

# Learning Experiences in LGBT Health During Dermatology Residency

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## PRACTICE POINTS

- Dermatologists have the potential to greatly impact lesbian, gay, bisexual, transgender (LGBT) health since many health concerns in this population are cutaneous.
- Improving LGBT health education and training in dermatology residency likely will increase dermatology residents' comfort level in treating this population.

Approximately 4.5% of adults in the United States identify as members of the lesbian, gay, bisexual, transgender (LGBT) community, and this population has a variety of health care disparities. Dermatologists have the potential to greatly impact the health of this community, but learning experiences in dermatology residency are lacking. In this study, we investigated LGBT education in dermatologic residency from the residents' perspective and assessed preparedness of dermatology residents to care for this community. An online survey was distributed to current US dermatology residents through program coordinator and program director listserves and postings on dermatology social media groups. Descriptive statistics and a Kruskal-Wallis rank test were used for analysis. There were 114 respondents. This study demonstrated that many dermatology residents are not effectively taught LGBT health topics and feel unprepared to treat this community. Most dermatology residents desired increased training. Further research is needed to determine the best strategies for increasing LGBT learning experiences in dermatology residency programs.

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Approximately 4.5% of adults within the United States identify as members of the lesbian, gay, bisexual, transgender (LGBT) community.<sup>1</sup> This is

an umbrella term inclusive of all individuals identifying as nonheterosexual or noncisgender. Although the LGBT community has increasingly become more recognized and accepted by society over time, health care disparities persist and have been well documented in the literature.<sup>2-4</sup> Dermatologists have the potential to greatly impact LGBT health, as many health concerns in this population are cutaneous, such as sun-protection behaviors, side effects of gender-affirming hormone therapy and gender-affirming procedures, and cutaneous manifestations of sexually transmitted infections.<sup>5-7</sup>

An education gap has been demonstrated in both medical students and resident physicians regarding LGBT health and cultural competency. In a large-scale, multi-institutional survey study published in 2015, approximately two-thirds of medical students rated their schools' LGBT curriculum as fair, poor, or very poor.<sup>8</sup> Additional studies have echoed these results and have demonstrated not only the need but the desire for additional training on LGBT issues in medical school.<sup>9-11</sup> The Association of American Medical Colleges has begun implementing curricular and institutional changes to fulfill this need.<sup>12,13</sup>

The LGBT education gap has been shown to extend into residency training. Multiple studies performed within a variety of medical specialties have demonstrated that resident physicians receive insufficient training in LGBT health issues, lack comfort in caring for LGBT patients, and would benefit from dedicated curricula on these topics.<sup>14-18</sup> Currently, the 2022 Accreditation Council for Graduate Medical Education (ACGME) guidelines related to LGBT health are minimal and nonspecific.<sup>19</sup>

Ensuring that dermatology trainees are well equipped to manage these issues while providing culturally

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The eTable is available in the Appendix online at [www.mdedge.com/dermatology](http://www.mdedge.com/dermatology).

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competent care to LGBT patients is paramount. However, research suggests that dedicated training on these topics likely is insufficient. A survey study of dermatology residency program directors (N=90) revealed that although 81% (72/89) viewed training in LGBT health as either very important or somewhat important, 46% (41/90) of programs did not dedicate any time to this content and 37% (33/90) only dedicated 1 to 2 hours per year.<sup>20</sup>

To further explore this potential education gap, we surveyed dermatology residents directly to better understand LGBT education within residency training, resident preparedness to care for LGBT patients, and outness/discrimination of LGBT-identifying residents. We believe this study should drive future research on the development and implementation of LGBT-specific curricula in dermatology training programs.

