Labov, 1982; Eisner, 1988) More recently, scholars have begun to utilize autoethnography, viewing their own experiences through the research process as their own separate narrative (Riessman, 2002; Trahar, 2009). This diverges from the standard methods of narrative research however embraces the role of the researcher as participant. For example, Trahar (2009) found autoethnography useful in better understanding her role as a white educator researching international students and was able to change her practices based on that process. By reflecting upon one’s own perceptions of the research process, scholar practitioners can learn from that introspection and exploration. On the one hand, this perspective on narrative research has the potential to impact the researchers’ practice and that of their peers in addition to exploring the lived stories of their subjects. On the other hand, an autoethnographic approach could take away from the experiences of the participants, diluting that data and becoming more researcher-centric. Incorporating autoethnography should be done with careful attention given the potential conflicts.

The process of analysis. A large majority of narrative researchers use analytic processes to guide their handling of data but often let the data guide the analytic method(s) used (Riessman, 2002; Trahar, 2009; Riessman, 2008). However, akin to Labov (1982), Liebleich, Tuval-Mashiach, and Zilber (1998) contradict the premise of flexibility and induction in narrative research by providing a structured framework for interpreting and understanding the data collected. The reasoning is to provide for a more rigorous trustworthy collection and
interpretation of data, given the rapid expansion of narrative research. Connelly and Clandinin (1990) mention concern for a lack of rigor in narrative research as it becomes more utilized. Many agree that conducting good narrative research requires significant mentorship or clinical experience; however, the number of experienced narrative researchers available to provide that mentorship remains limited (Chase, 2005; Riessman, 2008; Gubrium & Holstein, 2009). Given a call for more narrative research, but the opportunity for mentorship or experience has not increased, a solution in terms of structuralizing the process to ensure rigor is reasonable to propose. As novice narrative researchers gain experience through a more structured narrative framework, the proliferation of narrative research capable of making change is much more feasible than just a few seasoned scholars doing the work.

This section highlighted two debates within the field of narrative research: what constitutes the narrative and how should narrative data be analyzed? Given my positionality and the intent to promote understanding for change, a small portion of this research incorporated autoethnography into the narrative. As a novice researcher, in order to provide for sound research design and trustworthiness, a more structured approach to the collection and analysis of data was employed. With this in mind, the next section will discuss the alignment of narrative research as the methodology for this study. Then the research design, including participant selection, data collection, data analysis, and the presentation of data will be outlined.

**Alignment of Research Paradigm and Narrative Research Methodology**

The basis of this narrative research aligns with a constructivist paradigm, viewing the research question through a critical race theorist lens. This paradigm embraces the fact that people interpret experiences differently and that their interpretation of an experience will change over time. Additionally, constructivism brings the participant and the researcher together to
jointly construct meaning surrounding the experiences being studied (Ponterotto, 2005). Further, viewing this research through a critical race lens promotes an open and honest dialogue intended to result in change. This section will address the research problem and choice of a qualitative, narrative research methodology through a discussion of ontology, epistemology, and axiology.

**Ontology.** Ontology can be simply defined as “the nature of reality and being” (Ponterotto, 2005, p.130). An ontological discussion in the context of this research study focuses on African American PA’s reality, through actively listening to the stories of their experiences in PA school. With an appreciation of African American PA student experiences, there is a potential for educators to identify opportunities to better support African American PA students and their persistence. In order to understand how African American PA students make meaning of the experiences that impact their persistence to graduation a qualitative study utilizing a narrative research methodology is extremely useful. Chase describes narrative research as “meaning making through the shaping or ordering of experience, a way of understanding one’s own or other’s actions, of organization of events and objects into a meaningful whole, of connecting and seeing the consequences of actions and events over time” (2005, p.421). As opposed to telling a story, most scholars invested in narrative research consider the narrative as a discourse in which experiences occur over time through a plot (Polkinghorne, 1995). There is a clear focus on social change in narrative research, making it even more of a fit for understanding the experiences of African American PA students.

**Epistemology.** Epistemology takes into consideration the relationship between the researcher and participant. Ponterotto (2005) clarifies that “in critical theory, the relationship between researcher and participant is transactional and subjective; the relationship is also dialectic in nature, with the goal of inciting transformation” (p.131). Further, there is a direct
connection between narrative research and experiential philosophy, psychology, critical theory, curriculum studies, and anthropology (Connelly & Clandinin, 1990). Narrative research places focus on the participants’ perception or understanding of the experiences they are describing through analyzing the story, in terms of hermeneutics, themes, and chronology (Riessman, 2008). It acknowledges that the story being told is not one simple truth, but a sequence of feelings and interpretations of events that change as the participant (and researcher) change over time. Unlike empirical research, narrative research embraces the fact that a participant’s experiences are complex and unique. These assumptions fit well with a study attempting to better understand how African American students make meaning of their experiences during PA school, given the complexities of life, the different encounters each student may have, as well as the fact that their interpretation of those experiences will change over time. A participant’s interpretation of their experiences while in school will most likely be different from their interpretation after completing their education, for example.

**Axiology.** Axiology, from a constructivist viewpoint, affirms the thought that “the researcher’s values and lived experience (Erlebnis) cannot be divorced from the research process” (Ponterotto, 2005, p.131). In the context of this study, it is crucial to acknowledge that the researcher’s positionality will influence each aspect of the research design. To further elaborate on this concept, narrative research also makes a point to involve the researcher as an intentional participant in the process, providing recognition that the researcher is impacted by and has an impact upon the story being told. For example, as the researcher, I am also an educator with my own perceptions of African American PA student experiences, having closely worked with PA students, and I have gone through that educational process as well. I am not, however, able to speak to the experiences of African American PA students first-hand as I am
not African American, nor am I a PA student. The researcher presents their findings with all of this in mind, to report to the reader a narrative that best describes how the participants make sense of their experiences. Pushing this notion further, there is an impact upon the researcher throughout the narrative experience that is also a valuable part of the process (Trahar, 2009). Incorporating autoethnographic methods allow the critical social researcher “to consider their own roles with critical reflexivity, whereby they come to view themselves as complicit (at least partially) in the problems they perceive” (Hughes & Pennington, 2017, p.22). This encourages the researcher to have a deeper consideration as to their interpretation and re-telling of the narrative that is collected. With rich and meaningful storytelling, both from a participant to the researcher and then from the researcher to the reader, a broad depth of understanding can be relayed about the phenomenon being studied.

As mentioned above, narrative research has its roots in experiential philosophy, psychology, critical theory, curriculum studies, and anthropology. The crux of this theoretical underpinning is that narrative research looks to how the participants (including the researcher) make sense of their experiences through the telling and re-telling their stories, as well as the analysis of those stories, field notes, journals, pictures, family input related to an event or time period. These considerations within a narrative methodology allow for a detailed understanding both for the participant, the researcher, and the reader; providing for discovery leading to social change (Chase, 2005).

**Research Design**

Narrative research requires solid methodology as well as rationale for the methods employed within the research design. Given qualitative research is relatively new to the field of PA education, the Standards for Reporting Qualitative Research (SRQR) guidelines published in
Academic Medicine, were utilized to guide the methods for this study (O’Brien, et al., 2014).

This section will describe the rationale for the selection of the participants, data collection, data analysis, and data presentation.

**Participants**

Narrative research seeks to study participants’ experiences and how they make sense of those experiences. In the setting of PA education, the higher education environment, curriculum, skill set of the instructors, and demographics are ever-changing (Glicken & Miller, 2014). Given the rate of change in PA education and the wish for this research to impact PA educator practices, narrative research design allows for a significant amount of information to be obtained. Optimally, the participants in this study were “accessible, willing to provide information, and distinctive for their accomplishments” (Creswell, 2013, p. 147). Additionally, careful attention was paid to the sample characteristics, sampling procedures, the setting, and forms of data obtained. This section will describe the participant details further.

**Sample characteristics.** In order to better understand the experiences of successful African American PA students, this study included men and women, who self-identify as African American/Black physician assistants, that have graduated from PA school and successfully passed the PA National Certification Exam (PANCE) within the last 5 years (2013 or later). Given this study is the first of its kind in PA education, the intent was to gain as much insight into as broad a range of experiences as possible in order to “understand the sociologic questions about groups, communities, and contexts through the individual’s lived experience.” (Marshall & Rossman, 1995, p. 87). This was accomplished by including participants who identify as African American or Black and come from different geographic regions of the United States. The
participants also included PAs who have graduated from different types of institutions, and who are different ages and varying health career backgrounds.

Including PAs from various regions of the United States allows for the capture of different regional and cultural identities that may exist between participants and their experiences (Audretsch, Obschonka, Gosling, & Potter, 2017; Venaik & Midgely, 2015). Additionally, including graduates from public and private institutions expands information gained on experiences with navigating different educational systems. Finally, the PA profession is diverse in terms of age and professional experience prior to PA school (Jones, 2007). These characteristics lend to the uniqueness of the profession as well as the individual. The unique demographics of the participants provided for a better reflection of the PAs across the country providing a broader regional, cultural, educational, and professional understanding for readers of this research.

Prior to the start of this research, I explored possible limitations of the participant selection. One limitation of selecting such a wide range of participants is that this study may be too broad. There is a potential that intersectionality will be neglected by putting race at the forefront of the study, missing the impact of gender, age, ethnicity, sexual preference, geography, professional identity, etc. upon a person's’ narrative. It is important to point out that, in comparison to quantitative studies, a qualitative approach provides an opportunity to celebrate each participant and their unique experiences, bringing those stories to the forefront to evoke awareness and change (Creswell, 2013). One may also argue that the participants selected for this study should be as homogenous as possible (Smith, Flowers, & Larkin, 2005). The research protocol addresses the question of intersectionality in order to underscore its role in the experience of African American PAs during their education. However, the primary goal of this
research is that of African American experiences of PA school. Along the lines of maximal variation sampling, which will be discussed in the next section, the goal of this research was to highlight the different perspectives and experiences of the participants (Creswell, p. 157, 2013).

**Sampling Procedures.** Selection of participants for this study was based on a purposeful sampling strategy (Creswell, 2013). Although many narrative research samples tend to be limited to 1 or 2 participants in order to obtain extensive detail, the goal of this research was to understand a shared experience of successfully completing PA school, creating a “collective story” (Huber & Whelan, 1999). To achieve a diverse group of participants, as described above, a combination of maximal variation and chain sampling was utilized. This allowed for the opportunity to capture different perspectives and identify additional participants to be included in the study. Five participants, representing PA schools from the Northern, Southern, Central, Western, and Eastern United States, were enrolled. 1 additional participant was enrolled in order to reach topic saturation, allowing for further data and perspective to support the research findings (Moustakas, 1994). Limiting the number of participants allowed for quality in the depth of information gained. Recruitment of participants is outlined here:

1. An initial email (Appendix A) was sent to the Physician Assistant Educators Association (PAEA) Minority Faculty listserv and to key PA Program faculty involved in inclusion and diversity work, to identify potential participants. The email outlined the study and requested referral of eligible participants directly to the researcher.

2. The researcher sent a targeted email and social media post (Appendix B) to colleagues identified through social media connections, including LinkedIn and Facebook. This email outlined the study and directly invited the PA to participate.
3. The researcher responded to any interested participants within 24 hours to set up an initial phone/video call to discuss the research further, including the consent form (Appendix C). This initial call also served to set up a date and time for an initial meeting. The researcher answered any questions that the participant had regarding the study prior to completion of the consent form.

4. Additional participants were identified through chain sampling. Enrolled participants were provided a referral email (Appendix B) to send to colleagues who may have also been interested in participating. The email outlined the study and requested referral of eligible participants directly to the researcher.

**Data Collection**

The procedures outlined for this research protocol were generated based on the current key scholarly work in narrative research, keeping in mind the current scholarly debate. This research design was informed by the narrative research premise of forming a collaborative and trusting relationship between the researcher and participant, structuring the data collection with a critical race theory framework in mind (Creswell, 2013). This section will describe the approach taken for data collection, including the setting, forms of data collected, the interview protocol, and measures of data protection.

**Setting.** The setting of this research took place primarily via VoIP (voice over internet protocol) meeting, using the platform of the participants’ choice, including but not limited to FaceTime, Skype, or Google Meet. The researcher utilized a private office to conduct the calls and encouraged the participant to arrange for the same. Follow up interviews or questions were conducted by VoIP, phone, or email, based upon the discretion and availability of the participant. The value of conducting the interview using VoIP was that it provided affordable,
convenient, and synchronous interaction that supported a study design for maximal variation (Seitz, 2016).

VoIP was chosen as the primary mode of communication because, although some nuances of nonverbal communication are lost, live video conversation has been shown to be a reasonable alternative to face-to-face interaction in qualitative research (Iacono, Symonds, & Brown, 2016; Seitz, 2016). Balancing the desire for maximal sampling with participants across the United States and gaining the rapport necessary in building a trusting researcher-participant rapport, VoIP served this study design well. Given the participants are busy professionals with complex work and life schedules, the likelihood of coordinating an in-person interview without inconveniencing the participant, was low.

**Forms of Data.** Conducting a study of the experiences of African American PA students using narrative research methods should employ multiple sources of data. This study utilized data from in-depth interviews as well as detailed field notes and autoethnographic reflection from the researcher. The largest amount of data came from one-on-one, semi-structured interviews (Eisner, 1988). Interviews not only allowed for the acquisition of stories and insights from the participants, but served as the conduit from which a strong relationship was built between the interviewer and the participant (Connelly & Clandinin, 1990; Holstein & Gubrium, 1995; Chase, 2005). A limitation of the data was that the participants’ stories were being told after they had experienced the phenomena of going through and completing PA school. The way the participants make sense of their experience is ever-changing, so true insight into students’ experiences cannot be captured without prospectively following students through their education (Riessman, 2008). Further, because of the researcher’s positionality as a White, female educator, the rapport built between the researcher and participant may not have been strong enough to
evoke honest and deep dialogue or resulted in misinterpretation of that conversation (Sohn, Thomas, Greenberg, & Pollio, 2017). Through multiple interviews, there was opportunity for the subject to expand upon their experiences and clarify their narrative. Further, member-checking served to reduce researcher misinterpretation of the participant’s narrative while providing another chance for the participant to reflect upon their story.

The interviews conducted also provided for the opportunity to generate detailed field notes and journaling. This enabled the incorporation of autoethnography into the process (Trahar, 2009). Autoethnography allows further trustworthiness in the process by allowing the researcher to self-reflect upon their positionality and analyze their impressions of the data throughout the research process. This helped address bias in interpretation of the data obtained (Hughes & Pennington, 2017). A critique of incorporating autoethnography into this study is that it could impact the objectivity of the findings (Ellis, 2004). However, in using narrative research, it is imperative to embrace all perspectives of the narrative, including the researcher’s reflexivity in the setting of one or more cultural contexts (Reed-Danahay, 1997; Hughes & Pennington, 2017). Through autoethnography, the researcher is better able to question and challenge their own bias and assumptions, providing additional insights into their practice as well as the phenomenon being studied (Reed-Danahay, 2001). Most-significantly, the potential self-revelations made by the researcher could also provide new insights to the White PA contemporaries reading the results of the study (Hughes & Pennington, 2017). Autoethnographic methods add depth and trustworthiness to the research and hopefully spurn additional dialogue related to the study topic.

**Interview Protocol.** After obtaining approval from the Institutional Review Board (IRB) in accordance with the local requirements, data was collected through semi-structured, one-on-one interviews. The interviews conducted took place in 3 separate phases (Seidman, 2013). All
interviews were audio recorded with the permission of the participant. The first phase was a 15- minute VoIP call between the researcher and participant to obtain informed consent and establish a pseudonym (See Appendix C). Using a phase 1 protocol guide, the researcher also gathered demographic and biographic information, answered any questions regarding the research, and scheduled the second interview (see Appendix D). The participants were specifically asked to self-report standard demographic information, professional experience prior to and after PA school, household composition during PA school, their overall grade performance in PA school, and the school that the participant graduated from. This initial contact also served as an opportunity to establish rapport and trust in the researcher-participant relationship (Connelly & Clandinin, 1990; Holstein & Gubrium, 1995; Chase, 2005). The data was inputted into a spreadsheet by the researcher with the pseudonym used as the primary identifier.

The second phase consisted of a 45- to 60-minute in-depth interview by the researcher with each participant over VoIP, utilizing the phase 2 protocol guide (See Appendix E). During the doctoral coursework of the researcher, a pilot test was conducted to better inform and further develop an interview guide. The initial pilot protocol was developed using Yosso’s (2005) framework of cultural capital as a guide. Modifications were made to the interview guide based upon the depth of information gained, member checking with the pilot participant, and through additional feedback from colleagues and experts in the field. The data that was gathered during the pilot test was not included in this study. The final interview guide for this research study was then finalized. The phase 2 interview was audio recorded with the participants’ permission. The questions asked were open-ended, focusing on the participants’ unique experiences while attending PA school. Probing and follow up questions, for clarification, were utilized by the researcher as necessary to elucidate a rich story (Holstein & Gubrium, 1995; Seidman, 2013).
The data from the phase 2 interviews were transcribed by an online transcription service provider, Rev (https://www.rev.com/). Those transcripts were reviewed, edited, and amended in conjunction with the audio files by the researcher.

The third phase of data collection included an email to the participant providing a summary vignette of the interview, including highlighted quotes that the researcher found valuable. This served as member-checking to ensure that the researcher had interpreted and presented the meaning of the participants’ statements in an accurate manner (Creswell, 2013). The participants were encouraged to provide feedback on the data interpretation provided via a mode of communication of the participants’ choice, including email, telephone, or VoIP. The researcher responded to any discordance in the data with the participant and arranged for additional conversation when needed or requested by the participant.

**Data Protection.** Each participant was asked to choose a pseudonym for the researcher to use during the phase 1 study enrollment, providing for confidentiality and protect the identity of the participant (Creswell, 2013). The researcher ensured the censor of any additional people and schools mentioned over the course of the interviews, through the review, edit, and amendment of the transcribed audio recordings. The pseudonym, real name of the participant, preferred method of contact, and dates of contact was logged in a separate document, stored on a password protected and encrypted device, to provide an additional layer of confidentiality (Appendix F). All other documents and audio files were edited and saved using the participants’ pseudonym on the researcher’s encrypted personal computer and a FERPA-secure data storage cloud. Email correspondence took place through the researcher’s Northeastern University email and each correspondence was downloaded and re-identified using the participants’ pseudonym. Physical documents related to this research, including consent forms and field notes, were stored in a
locked file cabinet, in a locked office; both keys kept by the researcher. Because the number of African American PAs in the United States is small, it was the researcher’s priority to protect the identity of the participants.

Data Analysis

Chase (2005) discusses storytelling as lived experience, with a focus on “identifying oppressive discourses—and the ways in which narrators disrupt them as a worthy goal” (p. 422). The data was analyzed through narrative research methods, utilizing both inductive and deductive techniques. Common analytic approaches in narrative research include thematic analysis, structural analysis, interactional analysis, and performative analysis. Thematic analysis compiles stories and presents common themes through examples and short excerpts of stories whereas structural analysis focuses on the way the participant tells the story (Labov, 1982; Polkinghorne, 1995). Interactional analysis shifts attention to the process happening between the participant and the researcher and how the story will change based upon who is a part of that story (co-construction), when it is told and in what context (Mishler, 2004). Performative analysis, in contrast, looks at how the storytelling explains the entire scene of an event under the premise that “storytelling is a communicative practice that is embodied, situated and material, discursive, and open to legitimation and critique” (Riessman, 2008).

Approaching the analysis of interview transcripts and field notes in order to understand the way African American students make sense of their experiences during PA school was a detailed and multi-faceted process. The data analysis process included the researcher, two African American peer debriefers (one current PA student and one PA educator) and the participants. As discussed above, the data analysis included the transcripts obtained as well as the field notes recorded during the research. Transcripts and field notes were analyzed by the
researcher and peer debriefers. Collaborating with two African American peer debriefers trained in qualitative analysis, one a current PA student, and the other, an African American PA educator, provided further insights into the narrative interpretation (Creswell, 2013). Vignettes were analyzed and member-checked by the participants, giving further trustworthiness to the data. Engaging the participant throughout the analysis phase provided for additional opportunity for reflection and clarification and also allowed the participant to re-tell their stories and find additional meaning in their experiences (Trahar, 2009). Finally, the field notes were separately analyzed by the researcher, using autoethnographic methods. This section outlines the data analysis for this research, with specific focus on the coding and analysis undertaken by the researcher and peer debriefers.

