

Letters

RESEARCH LETTER

Sexual and Gender Minority Curricula Within US Dermatology Residency Programs

Sexual and gender minority (SGM) patients face many health challenges, including higher burdens of skin cancer, sexually transmitted diseases, and complications associated with hormone therapy or gender-affirming surgery.¹ Improving clinician knowledge of SGM patients' health needs may improve quality of care for this population.² The goal of this study was to assess what SGM-specific health topics are covered in dermatology residency programs to identify possible gaps and guide improvements.

Methods | In August 2018, a web-based survey (eAppendix in the Supplement) was sent to the 123 US dermatology residency programs represented by the Association of Professors of Dermatology listserv (electronic mailing list), requesting 1 response per program. The survey was adapted from surveys used to assess SGM residency curricula in other medical specialties^{3,4} and included questions about residency demographic characteristics, integration of SGM content, importance of SGM-specific training, barriers to integration, and opinions on best ways to incorporate SGM-specific topics. This study was deemed exempt by the Stanford University Institutional Review Board as the study incurred no more than minimal risk and involved research on established or commonly accepted educational settings. Written informed consent was obtained by each participant prior to completing the survey instrument.

Descriptive statistics were used to report program demographic and curricular information. Missing survey question responses were excluded from analyses.

Results | Of 123 residency programs contacted, 90 surveys were returned (73% response rate). Four respondents did not complete the survey, and missing question responses from these surveys were excluded from the analysis. Most program directors acknowledged the importance for residents to receive training on the care of SGM patients (72 of 89 [81%]) (Table). Most programs reported training on dermatologic concerns secondary to HIV/AIDS (66 of 90 [73%]). More than one-fourth of programs (25 of 90 [28%]) had curricular content on gender minority or transitioning care. Eighteen of 90 programs (20%) reported there were no topics relevant to SGM patients in their curricula. Approximately half (45 of 89 [51%]) of programs reported considering adding SGM content in the next 5 years. The most common perceived barriers to curricular integration of SGM content were insufficient time in the curriculum schedule (59 of 86 [69%]) and lack of experienced faculty (53 of 86 [62%]).

Table. SGM Needs Assessment Survey Results

| Participant responses | Participants who responded, No. (%) (N = 90) |
|---|--|
| Demographic characteristic | |
| Geographic location | |
| Northeast | 27 (30) |
| Southeast (including Texas) | 17 (19) |
| Southwest | 8 (9) |
| Pacific Northwest (including California, Idaho, Montana, Hawaii, and Alaska) | 19 (21) |
| Midwest | 19 (21) |
| Program size (residents) | |
| 1-3 | 6 (7) |
| 4-8 | 28 (31) |
| 9-15 | 34 (38) |
| ≥16 | 22 (24) |
| Curricular integration | |
| Importance of trainees to receive training in SGM care ^a | |
| Very important | 53 (59) |
| Somewhat important | 19 (21) |
| Neutral | 15 (17) |
| Not important | 2 (2) |
| Don't know | 0 |
| Integrated curricular topics | |
| Dermatologic concerns secondary to HIV/AIDS | 66 (73) |
| Pronoun use | 23 (26) |
| SGM skin cancer risk | 22 (24) |
| Effect of hormone therapy on transitioning patients | 16 (18) |
| Injectable neurotoxin and filler for transitioning patients | 15 (17) |
| SGM-oriented history taking and physical examination | 11 (12) |
| Dermatologic concerns regarding gender-confirming surgeries | 3 (3) |
| Dermatologic concerns associated with puberty blockers for pediatric patients | 2 (2) |
| Current No. of hours dedicated to SGM content | |
| 0 | 41 (46) |
| 1-2 | 33 (37) |
| ≥3 | 16 (18) |
| Desired No. of hours dedicated to SGM content | |
| 0 | 6 (7) |
| 1-2 | 32 (36) |
| 3-5 | 31 (34) |
| 6-10 | 8 (9) |
| ≥10 | 1 (1) |
| Unsure | 12 (13) |

(continued)