## Methods

A cross-sectional survey study of dermatology residents in the United States was conducted. The study was deemed exempt from review by The Ohio State University (Columbus, Ohio) institutional review board. Survey responses were collected from October 7, 2020, to November 13, 2020. Qualtrics software was used to create the 20-question survey, which included a combination of categorical, dichotomous, and optional free-text questions related to patient demographics, LGBT training experiences, perceived areas of curriculum improvement, comfort level managing LGBT health issues, and personal experiences. Some questions were adapted from prior surveys.<sup>15,21</sup> Validated survey tools used included the 2020 US Census to collect information regarding race and ethnicity, the Mohr and Fassinger Outness Inventory to measure outness regarding sexual orientation, and select questions from the 2020 Association of American Medical Colleges Medical School Graduation Questionnaire regarding discrimination.<sup>22-24</sup>

The survey was distributed to current allopathic and osteopathic dermatology residents by a variety of methods, including emails to program director and program coordinator listserves. The survey also was posted in the American Academy of Dermatology Expert Resource Group on LGBTQ Health October 2020 newsletter, as well as dermatology social media groups, including a messaging forum limited to dermatology residents, a Facebook group open to dermatologists and dermatology residents, and the Facebook group of the Gay and Lesbian Dermatology Association. Current dermatology residents, including those in combined dermatology and internal medicine programs, were included. Individuals who had been accepted to dermatology training programs but had not yet started were excluded. A follow-up email was sent to the program director listserv approximately 3 weeks after the initial distribution.

**Statistical Analysis**—The data were analyzed in Qualtrics and Microsoft Excel using descriptive statistics. Stata software (Stata 15.1, StataCorp) was used to

perform a Kruskal-Wallis equality-of-populations rank test to compare the means of education level and feelings of preparedness.