It is important to note, many narrative research scholars point out that the analysis of data will not necessarily follow a prescribed sequence of analysis, as data collection often continues through to the last portions of the data analysis in order to arrive at the final narrative (Connelly & Clandinin, 1990; Lieblich, Tuval-Mashiach, & Zilber, 1998; Riessman, 2008). Because I am new to narrative research and qualitative methods in general, an attempt at a more prescribed approach to analysis was made, keeping in mind the need for some flexibility. Initially, a narrative sketch of all of the interview data was developed prior to any true coding (Connelly & Clandinin, 1990). Then, relying on structural narrative analysis as a guide, the data was coded through first and second cycle coding. More specifically, the transcripts were broken into coded sections that exemplified the subject of the story, the context, the event(s) that happened, the storyteller’s interpretation of those events, the result of the event, and a general “coda” of the section that provided a summary (Labov, 1982). This process provided me with a semi-
structured but flexible framework for analysis, further outlined next. The analysis of the field transcript data will be discussed in a separate section.

Three rounds of first cycle coding were conducted on the interview data obtained. Based upon definitions described by Miles, Huberman, & Saldaña (2014) the first round was analyzed using a holistic coding approach in order to “capture a sense of the overall content and possible categories that may develop” (p.77). The second round followed an approach consistent with in vivo coding, to exemplify the participant’s own words. The third round of coding was more deductive in nature, basing the codes on Yosso’s CRT/cultural capital framework (2005):

- Aspirational capital: ideals of hope
- Familial capital: connection through kinship to community
- Social capital: connections, network, mentorship
- Linguistic capital: skills achieved related to speaking more than one language
- Resistant capital: questioning/challenging dominant culture
- Navigational capital: ability to navigate through an oppressive system

The purpose of conducting three different approaches to first cycle coding was three-fold. First, because this research is novel, it was important for me to explore the data from multiple angles and perspectives in order to capture as much meaning as possible. Second, I acknowledged the potential for significant bias in interpreting the words of the subject, whether intentional or not. Through utilizing different approaches additional bias and assumptions were identified while also corroborating findings across these methods. Third, this was the first concerted attempt I have made at rigorous coding methods; utilizing multiple approaches benefitted my learning and experience in qualitative research. Regardless, the overall gestalt of this coding process was inductive in nature, with a focus on observation and an exploration of the rich information generated from the interview.
The second cycle coding was focused on aligning the holistic, in vivo, and deductive codes identified to unite their similarities and augment any differences. The “reconfiguration of the codes” into higher level pattern codes was accomplished by hand mapping different groups of first cycle codes into more comprehensive themes (Miles, Huberman, & Saldaña, 2014). The groups were identified by framing the data within Yosso’s (2005) cultural capital in addition to codes that fall outside of the framework. Those groups and their subsequent themes were explored through analytic memos defining the parameters of the themes identified. The definitions developed served to solidify the interpretation for this data and will also support analysis of subsequent research moving forward.

The field note data analysis was structured according to practices outlined by contemporary autoethnographic methods (Hughes & Pennington, 2017). A concerted analysis of the field notes served to gain further insights into my positionality and bias as the collection and analysis of the interview data unfolded. In essence, another intentional layer of trustworthiness was incorporated in to the research design by acknowledging my Whiteness; producing critically reflective action research (CRAR) (Hughes & Pennington, 2017, p. 22). To further detail the autoethnographic analysis, I applied the seven key cyclical processes for CRAR:

1. Appreciating starting problems/dilemmas
2. Focusing/framing inquiry cycle in context
3. Broadening deepening understandings of inquiry/focus
4. Reframing/refocusing inquiry
5. Planning for insightful actions
6. Critical reflection in/on actions
7. Communicating/learning/checking outcomes

(Hughes & Pennington, 2017, p. 150)

The goal outcome was that information gleaned from my experience and reflections allowed for more critical self-reflection and, potentially, sparking critical self-reflection of the reader as well.
Presentation of Findings

In narrative research the primary focus for the presentation of data was to provide a “rich descriptive detail and a three-dimensional rendering of the participant’s life, with emphasis on how participant transformation progresses through time” (Saldaña, 2014, p. 157). The bulk of the data is presented in written form, with an emphasis on common themes and discordances, in terms of the understanding of experiences, across the participants involved. The individual narrative vignettes will be presented first, highlighting the unique experience each participant. Then, using excerpts of text and visual examples, themes will be illuminated. The final presentation of these findings are then elaborated upon, tying in the narratives and autoethnography with the concepts of social justice and critical race theory. The end result of the data presentation is a narrative study that highlights the important experiences of the participants and generates a starting point for future research and change (Brooker & Macpherson, 1999).

Summary

Throughout this chapter, careful attention has been paid in choosing a methodology and methods that take principles of ethics, credibility, transferability, self-reflexivity, and transparency into consideration. The ethical considerations addressed include appropriate IRB approval, addressing subject recruitment, informed consent and confidentiality measures. The credibility of this study was addressed through member-checking, sustained engagement over a minimum of 3 interviews, triangulation collaboration with an African American PA student and an African American PA educator, as peer debriefers, and autoethnographic methods. Transferability was achieved through the intentional selection of participants from different regions of the US, different professional backgrounds, who attended different PA schools. This provided a significant breadth of information, across a cohort of individuals who endured a
similar experience. Furthermore, the rigorous coding and analysis outlined allowed an opportunity for thick descriptions and analysis that recognize both commonalities and differences between each participants’ experience. Self-reflexivity and transparency through autoethnographic methods provided for significant self-reflexivity beyond the introspection of positionality. This was of utmost importance, given that the data was analyzed through the lens of a privileged, White, female educator. Transparency through the entire process served the trustworthiness of the research and provided opportunity for the researcher to learn and identify points for action and change. Results of this study will be presented next.

**Chapter 4: Results**

This study’s assumption was that PA educators are unaware of opportunities to support and complement African American experiences during PA school. By exploring the stories of African American PA student experience, it is possible to establish a foundation from which future research and change in PA educational practice can be generated. The key research question guiding this research study was: What do African American PA students’ narratives reveal about their persistence to graduation? The data presented and analyzed in this chapter offers a better understanding of how successful African American PA students experience PA school. It is the hope that this better understanding will inform future research and impact how PA educators approach teaching and supporting African American students to graduation.

In this chapter, the results of the study are presented first through a discussion of the participants’ demographic data, including commonalities and differences. Then, in line with a narrative methodology, each participant’s composite vignette narrative will be presented and a more elaborate analysis of the composite data and emerging themes will be explored. Following, an examination of the researcher’s experience through autoethnography will be presented.
Finally, significant data that spans across each theme and methodology will be presented as a segue to chapter five. The approach to presenting and analyzing this data was framed by Ollerenshaw and Creswell (2002) in which interviews and conversations are retold through a three-dimensional space approach with chronology and situation in mind. The narratives and analysis are presented in the context of a Critical Race Theory framework.

**Participant Demographics**

The goal of this study was to explore the experiences of African American PA students, who have successfully completed their physician assistant (PA) education, through their stories.

Six recent PA graduates, attending five different predominately White PA schools across the United States participated in the study. Table 4.1 provides demographic data about the six study participants. Although more detailed demographic information was collected, including sexual orientation, details of prior professional experience, branch of military service, school, and geographic location, details these pieces of data were omitted to protect the identity of the participants and their PA schools.

**Table 4.1 Participant Demographics**

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Age</th>
<th>Self-Identified Race/Ethnicity</th>
<th>Gender</th>
<th>Graduation Date</th>
<th>First Generation</th>
<th>Prior Professional Experience</th>
<th>Household Composition</th>
<th>PA School Type and Geographic Location</th>
<th>Current PA Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nicole</td>
<td>26</td>
<td>AA</td>
<td>F</td>
<td>2018</td>
<td>Yes</td>
<td>None, Shadowing</td>
<td>Lived with parents and siblings, no domestic partner, no dependents</td>
<td>Private, South</td>
<td>unemployed</td>
</tr>
<tr>
<td>Lamar</td>
<td>34</td>
<td>AA</td>
<td>M</td>
<td>2016</td>
<td>No</td>
<td>Military, medical</td>
<td>Lived on own, no domestic partner, no dependents</td>
<td>Public, Northwest</td>
<td>Family Medicine</td>
</tr>
<tr>
<td>Tosha</td>
<td>42</td>
<td>AA</td>
<td>F</td>
<td>2016</td>
<td>No</td>
<td>Health Administration Patient Care Coordination</td>
<td>Lived with domestic partner, parent, and dependents</td>
<td>Private, Northeast</td>
<td>HIV Department of Health</td>
</tr>
</tbody>
</table>
Natasha 32 AA/ White F 2018 No Patient Care Assistant, Home Health Aide Lived with parents and siblings, dependent, no domestic partner (single mom) Public, Central Endocrine

Ella 26 AA F 2017 No Healthcare, Business Management Lived with parents and siblings, no domestic partner, no dependents Private, South Psychiatric Emergency Medicine

Tony 31 AA M 2018 No Military, medical Lived with domestic partner and dependents Public, Northwest General Surgery

Note. AA = African American, M = Male, F = Female

It is important to note that each participant’s demographic profile was unique. These variations included: clinical experience prior to PA school ranged from none to over 20 years, participants had varying sexual orientations, some participants lived on their own, some had significant family support, some were single parents, some were in dual parent households, and all were of varying socioeconomic status. The educational backgrounds of each participant were different as well, contributing to the unique narratives presented next. The variation in demographics supports the premise of this study in that one comes into PA education with a unique history and will experience PA school in their own unique way. The rich details presented could not be elucidated by quantitative means alone. Composite vignettes of each participants’ narrative are reported next.

**Composite Vignettes**

The data collected from participants is presented as composite vignettes to detail each participant’s narrative experience of PA school (Spalding and Phillips, 2007). Each vignette seeks to add context to the narrative collected through highlighting each participant’s life events and epiphanies (Creswell, 2013, p. 21; Riessman, 2008; Denzin, 1989). These vignettes were constructed by the researcher and were member checked with each participant and peer debriefed.
with an African American PA Educator and a current African American PA student to provide for additional validity and trustworthiness.

Nicole

Nicole had always known that she wanted to be in the medical field and dreamed of being a pediatrician from the age of twelve. Although initially she wanted to be a doctor, she was having doubts about medical school and residency. She was exposed to PAs and the PA profession through a shadowing experience in college with the Scientist Mentoring and Diversity Program. From that experience, she joined a pre-PA club and did a lot of her own research and preparation for applying to PA programs. She remembers the process of applying being a little scary because, despite her research and work on her application, she still didn’t quite know what to expect. In applying to PA school, Nicole knew she wanted to have her family support and commute from home to save money and to go to a well-respected program.

At the start of PA school, Nicole found having one central building that her classes were in was convenient. When having to navigate the larger campus, the students tended to stay together, so “it was kind of good to feel like you’re not alone in that sense.” Because of the time commitment of PA school, she wasn’t able to connect with the campus community but would have like to been more involved.

While living at home, Nicole’s mom offered support, cooked meals, and respected the amount of time that she required to study and be successful. Sometimes it was hard for Nicole to balance family because some family members didn’t understand why she was spending all of her time studying. Nicole has been passionate about school and learning so for the most part her family understood that she needed time with no distraction. Nicole’s sister also provided positive
affirmation that it’s normal to worry about doing well and the pressure you feel to know everything for your patients.

Nicole struggled with depression during school and found strength in her faith and God. The overall experience made her feel more alone as she was trying to find her place in the program and find friends that she was comfortable with. There was another African American woman in Nicole’s class but their experiences were different and her friends were already established: “she talked proper and her dad was a professor… I come from a single parent home.” Nicole developed a close friend later on in school that aided in her success because she was relatable, genuine and up front about her own struggles. Nicole and her friend were also very different, in terms of religious beliefs, but were able to connect and have remained close after PA school. It felt nice because “it really helps to have a friend in the PA Program so you feel like you’re not alone… I don’t know how I survived.”

Faculty advisors also provided additional hope and support. Her advisor opened up about how she felt in her program. Nicole teared up saying “I broke down crying because our backgrounds were pretty similar… She was like ‘when I first saw you I could relate to you so much.’ And it made me feel less alone.” At times, Nicole would feel like she did not belong in PA school, asking herself “What are you doing here? What am I getting myself into? What if I make a fool of myself?” but she always ended up doing well academically. Having a faculty member who understood or could relate to what Nicole was feeling helped her through.

While Nicole was in PA school, the Black Lives Matter movement, countered with the sniper who shot a police officer in Dallas, was making national news. These national events impacted the dialogue on social media and ultimately the climate within her PA program. With respect to the officer who was shot, Nicole read heartfelt sentiments going out to law
enforcement followed by comments about how famous African Americans of influence would not support fallen police officers. She remained silent in the conversation, thinking that only one side of this conversation was taking place, wondering “Where is the compassion for these unarmed black men, black children being killed?” These experiences opened up conversations with friends but ultimately changed friendships and parting of ways for Nicole.

During this tension, the PA program had a conversation about a time when students felt they were discriminated against or treated less than equal. Nicole didn’t say anything because she felt it would be “obvious to them.” She remained quiet and didn’t go out of her way to make friends with people, as her defense mechanism, because she did feel so different from everyone. There was no trust to be able to open a dialogue. The PA Program didn’t really address the Black Lives Matter movement or provide opportunity for a safe discussion. Nicole reflects that maybe her faculty feared escalating tensions and didn’t know how to respond. The silence resonated with Nicole.

Nicole did, however, feel empowered as a woman in the PA Program but still struggled to find commonality otherwise. She admits:

I just feel like as a Black person I feel like I probably had less in common than the rest of the students even though many of them were different nationalities. And maybe also just in how I feel like other people perceived me, my perception of how I feel... you know when a person’s being nice but you can see they’re trying to be overly nice? It just didn’t seem like a genuine interaction.

Looking back, Nicole suggests that her PA program add a cultural awareness class through every semester to teach students how to interact with different people, with different experiences; how to consider caring for patients with mental health and substance abuse
disorders, patients of different religions, transgender and LBGTQI communities. When these topics were discussed in her program, Nicole remembers that students “treated it like a waste of time, like it wasn’t as important as physical medical illness. I did not see any compassion at all. They made jokes, they laughed. We need to learn to interact with all types of marginalized people in our society. I think that’s really important.”

**Tosha**

Tosha had almost 20 years of experience in public health and administration prior to going to PA school. She grew up in a highly educated African American family and had 3 additional Masters degrees. She was working at a public health clinic that provided HIV care services. Her role evolved from case manager up to serving as a federal grant facilitator and director of medical services, supervising clinicians and their quality measures. Tosha was finding with exponentially increasing responsibility, she was beginning to practice out of the scope of her qualifications, was working too hard, and decided at that point she wanted to focus on treating patients.

Tosha had a very influential mentor, a physician in her clinic, who was a strong guide and support, even to this day. She encouraged Tosha to go to medical school, but Tosha didn’t want to spend that much time for that much debt, especially since she had a spouse and children. She decided on PA school and began applying. Tosha had some difficulty and bad luck with the application process but with the support of her husband and her faith, she toured and applied to a PA school within commuting distance and was accepted (although she remembers telling her husband that she didn’t think she was going to get in). The commute for PA school involved an early start and late finish to her day, but her husband was there to meet her at the commuter
station as support. Tosha’s grandmother also moved in with the family to help with the children during the week. She said “I wouldn’t have been able to do it without the two of them.”

The first day of PA school was an orientation day the program had the students introduce and share something neat about themselves. Tosha remembers the reactions of people when she said “One of the neat things about me is that I decided to do this career change, but my son and I will be graduating at the same time.” An African American professor approached her and asked Tosha to come to her office after orientation. Tosha thought maybe the professor was going to be a mentor but after talking a little, the professor told Tosha “I don’t think you’re going to make it. You may want to reconsider.” Tosha went home and cried. She thinks back and reflects:

For the entire first year, I struggled, and I struggled because I didn’t believe, based on what she said, that I was going to be able to do it. I carried it my whole first year. Mentally, she psyched me out. And I was trying to prove her wrong… I was over trying.

That professor left the program shortly after the incident and Tosha never got to know why or where that statement had come from. Tosha’s advisor suggested she write a letter to that professor, which helped her move on. She did not send it.

Her academic advisor and additional African American faculty members pulled Tosha through. “They believed in me, they were in my corner…and tried to make an extra effort to make sure we [the 3 Black students out of 60] didn’t get lost in this predominantly White school.” She and the other 2 African American students were a support system within the class. She goes on to say that her school was diverse, but not when it came to African American culture. Tosha did note that she didn’t have much time to get involved with activities to try to
make it more inclusive because when she wasn’t studying, then she needed to be a mom or wife; “I kind felt like one man on an island, and had to just pull through.’’

Toward the end of her first year, Tosha’s son was acting up in school. She felt the pressure of her own education but decided “I have a young black male, I’ve got a ton of degrees, I gotta go home and be a mom.” Which was the right decision for her family. Tosha took a leave 6-weeks before the end of the first year. There were some unclear program policies as to Tosha’s return and she was required to retake two courses she had previously passed in order to move on. Tosha wanted to appeal that decision, however her long-term mentor advised that she “may be blacklisted and she didn’t want her career to be over before it started.” So Tosha pushed through and ended up graduating a year later than her son.

Tosha thinks back to that time when she had to join a different cohort of students. She struggled because she lost the camaraderie that had been built with her original cohort. She felt alone and like she no longer had a peer support system to rely on. Her advisor was there for her, reminding Tosha that she was going to be a great PA, to stay focused, to push through and that she’s going to be fine. And she was. Tosha went through her clinical year and shined. Her faith, husband, grandmother, mentor, and advisor got her through. When she received her white coat and spoke, she brought the audience to tears hearing how hard she worked to become a PA. Tosha remains involved with her PA program today, serving as a preceptor for students, attending admissions interviews, and encouraging the PA program to recruit more African American applicants.

Lamar

Lamar was first exposed to the PA profession while deployed in the military. He initially aspired to become a pediatrician. He was assigned to work with a PA who inspired him to go to
PA school; she was talented, compassionate, intelligent, and supportive. This woman was a strong mentor in his life. She has since passed away, but Lamar remains a mentor to her daughter, who also wishes to go to PA school.

Applying to PA school was pretty straight-forward as he knew what he was looking for in terms of type of program and geographical location- he wanted to stay on the west coast. Lamar had done his research and he felt he had the letters of recommendation and strong support from the people that he needed to get him there. The interview was a completely different story. He reflects, “The interview was hard. There were only two black applicants out the whole group of like 100 people.” Lamar felt singled out by an older, white, male faculty member to answer a question about difficulties for minorities in healthcare, he felt awkward and after further reflection felt the question was a little racist. Lamar also reflected on his name and how it can be used to his advantage (like in PA school admissions) but also becomes a barrier (like in applying for jobs).

Starting PA school, Lamar felt he had great support from both his classmates and the program. Before classes even started, students connected on social media and helped each other find their way around and get the supplies they needed. There was always someone from class to rely on. The institution provided help with his GI Bill through the financial aid office and the PA program guided students in registration and submitting necessary paperwork. Overall, the program prepared Lamar and his classmates. The first day of class was surprising however, because there were only 5 out of 120 students who were minorities and 2 faculty members. One striking impact upon Lamar was that the program director was African American, providing inspiration: “I found that I related to him because I got his story, he looked like me.”
Lamar relocated to a new state to go to PA school and lived in a more rural, predominantly White neighborhood. He had several racist experiences, one in particular when he was told by the gas station clerk that they didn’t provide services to “your kind.” He wanted to connect with his community but took some time to get to know the area. His greatest support system was his parents, grandparents and friends, who he kept in touch with weekly. Friends from home were all career driven and helped him focus as well. His mom was the only person in his family to go to college and everyone in his family was pushing him to succeed. Lamar remembers, “My mom: every weekend asking me how’s school, my dad: texting me what’s going on? I was very fortunate that I had people pushing me every step of the way to make sure I got there.” Their support kept him grounded, driven and focused.

