

## Resident Diversity Helps Patients Realize Better Outcomes

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### To the Editor:

I applaud the authors of the article, "Promoting Diversity and Health Equity: Recruitment and Best Practices in Education," for addressing this critical topic and for sharing how they strengthened diversity within their program.<sup>1</sup> Residency programs should focus on increasing resident diversity to improve health outcomes in underserved communities.<sup>2</sup> Diversity among residents can foster trust with community members and may serve as a guide to understanding different cultures.<sup>5</sup>

Implementing changes in application requirements to achieve resident diversity is a noble pursuit and continued transformation of programs remains necessary. Most underrepresented Hispanic and Black residents are well-rounded candidates who can achieve high scores on board exams while also demonstrating strong clinical experience.<sup>3</sup> Dr Wong and colleagues are correct in stating that any changes in qualifications should recognize strengths beyond the classroom. The holistic approach is not a lowering of standards; rather, it is an increase in standards.<sup>6</sup>

I currently work at a Historically Black College and University residency program, and through my experience serving underserved communities, I have found that understanding patients' concerns and cultural beliefs has not only made me a better physician, but also helped me educate these patients and establish rapport. For example, I have encountered several scenarios with Hispanic patients who expressed relief knowing they had a provider who can relate to them. In these moments, patients often felt more comfortable asking questions about their diagnosis and treatment plans, helping close gaps in family practice. During my medical school training in the Dominican Republic, I learned that earning patients' trust is essential to achieving positive outcomes.

Caring for underserved patients is truly rewarding for me, and their gratitude humbles me. Diversity also helps providers understand patients' poverty and cultural perspectives, as some of their colleagues may have had similar experiences. When providers share similar backgrounds with their patients, communication improves and trust is strengthened. This rapport can lead to better adherence to treatment management and ultimately improved health outcomes.<sup>4</sup>

During medical school, I encountered patients who thought that they needed subspecialists for their problems (eg, obstetrics and gynecology for their birth control, cardiologists for their hypertension, endocrinologists for their diabetes) because family medicine was not strong in the Dominican Republic. I now see similar patterns among my patients in Nashville, Tennessee. These barriers may be better understood by a physician with a similar background.<sup>5</sup>

Each patient's experience is unique, but it should be at the center of all diversity work. Furthermore, residents from minoritized groups have also been successful in their education, achieving high scores on their board exams and gaining significant clinical experience.<sup>1</sup> Holistic admissions are appreciated; they do increase diversity.<sup>6</sup> I worry that in the current political climate, people will equate holistic admissions with reducing qualifications. Residency programs should recruit residents from diverse ethnicities to better serve underserved communities and bring them together,<sup>2</sup> and we can all work to ensure that holistic admissions processes are equated with increased qualifications.

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## References

1. Wong J, Adetoye M, Parker-Featherstone E, et al. Promoting diversity and health equity: recruitment and best practices in education. *PRiMER Peer-Rev Rep Med Educ Res*. 2025;9:32. doi:10.22454/PRiMER.2025.166556
2. Kim JG, Lett E, Boscardin CK, et al. Community racial and ethnic representation among physicians in US internal medicine residency programs. *JAMA Netw Open*. 2025;8(1):e2457310. doi:10.1001/jamanetworkopen.2024.57310
3. Schut RA. Disaggregating inequalities in the career outcomes of international medical graduates in the United States. *Sociol Health Illn*. 2022;44(3):535-565. doi:10.1111/1467-9566.13433
4. Guillaume G, Robles J, Rodríguez JE. Racial concordance, rather than cultural competency training, can change outcomes. *Fam Med*. 2022;54(9):745-746. doi:10.22454/FamMed.2022.633693
5. Mundy LM, Judd SE, Clay OJ, et al. Correlates of patient trust in doctors: demographic factors and experiences of medical care discrimination. *J Gen Intern Med*. 2025;40(16):4015-4021. doi:10.1007/s11606-025-09474-x
6. Truong OH, Wang JY, Cronholm PF. Holistic review in family medicine residency programs: a CERA study. *Fam Med*. 2024;56(6):367-372. doi:10.22454/FamMed.2024.515525

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