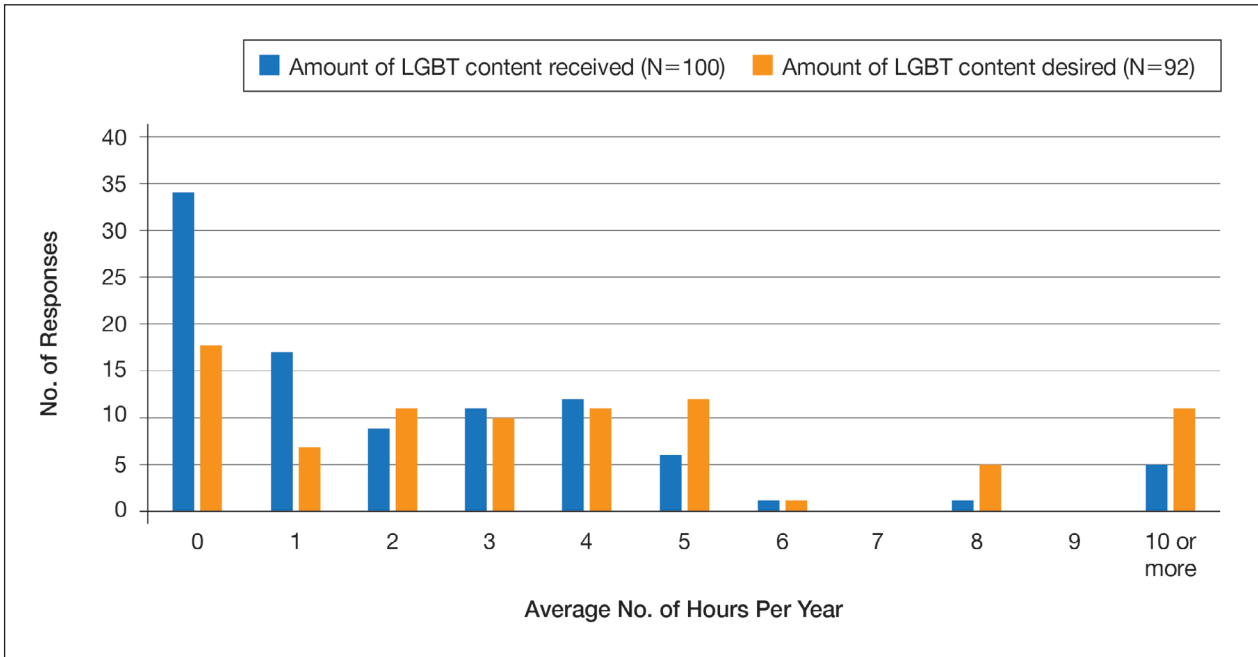
## Results

**Demographics of Respondents**—A total of 126 responses were recorded, 12 of which were blank and were removed from the database. A total of 114 dermatology residents' responses were collected in Qualtrics and analyzed; 91 completed the entire survey (an 80% completion rate). Based on the 2020-2021 ACGME data listing, there were 1612 dermatology residents in the United States, which is an estimated response rate of 7% (114/1612).<sup>25</sup> The eTable outlines the demographics of the survey respondents. Most were cisgender females (60%), followed by cisgender males (35%); the remainder preferred not to answer. Regarding sexual orientation, 77% identified as straight or heterosexual; 17% as gay, lesbian, or homosexual; 1% as queer; and 1% as bisexual. The training programs were in 26 states, the majority of which were in the Midwest (34%) and in urban settings (69%). A wide range of postgraduate levels and residency sizes were represented in the survey.

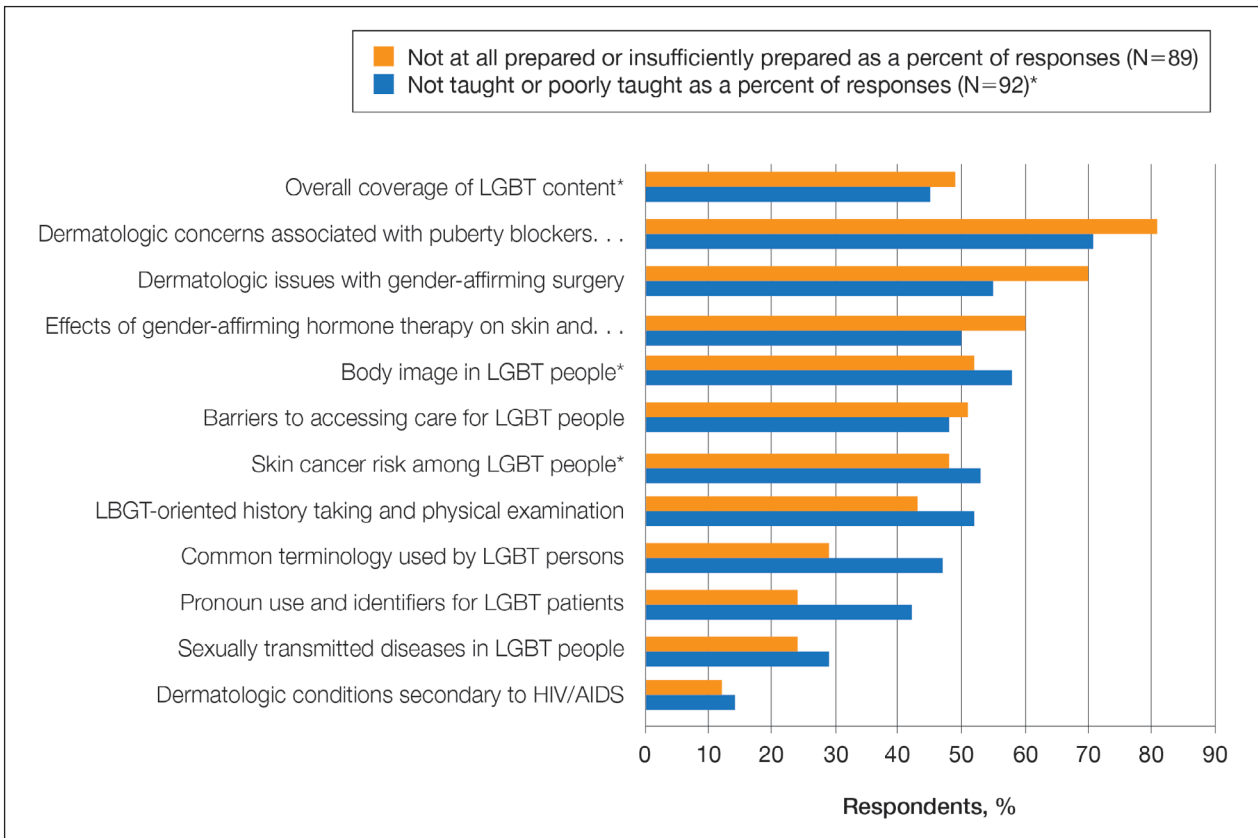
**LGBT Education**—Fifty-one percent of respondents reported that their programs offer 1 hour or less of LGBT-related curricula per year; 34% reported no time dedicated to this topic. A small portion of residents (5%) reported 10 or more hours of LGBT education per year. Residents also were asked the average number of hours of LGBT education they thought they should receive. The discrepancy between these measures can be visualized in Figure 1. The median hours of education received was 1 hour (IQR, 0–4 hours), whereas the median hours of education desired was 4 hours (IQR, 2–5 hours). The most common and most helpful methods of education reported were clinical experiences with faculty or patients and live lectures.