Strong friendships in class and identifying with key PA faculty also shaped Lamar’s PA school experience. Lamar spent a lot of time with classmates and study groups outside of class. One faculty member was also of color and in the military, who acknowledged the lack of diversity in the class, making Lamar realize that he was not alone and that someone else was picking up on this. Another faculty made an impact because Lamar clicked with her, recalling their commonalities of being from the South, working in the military, and who knew where he was coming from. Having faculty support and people who could understand were key to Lamar’s success.

During PA school, Lamar’s father died. It was a nightmare. His faculty member pulled him aside and urged him to talk to someone. Lamar sought help through the VA but went through a rough patch with substance abuse. He had a near-death experience and then his mother needed surgery, which snapped him out of it. Lamar reflects that he had worked so hard to get where he was, he wanted to be sober to support his mother, and that he didn’t want to become a
statistic; he didn’t want to be the stereotypical black man that dropped out of school because of drugs. Through support of family, friends, and faculty, Lamar was able to “pull it together” and finish his first year of PA school. Resisting the stereotypes and to honor the “rare and elite” group of African American male PAs that he wanted to be a part of provided Lamar his drive.

During the clinical year of his training, Lamar had one particular instance when a White patient asked him to be quiet so a different provider could explain a condition to him. When he asked why, the patient said “because she’s the doctor and plus she’s Asian and she knows.” He felt the motivation was racially-based and that he was perceived as “the dumb Black guy. But I’m used to it, it’s really sad that I’m so numb to it, having grown up with it, even in the military, that doesn’t faze me anymore.” Lamar also experienced overt racism from his fellow veteran classmates but the impact of their statements “just drove me, it drove me I mean, because I know he wasn’t coming from a malicious place, but I know that somewhere back there, there is a little bit of racism in all of us.”

Natasha

Leading up to PA school, Natasha worked as a patient care manager. She was caring for an African American patient with severe disability and brain injury. At a medical appointment she witnessed the medical provider give “the worst one-on-one contact” and reflecting back, she wasn’t sure why her patient was treated so poorly; perhaps his disability, race, or brain injury. Natasha reflected that she had watched so many patients get treated like they didn’t matter. She had gotten her initial degree in healthcare management wanting to make change.

Natasha arranged for her patient to see another provider and it was a PA. He was thorough, caring, attentive, and provided excellent care to her client. Through the positive experience with her client’s PA, Natasha was introduced to the PA profession. She realized at
that time that being a PA was a potential but she got married and had a baby and didn’t think she could make it work. Her marriage didn’t work out and Natasha turned back to her sights on becoming a PA so that she could take care of herself and also take care of patients. She was able to complete the requirements to apply and got it- applying to only one school, on the first try. She ascribed this accomplishment to luck.

Once in PA school, Natasha’s program provided a smooth transition by providing a solid orientation to PA school and bringing student support services, including counseling, to the students during that first week. She states “They did a really great job of making sure that we had everything we needed, all of the tools that we needed to be successful right out of the gate.” She felt well-supported both from the institution and her program.

During PA school, Natasha had a solid support system in her parents, who she lived with; her daughter as her source of motivation and inspiration; her new boyfriend (and future husband) who worked in the medical field and would help her study; PA mentors from outside her program; classmates that she would study, walk, and talk with between classes; and faculty who guided her. Between her family and friends at home and her classmates and faculty at school, Natasha felt that she had a “outlet in the classroom and outside the classroom [that] really helped me to be successful, knowing that people were cheering me on was helpful.”

Natasha’s family was a significant source of motivation and support. On the first week of PA school, she remembered coming home and telling her father that there was no way should could do it. She said “and he was like, ‘Well, we don’t ever start something without finishing it. So, I guess you’re going to have to put your head down and figure it out.’ And I did.” Her future husband provided study help and understood her academic challenges, especially in the first semester of PA school. However, Natasha’s daughter was the most important factor in her
success, saying “I think being a single mom and knowing I have these little eyes… she was three or four when I started. So, I had these little eyes that were watching me go through the struggle, but I wanted more than anything for her to see me finish it.” Natasha describes her family as her inner support system.

Mentors also played a significant role in Natasha’s success. Through shadowing PAs and interacting with them at work, she met a PA who also attended Natasha’s church. The PA gave her text books, provided advice and encouragement: she reminded Natasha that PA school was difficult, that it was not a competition, and that she would make it. Natasha had made a lot of friends who were PAs that she sought advice and received support from as well. She would be interested in mentoring or taking a student at some point.

Challenges for Natasha in PA school were academic in learning test taking skills, which she overcame with coaching from her advisor and her boyfriend. Transitioning to a structured student role, after working in a flexible job was also difficult because she lost some degree of freedom. Her greatest challenge was balancing being a student, a mom, a girlfriend, and life. She overcame this by reconciling her priorities, both long and short term, saying “This is two years of my life, so you all may have to take a backseat for a minute…but I’ll be back. And being okay with that was the challenge.” Natasha also found meaning and purpose within the school curriculum that provided early clinical exposure to patients that reminded her of why she was working so hard. There were times when these challenges made her question her decision to go to PA school, but after some adjustments and experiencing meaningful patient exposures, she was able to persist.

In terms of racial perceptions, Natasha recalls an instance when a fellow student made an insensitive comment. Natasha’s instructor overheard the comment and made a point to tell
Natasha that it was not okay. Natasha elaborated further on the experience saying that a lot of times things like that just don’t bother her, being biracial and growing up in a predominantly White state. Her father would say “You know what? You’re going to probably always stand out and be different for one reason or another. You just kind of let it roll off your back and keep moving on.” Natasha has never felt like her race or ethnicity have impeded her ability to be an active participant in PA school or to get the job done when needed.

Being an African American woman in a predominantly White state drove and motivated Natasha to do better in PA school. Being the only African American woman in her PA program made her realize that, whether she wants to or not, she is representing for all African American women. She noted “it fueled my fire to do better, to kind of prove my worth. To make it known that although I’m African American and a female, I’m not any different than anybody else.” Natasha’s faculty members always checked in with her to make sure she didn’t feel isolated. And she didn’t, however, she could definitely understand how someone could feel that way if they were not used to being the only African American in the room, especially if the program didn’t try to help the student feel more included.

**Ella**

Ella knew in undergrad that she wanted to become a PA. She shadowed PAs and thought about what additional skills she would need to make the connection from business side of an office to the medical side. She decided to take a detour from PA and get her MBA to “be a better provider, on all fronts, not just the medicine part. Because, as we all know, medicine’s important but if people can’t afford it or don’t have the resources to get it… our job is almost pointless.”

Ella grew up being cared for by pediatric PAs but she notes that she didn’t think too much into their influence. Her motivations were more rooted in doing something where she
could help and take care of people, with the flexibility and autonomy that the PA profession offers. She also has medical doctors on her mom’s side of the family and her father is a lab tech—she was exposed to medicine at an early age.

When Ella started PA school, she had already completed her undergraduate and MBA at the same institution. Her PA program offered the new cohort a 5-day orientation to student support services and resources but so she felt familiar and knew her way around the system. Ella was not prepared to see that although her undergrad and MBA experiences were very diverse, her PA program was not. Ella’s MBA program had created an intentionally diverse faculty and student body that was welcoming from the top down. She felt disappointed to see that out of 90 PA students, she was the only African American student and there was only one African American faculty member. She reflected, “It would have been nice to have a better support system, but I was there to get a degree and be educated and to go out into the world and do good things.” She had a well-established support system and felt she had plenty of balance in her life that kept her mind engaged outside of school.

Throughout PA school, Ella’s primary support system came from outside of school: her family, friends, and community. Her mother and her aunt were strong, educated Black women who had also endured experiences through their educations, as a lawyer and doctor respectively. They were Ella’s sounding board and source of support: “they’ve been where I’m at or are still where I’m at, you know it’s nice to kind of just let it out.”

She feels her drive is what made her most successful in PA school, saying that once she makes her mind up, she won’t stop until she’s achieved her goal. She made connections through family to find mentorship within the medical school and found both an academic and clinical
mentor in the one faculty member of color in the PA program. “He took me in and was super supportive and so when I had issues or whatever, I knew I could go to him.”

Ella has now found herself providing support and understanding to friends who are PA students with similar experiences. She notes that they have a shared feeling of frustration about things like group work and biased cases and “vent about the world we live in, the world we take on, and sometimes being the token student.” She goes on to say that “in this political climate, people are very insensitive to other people’s concerns” and it weighs on her and her friends who try to speak up and confront racism head on. Ella speaks of the burden of having to prove herself while also feeling that some have a perception that she’s not as smart or good as others; that she was there to fill diversity numbers. When thinking about adversity, she says “we’ve talked about it, what you can do, and staying focused on the end in sight.”

Ella pointed out “I feel like at times my abilities and my knowledge have been questioned… certain stereotypes about Black women or Black culture…but I do know my stuff, I’m capable, I’m intelligent, and then it comes off as being a bitch and not being engaged, being cocky, whatever the case may be.” Ella had a very challenging experience in her clinical year after being pulled in for a perceived professionalism issue by a faculty member who she had never worked with. She was told during that meeting that she was unprofessional and was not engaged in her education, however had never heard that feedback until then. A lot of time and energy went into this conflict but in the end, nothing ever came of it and Ella was left asking why did this happen?

When reflecting back on PA school and what could have been done differently, Ella provides a lot of insight. In general, she feels that PA schools don’t do a good job supporting students until it’s too late, and it would be helpful if faculty would “do a better job at reaching
out and checking on people just to say ‘hey, hope you’re doing well, we care, let me know if you need our help’.”

Ella further elaborates on her intersectionality her identity in being an educated Black female. She talks about her self-expectations and balancing how she thinks others may see her. She feels like she has to change what version of herself she presents based on who she interacting with, as a way to fit in and to also protect herself; putting up a wall. Her safe place was outside of school and remains outside of work, where she can be herself with friends, family, and community. She feels like a “normal person” in those environments, instead of a different version of herself.

Tony

Tony was first introduced to the PA profession through his experiences in the military. Initially, he was not sure what he wanted to do but through his role in the military, he was exposed to and worked with many PAs throughout his career. He knew that he wanted to stay in healthcare but also wanted more responsibility and challenge. A friend in the military was going through PA school at that time, which eventually led to Tony applying to PA school. This friend, along with other PA colleagues served as mentors and support to Tony throughout the process of getting into PA school, getting through PA school, and in practicing as a PA upon graduation. He feels that he wouldn’t have known about the PA profession had he not been exposed to it in the military.

Tony attended an information session at his community college, sponsored by the PA program to prepare for his application. When he was invited to interview, he immediately noticed that there was significantly less minorities in that group. In fact, he was only 1 of 2 African Americans out of over 60 applicants being interviewed. He found himself wondering
what happened to the other minority applicants who had attended the community college information session with him.

Upon acceptance into PA school, Tony had very positive experiences initially enrolling and getting set up for financial aid and veteran services. He found support with his classmates early on, through the Veterans Affairs Office, and through his PA program support staff. The institution always kept in touch, ensuring that Tony had the information and completed any necessary or additional paperwork that was needed.

During PA school Tony’s support system was well-formed, including his spouse and children, with their unconditional love and understanding; his classmates and study group, who were a source of learning and structure; his educators, who believed in him and provided motivation to push on; and his mentors, who served as guides and a source of trusted advice. Tony felt that these experiences and supports were essential to his success. Additionally, he felt the time and effort he put in to studying, especially on weekends with his study group, was integral to his success.

Tony’s greatest challenges in PA school were faced during his clinical year. Much was ascribed to a lack of structure outside of the classroom environment as well as a lack of confidence in his abilities in the clinical setting. However, he overcame this through self-ownership, noting “it’s up to you as a student to be self-motivated to gain the knowledge… if you don’t push yourself, you’re not going to gain it.” Having those goals and self-expectations set made the transition from classroom to clinic a lot easier for Tony. His spouse also provided structure, support, and understanding that allowed Tony to completely focus on his clinical education and studying.
Tony could not think of a time when he felt PA school was not right for him and ascribes that to his strong motivation and will to become a PA. He also noted that being the only African American male in the whole program, he didn’t feel like quitting was ever an option. The first day he saw “what crowd I was in, I think that motivated me even more to not want to give up and continue to push myself to make it through.” He aptly notes that being one or alone in anything generates more pressure because “you don’t want to fail.” In clinical rotation, interacting with patients, the pressure was still there and generated a little anxiety about whether his abilities and knowledge would be overshadowed by the color of his skin. However, this pressure and anxiety were motivators to strive. He notes he was fortunate and thankful that he never directly experienced overt racial bias, but it was always in the back of his mind as he worked with certain patients and providers.

Tony emphasized the experiences he had in finding community and commonality with his veteran classmates. He found a group that he belonged to, was able to talk and feel comfortable expressing himself. He elaborates on life experiences and commonalities in general: “if you don’t live it, it’s kind of hard to explain it to somebody or for somebody to see it... [and having those groups] play a role in a support system in a more emotional way that helped make things a bit better.”

Tony had an uncomfortable experience during a PA lecture that involved a conversation with colleagues about White privilege. He noted that hearing people’s responses was not taken offensively but many classmates were arguing that racism and being White was not their fault. Tony took the opportunity to further the dialogue by challenging the group to consider what could they do to help, regardless of who is at fault. Tony felt that the conversation was not
framed as well as it could have been and there was a missed opportunity for his classmates and faculty to further explore their own biases and role in racism.

Looking back at his PA program, Tony felt that they did a great job educating him to be a PA. He does wish that they would do a better job reaching out to more minority communities to increase the amount of information about the PA profession as an opportunity, how to get there, and where to turn for guidance. Tony sees himself as a mentor now and going into the future. He has a strong desire to pass on his knowledge, where he fell short and what suggestions he would have for people interested in the PA profession and going through PA school. His experience of calling his mentors when he passed the boards and being affirmed “I knew you could do it” inspires him to do the same for other PAs in the future.

**Narrative Analysis**

Throughout the narratives, several of Yosso’s (2005) cultural capital tenets arose as themes universally across all participants. These included aspirational, familial, social, navigational, and resistance capital. Additional interwoven themes included mentorship as an extension of social capital, barriers to navigational capital, repercussions of resistance capital, unanimous imposter phenomenon mindset, and varying experiences with race-based dialogue. This section will first highlight the emergent themes, utilizing the participants’ narratives and quotes to provide a rich analysis of those experiences. Then an exploration of the researcher’s autoethnography will be presented to further illuminate an honest and open dialogue by a White researcher about racism. The final portion of this section will end with a presentation of poignant quotes which provide direction for future dialogue, research, and action.
Table 4.2 Predominant Themes in Participant Narratives

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<tr>
<th>Name</th>
<th>Aspirational Capital</th>
<th>Familial Capital</th>
<th>Social Capital</th>
<th>Resistant Capital</th>
<th>Navigational Capital</th>
<th>Pre-PA Mentorship</th>
<th>PA School Mentorship</th>
<th>Being a Mentor</th>
<th>Pressure to Prove</th>
<th>Isolation or Anxiety</th>
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**Cultural Capital**

This study uses Critical Race Theory based on an interwoven cultural capital framework. This analysis digs deeper into the unique experiences of African American PA students within the context and nuances of cultural capital, and in particular, brings forth the interwoven impact of mentorship, pressure, isolation, depression, anxiety, imposter phenomenon, intersectionality and dialogic experience upon the participants.

**Aspirational capital.** Each participant discussed the current demographic distribution of African Americans in the PA profession. Further, each of them specifically linked those statistics to their experiences of being one of only a few minorities while applying to and going through PA school. Tony reflects upon the outreach and admissions process, remembering the diversity of the applicant pool dwindling as the process went on.
I think the program did well. I think the biggest thing is just getting it out there to more minority communities, like, "Hey." 'Cause I do see a lot of African-Americans in healthcare, that I've had many people come to me asking me questions, "Oh, what's the PA program like and what's that?" I just think getting the information out there to be like, "Hey, we want to increase the amount of minority advanced practitioners out there," or something to get the knowledge out. I think a lot of people just don't know about the program or the process. So, I think maybe that's one thing that could have been done better. I mean, [my program] came to the community college while I was there and did an orientation. And I think it was kind of a mixed bag of people. But then a lot of those people, I didn't see at the interview process, I mean, I guess that's another part in itself as we all fill out our information... So many people fill out applications, they have to kinda narrow down who gets in. But I think just getting the information out there would probably increase the amount [of minority applicants]. I think there's a lot of people out there that want to, especially minorities, that want to be higher up in healthcare, provide more care on a different level than what they may currently do now.

Tony’s experience provides an opportunity to reflect on how these statistics may diminish an applicant of color’s aspirations. His experience also highlights gaps in the outreach and application process for underrepresented students, noting how the PA applicant pool is initially rich with minorities but dwindles down to only a few who make it to the actual interview.

Each participant in this study looked forward to the impact that they could make as a PA and were not deterred by the statistics or visual reminders of their minority status in PA school.
Despite the awareness of the statistics, all participants pushed forward, driven to achieve their goal. Each told a story of inspiration or influence that brought them to becoming a PA. These shared aspirations serve as a commonality across participants and again underscore the impact of the experiences leading an applicant to apply to PA school. Both internal perseverance and external motivators fueled the participants’ aspirations.

Ella stated “I knew I wanted to go to PA school. Once I have my mind set to something, there’s nothing that’s gonna stop me, hell or high water, from getting it done.” And as a single parent, Natasha wanted to “get a job where I could take care of [my daughter] and myself, and where I’d still be able to take care of people.” She goes on to describe the experience that inspired her to become a PA:

I'd been taking care of an African-American patient who had a brain injury and he had some feet issues. I’d taken him to see a podiatrist and he got the worst one-on-one contact with this provider. It was really sad to me and I'd never experienced anything like that… I've grown up here, and I didn't know if it was because this patient of mine was African-American, if it was that he was disabled, or that he had this brain injury. I wasn't sure really what would lead someone to treat another person like that, and so we left. I was his care manager, so I decided since he needed to have some things done on his feet- we weren't going to go back there. I called the office where that provider was and I asked if there was somebody else that he could see. We went back and met with his physician assistant. At the time I'd never heard of them, I didn't know anything about them. This guy was amazing, he was great. He treated my client like he was just a normal person, doesn't matter the color of his skin and/or that he was disabled. He
just wanted to help him to feel better. I just watched these patients get treated like they didn't matter because they were there to die basically. That was terrible. So, I got my degree.

Natasha’s aspiration to provide better health care as a PA to disadvantaged populations is a theme seen across all of the participants.

Throughout the narratives, participants were acutely aware of the scarcity of minorities in the profession, many participants had hopes and dreams for their families, and the majority had positive experiences with PAs that served as pivotal moments. These experiences embodied both perceived and real barriers, but also fueled strong hopes and dreams to help overcome those barriers. There was an underlying self-realization for the participants of how much of an impact they would be able to make upon the profession, upon patients, and upon their families in becoming a PA. The aspirational capital of these participants was demonstrated in both their internal perseverance and external motivators in their lives.

**Familial capital.** Participants in this study all acknowledge their family as a main support system. Each participants family structure was different and not necessarily fitting the stereotypical White American family structure. However, participants not only relied on parents and spouses, but also upon their extended family, their faith in God, faculty and their PA school family (classmates). Participants experienced significant challenges when their familial capital was impacted, especially in times of loss, when the pull of family was greater than the pull of school, and when a peer support system in school was not present. The follow data presented illuminates the significance and potential challenges students face in relation to their familial capital.
Family Ties. Toward the end of Tosha’s first year of PA school, she talks about having to take a leave of absence. Her husband, grandmother, and faith provided the support and understanding she needed during that time of stress. When her son was getting into trouble at school, Tosha reflected:

I had a very supportive husband and a very supportive grandmother, that’s what got me through PA school. That and God… I was worried, well like, how’s my husband… this wasn’t, this two year plan is now going into a three-year plan, and that wasn’t in the plan. I felt like I was a burden, thinking what if I get kicked out, we’ve got all this extra debt now? I was just emotionally crazy.

The pull to be a mother of a young black male having trouble in school was stronger than the aspirations of becoming a PA. This pull impacted the course of Tosha’s education. Despite family (and racial) influences pulling her away from school, it was that same family and her faith that brought her back on track to be successful.