Table. SGM Needs Assessment Survey Results (continued)

| Participant responses | Participants who responded, No. (%) (N = 90) |
|---|--|
| Barriers to SGM-content integration ("lack of...") ^b | |
| Time in curriculum schedule | 59 (69) |
| Experienced faculty | 53 (62) |
| Funding | 18 (21) |
| Interested faculty | 17 (20) |
| Need | 17 (20) |
| Culture to support inclusion | |
| Department | 14 (16) |
| Institutional | 3 (3) |
| Other | 5 (6) |
| None | 11 (13) |
| Best ways to incorporate SGM dermatology content ^c | |
| SGM integration in all relevant lecture topics | 63 (73) |
| Online training or modules | 51 (59) |
| Didactic lectures from visiting faculty or topic experts | 44 (51) |
| Small group discussions | 36 (42) |
| Didactic lectures from core program faculty | 25 (29) |
| Optional elective | 12 (14) |
| Mandatory rotation | 3 (3) |
| Other | 2 (2) |
| Program considering adding SGM content in the next 5 y ^a | |
| Yes | 45 (51) |
| No | 14 (16) |
| Unsure | 30 (34) |

Abbreviation: SGM, sexual and gender minority.

^a Eighty-nine responses to these questions.

^b Eighty-six responses to this question.

^c Eighty-seven responses to this question.

Discussion | Although most dermatology residency programs reported that training in the care of SGM patients was important, curricular integration was inconsistent. Most programs included training on dermatologic conditions secondary to HIV/AIDS, with less frequent curricular integration of other SGM-related topics. Dermatology residency programs faced barriers in integrating content about the care of SGM patients. Programs may benefit from centralized resources from organizations such as the American Academy of Dermatology, with expert speaker lists and opportunities for virtual lectures to promote more accessible training on dermatologic topics relevant to the care of SGM patients. Dermatologists who are interested in improving SGM curricula and training may also consider joining the American Academy of Dermatology Expert Resource Group on LGBTQ (lesbian, gay, bisexual, transgender, and queer) and SGM health, where members actively share institutional best practices and educational resources. In addition, academic conferences such as the American Academy of Dermatology's annual and summer meetings often include SGM and LGBTQ sessions, which program directors, faculty, and residents could attend. Finally, continuing to encour-

age SGM-related questions on the American Academy of Dermatology board preparatory question bank and on the American Board of Dermatology basic, core, and applied examinations is an important step to encourage trainees to become familiar with relevant material.

The limitations to this study include the cross-sectional design without longitudinal data. Some programs may not have been reached through the Association of Professors of Dermatology listserv, and we cannot ensure that programs did not complete the survey multiple times, although we requested only 1 response per program. There also may be limited recall of curriculum content by participants. Despite its limitations, this study is a valuable snapshot of the present curricular integration of SGM-related topics within US dermatology residency programs.

The American Academy of Dermatology's recent position statement on SGM patient health in dermatology highlights the importance of including SGM content in curricula at all stages of training.⁵ Dermatology residency program leaders agree that SGM content in residency training is important, and significant gaps in curriculum content currently exist. Creating available resources to address these gaps is essential to providing high-quality, culturally competent care for SGM patients.

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1. Yeung H, Luk KM, Chen SC, Ginsberg BA, Katz KA. Dermatologic care for lesbian, gay, bisexual, and transgender persons: terminology, demographics, health disparities, and approaches to care. *J Am Acad Dermatol.* 2019;80(3):581-589. doi:10.1016/j.jaad.2018.02.042

2. Mayer KH, Bradford JB, Makadon HJ, Stall R, Goldhammer H, Landers S. Sexual and gender minority health: what we know and what needs to be done. *Am J Public Health*. 2008;98(6):989-995. doi:10.2105/AJPH.2007.127811
3. Moll J, Krieger P, Moreno-Walton L, et al. The prevalence of lesbian, gay, bisexual, and transgender health education and training in emergency medicine residency programs: what do we know? *Acad Emerg Med*. 2014;21(5):608-611. doi:10.1111/acem.12368
4. Morrison SD, Dy GW, Chong HJ, et al. Transgender-related education in plastic surgery and urology residency programs. *J Grad Med Educ*. 2017;9(2):178-183. doi:10.4300/JGME-D-16-00417.1
5. American Academy of Dermatology. Position statement on sexual and gender minority health in dermatology. Published March 4, 2019. Accessed December 20, 2019. <https://server.aad.org/Forms/Policies/Uploads/PS/PS-Sexual%20and%20Gender%20Minority%20Health%20in%20Dermatology.pdf>