Overall, 45% of survey respondents felt that LGBT topics were covered poorly or not at all in dermatology residency, whereas 26% thought the coverage was good or excellent. The topics that residents were most likely to report receiving good or excellent coverage were dermatologic manifestations of HIV/AIDS (70%) and sexually transmitted diseases in LGBT patients (48%). The topics that were most likely to be reported as not taught or poorly taught included dermatologic concerns associated with puberty blockers (71%), body image (58%), dermatologic concerns associated with gender-affirming surgery (55%), skin cancer risk (53%), taking an LGBT-oriented history and physical examination (52%), and effects of gender-affirming hormone therapy on the skin (50%). A detailed breakdown of coverage level by topic can be found in Figure 2.

**Preparedness to Care for LGBT Patients**—Only 68% of survey respondents agreed or strongly agreed that they feel comfortable treating LGBT patients. Furthermore, 49% of dermatology residents reported that they feel not at all prepared or insufficiently prepared to provide



**FIGURE 1.** The number of hours of lesbian, gay, bisexual, transgender (LGBT)-specific health education desired vs the amount received based on a survey of dermatology residents.



**FIGURE 2.** Percentage of respondents who stated lesbian, gay, bisexual, transgender (LGBT)-specific health topics were either not taught or poorly taught vs those who stated residents were either not at all prepared or insufficiently prepared with respect to LGBT-specific health topics. Asterisk indicates N=91 for "not taught or poorly taught as a percent of responses."

care to LGBT individuals (Figure 2), and 60% believed that LGBT training needed to be improved at their residency programs.

There was a significant association between reported level of education and feelings of preparedness. A high ranking of provided education was associated with higher levels of feeling prepared to care for LGBT patients (Kruskal-Wallis rank test,  $P < .001$ ).

**Discrimination/Outness**—Approximately one-fourth (24%; 4/17) of nonheterosexual dermatology residents reported that they had been subjected to offensive remarks about their sexual orientation in the workplace. One respondent commented that they were less “out” at their residency program due to fear of discrimination. Nearly one-third of the overall group of dermatology residents surveyed (29%; 27/92) reported that they had witnessed inappropriate or discriminatory comments about LGBT persons made by employees or staff at their programs. Most residents surveyed (96%; 88/92) agreed or strongly agreed that they feel comfortable working alongside LGBT physicians.

There were 18 nonheterosexual dermatology residents who completed the Mohr and Fassinger Outness Inventory.<sup>23</sup> In general, respondents reported that they were more “out” with friends and family than work peers and were least “out” with work supervisors and strangers.