Lamar struggled with substance abuse and grief after the loss of his father during PA school. His world was disrupted, he was separated from the rest of his family, and felt the pressure of those losses upon return to school. He pushed on as best he could with the support of faculty:

after [my dad] died I came back and I had that whole week of testing and that was a nightmare… there was a day I started freaking out in class and [a faculty member] was like “you don’t look so good” and I was like, dude, I just started bawling, and was like “I don’t think I’m going to make it” and he goes “you need to go talk to somebody” because I couldn’t talk to anybody… I was carrying my
family the whole time. It was bad at the time of his death… um I think that it told me a lot; how much I didn’t think I was going to need him, but I did, I did.

Loss of family support or a shift in family demands has significant implications for any person. The pressure to provide for one’s family, whether emotionally or financially, while balancing PA school weighed on all participants of this study. Tosha’s and Lamar’s experiences highlight the importance for educators to recognize that those challenges are occurring, to reach out during such times to provide understanding of the individual’s context and student resources or referral for additional support.

*PA school ties.* A strong PA school family was also viewed as necessary by all six participants. Both Nicole and Tosha particularly struggled when they were without a peer support network while Lamar, Tony, Natasha and Ella developed strong peer relationships and study groups quickly. After returning from her leave of absence to take care of her family, Tosha remembers:

> It just was really awkward. So, I wind up feeling like … and they all, they kept telling you that you can't get through PA school by yourself, you can't, you know, you need the team, you need support, you need a system. And I wind up feeling like I was in PA school by myself… When I was part of the class of 2015, it was three of us. One of us, we're still very close, and the other one, we kinda chat with Facebook. But Ava is who helped me.

Nicole talks about feeling alone in the program at first and felt that social groups were already established and despite the presence of other minorities, including an African American woman,
she could not find commonality with anyone. In her second semester, she was able to form a familial relationship with an unlikely classmate:

One of my close friends, me and her talked a lot. She was very smart and everything and she did well in the program, but she was also very relatable. She was just, I would say genuine and upfront about her struggles. So, me and her would sometimes study, we would Skype together. We would go to the library on the main campus to study. It does really help to have a friend in the PA Program so you feel like you're not alone and you can be up on advice and everything. She's Moroccan. So, she says, oh I am kind of African-American because Morocco's an African country and I live in America. So, we would joke like that. And then she's a Muslim, which is interesting too because I'm a Christian and people make it seem like, they can't be friends. Me and her were so different but we connected in many different ways and we still keep in contact to this day.

Tony aptly reflected “I think yeah, just having different little sections [study groups], like other minorities, other veterans. I think that played a role in a support system in a more emotional way that helped make things a bit better.” Finding a support system amongst peers was seen across all participants.

Familial capital is a broad term that includes not only family and friends but also encompasses the kinship that a student may have with their family. These narratives highlight the role that family plays in being a PA student and underscores the importance of a student providing support for their family, re-emphasizes the crucial support that a student needs from family, and highlights the role that educators and fellow students can play in fostering a healthy
connection within a PA community and its resources. Further data that demonstrate the role of social capital and mentorship (including by PA educators) will be presented next.

**Social capital and mentorship.** Social capital refers to the formal and informal connections within a group that serve to provide access to professional, educational, social, and emotional support (Yosso, 2005). There is a significant overlap between social capital and tenets of mentorship theory within the narratives told in this study, making this section a natural stage to elaborate on the value of both social capital and mentorship networks, as they are often intertwined. Every participant in this study described the positive influence that social capital and mentorship had on their PA school experience, including experiences prior to PA school, during PA school, and after PA school.

**Pre-PA school.** Prior to PA school, all but one participant had a dedicated mentor guiding them through the process and all had accessed a support network and resources through their social capital. Nicole did not identify a mentor during her journey to PA school but recalls her initial exposure to the PA profession through the Science Mentoring and Diversity Program and engagement with a pre-PA club:

> So, for the first time I found out what a PA was because I was supposed to ... they told me I was gonna shadow an endocrinologist, but when I got there I noticed that the lady had on a white coat and it said Physician Assistant. But all that time she was doing exactly what the doctor did, so it kind of spiked my interest. And then we got a chance to speak to the PA students at the school that the internship was at, so from there I started to do more research on the career. And I was like, wow you know, I still get to have that level of autonomy but it's shorter and
stuff… then I joined the pre-PA students [club] and they would give you information. And some of them were applying, so from there I would hear things.

So, it was like hearing it word of mouth and then I did my own research too.

In terms of navigating PA school application, several participants felt comfortable with the process but note that they had prior guidance from family and connections in obtaining previous degrees. Ella tells about having several doctors in the family and knowing the dean of the medical school personally, who all helped her navigate the system. Natasha highlighted advice and guidance from PAs at her church, while Tosha noted value and influence of her family connections, saying “My family [is well educated] we have an organization… started by my grandmother and her first-line of cousins, They’re bougie ghetto, bougie black.” Each of these participants were able to connect through social capital, which they feel helped them getting into and surviving during PA school.

A particular mentor played a significant part in applying to PA school for Tony, Lamar, Ella, Natasha, and Tosha. Tony and Lamar received mentorship from PAs they served with in the military. Lamar remembers:

I was working with this PA, we were deployed to Haiti after the earthquake and I wanted to be a pediatrician and so when I was working with her, she was an FP PA and she was doing everything from the little babies that we would see to the geriatric patients we had and I was working primarily with her, so like we were working until like 7 in the morning until like 10 at night on these earthquake victims and she would do everything from blood draws to casting, to physical assessments and running the x-ray machine because at points everything was so backed up. And I was like wow, she is like the jack of all trades, I want to do
something like that and that’s what got me started. I started picking her brain about and that’s what gave me the drive to go to PA school.

Tony talks about his mentor providing his application reference and advice:

We kept in touch. But he went from enlisted…like myself, into doing IPAP and becoming a PA. So, he kind of knew the role... the differences between the role of both [civilian and military PA] and kind of helped mentor me on study habits as well, and what to gain and the knowledge to gain just being a PA.

Growing up, Ella’s pediatrician was a PA, and she was connected to additional PA mentors through her aunt, a pediatric physician. Natasha recalls a critical person who served as a mentor prior to PA school:

There was a lady in my work who I didn't actually shadow. But, had given me all of her books because she had just graduated. She was an older lady, and she'd given me all of her books and I saw her one time at church and she was like, "Just remember, this isn't going to be easy. You're going to feel like you're competing, and you're not. Everybody's just trying to survive." And so, I was like, okay [and] I would just remember what she said.

And finally, Tosha reflected on her lifelong mentor, an HIV physician, who she worked with in a clinical setting before PA school:

What I enjoyed about her was that she was willing to teach, and in many of my roles, I served as an educator, and so therefore the fact that I had an educator who was willing to help educate me in an area that I really, really loved, was exciting to me.
Each participant’s social capital and mentorship experiences were unique. It is interesting to note that for some participants, like Tony, Lamar, and Natasha, the mentor-mentee relationship was not based upon race but rather the commonality of military and church connections. Whereas Nicole, Tosha, and Ella formed connections within the African American medical community. These differences highlight the need to further explore the role mentorship and commonality plays for students of color. Regardless, by engaging their own social capital and having the influence of a mentor prior to PA school, the value of social capital and mentorship to each participant was evident.

_During PA school._ Narratives of mentorship during PA school were much more prolific and impacting for each participant. Several participants continued their pre-PA mentorship relationships external to the program, which were of significance as well. Tosha had an exceptional external (to PA school) mentor, an African American female physician who provided her guidance, “she is like a mother to me.” Tony also relied on PAs from his time in the military as sounding boards and sources of advice during PA school, especially on clinical rotations. Natasha pointed out that “it was really helpful to have those different outlets. I developed a lot of friends that were already PAs from my shadowing experience, that I was able to kind of talk to when needed.” None of the participants connected with a new external mentor during their PA schooling.

A significant finding of this study is that during PA education, participant mentors were more likely to be faculty members of color or faculty members with shared commonality. This could be due to sheer proximity of faculty to PA students and/or the dedication and experience that some faculty have in advising and mentoring students of color. Themes of normalization of
imposter phenomenon (discussed later in this chapter) and of providing encouragement, emotional support, and understanding highlighted the type of mentorship role faculty played.

Ella fondly remembers “A black faculty member who took me in and was super supportive and so when I had issues or whatever, I know I could go to him.” She goes on to describe how mentorship is built upon commonality:

And there were ... I don't know if race played a role in it, but I felt like for me it was me and another black girl in the program, and she had already knew some the girls in the program because they both went to [the same] undergrad. And me and her just had very different experiences. Even my advisor, she called me into the office because she wanted to talk to me personally because she's also black and she told me about how she felt in her program. And I kind of broke down crying because me and her background was pretty similar.

Further emphasizing the role of commonality, Lamar remembers why he connected with certain faculty members:

[I connected] with somebody that I know would probably understand. Like for me, I think the reason I clicked with a White female instructor was that she was a military spouse, she grew up in Florida, and she was like “I’m from Jacksonville, I was from the south” and I thought, “Oh, yeah, she knows about the dirty, dirty” <laughs> So she knows, she knows urban sprawl. But to have somebody that is a minority that can understand a minority issue, that would be nice, cause the rate for African Americans is low is because there aren’t any African Americans to: A. Teach or B. be in positions like that. Like I forgot the [faculty member’s] name, but he, when I saw his story I thought, “that’s what I want to be.” Being a part of
an elite group is cool but it also sucks because you wish there were more of you. And so, I don’t say it like there’s not enough PAs but it would be nice to kinda relate to somebody.

When Tosha thought back, she recalled her the support and understanding of her advisor and the mentorship and influence of two faculty members of color upon her PA school experience.

My first year was very rough. I probably wouldn't have made it through without [faculty]... [My advisor] was the one who was like, "You're gonna be great at this, just stay focused, don't worry about it, we're gonna do it, you're gonna be fine." I mean, she was like my pep squad. And the other two faculty of color, one-he was like the only black male [and the other was the only black female], and so, and it was, at the time, initially, like I said, I was in the class of 2015, and at that time there was only three, it was three blacks: myself, and two other students. And so, I think they tried to make an extra effort to reach out to us, to make sure that we didn't get lost in this predominantly white school, kinda let you know that they were there if you needed them, that kind of thing.

Natasha’s mentorship narrative brings out the role of a mentor being able to acknowledge, confront and talk about racism and microaggressions. Although she states the incident didn’t bother her, she remembered the interaction and the care, concern, and advocacy of the faculty member.

There was an instance when one of my classmates said something to me in front of [my advisor]. I don't remember what she said, but it offended him. He called me in and was like, "That's not okay. She can't say things like that to you," and I was like, "But, I grew up in a house where my dad was like, 'You know what?
You're going to probably always stand out and be different for one reason or another. You just kind of let it roll off your back and keep moving on.’

A sub-theme in faculty mentorship across the participants was the clear difference between the administrative role of faculty advisor in contract to a faculty mentor. Tosha recalls a faculty member providing support and encouragement: “I remember [a faculty member] telling me that if I can make it in PA school, I could make it doing anything. And I literally believe that. That there's nothing that I can't do. Nothing. There's nothing that I can't do.” Whereas Ella reflected on her faculty in a completely different light:

They don't ever reach out to people to check on them just 'cause they care. It's very much school, school, school, school, school and we're only going to reach out to you if you're on the brink of failing. And even the professors who teach some of the courses. I feel like getting in with them and talking to them about just simple questions, it's such a hassle or they're just like, "Oh, well just look it up and you tell me." It's like, "No, some days I really just am looking for an answer. I'm not trying to be funny. Just help me, 'cause this is your job to teach." I feel like having that relationship makes for less of a personal connection with them and less willing for people to seek out help when they actually need academic help and not people just getting a letter when they're like. It's like, "Oh, you have a D in this class. If you get another one you're gonna be gone." I think they should do better at kind of reaching out and checking on people just to say like, "Hey, hope you're doing well. We care, let me know if you need our help."
Ella highlights the sentiments across all of the participants in terms of a faculty mentor versus faculty member or advisor. Tony provides a synopsis of the mentor role:

> There's a lot of information to be learned in a short period of time, and it can get overwhelming. Having that person in your corner, you know, be it a classmate or faculty member being like, hey, you've got this, I know you can do it. I believe in you. That motivation helps drive you to be like okay, somebody believes in me. I say they see something in me that I may not see in myself. I know I can do this.

The importance of having a coach and someone to have “on your side” is invaluable in the success of a student and was universal across all of the participants’ narratives.

> Each story about the mentorship relationship was based on commonality and interests. Many of the relationships were connected through the shared experiences of racism and struggle. All relationships had an established thread of commonality in interest and experiences. Each relationship was solidified with support and encouragement from the mentor and the trust and respect of the mentee.

**Post-PA school.** Although all participants have completed their PA training in the past 5 years and are relatively new to practice, all continue to connect with their mentors and five are now serving as mentors themselves. It is interesting to note that the one participant not engaged as a mentor did not have a dedicated mentor prior to PA school. The narratives of those who are mentoring highlight themes of motivation to give back the support that they received themselves and understanding of the challenges and isolation of being an African American PA student.

Tony’s narrative highlights the motivation for being a mentor, saying “As I go on to be a future PA and work in the career, the same amount of information I shall pass on to students that I see. And I had support systems kind of all around. It was very helpful.” Ella speaks of her
experience as a mentor through creating community with current African American PA students at 2 different PA schools. She explains, they call her “when they’re having frustrations about things with groups and cases and stuff… we vent and kind of say that’s the world we live in, the world we take on, I guess sometimes being the token student.” Tosha elaborates further on her reasoning for mentoring after graduating PA school:

You don't see a lot of people like you represented as teachers there as well. And so, I try to stay involved... I try to show my support. I agreed to serve as a preceptor. I go back and give a lecture. They do four interviews a year, I participate in one of them; just as an interviewer, like you just, you don't see a lot of African American applicants. And so, one of the things that I had talked to [the director] about was that one of the things that I think that [the program] is not doing well is going out to recruit. 'Cause it's not like they're aren't capable African Americans out there, but some of them just don't know.

The narratives presented exemplify how African American PA success can be perpetuated through mentorship.

Each participant focused on being one of the only (if not the only) African American students in their cohorts. Each narrative placed emphasis on the important role that social capital and mentorship played in finding commonality, community, and support though times pre-, during, and post-PA school. The participants with the strongest mentorship relationships before and during PA school were also the ones more dedicated to being a mentor themselves, sustaining a mentorship pipeline. Social capital and mentorship provided support for each participant to better navigate the PA education system. Further examples of navigational capital, which connect with social capital and mentorship will be discussed next.
**Navigational capital.** Narratives of navigational capital bring to light ability of African American PA students to adapt to an oppressive system. Yosso (2005) describes navigational capital as “the ability to maneuver through institutions not created with Communities of Color in mind” (p. 80). For example, students employ self-agency to perform well academically in the face of stressful, often biased, situations: they find a way to get around the challenge. The narratives show that participants with prior experience in graduate programs and the military were more at ease with navigating a predominantly White PA school. Participants also unanimously agreed that there was little to no time to be able to engage with the greater campus or student organizations due to the rigors of PA school and balancing life responsibilities. This research also found that participants were further challenged by unwritten, and often understated, norms to which they were expected to comply.

Participants who felt at ease in navigating the academic, financial, and social aspects of PA school, had substantial experience in previous professional settings, including the military, healthcare, and graduate education. Participants Lamar and Tony were well aware of the resources available as military veterans and felt very well-supported. Tosha, Natasha, and Nicole and Ella found the support from their school and previous experiences in education to be useful in achieving their goals.

**Peer engagement.** Despite comfort in navigating the system and the supports provided by the PA programs, the rigors of PA school and pressures at home often posed significant barriers to fully engaging in the opportunities available. When discussing student support and engaging fellow students, Tosha explains:

They did have a ... like a black student organization, I think that's what it was called, a black student organization. But you're really, as a PA there, and
especially because I was commuting, I didn't really have a lot of time to get involved in extra stuff. Because when I wasn't studying or doing something school-related, then I needed to be a mom. Or a wife. So, I couldn't really partake in some of the activities that they were trying to do so that you felt included, or to make it inclusive. So, for me, I kind of felt like one man on an island, and kinda just had to ... pull ...Because one thing about PA school that I believe is that there definitely was cliques, like you develop who you're kinda, you develop your group and that group is pretty much who you deal with throughout your study together. Y'all go out together. You kinda become this little mini family, and then it's hard to penetrate through those formed groups.

Nicole’s experience echoed Tosha’s:

[There was] not enough time, not enough time at all. I would have done it [student organizations], I was kind of the same way in undergrad, because just PA school like how you said, all your focus was on that. You're taking so many different classes, you're trying to stay on top of everything. So, it would have been nice to be more connected with the campus, but the most connection I probably got on the campus was going to the library that was on the main campus… And it was kind of hard because I was just trying to find my place there. Not that I was trying to fit in, I was just trying to find out who I was comfortable with.

Tosha and Nicole draw attention to two challenges while attending PA school: engaging in student organizations and forming supportive relationship with PA student peers. Time and other responsibilities limited access to support and engagement with student organizations, and compounded the perception of cliques. All of the participants relayed similar experiences with
similar sentiments of wanting to engage but being limited by temporal and social barriers. These barriers were challenging notwithstanding excellent navigational capital.

**Interpersonal nonsense.** One striking finding from the data were stories from participants about situations of ‘interpersonal nonsense.’ These were interactions where the professional and academic expectations of the program were not clearly communicated the participants resulting in conflict between the student and the program. These interactions left the student with the feeling that decisions were not being made fairly and were a result of both conscious and unconscious bias. Ella recalls an event at the end of her clinical year in which she was called into the program office to discuss concerns of her lack of engagement during a group session. With significant emotion she recalls,

[They put up] barriers that had no connection to my academic ability or my medical decision making… it was just interpersonal nonsense I had to deal with, which just made it more of a hassle… I never even had a conversation with the faculty [who raised concerns] so it’s like I don’t know what the purpose was. No one has ever said anything to me about professionalism or not being engaged… I felt like, you don’t even know me… I don't like my time to be wasted, so now you're wasting my time with headache and stuff that's not impacting basic care at this point, it's just for your benefit. Long story short it was just like wasteful and, I don't know, it turned into this whole ordeal I had to follow up on and ... nothing ever, ever came of it. So, I'm like, okay, why?

When Tosha needed to take a leave of absence from school to take care of her family, there was a significant amount of miscommunication about what was expected of her.
The sad part was when I decided to stop [to take a leave of absence], we were like six weeks prior to the end of the spring semester… we were like right there. And so the initial agreement was something totally different than what occurred. So that put a salty taste in my mouth about [my school], because what they initially said and what wind up happening was two different things. They then said that I needed, because this was so science-related, they wanted me to retake classes that I passed… And so, I just struggled with the principle of it all, and the ... you know, I felt like I was getting a bad deal.

These two reflections exemplify experiences across all participants in which the decisions and policies of the PA school were unclear to the students, who were highly motivated to complete their training and were experienced in navigating an oppressive system. The lack of clarity and communication opens up the question of race being a factor, labeling it as “interpersonal nonsense” and perpetuates a feeling of disenfranchisement from the PA program by the participants with similar experiences.

African American PA students are highly capable of navigating an oppressive system, as most students have had to do so in their previous academic and professional pursuits. These narratives bring out the fact that even with such navigational capital, African American students are faced with barriers within the PA educational system, particularly with policies surrounding professional and academic expectations. The participants’ response in challenging the ‘interpersonal nonsense’ within a PA program’s policies, lead to the next theme presented in the data: resistance capital.
**Resistance Capital.** In the face of adversity, bias, and microaggressions, participants exhibited a significant amount of resistance capital. Resistance capital can be thought of as the questioning or challenging of the dominant culture, including oppositional behaviors such as self-defeat and conformity (Yosso, 2005, p. 80). Each participant in this study demonstrated traits of resistance capital. Many of the narratives presented thus far have demonstrated the resistance and challenge of inequality and additional stories will be presented throughout the remainder of this chapter.

**Pressure to Prove.** Ella’s narrative provides for the most vivid retelling of resistance capital:

I feel like certain people have a perception that maybe I’m not as smart as them, I’m not as good as them, I could be there for other reasons, whether it be diversity numbers or whatever you want to call it. But… I actually do know my stuff, I’m smart, I’m capable, I’m intelligent, then it comes off as being a bitch… It’s kind of how we’re taught and perceived by others. When people make the assumption that we’re maybe not as deserving or as intelligent to be in that position and we show that we are capable if not sometimes better than what they thought, I think that can come off in a different way… We’re not timid people, so when you come out of line and try to say something, we’re not going to sit back like other people may do. We’re gonna confront you about it, we’re gonna say something. Which people take that as being like ‘Oh you’re a bad teammate or you’re being this, you’re being that. It’s like, ‘No, I’m standing up for myself, I’m not going to allow you to talk about me in any kind of way or I’m not going to allow you to
demean the position I’m in because I’ve earned my right to be here just as much as you have, if not more.

