



LGBT HEALTH

SEXUAL AND GENDER MINORITY CURRICULA AND DIVERSITY WITHIN U.S. DERMATOLOGY RESIDENCY PROGRAMS

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Introduction: Sexual and gender minority (SGM) health competency has become increasingly important in mitigating health disparities in medicine, including in dermatology. SGM patients face unique dermatologic issues including those related to skin cancer risk and gender transitions. There is a dearth of literature that describes the extent and manner in which dermatology residency curricula address the unique needs facing SGM patients.

Objective: We assessed the integration of SGM-specific health topics in U.S. dermatology residency program curricula and identified barriers and facilitators to integrating SGM education.

Materials and Methods: U.S. dermatology residency program directors were recruited through the Association of Professors of Dermatology (APD) list-host. Residency program directors were asked to complete a 12-item multiple choice and free-response survey that included questions on 1) training program demographics, 2) current integration of SGM-related dermatology topics in curricula 3) barriers and facilitators to integration, and 4) SGM diversity among faculty and residents. Frequency and regression analyses were performed using STATA.

Results: 76 residency program directors (55% response rate) responded to the survey. 78% of completed responses identified training on SGM health as “very important” or “somewhat important”. Although most programs included education on dermatologic conditions secondary to HIV/AIDS (72%), only 22% of programs taught topics related to gender minority and gender transitioning care. 24% of programs reported no integration of SGM topics into their curricula. Major barriers to integrating SGM topics included lack of time in curricula (73%) and lack of experienced faculty (60%). The presence of SGM-identified faculty positively predicted programs devoting hours to SGM-specific content ($p = 0.01$).

Conclusions: Only about half of U.S. dermatology residency programs integrate SGM topics in their curricula outside of conditions secondary to HIV/AIDS, despite acknowledging the importance of SGM health. There is especially limited integration regarding the





dermatologic needs of gender minority and gender transitioning patients.