As a part of their narratives, the participants also revealed the personal and emotional cost of having to place energy into such resistance.

**Isolation, depression, and anxiety.** The pressure to represent or prove oneself and the propensity toward cultural assimilation generated experiences of isolation, depression, and anxiety across all participants. Lamar jokingly elaborated about his experiences in the classroom:

I noticed it every day, but being the only one in the class, the only black guy in the class, that was kinda hard cause you would have Gerald who was like “yeah we’re all pink on the inside, rah rah rah” and I’m like, buuut, it’s not the same. They can’t relate to certain topics, like “black people should get calcium channel blockers first” then they all just turn and look at you, and it’s like I don’t speak for the black population! God, um, when it came to talking about certain diseases and people were like, let me ask you about this and let me ask you about this or that, and it was like just because I’m that race doesn’t mean I have it, you know!

He goes on to say, upon entering into his clinical year “you know you’ve got to work twice as hard now.” Tony’s experience was more internal in nature.

Being the only African American male in the whole program, I didn't feel like quitting was ever an option. Just for my situation and kind of going through that. I think once we did the first day and I saw the crowd I was in, I think that motivated me even more to not want to give up and continue to push myself to make it through… I’m one of one. I’ve got to get through this and make it through this. I know the time may come. I think it was always in the back of my mind as I
dealt with certain patients. Like, okay, I really need to get all of this right. I don't want to make any mistakes because I don't want them to look at my race or whatever at a later time, like ‘Oh, I had this PA. He didn't know anything. It's probably because he was African American or whatever’. So I think that challenge was posed, but it was just all about trying to face it and overcome mainly.

Facing and overcoming these challenges, Ella speaks on the pressure to culturally assimilate, where she opens up about having to adapt to the majority culture in order to fit in and be accepted.

It’s tiring, right, having to constantly be this version of yourself from the hours of 8 to 5 but then I get to go home, I can unwind… It can be mentally exhausting sometimes but I feel like it’s a norm, that’s kind of how we live, they world- you know, how we live and operate in this world... It’s like modifying the version of myself that I give when I’m at work versus when I’m just with my friends… I feel like we have to do more switching and more adjustments than a normal person just to kind of fit in every aspect and to kind of protect ourselves in those environments that aren’t necessarily as supportive to us. It’s always changing, like even moment to moment.

Ella’s words were echoed in many of the participant’s narratives, which touched upon deep feelings of isolation, depression, and anxiety while in PA school. Tony elaborated:

I think the pressure of being one or alone in anything in a certain aspect, because you don't want to fail. You're like I'm just as capable of doing this as the next
person, race, gender. And all that aside, you want to show, because unfortunately yeah, the first thing people look at, you can't change the color of your skin.

So, I think that pressure was there, even in clinical rotations. As I saw patients, I thought I don't want them to feel like, oh I've got an African American PA. He doesn't know anything, or think my knowledge is less than maybe a Caucasian or another ethnicity PA. I think the pressure was always there. That can make things and make the anxiety a bit worse. Again, for me, I think I strive to ... like most people, you want to be right all the time. It’s a nice feeling. But I think having preceptors added pressure caused the anxiety to build in certain aspects because there are patients out there, even in books and stuff that I read that, they look at the color of your skin and base how you look on the knowledge that have or maintain. So I think that was a pressure and hard to deal with at time.

Some participants had greater struggles related to the pressure of PA school. Lamar struggled with substance abuse and just one interaction with a faculty member impacted the majority of Tosha’s PA education, leading to anxiety, self-doubt, and struggle; saying to her husband “I can’t, I’m mentally done.” Nicole further confided about her experience with depression.

My greatest challenges. I would say I did struggle with some depression during PA school, so that did kind of affect my motivation to study. There were times where I knew I needed to study but just feeling sad and depressed it wouldn't get done. That's why I would say my faith and by the grace of God I was able to get through the way that I did. Because there were times where ... there were times I
didn't even come to class, I just didn't come to school maybe two days in a row.

But it kind of got better over time.

Each participant spoke to the impact of how being African American (often the only African American) made them feel isolated. The isolation of being the only one, the isolation of having to represent an entire race, the isolation of having to speak up (or not) when inequity occurs. This isolation and the pressure to prove oneself caused feelings of anxiety in each participant as well. Of the six participants, three acknowledge struggling with clinical depression. All participants told stories of challenging a dominant culture and cultural assimilation. Resistance capital was critical in the success of the participants, however impact of having to be resistant was apparent. Undertones of self-doubt and imposter phenomenon also reflect the impact of resistance, which will be discussed further.

**Imposter Phenomenon.** Imposter phenomenon has been linked to “self-sabotaging feelings that hinder [underrepresented minority student] academic success and could possibly negatively affect their mental health.” (Sturges, 2018). Despite the presence of aspirational, familial, social, navigational, and resistance capital, all participants made statements of self-doubt, feeling like they got lucky, or that their programs made a mistake. When talking about applying to PA school, Natasha recalled, “I just kind of threw a hail Mary. I applied to one school one time, and just got lucky.” Tosha remembered her self-doubt, saying:

I was like "I can't do this", when I was like, "Forget it, I'm just gonna go back to [my old job]"–because the thing was, because I had so many degrees to fall back on, and because I had experience, I just was like, "Well if it don't work out, I'll just go back to doing ... It's not like I'm not hirable." So mentally, I fought that
kind of "am I gonna be able to do it? Am I gonna be able to do it? No, you can't
do it. Yeah you can do it. No you can't." That whole first year.

Nicole tells a story about her self-doubt as well:

It was the summer and we had just got all of our equipment, our medical
equipment. So we were in the Physical Exam Lab ... Physical Diagnosis Lab
practicing. And I was trying to use the otoscope, and I could not place it correctly.
You know how they tell you hold it with your thumb or blah-blah-blah. So I was
trying to figure out whether I should hold it upward or if I should just do it
downward or whatever. So as I was trying to look in the person's ear, I just had
this thought that came over me like, you do not belong in this program, what are
you doing here? I don't know, I guess maybe I was just fearful and overwhelmed.
But I think I did have a lot of those moments... in the moment I did what I had to
do but before I was like, 'what am I getting myself into? What if I make a fool of
myself?' But I always ended up doing fine.

Imposter phenomenon was present in each participants’ narrative, despite their success in PA
school. With each narrative, the cultural capital possessed by the participant enabled them to
overcome: through the recognition of the feelings by family and mentors, and the aspiration and
resistance of the participants.

**Intersectionality.** Another theme the emerged from the data was that of intersectionality.

Each participant identified with several positionalities, creating a unique intersection of not only
race, but of gender, profession, sexual orientation and relationships, etc. The premise of this
research is that each students’ experience is unique and intersectionality exemplifies this
concept. To illustrate the impact that intersectionality played on the success of the participants, several experiences and quotes will be featured.

The role and importance of gender and relationships was valued and discussed by each participant. Tony spoke of the pressure of being the only African American male in his class and the need to prove his abilities to classmates, educators, and patients. Natasha recalls “if anything, [being an African American woman] just drove me or motivated me to do better.” Each participant identified themselves as an integral member of a family unit, depending upon and providing for someone. During the time Lamar was struggling with substance use and depression, he provides an illustration of his intersectionality of black man and son:

my mom was going to have surgery and I was like, I don’t want to not be lucid for it and the fact that I have worked so hard to get to this point- and to be a statistic, it was just not, it wasn’t something I wanted to… a statistic, since we’re talking about minority stuff, a black male being successful and deciding that he wants to drink and do drugs and stuff, and you pay all of this money to be in this profession and you’re not going to be successful. That’s why there’s that 3%. The 3% number is always burned in my head, because I’m like, why would I set myself back, so far back, so… that pushes me.

Tosha’s narrative further solidifies the intersectionality of being an African American woman, her age, and being a mother and how that impacted her experience.

But on orientation, they had us introduce ourselves, and one of the things that I said at that time was my name, et cetera ... I don't think I shared my age at that time, but I did say, I remember saying ... they wanted you to share something neat
about you, and a lot of them were like way younger than me. And so I said, "One of the neat things about me is that I decided to do this career change, but my son and I will be graduating at the same time." And so I remember saying that, and people had said something [murmuring]… I think being an African American woman who was more mature, experienced… I think it was plus and a minus.

The intersectionality of race and gender was significant in each of the narratives and was augmented by the self-defined relationships within a family unit. Tony viewed himself not only as an African American man, father, and husband, but also as a military veteran. He explained this unique experience in saying:

I think the veteran thing impacted in a way, and especially in our program with other vets being there, you felt like a group that belonged. I know sometimes in the military; our mindsets can be different from civilians or people that weren't in. So having that commonality with other people, being able to talk and feel comfortable expressing yourself in a certain kind of way, I think the veteran part helped out a lot.

These unique factors together provided each participant with their own motivation for success. The theme of intersectionality in this data is one of distinctive characteristics that impact the way in which the participants perceive their experiences. The next section highlights the conversations surrounding race that the participants have experienced, connecting the narrative data collected to the autoethnographic data presented afterward.

**Dialogic Experiences**

The most profound theme that emerged from this research was that of the dialogic experience. Every participant told a story of discussing race, race issues and the presence of
racism in the context of PA school. There was a mix of both positive and negative experiences that will be summarized with representative quotes below. Of note, participants were impacted by insensitivity and silence but were also encouraged by the potential of open and honest conversation.

Class discussions about social determinants of health and caring for diverse patient populations were a part of every narrative. Some expressed frustration at ignorant comments about financial choices, while others were appalled at group presentations that provided inaccurate information about minority groups and served stereotypical food to the class (African Americans and fried chicken). Others were more impacted by the unwritten curriculum that placed less importance on mental health and underserved populations. Nicole remembered one mental health lecture and her classmates’ response “I did not see compassion at all… They made jokes about it, they laughed, they treated it like it was a waste of their time. We need to learn to interact with all of those types of marginalized people in our society. I think that’s really important.”

Additional experiences in the classroom were attributed to external political and social events, not addressed directly by the PA Programs. Ella briefly summarizes, “I think sometimes in this political climate people are very insensitive to other people's’ concerns.” Nicole elaborates on the topic and provides opportunity for future discussion:

I feel like my experience would have been better if it was more diverse. I would just say that because during the time that I was in PA school a lot was going on with the Black Lives Matter movement. And then it was also during the time where there was a sniper who had shot an officer in Dallas at the time. And of course I had compassion for that situation and everything… but throughout all
this time with the unarmed black man being shot and they weren't doing anything and their lives were taken, I didn't hear anybody in my class post anything on Facebook regarding that. It was kind of like it was just an unspoken thing. But one of my classmates, when the officer in Dallas was shot, she [posted] 'oh I bet Beyoncé won't stop her concert to talk about this. This has got to stop people, this isn't the way to go about it'. Which I completely agree, I would never say that is okay. But my problem is they were trying to make it seem like the guy who did that, that he was a part of Black Lives Matter. And I didn't say anything but in my head I'm like, just because you have a person that's a vigilante, that doesn't mean that they're a part of that movement.

And I spoke to her about it because me and her were friends. [She said] ‘my fiancé, his dad is a cop and he's been getting death threats and stuff like that’. And so when she told me I was like, wow I'm sorry to hear that, I completely understand why you would feel that way.

But my issue is that, okay you guys have to understand I have a brother that if you were to see him, most people would probably be afraid of him. He has the dreadlocks, the gold teeth, the tattoos. Me and him are day and night. And he lives in a society where people would be afraid of him and he could easily be one of those black men who were killed unarmed. And so I just kind of felt like our side of it and our feelings weren't being acknowledged. They just kept saying ... she made a comment like, well African-Americans do bad things. I said, well we're not the only people who do bad things. All people do bad things it has nothing to
do with our race. It's about the person's choices. I never really said anything [else about it] to anybody, it was something that I kind of held internally.

The program never talked about it. I feel like they should ... I don't know. Because I was gonna say that I feel like they should have taken that as a time to do the diversity training and to maybe discuss it. But maybe they feared that there's a lot of tension already going on, and maybe they were fearful about how people would respond. Maybe that's why they didn't do it.

Nicole’s story provides a lot of insight into current challenges in conversation about race and represents the majority of participants’ experiences of insensitivity, silence, and the quest for open conversation.

Dialogue about race was present across all participants, the majority of which were negative experiences or evoked silence. One experience that stood out from this theme was when Tony recalled a facilitated conversation during PA school about race and equity. Although not perfect, it is important to report his experience and thoughts about the potential that dialogical experiences could add to PA education:

That's probably one of the few times that I felt maybe uncomfortable I guess through PA school. Because if you don't live it [being a minority], it's kind of hard to explain it to somebody or for somebody to see it. Unless they're actively looking for it, a lot of people it doesn't affect them and they don't worry about it… I just remember talking to people about it and the person that was brought up was Tom Brady. Crazy enough just talking about looks and being White and the
opportunities that you were given. I think that's one of the reasons too, why there's not as many African Americans in PA school, just because the opportunities from the jump. That conversation about White privilege and just hearing people's responses was not off-putting, but it was kind of like I think a lot of people were saying was, ‘It's not my fault. I can't help that I was born white,’ or, ‘It's not my fault that I was given this privilege.’ And I'm like, ‘I understand that, but what can you do to help… I mean, it's not my fault I was born African-American, either.’ I think the goal for that conversation might not have been perceived the way I thought it should have been perceived. And I think maybe it's more about bridging the gap. It's more about understanding your own biases.

The underpinning of Critical Race Theory involves the act of dialogue to stimulate change. This research is intended to open that dialogue within the PA education community. Tony’s last statement “It’s more about understanding your own biases,” supports the rationale for including autoethnographic analysis in this study. The salient data from autoethnographic analysis, within the context of this study, will be presented next.

**Autoethnographic Analysis**

Throughout the course of this research, field notes and journaling were intentionally augmented and analyzed through autoethnographic methods in order to explore and challenge my own bias and assumptions. The data coded and analyzed revealed several evolving themes worth presenting. Throughout the research, acknowledgment of White privilege remained consistent. As the research process progressed, however, themes of White guilt and imposter phenomenon were replaced with themes of sympathy and sustained activism. This evolution will
be elaborated upon further. This process initiated a conscious shift from the egocentric to the genuinely altruistic. The data presented is a brief, raw, and honest outline of my experience during research process as a White woman. It is intended to open future dialogue and research, while trying to avoid the self-indulgence that autoethnography is often accused of.

Beginning this dissertation, I wanted to make sure that I was employing critical reflexivity in my narrative methodological approach. At the same time, I was engaging in a structured Critically Reflective Action Research (CRAR) framework to push my own boundaries and assumptions. Using an autoethnographic approach specific to narrative inquiry presented by Hughes and Pennington (2017), I began to try to answer the question: “What story should I write that can serve to document, justify, and or atone for my experience?” The following is an outline of the questions I asked myself and the path those answers and my research took me. A progression through stages of reflection took place as field notes, journaling, and peer debriefing took place.

**White Privilege**

The theme of White privilege emerged from asking: “What’s my role in this?” The underpinning of all field notes and journaling were rooted in the acknowledgement of my White privilege. I found that fear, inward reflection of guilt is not helpful, I felt bad for what my race has done to others yet found that feeling bad about it only paralyzes my actions, makes me afraid, makes me worried about saying or doing the wrong thing. It also makes me worried about losing the advantages I do have. As more self-realization and dialogue with the participants evolved, fear was replaced by a greater acknowledgement and then disgust at my own naïveté.
**White Guilt**

The theme of White guilt was realized when I was initially asking myself, “How can I fix this?” Through honestly exploring my positionality and biases, I acknowledged that I’m a big part of the problem. In one journal entry I write:

Growing up in a predominately White small town, I often think back to racist things I’ve said, racist things I’ve thought, and I cringe. I physically feel ill thinking about it. Yes, I’ve said things that have hurt others, not intentionally, but I have. I can’t imagine how those words, my actions, my lack of action, impacted those around me. I feel horrible and wish I could erase those times from my life, fix those moments. But I can’t. I can try to make things better for my colleagues, students, and our patients. I feel bad, I feel horrible. I want to fix it.

In these rantings of White guilt, I finally realized that I was more focused on seeking forgiveness and trying to ease my own regrets rather than being truly productive.

**Fear**

The theme of fear is constant throughout this research and likely for the rest of my life. Fear spurns a lot of questions in me, the first question being “What am I afraid of?” The field notes, journal entries, and correspondences with peers are littered with fearful questions: “What if I sound like a racist or am ignorant? How do I prove I’m genuine? What if no one listens or cares about this work? How do I write this to make sure it gets published and makes a difference? What it I’m called a fraud? What if I say something stupid? What if the Whites don’t care about this work? The end-result of this never-ending barrage of anxiety is to face it.
Ownership

In facing all of my own fears, spurned by my White privilege, White guilt, and questions, participant Tony’s narrative finally made it all click for me: “What can I do about it?” Although the research question and design did not change, the process of autoethnography has allowed me to be able to express my own motivations for conducting this research and iterate them clearly. Racism is inherent in me, I acknowledge that. I will use my privilege to make change. Fear and my ego will no longer silence me.

Sustained Activism Through Dialogue

In conducting this research, in listening to the experiences of the participants, a shift has occurred. Instead of worrying so much about my own role in racial inequality and wanting to “make it better,” the innate sympathy I possess as a PA, as a human, have shifted focus. “It’s not about me, it’s not about my guilt, it’s not about my pride. This is so much bigger. This is so much more than one article, one dissertation, or one diversity committee. This is about working together, one student, one educator, one patient at a time to address inequity in a productive and positive way.” I will ask questions, I will speak openly, and I will seek to understand. I will engage my White and African American colleagues in this conversation to move forward. I care.

The intent of incorporating autoethnography as a part of this research was to acknowledge the researcher’s implicit role in the research problem being studied. The goal was to incorporate elements of critically reflective action research (CRAR) in order to provide further insights as to how the researcher (and her peers) are impacting the experiences of African American students and open that dialogue up to a greater audience. The process of CRAR included:

1. Solidifying an appreciation of the research problem
2. Framing the inquiry cycle
3. Deepening the understanding of the inquiry focus
4. Refocusing the inquiry

Which leads to:
5. Planning for insightful actions
6. Critical reflection on actions
7. Communicating learning and checking outcomes
(Hughes & Pennington, 2017, p. 158).

The end-result is a continual self-reflection that refocuses us back onto the research problem, the research question, and action. The purpose of including critically active action research and autoethnography into the design and analysis of this study was to learn more about myself in the context of health, PA education, and race. Through this process I am more confident in opening up honest conversation with my readers and challenging them to self-reflect on their personal impact upon the experiences of African American PA students and what more can we, as PA educators, do to improve that success.

Summary

The data presented in this chapter is rich in detail and description in order to truly depict the experiences of six African Americans during their PA training. The overarching cultural capital framework within Critical Race Theory allowed for a platform from which in-depth analysis could take place. Within each cultural capital theme, experiences specific to PA education and African American PA students emerged to help grow the understanding of how successful African Americans experienced their PA education. These findings not only add to the current literature but also provide a stepping off-point from which to move forward into action.

Findings of aspirational capital were exhibited through the internal perseverance of each participant along with external motivators to provide better healthcare to underserved populations. Narratives surrounding familial capital exemplified the crucial role that family plays
in supporting the success of PA student while also bringing forth the struggle that students experience in providing for and being a part of their families. The narratives also emphasize the positive experience of classmates serving as a surrogate family and support system during PA school. The theme of social capital placed a spotlight on the indispensable value of the mentorship relationship. This was evident in the pre-PA, during PA, and post-PA setting in the form of student organizations and mentors external to PA school, PA faculty serving as mentors, and the participants becoming mentors themselves.

Subthemes within navigational capital and resistance capital revealed that despite being able to successfully navigate through and challenge the dominant culture, additional barriers were encountered. This included challenges in connecting with peers and encountering unclear policies and expectations within the participants’ PA programs. Overcoming these barriers led to pressures to prove oneself, generating feelings of isolation, depression, and anxiety. Intimately connected with these feelings were themes of imposter phenomenon and intersectionality. Dialogic experiences amongst the participants tended to be negative and highlighted the current social and political climate. Each participant viewed these conversations as necessary.

The autoethnographic methodology overwhelmingly led to the finding that dialogic experiences about race are challenging at best. The findings suggest that as a PA educator, merely acknowledging race disparities is not enough. The process of autoethnography demonstrated the author’s reluctance at pursuing discussions of race and allowed for further inquiry into those perceptions and barriers. Through this methodology a rudimentary framework in which to guide a White faculty member through critical reflection was formed, illustrating the process of making a conscious shift from the egocentric to the genuinely altruistic. This shift
brings focus back to what is important: the success and support of African American PA students.

Overall, the data has identified that there is a need to have more intentional and open conversations to incite change. Chapter 5 will provide a discussion of the data and apply it to current scholarly work within Critical Race Theory, Mentorship Theory, and education. Then, conclusions based upon this critically reflective action research will be presented, providing recommendations for PA educators and researchers alike.

**Chapter 5: Discussion and Implications for Practice**

The PA profession is dominated by a predominately White workforce. The advantages of a diverse healthcare workforce have been established for students, providers, and patients (Boulware, Cooper, Ratner, LaVeist, & Powe, 2016). PA programs struggle to recruit and retain students of color, especially African American PA students. Compounding this challenge is a lack of original research to better understand the experiences of successful students of color. This narrative research study was informed by Critical Race Theory (CRT) and a Cultural Capital framework to answer the question: How do African American PA students make meaning of the experiences that impact their persistence to graduation? By conducting a qualitative, narrative approach grounded in CRT, this study was able to reach well-supported conclusions on a small (but vital) number of African American PA students. More so, the approach of using CRT as a framework has allowed for an opportunity to advance discourse about race and social justice in the context of healthcare and PA education.

Chapter 5 places the results presented in Chapter 4 into context within PA education and the current literature reviewed in Chapter 2. Through the critical reflection of this research and honoring the theoretical framework of Critical Race Theory, thoughtful actions and potential
outcomes will be presented. The challenge of addressing the research problem and answering the research question is accomplished through intentional and on-going *dialogue and inquiry*. For this reason, Chapter 5 is written in the first person as a conversation, veering away from third person narrative most often used in PA research. PA educators must ask “What can be celebrated?” in order to augment the positive experiences of African American PA students. PA educators must also ask “What can be recognized?” to acknowledge burden, intersectionality, bias, and systemic racism openly. Finally, in this dialogue and inquiry, PA educators must ask “What can be changed?” to provide a starting point for best practices within the profession. This chapter will first provide a brief discussion about the overall impact of this study upon the current body of knowledge. Then it will highlight aspects of PA education that were found to celebrate and challenge student success, connecting this study’s results to the current body of literature. The chapter will conclude with detailed recommendations for practice, as well as limitations and implications for future research.

**Adding to the Research**

Chapter 2 established the current state of PA education research. The overarching goals of this study were to answer the research question and provide an opportunity for dialogue and change within the context of race and equity in PA education. Supplementary intentions of this study were to introduce rigorous and valid qualitative methods into the mainstream PA education literature while increasing the depth and quality of knowledge about African American PA student success. Given the dearth of African American PA student-specific research, this study has provided a novel approach to diversity focused PA research by finding unique aspects of African American PA student cultural capital that impacted success in PA school. Using a focused methodology and research design structured within the context of a CRT framework and
social justice lens, this narrative study was able to shine light upon how African American students make meaning of their persistence through PA school. Specifically, this study is one of the first in PA education to utilize a qualitative methodology that rejects deficit thinking and answers a research question focused on one particular subset of underrepresented PA students: African American PA students.

In the world of PA education, this study has generated new knowledge that will inform future practice and research. The design of this research intentionally explored the narratives of African American PA students about their success in PA school. This is in opposition to studying the generalized data of all minorities in PA education (Cokley, McClain, Enciso, & Martinez, 2013; Priest, Walton, White, Kowal, Baker, & Paradies, 2014). The results of this study also begin to address a research and policy gap left by national, state, and local initiatives. Specifically, emphasis was shifted away from the recruitment of minority PA applicants and the employment of minority PAs in the healthcare workforce, and was moved toward the retention and persistence of African American PA students. The themes generated through qualitative analysis align with current education and CRT literature while bringing forth unique perspectives that are specific to African American PA students during PA school. The results have produced a positive approach to supporting African American PA students, showing that a student’s cultural capital can be strengthened by PA programs. The results have also provided an opportunity to recognize challenges faced by African American students in PA school and their PA educators. The next sections will first discuss what can be celebrated and then explore what can be recognized, in the context of PA education and the success of African American PA students.
What Can Be Celebrated?

The results of this study first highlight African American PA student experiences that were overwhelmingly positive and contributed to success. These experiences were framed within the contextual themes of Aspirational, Familial, and Social Cultural Capital. Aspirational capital informs the PA pipeline. Familial capital informs how educators can grow PA program cultures. Social capital informs how educators mentor and advise students. In order to suggest how PA educators can celebrate aspirational, familial, and social capital, it is necessary to first define what celebration means. For the purpose of this discussion, celebrate means not only to acknowledge, but to also ‘play up’ those themes attributed to African American PA student success (Merriam-Webster, 2019). This section will link the aspirational, familial, and social cultural capital themes with the current literature in order to establish what can be celebrated to improve African American PA student success.

Aspirational Capital and the PA Pipeline

Aspirational capital was apparent across all participants in this study. In fact, a large proportion of aspirational capital was inspired by the PA pipeline. The narratives from this study demonstrated near-unanimous participant engagement in the PA pipeline prior to PA school, during PA school, and after PA school. In slight contrast to current PA pipeline research, participants in this study keenly spoke about visible disparity in the number of African American applicants, students, and PAs, in part, fueling their aspirations of becoming a PA (Glicken & Miller, 2013). Aspirational capital was also exhibited through the internal perseverance of each participant and was magnified by their own personal experiences and desires to provide better healthcare to underserved populations. These visible disparities also inspired the participants to mentor future students of color into the PA profession, provide support to other students of color
going through PA school, and to provide equitable care to their patients. Those aspirations were supported, affirmed, and grew as the participants navigated through the PA pipeline.

Figure 5.1. Aspirational Capital and the PA Pipeline Word Cloud

While most literature speaks to the evidence that pipeline efforts involving early outreach increases the number of underrepresented minority students into a profession, this study emphasizes that the PA pipeline is not only to get minority students into PA school. The PA pipeline described in this study provided opportunity for African American PA students and PAs to inspire future and current students, who then fed back into the pipeline and their communities (Blockett, Felder, Parrish, & Collier, 2016). I argue that the PA pipeline is actually a circular PA pipeline with aspirational capital continually feeding back into the community, K-12, undergraduate, PA education, and the PA profession.

Figure 5.2. Circular PA Pipeline
The current literature supports that the ability to recruit PA students of color to eventually return to work as PAs in underserved primary care, is only as good as that program’s ability to build and maintain the pipeline (Holley & Gardner, 2012; Holmes & Menachemi, 2017). This research demonstrates that aspirational capital is evident and self-perpetuating within the PA pipeline; from the community, K-12 education, undergraduate education, current healthcare professionals, PA students, practicing PAs and back to the community. From this research, it can be concluded that the Circular PA Pipeline fuels the dreams of future PA students, grows the perseverance of current students, and fulfills the hopes of practicing PAs to provide high-quality healthcare for their communities. Closely-knit communities are intricately connected to engaged and supportive families. Familial capital and a family-oriented PA program will be discussed next.

Familial Capital and a Family-Oriented PA Program Culture

The narratives analyzed in this research exemplified familial capital and underscored the crucial role that family, fellow students, and the PA program play, as a team, in supporting the success of African American PA students. The results obtained are also supported in the current literature, showing that student success is improved when they have received significant socioemotional support from family, fellow classmates, and their faculty (Polson, 2003; Tompkins, Brecht, Tucker, Neander, & Swift, 2016; Mosholder, Waite, Larsen and Goslin, 2016). While all participants in this study relied on family for emotional support, their narratives also brought forth the struggle that PA students experience in providing for and being a part of their families while in school. Graduate and higher education literature has established the complexity of the intersectionality of students who are also parents and caregivers, establishing that students attribute much of their academic success to the support of family and their cohorts,
providing PA educators an opportunity to further cultivate a family-centered PA culture (Sandoval-Lucero, Maes, & Klingsmith, 2014; Samuelson & Litzler, 2016; Lake, Koper, Balayan, & Lynch, 2018). Participants in this study attributed their success in PA school to both their own community and families as well as their ‘PA families.’ Themes of family-centered PA culture derived from this study will be celebrated and discussed next. The role of faculty as mentors will be addressed in a future section.

External Family Support. Participants in this study felt better supported during PA school when they were able to regularly engage with their families and maintain their familial roles and responsibilities. This was achieved through external family support but was also augmented in PA programs that included the student’s family through orientation programs, community engagement projects, and in clinical year planning. Many higher education and medical education scholars have improved underrepresented minority persistence through the practice of including family and community into the school environment, making their students feel welcomed and valued (Mosholder, Waite, Larsen and Goslin, 2016). Additionally, creating a sense of community and involvement amongst students of color provides an opportunity to improve academic persistence and success (Jacoby, 2014; Kretovics, 2015; Newbold, 2015; Rios-Ellis, Rascón, Galvez, Inzunza-Franco, Bellamy, & Torres, 2015). This research study expands upon the educational literature to highlight the unique impact that PA school has upon a
student and their family. This was particularly noted in the clinical year, when students had to travel for their training, separating them from their familial support and placing additional financial and emotional strain on the situation. Participants felt better supported when their PA programs acknowledged the role and impact of family in planning for clinical year travel. The benefits of celebrating family were clearly reflected in the results of this study.

African American PA students who were also parents possessed additional aspirational capital related to providing for their children. Participants exhibited more ambition and drive to complete PA school in order to provide better for their families and to set a positive example for their children. This capital was impacted when the participants felt unable to provide the appropriate level of care and attention to their families in times of struggle. The imbalance of PA school and familial demands detracted from the participants academic and personal success, which is also a well-supported phenomenon in the higher education literature (Thomas, 2015). Recent higher education literature supports these findings and suggests shifting program practices and policies to foster more external familial support (Dunn, Iglewicz, & Moutier, 2008; Springer, Parker, & Leviten-Reid, 2009). Additional educational scholars place focus on developing policy and procedures that allow for a leave of absence or a part-time option if family demands are impacting a student’s progress (Theisen, McGeorge, & Walsdorf, 2018). In this study, opportunity for additional familial considerations including absence and leave policies were beneficial, but rare. When participants did not take leave in times of family need, they tended to rely on their internal ‘PA family’ for support. Those findings will be considered next.

**Internal PA family support.** The findings from this study emphasize the positive experience of classmates serving as a ‘surrogate family’ and support system during PA school. PA education researchers have established that students often utilize emotional support from
family, peers, and upperclassmen as a healthy coping strategy for stress (O'brien, Mathieson, Leafman, & Rice-Spearman, 2012; Theissen, 2018). However, studies in graduate and medical education have also suggested that students with higher self-reported levels of stress, burnout, depression, and academic difficulty do not engage with formal institutional resources (including study skills centers, tutoring, counseling, and mental health services) despite the availability of those support mechanisms (Dyrbye, Eacker, Durning, Brazeau, Moutier, Massie, & Shanafelt, 2015). The participant narratives reflected the literature in terms of stress, burnout, depression and academic difficulty, however these barriers were often overcome by the participants through the support and connections found with peers. The findings suggest that African American PA students rely heavily on their classmates for support, both emotionally and academically. Considering peers as ‘family’ helps to situate familial capital into a PA program further. The participant narratives validate that the socioemotional support provided from ‘familial’ peers contributed to their success in PA school.

This study found that the concept of an internal student family was fostered best in PA programs that promoted socialization prior to and throughout PA school, provided opportunity for student professional development and identity formation, and offered an intentional social justice and service-learning oriented curriculum. These findings are supported by higher education and student support literature. Socialization that facilitates student relationship formation is well documented in the student support literature (Dennis, Phinney, & Chuateco, 2005; Pontius & Harper, 2006; Lipscomb, 2019). Representative socialization activities described by the study participants, included pre-matriculate orientations, facilitating student connections and access to resources, as well as sponsoring informal get-togethers. As PA students learn more about their own professional roles and identity in a community service-based
setting, they also develop connections and provide support to each other, forming an internal family. Professional development and identify formation in combination with service learning have been established as contributing factors to the success of students in the higher education literature and were echoed in throughout the participants’ narratives (Jacoby, 2014; Kretovics, 2015; Newbold, 2015; Hardré & Hackett, 2015; Stetten, Black, Edwards, Schaefer, & Blue, 2019). The cohort model used in PA education provides opportunity to grow student bonding given they are learning together, in person, on a daily basis. This environment facilitates internal PA program familial capital and contributed to the success of the participants in this study.

Overall, this study highlights the vital role that family, both external to and internal to PA programs, and familial capital play in the success of African American PA students. African American PA students felt better support from their programs when family was engaged by the program, when program policies were more flexible to family needs, and when the programs promoted cohort bonding and internal peer support mechanisms. Fostering familial capital provided significant advantage, both emotionally and academically, for the African American participants in this study. Given the magnitude of forming an internal PA family, this discussion will now transition to the support provided by PA faculty mentorship.

Social Capital and Holistic Mentorship

All of the participants in this study felt that their academic advisor played a significant role in their academic and personal success. While the Accreditation Review Commission on Education for Physician Assistants (ARC-PA, 2018) standards ensure the availability of academic advising for PA students, there is little guidance or research for PA educators defining the role that an academic advisor should play. Higher education and medical education academic advising is moving toward a framework based on student success (Lunsford, 2012; Strayhorn,
African American PA students attribute their success (in part) to a more holistic approach to advising, and I would argue that this approach is consistent with holistic mentorship.

Holistic mentorship considers not only grades and courses, but also building student-advisor relationships that foster diversity, professional identity formation, a sense of value, and understanding of the entire student picture (Woods, Burgess, Kaminetzky, McNeill, Pinheiro, & Heflin, 2010; Toklu & Fuller, 2017). The study narratives consistently described faculty advisors that went beyond academics; faculty advisors celebrated each participant’s social capital by providing a trusting, safe confidant who also served as a cheerleader and voice of reason. These qualities are cited in the literature as the foundation of holistic mentorship. Specifically, holistic PA mentors established commonality, involvement, and understanding with their advisees. While mentor-mentee relationships provide benefit for both members, holistic mentorship underscores the strength of social capital in successful African American PA students. This research is supported by the literature and has demonstrated that purely academic advising relationships generate an increased sense of pressure to get good grades, becoming more punitive that supportive (Harrison, 2009; Smith, Rice, & Chang, 2016). Further studies have shown that the most valuable resource for graduate students is a supportive faculty member engaged in a student’s success (Schroeder & Mynatt, 1993; Theisen, 2018).
Although academic achievement is crucial to student success in PA education, this research concludes that holistic mentor qualities including commonality, involvement, and understanding positively impacted African American PA student experiences. Commonality was established through intentional conversations exploring the student’s experiences, interests and motivators. Mentors were involved and concerned for the student’s welfare, values and heard what the student had to say; engaging the student in their academic and personal lives. Understanding was demonstrated through the normalization of experiences, including failure, and the presence of racism, and bias. Supported by the educational literature, this study found that the most impactful mentors encouraged students to refocus reaction to failure and stress into a growth mindset; to learn from negative experiences rather than let them define the student (Phatak & Kao, 2018; Sturges, 2018). While holistic mentorship traits and skills are mentioned in the PA literature, this study solidifies the global concept of holistic mentorship and establishes its benefits in supporting African American PA student success. The holistic mentor traits and behaviors uncovered in this study boosted student social capital, familial capital, and aspirational capital. Further, holistic mentors recognized individual student challenges and helped the participants to address and surmount those challenges.

Given the current body of literature, this study has expanded the understanding of African American PA student experiences through qualitative methods and has rejected the predominant deficit-model thinking. The results of this research have highlighted the value of the PA pipeline, family, and mentorship in ways not previously established in the literature. Augmenting cultural capital through the PA pipeline, family-oriented culture, and holistic mentorship enabled participants to overcome challenges and be successful. This study also brought forth new
understanding of the challenges African American PA students face. Recognition and discussion of the burden experienced by African American PA students, challenges of intersectionality, and the acknowledgement of bias and systemic racism present in PA education will take place next.

**What Can Be Recognized?**

The overwhelming results of this study highlight facets of cultural capital that can be celebrated in order to support the success of African American PA students. However, hearing the narratives of the participants also brought forth previously unexplored burden, intersectionality, and bias and systemic racism. This study recognizes these challenges and will further discuss them within the context of current literature. First the burden associated with navigational and resistance capital will be discussed. Then the intricacies of intersectionality will be uncovered. Finally, honest dialogue surrounding bias and systemic racism will take place. Recognizing these challenges will provide a platform for recommendations for change and future research.

**Burden**

As discussed in Chapter 4, the subthemes within navigational capital and resistance capital revealed that despite being able to successfully navigate through and challenge the dominant culture, students struggled to make connection with peers and encountered unclear policies and expectations within their PA programs. The burden of resisting and overcoming those struggles resulted in the pressure to prove oneself, generating feelings of imposter phenomenon, isolation, depression, and anxiety. The medical education literature has begun to establish the consequences of student stress and burnout, supporting this study’s findings (Dunn, Iglewicz, & Moutier, 2008; Dyrbye, Eacker, Durning, Brazeau, Moutier, Massie, & Shanafelt, 2015). However, these findings are in conflict with CRT cultural capital theory: although
navigational and resistance capital contribute to the overall success of African American PA students, spending that capital comes with significant psychosocial and emotional price (Solórzano & Bernal, 2001; Yosso, 2005; Wright, Maylor, & Becker, 2016). The degree of burden resulting from the expenditure of cultural capital has not been well established in the current higher education or medical education literature. This study results suggest that some aspects of cultural capital are not always beneficial to the individual. Each participant’s narrative was distinct, with varying degrees of burden, handled individually unique ways. This can be attributed, in part, to the concept of intersectionality.

**Intersectionality**

One significant finding from this research was the importance of considering intersectionality as a major influence upon the experiences of African American PA students. Each participant identified with several positionalities, creating a unique intersection of not only race, but of gender, profession, sexual orientation, socioeconomic status, family role, dis/ability, etc. The premise of this research is that each students’ experience is unique and intersectionality exemplifies this concept. Although the presence of intersectionality does not necessarily add to the current literature, it does bring forth previously established critique of Critical Race Theory (Bowleg, 2012). It is important for PA educators to keep in mind that although a student identifies as African American, that student also identifies themselves with many unique perspectives, roles, and backgrounds (Gilborn, 2015). The complexity of intersectionality brought forth in this study emphasized a common misconception that race is what primarily defines a person and their experiences (Parker & Lynn, 2002). While race certainly impacts how a person makes meaning of their experiences, it is not the only factor. Many would argue that such an assumption is the product of bias and systemic racism. The finding of intersectionality
emphasizes that PA educators must consider that many factors lend to the uniqueness of each individual student and their own success.

**Bias and Systemic Racism**

The experiences illuminated by this research provide PA educators an opportunity to self-reflect on personal bias and systemic racism. Some argue that all students struggle during PA school, commenting “Don’t all students experience the same classes with the same resources? Why would educators have to approach any race differently?” (J. O’Neal, personal communication, July 25, 2018). However, the medical, PA education literature, and this study demonstrate why and how these types of statements can undermine the success of any underrepresented student (Kimmel, 2017; Sturges, 2017). Whether the reader is prepared to acknowledge this or not: bias and racism influence every aspect of PA education, placing further burden upon students of color (Sturges, 2017; Smith & Jacobson, 2018; LeLacheur, Bester, Oxendine, Guidry, Ryujin, Samuels, Maldonado, Bowen, Himmerick, 2019). This study, through participant narratives and autoethnography, has not only revealed opportunities to promote African American PA student success; it has also brought forth the burden, from racism and bias, that African American students feel, despite their navigational and resistance capital.

The narratives from this research yielded many stories of bias across every facet of PA education. Bias was exhibited by the peers, faculty, and patients in each participant narrative. Implicit bias is often cited as a contributor to poor patient outcomes and increase in health disparities and the results of this study suggest that a similar phenomenon impacts the success of students of color as well (Williams & Wyatt, 2015). In fact, the overall theme from the participant narratives was that individual biases compounded into a more systemic bias. Further developing CRT in this discussion through challenging racism, I argue that when, predominantly
White, educators use the term bias in the context of race, the jargon is synonymous with racism. For this reason, moving forward, the discussion will be referred to as racism, rather than bias.

Systemic bias is the nice, more approachable way to talk about systemic racism. Many scholars contend that there are varying degrees of individual racism, ranging from overt racists and unconscious racists, to deceived activists and enlightened activists, arguing that even well-intended sensitivity to racial issues (deceived activists) can actually undermine activism and feed into systemic racism (Young, 2011; Trepagnier, 2017). The autoethnographic results of this study were an unanticipated finding; the critically reflective action research (CRAR) and self-reflection of autoethnography exposed my understanding of systemic racism and my genuine role in it. Young (2011, p.1454) best summarizes this finding in saying that CRT also calls educators to attend to the counternarratives of the oppressed and to work toward the elimination of all forms of oppression. It leaves no doubt as to the systemic nature of racism, and it pushes educators to actively confront it in the policies and practices of schools (p. 1454)

Presenting the narratives of African American PA students and bringing forth the racism experienced provides an opportunity for PA educators to further reflect upon their individual and systemic roles, creating a starting point for change. An expanded form of dialogue has been opened as an unanticipated result of this study. Overcoming the racist burden felt by African American PA students begins with PA educators confronting racism in themselves and the system.

Shifting focus back to what PA educators can celebrate, I argue that focusing on expanding the PA pipeline, creating a family-oriented PA program culture, and providing students holistic mentorship, is the first step in easing some of the burden that African American
PA students bare (Tjia, Givens, & Shea, 2005; Sturges, 2018; Dyrbye, Sciolla, Dekhtyar, Rajasekaran, Allgood, Rea, & Stephens, 2019). The final step is to make those changes become a part of the PA educational culture through intentional action perpetuated through sustained, open dialogue (Ladson-Billings, 1998; hooks, 2003; Alexander, 2010; Fine & Weis, 2012; Hobson, 2014; Wolfe & Dilworth, 2015). Recommendations for practice and change will be presented next.

**What Can Be Changed?**

PA educators must challenge racism and champion cultural capital, embodying tenets of Critical Race Theory in daily practice and culture (Yosso, 2005). There is opportunity to intentionally support to African American PA students through the PA pipeline, a family-oriented culture, and holistic mentorship while openly talking about racism, bias, diversity, and equity. These actions must become a way of life, not just as a check-box or accreditation requirement. Yosso (2005, p.73) points out that the CRT lens helps to “expand this dialogue to recognize the ways in which our struggles for social justice are limited by discourses that omit and thereby silence the multiple experiences of People of Color.” The work of embodying the tenets of CRT (acknowledging race and racism, challenging the dominant culture, committing to social justice, value experiential knowledge, and utilizing interdisciplinary approaches) cannot rest on one person alone (Solórzano & Yosso, 2001). Diversity work is everyone’s work; it will not spontaneously happen. Within PA education, research, pedagogy, curriculum and policy, informed dialogue is what will make change. This section will outline recommendations for practice, specifically attending to the aspirational, familial, and social capital that can be augmented through the PA pipeline, a family-oriented PA program, and holistic mentorship.

**PA Pipeline**
PA programs across the country participate in or sponsor outreach to prospective students. Some are geared toward any student while others are more targeted to a special population and tend to be mission-specific. (Glicken & Miller, 2013; Wick & Tozier, 2015). Project Access is a unique national outreach recruitment program, centered on introducing underrepresented minority high school students to consider the PA profession (PAEA Project Access, 2018). The program sponsors outreach at annual PA conferences and events and provides materials that can be used by PA programs to sponsor events of their own. Although mentioned in several articles regarding PA diversity, the program is not a part of mainstream PA educational practice nor have its participation rates or long-term outcomes been published (Mulitalo & Straker, 2007). It is now time to consider how PA educators can encourage their colleagues to study and potentially expand PA pipeline projects, like Project Access, as a part of common PA educational practice. This can first be accomplished by combining efforts with other PA and health professions programs, then identifying existing pipeline and STEM organizations that focus on social justice, and finally, through partnering with those programs and organizations to share the work and expand outreach through collaboration.

Forming regional networks of PA programs to collaborate on pipeline outreach, especially in urban underserved regions of the country is one way to support the aspirations of young underrepresented minorities in STEM and the PA profession. The ‘work’ of these efforts can be shared across multiple PA programs, resulting in engagement across the PA educator community. The benefit of collaboration is well established and can be augmented by connecting with admissions and recruitment personnel with a shared interest in the PA pipeline, designing projects to the time and resources available, and creating a pipeline curriculum, where PA educators and students can share their passion (Komoroske, Hameed, Szoboszlai, Newsom, &
Additional studies support that engaging currently enrolled students in pipeline and outreach activities provides additional professional development and mentorship experiences, in addition to sharing the capacity required to sustain pipeline projects (AAAS, 2013; Pluth, Boettcher, Nazin, Greenaway, & Hartle, 2015). Many PA educators would argue that this additional ‘work’ is beyond their current workload capacity, given institutional demands to prioritize teaching, scholarly work, and clinical practice (Laursen, Liston, Thiry, & Graf, 2007; Coniglio & Akroyd, 2015). This counterargument to expanding pipeline efforts further supports the importance of collaboration and strategically structuring shared outreach to include students, faculty, and most importantly, community partnerships.

PA educators must expand their concept of what the PA pipeline looks like and engage with the community and educational partners to do so. Growing and conceptualizing the PA pipeline should include efforts to keep students from underrepresented backgrounds in the pipeline. The focus is not only how to reach prospective students but also on how to support their persistence through that pipeline into PA school. Identifying and partnering with existing K-12, undergraduate, graduate, and non-profit STEM programs centered on social justice frameworks has shown to improve underrepresented student pipeline persistence (Madden, Wong, Vera Cruz, Olle, & Barnett, 2017; Monarrez, Wagler, & Wagler, 2019). These efforts increase the number of students staying in the pipeline and entering into STEM professions, including PAs. Several successful pipeline and persistence frameworks have demonstrated how to augment student aspirational capital by guiding students of color to take their “negative school experiences, see possibilities for their future and how they seek to transform school ‘failure’ into personal and educational ‘success’… a ‘turnaround narrative.’” (Wright, Maylor, & Becker, 2016, p.21). Other programs enhance student persistence in the STEM pipeline through self-advocacy and
coping skills as students persist through their undergraduate education (Tate, Fouad, Marks, Young, Guzman, & Williams, 2015).

The regional PA pipeline network described above could benefit from the experience and knowledge of STEM outreach and pipeline colleagues. Many STEM programs employ a social justice framework, with emphasis on aspirational capital, and offer the potential to collaborate and expand the PA pipeline as well. Those partnerships and collaboration also provide additional support and resources to already-taxed PA educators (AAAS, 2013). Partnering with those programs and organizations to share the work and expand outreach through collaboration has the potential to further celebrate student aspirational capital.

**Family-Oriented PA Program Culture**

While students may not be able to bring their families to PA school with them every day, PA programs can explore ways to consider and incorporate student familial capital into their policies and practices. Specifically, this section will recommend suggestions that PA educators can employ to improve program policies, engage with student families and communities, and create an internal PA family.

**PA program policies.** In order to better incorporate a students’ family into the PA educational environment, PA educators will need to further develop family-centered policies and practices that enable students to remain responsible for and engaged with their families (Newbold, 2015; Theisen, 2018). Changing policy in any educational environment can be challenging at best, especially in regards to decisions related to enrollment status and deceleration. In the context of PA education, the unique time constraints of completing a PA degree makes deceleration a significant barrier for student success and part-time options impossible. However, programs should consider revisiting their deceleration policies through
collaboration with a Student Affairs professional to ensure the process and language for deceleration and return to the program is not punitive in nature (Styron, 2010; Plageman, 2011). To ameliorate attrition and reduce barriers that deceleration can add, programs can identify potential touchpoints in the curriculum where a leave could more feasibly be planned, should a student need to take time away to support their family (Young, Miller, & Barnhardt, 2018). Some may argue that transparency in deceleration touchpoints or revising current policy will only encourage more students to take a leave of absence. I counter that a well-written policy providing transparency for program deceleration provides the potential for a student to attend to their family needs as opposed to placing more strain on a student to persist and/or dropping out all-together (O'brien, Mathieson, Leafman, & Rice-Spearman, 2012; Foo, Ilic, Rivers, Evans, Walsh, Haines, & Maloney, 2018). While program policies are often written to protect the interest of the program, shifting attention to supporting the student and their families offer an opportunity to support student success.

**Family and community.** The transition from full-time employment and family member to that of full-time PA student while trying to balance the financial and emotional needs of a family is difficult. One may argue that PA students are of a maturity and age that providing resources and guidance is not necessary however, multiple studies on graduate- and doctoral-level students with children have shown the need, demand for and benefit of providing linkage and guides to resources that can help students better support themselves and their family (Polson, 2003; Barbosa, Raymond, Zlotnick, Wilk, Toomey III, & Mitchell III, 2013; Sallee, 2015). In fact, further studies have shown that intentional acculturation programs provide additional support in transitioning to the role of full-time student (Hairrell, Smith, McIntosh, & Chico, 2016). Such resources can include housing options in the community, on- and off-campus
childcare that aligns with the hours of the program, bus and transportation routes, and parking information to improve the strain of commute. PA Program sponsored family orientation, potluck dinners, and service learning opportunities serve as low-resource, high-impact ways of celebrating and supporting student families and communities (Albinsson & Yasanthi Perera, 2012). In celebrating family and community, PA programs are supporting the success of their students. As these efforts grow, celebrating external families bridges with forming an internal student family of support as well.

Creating an internal PA family. While cohort models pose difficulty in deceleration policies and the rigors of PA school can distance students from their family, the cohort model can be an advantage as well. The cohort model has been shown to have lower attrition rates attributed to the support, mutual encouragement, and sense of community generated between classmates (Thomas, 2015; Lake, Koper, Balayan, & Lynch, 2018). Considering that PA students are less likely to engage institutional resources and more likely to lean on classmates in their cohort for support, PA programs should look at strengthening a supportive family culture within the cohort as a way to facilitate healthy coping mechanisms, and ultimately student success. In order to foster a family relationship amongst peers, a program should focus on building student involvement. Gardner and Barnes (2007) point out that graduate student involvement looks different than undergraduate student involvement described in the literature, highlighting the value of socialization, professional development, and service learning. This section will outline opportunities to intentionally foster peer relationships within a PA cohort.

Socialization. Socialization can start with a cohort prior to matriculation, through PA program sponsored online modalities to initially connect students, facilitated by the program rather than through Facebook or other social media venue. Forums should be developed to focus
entering students on sharing resources on where to live, carpooling opportunities, public transportation, childcare options, etc. (Lake, Koper, Balayan, & Lynch, 2018). To develop solid cohort relationships and a community of learning, scholars suggest program sponsored retreats and regular social events (during class hours) to allow for students to get to know each other in terms of their professional backgrounds, personal backgrounds, and future aspirations (Lin, 2017; Lake, Koper, Balayan, & Lynch, 2018). Building an intentional framework for socialization can create a sense community and internal familial support for students.

**Student professional development.** Professional development as a cohort provides opportunity to expand upon the socialization approaches described above. Specifically, socialization of students in health professions facilitates the transformation of their professional identities (Nadelson, McGuire, Davis, Farid, Hardy, Hsu, & Wang, 2017; Kalet, Buckvar-Keltz, Harnik, Monson, Hubbard, Crowe, & Yingling, 2017). Professional identity, as a PA, is not only what a PA does, but more importantly, what a PA is, both as an individual and as a group (Cruess, Cruess, Boudreau, Snell, & Steinert, 2015). When guided as community of inquiry, PA students can form a bond as they go through the process of developing their inner value system together (Rabow, Remen, Parmelee, & Inui, 2010). Ways of structuring a professionalism curriculum to facilitate group professional identity include engaging students in local, state, and national PA organizations, and involving students on social, political, health, and PA profession advocacy issues. The intentional and self-reflective act of becoming a PA together, creates an additional bond and sense of community across a cohort in the process (Rabow, Wrubel, & Remen, 2007).

**Service learning and equity-focused curriculum.** Participation in service learning has been shown to increase the likelihood of student success through community engagement
In the context of supporting an external PA family, service learning provides an opportunity for students to feel more connected to their community and to each other. The challenge is that service learning needs to be intentionally developed within the curriculum to not only focus on social justice outside of the classroom but to also emphasize cognitive diversity, inclusion, and equity amongst the students (Parkhurst, Kayingo, & Fleming, 2017; Lewin, McManamon, Stein, & Chen, 2019). Creating ‘brave spaces’ in the classroom, where students can learn from each other and their service learning experiences can foster understanding and communication, strengthening the bond between students (Ryujin, Collett, & Mulitalo, 2016; Sevin, Hale, Brown, & McAuley, 2016). Further, instilling that students are valued by a PA program through ongoing engagement with student feedback on curriculum and experiences (whether through formal survey or informal conversations and check-ins) has been shown to increase student retention (Polson, 2003). By engaging students in service learning and equity-based curriculum while also seeking their feedback, a PA program supports an environment for growth and success of their students. This promotes a meaningful relationship between students and also begins to connect students with the program.

PA educators may not initially see opportunity to support African American PA students’ familial capital. However reconsidering program policies, practices and curricular approach, as well as extending the perception of what ‘family’ means in the context of a PA program cohort, provides ample opportunity to improve the success of students. Celebrating and further developing a family-centered PA culture then enables PA faculty to transition their role as advisor to that of mentor.

**Holistic Mentorship**
Many PA faculty advisors organically provide holistic mentorship for their students, especially faculty of color. However, others feel pressured by the time available to balance their multiple roles as faculty without institutional support to do so (Coniglio & Akroyd, 2015; LeLacheur, Bester, Oxendine, Guidry, Ryujin, Samuels, Maldonado, Bowen, Himmerick, 2019). Further studies have shown that prospective students select PA programs based upon the moral and qualifications of faculty and staff (Sierra, Forbes, Mirly, & Rodríguez, 2018). It is therefore important for PA programs to identify ways to provide support to faculty in providing holistic mentorship to students not only to support student success but also to maintain the moral and expertise of its faculty. Both actions result in increased student success and faculty retention.

First, this section will identify ways that PA programs can foster holistic mentorship: creating a family-oriented educational home, engaging mentors outside of faculty, supporting faculty development, fostering a social justice-focused curriculum and promoting dialogic experiences. This section will conclude with a framework to structure an advising visit toward a more holistic mentorship model.

**Family-oriented educational home.** As discussed previously, family plays a large role in the experiences and success of African American PA students. Similar to the concept of a patient-centered medical home, creating a culture of holistic advising that includes the student’s family can increase student communication and engagement with faculty and the PA program (Roscoe, 2015; Cené, Johnson, Wells, Baker, Davis, & Turchi, 2016). By incorporating the students’ family into advising/mentorship sessions, faculty celebrate the value that family plays in a student’s life and takes family into account when making decisions related to clinical rotations, travel, and time spent away from the household. While many PA programs are faced with the challenge of securing clinical education training sites, many more are having to require
students to travel away from their home for those rotations, leaving their families for weeks at a time (PAEA Program Report, 2018, p. 18). This places additional burden on the student when they are required to fund their travel to and from distant sites, paying for room and board, and accessing to Wi-Fi and other resources while also putting additional emotional strain on students and their families (Lefroy, Watling, Teunissen, & Brand, 2015). Although inviting the family into clinical phase planning meetings may not change where the student is placed, it allows the faculty member to anticipate and adjust to any challenges identified, offer support or resources to the student or family, and provides an opportunity for the student and family to understand and plan for clinical rotations.

Think outside the faculty box. The dearth of minority PA faculty can often limit connections for students of color. One solution discussed earlier is to engage students and faculty in mentorship through the PA alumni pipeline and by leveraging professional connections beyond the program that can also offer support and mentorship (Sommerfeld & Bowen, 2013). This allows opportunities for students to connect with other health professionals of color to share experiences and expand their social network and capital. Some graduate programs have seen an increase in student success by including staff from diverse backgrounds into the mentorship structure. One study in particular noted a successful program that “empowered administrative staff to serve as cultural translators,” providing an opportunity for open dialogue about race, and giving additional perspective and support for both students and faculty in the process (Posselt, Reyes, Slay, Kamimura, & Porter, 2017, p. 2). Importantly though, the authors note that a model like this must also encourage an institutional culture in which all faculty are committed to advancing the skills necessary to support students from diverse backgrounds. The results from the narratives of this research also highlight the magnitude of the impact of faculty skill in
supporting students from diverse backgrounds, regardless of the race of the faculty member. Training all faculty to provide holistic mentorship support for students places the work of holistic mentoring not only upon faculty of color, but upon all faculty, as a shared responsibility and expectation. Holistic mentorship faculty development will be discussed next.

**Holistic mentorship faculty development.** Physician Assistant educators wear many professional hats: clinician, teacher, researcher, administrator, supervisor, advisor. This is balanced with their day-to-day life outside of the PA program (PAEA Faculty Report, 2018, p.16). While many articles are being published that look at PA faculty satisfaction, retention, and attrition, all point to the role of support from the institution as crucial in their abilities to successfully perform all of their job roles (Coniglio & Ackroyd, 2015; Essary, Bernard, Coplan, Dehn, Forister, Smith, & Valentin, 2018; LeLacheur, Bester, Oxendine, Guidry, Ryujin, Samuels, Maldonado, Bowen, Himmerick, 2019). The results of this research study suggest that having faculty skilled in holistic mentorship provided a very positive experience for African American PA students, however, not all faculty are equipped with these skills. PA programs can empower their faculty to build holistic mentorship skills through faculty and curriculum development and then propose a framework that faculty can use to apply holistic mentorship to traditional academic advising.

PA programs must intentionally empower faculty development, with particular emphasis on diversity and inclusion, for the benefit of students, faculty, and ultimately the patients and communities served (Coplan & Fleming, 2019). This begins with providing dedicated release time and funding for faculty development on topics including (but not limited to) cultural awareness, impostor phenomenon, faculty skills workshops, inclusion and equity, in order for faculty to build their holistic mentoring skills. Many institutions offer this type of professional
development internally, as does the Physician Assistant Education Association at annual conferences, workshops, and online resources (Fleming, 2017). The key is to shifting the culture of the program, making this type of faculty development an expectation rather than a suggestion.

Additional support by programs to allow faculty adequate time to apply concepts learned in faculty development to provide holistic mentorship is also key. For example, the average PA faculty spends 25% of their time in “teaching-related activities (e.g., advising, preparation, grading, etc.)” however, I would argue the time spent advising is minute in comparison to the time that faculty spend teaching preparation and grading (PAEA Faculty Report, 2018, p.16). This leaves little time for faculty to dedicate to growing the skills learned through professional development and could be addressed by strategically scheduling more time to conduct student advising. Additionally, programs could include faculty debriefing and collaboration on diversity and inclusion topic implementation during already scheduled faculty and academic planning meetings, further encouraging dialogue and awareness of the role that holistic mentoring plays in a student’s experience. Incorporating social justice into the curriculum as a component of mentorship will be described next.

**Social justice curriculum.** Further opportunity for faculty development also lies within the curriculum being delivered. From a curriculum standpoint, programs and institutions can encourage socially just opportunities for faculty to create and participate in service learning, further facilitating connection, dialogue, and understanding with communities, alongside students and colleagues (Seifer, 1998). Done properly, service learning should include a community needs assessment and can take significant time and effort to develop (Voss, Mathews, Fossen, Scott, & Schaefer, 2015). This poses a challenge for PA faculty who are already limited on time and resources. On the other hand, many would argue that the potential to
work interprofessionally with other health professions programs and community organizations offers an opportunity to share the work load and serve the community in an interprofessional setting (Buff, Jenkins, Kern, Worrall, Howell, Martin, & Blue, 2015; Stetten, Black, Edwards, Schaefer, & Blue, 2019). Further evidence suggests that when students take an active role in developing service learning projects, such as student-run clinics, their independent learning and engagement with faculty, fellow students, and the community increases (Schutte, Tichelaar, Dekker, van Agtmael, de Vries, & Richir, 2015; Neal & Neal, 2016). Faculty are then able to serve in an advisory role for the project and mentor through professional modeling to further develop a student’s professional identity (Weinberg, 2019). Collaboration on already existing projects, pooling resources, and engaging students in the planning of sustainable service learning projects provides an excellent venue for diversity and social-justice oriented faculty and curriculum development.

**Dialogue.** This section provided recommendations for change through an underlying approach of augmenting the cultural capital each student possesses. It is important to realize that change is not easy and can be frustrating for all involved. This becomes even more difficult when educators are asked to facilitate dialogue about race. Qualitative research methods can help educators learn more about differences and commonalities across students, faculty, and patients (Trahar, 2009). The narratives presented and analyzed offer a platform from where PA educators can begin to work. The diversity numbers are known; they are seen in daily clinical, research, and academic practices. Without knowing the ‘story,’ PA educators will not truly understand where to start in their efforts and will remain silent. The dialogic experiences amongst the participants tended to be negative and highlighted the current social and political climate. There was also a significant amount of fear and silence when it came to discourse about racism and
dominant culture. Despite fear and propensity for silence, each participant viewed these conversations as necessary. The seminal writings of Delpit (1988) and hooks (2010) identify the issues of race and racism utilizing a safe dialogue both inside and outside the classroom, encouraging both non-Whites and Whites to confront those issues rather than ignore or silence them. The key to change is to not be silent, it is to be brave in a safe place (Ryujin, Collett, & Mulitalo, 2016). Through research like this dialogue can be increased and change can be made. PA educators can begin to better support each other and more importantly, they can support their Students of Color. This type of dialogue can be started in the setting of holistic mentorship. A framework for weaving dialogue and holistic mentorship into traditional advising will conclude the discussion.

**Holistic mentorship framework.** Prior to forming a meaningful holistic relationship, faculty should enter into a mentor role that builds a trusting environment, clearly establishes expectations, acknowledges bias, and treats the student as a future, respected colleague (Boyd, Delk, & Russell, 2016). Incorporating the following conversation prompts into an established advising form provides a structure of conversation for a faculty member who is developing their holistic mentoring and diversity and inclusion skills, as well as providing a more structured method of documentation for experienced faculty members already doing this work. PA educators, are well-trained and experienced in motivational interviewing in order to gain their patient’s perspective of a situation and using that information to inform a trusting, shared-decision making process (Elwyn & Frosch, 2016; Richard, Felix, Zimmermann, Adams, Knehans, & Faber, 2017). This same method for behavior changes, self-realization, and formation of trust with patients can be applied to PA students as well. These questions are structured to cultivate cultural capital while guiding the development of professional identity
employing a model of motivational interviewing (Yosso, 2005; Sommerfeld & Bowen, 2013; Sandoval-Lucero, Maes, & Klingsmith, 2014):

1. “What’s your story (tell me what brought you to this point, of becoming a PA student, today)?” This question can offer an opportunity to understand a students’ background and motivators for becoming a PA. This can help faculty identify ways to better support a student; whether it be referral for accommodations, encouragement through reminders of what motivated the student to become a PA, and to proactively identify situations or curriculum that may be uniquely challenging for an individual student. It begins to establish trust and can identify commonalities between mentor and mentee.

2. “How do you think PA school will impact your day-to-day life?” This question is meant to address the concept of reciprocity and having the student reflect on what they will need to do to prepare themselves and their families as a PA student. Again, PA programs should consider including family in some of these initial conversations; these do not need to be structured meetings, but should be recorded as a note to help faculty remember important details for each student.

3. “What are your personal goals during PA school?” This question allows a faculty mentor to clarify a student’s motivators, priorities, worries, and aspirations. The information provides an opportunity to support the student’s goals and sense of self-efficacy.

4. “How have you been able to spend time with your support system?” This allows the student and faculty mentor to reflect on issues of self-care, school-life balance, and overall student well-being. This question also conveys concern for students’ welfare outside of the classroom.
5. “How do you feel you’re doing and would you change your approach in any way?” This allows for the student and faculty member to identify any discordance between the students’ goals and their current actions. It also fosters a growth mindset in the student.

6. “Have you thought about or utilized any of our campus student services?” This allows an opportunity for the faculty mentor to describe any campus services, student support, etc. that may benefit the student. Examples could range from student group engagement, participation in volunteer/service learning, campus safety, student health and counseling, etc.

7. “PA school is hard, you have a lot to endure. How can I help support you to be most successful?” This observation and subsequent question provide for normalization of experiences and affirms that the student is valued and their struggles are heard.

8. “Is there anything else you want to talk about or want to ask me?” This open-ended question has the potential to build further trust within the mentorship relationship, become an opportunity for the faculty member to share their experiences, and to identify any additional concerns that may have been missed.

Overall, the aim of a framework for holistic mentorship within academic advising is to encourage dialogue and trust. This framework intentionally emphasizes the qualities of commonality, involvement and understanding that are most valued by the African American PA students who participated in this study. In addition to scaffolding the needs of the individual student, this framework also supports the development of a faculty advisor into a capable, holistic mentor. With solid mentorship, a student’s social capital and success increases.

Limitations
Limitations of this research are greatly dependent on the willingness and ability for mainstream PA educational researchers to accept a qualitative study as ‘valid’ or, more appropriately, rigorous. Additionally, this study was not designed to fully explore the impact of intersectionality. Findings illuminated the need to further explore the intersectionality of race and gender identity, sexual preference, being a parent, and mental health struggles. Further, just as every individual interprets their experiences uniquely, each PA program is unique. Opportunities available to the participants varied by institution and each institution has its own unique limitations in terms of funding, faculty experience, student services, staffing, and overall organizational culture. These institutional limitations likely added additional barriers to implementing, growing, and supporting African American students. Again, my positionality as a White researcher, has the potential to misrepresent or misinterpret the narratives of my participants, however I feel my methodology helped to avoid this. I am confident in my findings and my work.

**Implications for Future Research**

Moving forward, PA educational researchers have the opportunity to expand the depth and understanding of racism and diversity using quantitative, qualitative, and mixed-methods designs. This study has generated a wealth of insights from using a qualitative design to answer a focused research question. These insights can be used to inform future practice and guide future research. Suggestions for future research based upon this study’s findings include:

1. Use of rigorous qualitative methods to explore issues in PA diversity.
2. Focus research questions to honor the unique characteristics of individual underrepresented groups.
3. Expand qualitative research efforts informed by CRT ‘offshoots.’ Examples include LatCrit (Latino CRT), QueerCrit (LGBTQQIA CRT), DisCrit (Disability studies), AsianCrit (Asian American CRT), and TribalCrit (American Indian CRT), and Intersectionality frameworks.

4. Create qualitative research groups to help facilitate collaboration between new qualitative and mixed-methods and more experienced scholars.

5. Design PA pipeline programs, family-oriented PA program culture efforts, and holistic mentorship programs that also critically assess, collect, and publish data to further inform future research and practice.

While a quantitative method is the PA profession’s ‘gold standard’ for valid research, a shift toward rigorous qualitative methods is necessary to answer very important research questions on small, but invaluable individuals. The implications of addressing inequity in the profession through research holds significant impact upon individual students, faculty, practicing PAs, patients, and the communities that PAs serve.

**Conclusions**

This study sought to better understand how African American PA students make meaning of the experiences that impact their persistence to graduation. The body of literature studying African American PA students was inadequate to develop programs and policy that foster success. Rejecting a deficit model, this study used a Critical Race Theory framework to explore African American PA school experiences, though their narratives, to provide insights into how PA programs can improve African American PA student success. Participants in this study overwhelmingly attributed their success to their own internal drive and determination, the love of their families and communities, and the support of their PA program and mentors. These
attributes corresponded with Yosso’s (2003) Cultural Capital Framework. The analysis of the data also highlighted opportunities for PA educators to further strengthen African American PA student cultural capital through the PA Pipeline, a family-oriented program culture, and holistic mentorship. Further, the data from participant narratives and autoethnography brought forth the need to confront racism, examine the role White educators play within that context, and to bravely push the dialogue surrounding racism and equity further.

The impetus of supporting African American PA Student success in upon PA educators and researchers. The far-reaching impact is to improve the health outcomes and quality of medical care to underserved communities across the country and world. In the process of increasing the diversity of the PA student body, PA educators must also be prepared to support students in ways that they haven’t necessarily thought of in the past. This study shows that program culture, pedagogy, and policies significantly impact African American students. PA educators must work to be thoughtful, inclusive educators who are brave enough and equipped to facilitate the conversations needed to create a diverse and truly supportive PA Program.

References


Parker, L., & Lynn, M. (2002). What’s race got to do with it? Critical race theory’s conflicts with and connections to qualitative research methodology and epistemology. *Qualitative Inquiry, 8*(1), 7-22.


groups: A 30-year systematic review. *International Journal of Intercultural Relations, 43*, 139-155.


Appendix A: Initial Recruitment Email to PA Educators

Subject Line: Make an impact on the experience of future African American PA Students!

Dear ____________,

I am writing to ask your assistance in identifying potential participants for a qualitative narrative research study seeking to better understand the experiences of successful African American Physician Assistant students. The premise of this study is to ask: How do African American PA students make meaning of the experiences that impact their persistence to graduation?

I am hoping to conduct several one-on-one interviews (either in person or through video conferencing) with men and women, who self-identify as African American/Black physician assistants, who have graduated from PA school and successfully passed the PA National Certification Exam (PANCE) within the last 5 years (2013 or later). The study design includes one initial 15-minute conversation to obtain informed consent, one 45-60 minute interview, and a follow up email correspondence in which the participant can provide feedback on the analysis of the data.

The data collected will allow a better understanding of how successful African American PA students experience PA school. It is the hope that this better understanding will inform future research and impact how PA educators approach teaching and supporting African American students through to graduation. This research has been approved through the Institutional Review Board at Northeastern University (Boston, MA).

If you are aware of any recent (2013-2018) African American/Black PA graduates, who may be willing to participate in this research, would you please consider referring them directly to me via the following options:

Vanessa Bester, MPAS, PA-C
Email: besterva@augsburg.edu
Appendix B: Targeted Recruitment Email/Social Media Post
Subject Line: Make an impact on the experience of future African American PA Students!
Dear ______________,

I am recruiting participants for a qualitative narrative research study seeking to better understand the experiences of successful African American Physician Assistant students. The premise of this study is to ask: How do African American PA students make meaning of the experiences that impact their persistence to graduation?

I am hoping to conduct several one-on-one interviews (either in person or through video conferencing) with men and women, who self-identify as African American/Black physician assistants, who have graduated from PA school and successfully passed the PA National Certification Exam (PANCE) within the last 5 years (2013 or later). The study design includes one initial 15-minute conversation to obtain informed consent, one 45-60 minute interview, and a follow up email correspondence in which the participant can provide feedback on the analysis of the data.

The data collected will allow a better understanding of how successful African American PA students experience PA school. It is the hope that this better understanding will inform future research and impact how PA educators approach teaching and supporting African American students through to graduation. This research has been approved through the Institutional Review Board at Northeastern University (Boston, MA).

I value the experiences you have had and hope you will consider contributing to this important research. If you are interested or would like more information, please contact me via the following options:
Vanessa Bester, MPAS, PA-C
Email: besterva@augsburg.edu
Phone/Text: (253) 888-0640

I thank you for your help in contributing to this research in advance!
Appendix C: Disclosure Statement and Consent to Participate in a Research Study

Project Title: African American Physician Assistant Student Success

Investigators: Vanessa Bester, Doctoral Student, Cherese Childers-McKee, PhD, Principal Investigator

The goal of this study is to explore the experiences of African American physician assistant (PA) students who have successfully completed their PA education. It is the hope that this better understanding will inform future research and impact how PA educators approach teaching and supporting African American students through to graduation. In order to better understand PA student experiences the study will examine the stories of at least 5 African American PAs who fit the following criteria:

1. You are a PA-C who self-identifies as African American or Black.

2. You have graduated PA school and successfully passed your PA National Certification Exam (PANCE) within the last 5 years (2013 or later).

Please note: Participating PAs will ideally represent different geographic regions of the United States, different types of PA educational institutions, and who are of different ages and varying health career backgrounds.

As a participant in the study will be asked to:

1. Answer some basic demographic information about yourself.
2. Participate in an in-depth, confidential, audio-taped interview lasting about 45-minutes to one hour. The interview will be conducted through online video conferencing (FaceTime, Skype, or Google Meet). Only audio will be recorded.

3. Talk about your experiences related to getting into and making it through PA school.

4. Participate in a follow-up email that will provide you a summary vignette of the interview, including highlighted quotes that the researcher finds valuable. This is meant to double-check that the researcher is representing your statements in an accurate manner.

Participation in this study is completely voluntary. As a participant you may decline to answer any of the interview questions during the interview and may withdraw from the study at any time with no questions asked.

Compensation: There is no compensation for participating in this project. However you may find satisfaction in having the opportunity to tell your story and share your insights with others.

Confidentiality: You will be asked to choose a pseudonym for the researcher to use at study enrollment. This pseudonym will provide for confidentiality and protect your identity. Only the researcher will have access to your true name and chosen pseudonym. If mentioned, locations will be generalized to geographic region of the United States, PA schools will be identified only by the type of institution (public, private, research, etc.), and any other names you use will be changed to fictitious names.

The researcher will not disclose your name to anyone at any time during the interview process or in any publication associated with this study, without your written permission to do so. The audiotape of all interviews will be destroyed once the data analysis process has been completed. All written transcripts will use your chosen pseudonym, and will not include your real name. This is being done so that any reader will not be able to identify you as a participant or the exact locations you mention during the interview.

If you have any questions or concerns regarding this disclosure statement you can contact Vanessa Bester at 253-888-0640. You may also leave a confidential voicemail message at 612-330-1660 or contact her by e-mail at besterva@augsburg.edu. Questions or concerns may also be directed to Dr. Cherese Childers-McKee, Principal Investigator at c.childers-mckee@northeastern.edu. For questions regarding your rights as a research participant you can contact Nan Regina, Director, Human Subject Research Protection, 960 Renaissance Park, Northeastern University, Boston, MA 02115 at jrb@neu.edu or 671-373-4588.

Please sign below to indicate that you have read this disclosure statement and consent to participate in this research study.
Appendix D: Interview Protocol for Phase 1: Informed Consent and Demographic Information

Interview Protocol Form, Phase 1

Institution: Northeastern University

Interviewee (Title and Name): [To be replaced by chosen pseudonym once selected]

Interviewer: Vanessa Bester, MPAS, PA-C

RESEARCH QUESTION: How do African American PA students make meaning of the experiences that impact their persistence to graduation?

Part I:
Introductory Protocol

You have been selected to speak with me today because you have been identified as someone who has a great deal to share about your experiences in PA school. My research project focuses on the experience of African American PA students who have successfully completed their training. Through this study, I hope to gain more insight into African American PA student experiences. Hopefully this will allow me to identify ways in which we can better support African American PA students and increase their completion of PA educational programs.

I will be taking written notes as we talk today. I can assure you that all responses will be confidential and only a pseudonym will be used when quoting from the transcripts. I will be the only one privy to the recordings, which will be destroyed shortly after they are transcribed.

To meet our human subjects requirements at the university, you must sign the form I have provided to you. Essentially, this document states that: (1) all information will be held confidential, (2) your participation is voluntary and you may stop at any time if you feel uncomfortable, and (3) we do not intend to inflict any harm. Do you have any questions about the interview process or how your data will be used?
This portion of the interview should last about 15 minutes. During this time, I have several questions that I would like to cover.

**Part II: Interviewee Background**

Objective: To establish rapport and obtain the story of in the participants’ general with the research topic. This section should be brief as it is not the focus of the study.

A. Interviewee Background

What pseudonym would you like me to use:
Age:
Race/Ethnicity:
Gender preference:
Sexual preference:
Languages spoken:
First generation to go to college:
Prior professional experience:
Household composition during PA school:
PA school attended (info will be broken down to geographic region and public/private/research institution):

**Part III: Summary**

The information I collected today will be inputted into a spreadsheet using your pseudonym. From this point on in the study, I will be documenting everything according to the pseudonym you provided. Any audio recordings, transcriptions, or notes, will be labeled with your pseudonym. The only document that will connect your true name to your pseudonym (and corresponding data) will be kept on my personal computer and a backup external hard drive, which are both password protected and encrypted.

I would like to schedule our next meeting. This will require about 45-60 minutes of your time and would be done over Skype, Facetime, or Google Meet. Are you able to schedule this now?

Date:
Time (including time zones):
Method of VoIP:
Screen Name/Contact Information:

Thank you so much for agreeing to participate in this research! I will send you a reminder email the day before our meeting to confirm. I really feel the insights we will gain will provide an opportunity to improve how we teach and support African American PA students. Talk to you soon!
Appendix E: Interview Protocol for Phase 2: In-Depth Interview

Interview Protocol Form, Phase 2

Institution: Northeastern University

Interviewee (Pseudonym):

Interviewer: Vanessa Bester, MPAS, PA-C

RESEARCH QUESTION: How do African American PA students make meaning of the experiences that impact their persistence to graduation?

Part I: Introductory Protocol

Thank you for meeting with me today to talk more about your experiences surrounding PA school. Last time we met, we established your pseudonym (_______), completed informed consent, and collected basic demographic information.

Because your responses are important and I want to make sure to capture everything you say, I would like to audio tape our conversation today. Do I have your permission to record this interview?

I will also be taking written notes. I can assure you that all responses will be confidential and only the pseudonym will be used when quoting from the transcripts. Aside from a hired transcriptionist, I will be the only one privy to the recordings, which will be destroyed after they are transcribed.

At our last meeting, you signed an informed consent, according to our human subjects requirements at the university. To re-state, essentially, this document asserts that: (1) all information will be held confidential, (2) your participation is voluntary and you may stop at any time if you feel uncomfortable, and (3) we do not intend to inflict any harm. Do you have any additional questions about the interview process or how your data will be used?

This portion of the interview should last about 45-60 minutes. During this time, I have several
questions that I would like to cover.

Part II: Interview

In the 7 years that I have been teaching PA students, I have really come to appreciate the value that our minority students bring to the classroom and to the profession. I also noticed that minority PA student drop-out rates were double that of their non-minority classmates. This isn’t a phenomenon unique to one program.

One of the things I am interested in learning about is the unique experiences of African American students during their PA education. I would like to hear about your perspective/experience about PA school in your own words. To do this, I am going to ask you some questions about the key experiences you encountered. If you mention other people, please do not mention names.

1. Tell me about the experiences leading up to your application to PA school.
2. Tell me about navigating the university and your program in terms of financial aid, student services, registrar, etc.
3. Tell me about your support system while in PA school.
4. Who or what do you feel helped you to be successful in PA school?
5. What were some of your greatest challenges in completing PA school?
6. Give me an instance when you felt like you didn’t know if going to PA school or being a PA was for you?
7. How have perceptions of race/ethnicity impacted your ability to complete PA school?
8. Give me an instance when you felt like you didn’t know if PA school was for you.
9. Do you speak more than one language? If so, can you tell me about a time this was beneficial? A time when it wasn’t?
10. How do you think being an African American PA student and also identifying as [gender identity, age, ethnicity, sexual preference, geography, professional identity, etc.] impacted your experience during school?
11. Additional Questions developed by participants:

Part III: Summary

So that concludes the questions that I have directly relating to this study. Do you have any suggestions or questions for me about the topic?

If I have any additional questions (if another participant brings up a topic that we haven’t touched upon), would it be okay for me to reach out to you via email?

In about 4-6 weeks, I will reach out to you by email with a short vignette (summary) from this interview. I’ll ask you to respond to a few questions regarding the accuracy of the information. This will help me to make sure that I am understanding and relaying your narrative in a trustworthy manner. Please feel free to email me before then if you think of any questions or
additional information about your experiences that you feel would be helpful. Thanks again so much for your time and for sharing your experience with me.

Appendix F: Pseudonym Tracking

This form to be kept on researcher’s password-protected and encrypted laptop. Back up copy to be kept on researcher’s password-protected and encrypted external hard drive.

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