## Comment

**Dermatology Residents Desire More Time on LGBT Health**—This cross-sectional survey study explored dermatology residents’ educational experiences with LGBT health during residency training. Similar studies have been performed in other specialties, including a study from 2019 surveying emergency medicine residents that demonstrated residents find caring for LGBT patients more challenging.<sup>15</sup> Another 2019 study surveying psychiatry residents found that 42.4% (N=99) reported no coverage of LGBT topics.<sup>18</sup> Our study is unique in that it surveyed dermatology residents directly regarding this topic. Although most dermatology program directors view LGBT dermatologic health as an important topic, a prior study revealed that many programs are lacking dedicated LGBT educational experiences. The most common barriers reported were insufficient time in the didactic schedule and lack of experienced faculty.<sup>20</sup>

Our study revealed that dermatology residents overall tend to agree with residents from other specialties and dermatology program directors. Most of the dermatology residents surveyed reported desiring more time per year spent on LGBT health education than they receive, and 60% expressed that LGBT educational experiences need to be improved at their residency programs. Education on and subsequent comfort level with LGBT health issues varied by subtopic, with most residents feeling comfortable dealing with dermatologic manifestations of HIV/AIDS and other sexually transmitted diseases and less

comfortable with topics such as puberty blockers, gender-affirming surgery and hormone therapy, body image, and skin cancer risk.

Overall, LGBT health training is viewed as important and in need of improvement by both program directors and residents, yet implementation lags at many programs. A small proportion of the represented programs are excelling in this area—just over 5% of respondents reported receiving 10 or more hours of LGBT-relevant education per year, and approximately 26% of residents felt that LGBT coverage was good or excellent at their programs. Our study showed a clear relationship between feelings of preparedness and education level. The lack of LGBT education at some dermatology residency programs translated into a large portion of dermatology residents feeling ill equipped to care for LGBT patients after graduation—nearly 50% of those surveyed reported feeling insufficiently prepared to care for the LGBT community.

**Discrimination in Residency Programs**—Dermatology residency programs also are not free from sexual orientation-related and gender identity-related workplace discrimination. Although 96% of dermatology residents reported that they feel comfortable working alongside LGBT physicians, 24% of nonheterosexual respondents stated they had been subjected to offensive remarks about their sexual orientation, and 29% of the overall group of dermatology residents had witnessed discriminatory comments to LGBT individuals at their programs. In addition, some nonheterosexual dermatology residents reported being less “out” with their workplace supervisors and strangers, such as patients, than with their family and friends, and 50% of this group reported that their sexual identity was not openly discussed with their workplace supervisors. It has been demonstrated that individuals are more likely to “come out” in perceived LGBT-friendly workplace environments and that being “out” positively impacts psychological health because of the effects of perceived social support and self-coherence.<sup>26,27</sup>

**Study Strengths and Limitations**—Strengths of this study include the modest sample size of dermatology residents that participated, high completion rate, and the anonymity of the survey. Limitations include the risk of sampling bias by posting the survey on LGBT-specific groups. The survey also took place in the fall, so the results may not accurately reflect programs that cover this material later in the academic year. Lastly, not all survey questions were validated.

**Implementing Change in Residency Programs**—Although the results of this study exposed the need for increasing LGBT education in dermatology residency, they do not provide guidelines for the best strategy to begin implementing change. A study from 2020 provides some guidance for incorporating LGBT health training into dermatology programs through a combination of curricular modifications and climate optimization.<sup>28</sup> Additional future research should focus on the best



methods for preparing dermatology residents to care for this population. In this study, residents reported that the most effective teaching methods were real encounters with LGBT patients or faculty educated on LGBT health as well as live lectures from experts. There also appeared to be a correlation between hours spent on LGBT health, including various subtopics, and residents' perceived preparedness in these areas. Potential actionable items include clarifying the ACGME guidelines on LGBT health topics; increasing the sexual and gender diversity of the faculty, staff, residents, and patients; and dedicating additional didactic and clinical time to LGBT topics and experiences.

## Conclusion

This survey study of dermatology residents regarding LGBT learning experiences in residency training provided evidence that dermatology residents as a whole are not adequately taught LGBT health topics and therefore feel unprepared to take care of this patient population. Additionally, most residents desire improvement of LGBT health education and training. Further studies focusing on the best methods for implementing LGBT-specific curricula are needed.

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## APPENDIX

**eTABLE. Demographics of Dermatology Resident Survey Respondents**

Characteristics	Respondents	Characteristics	Respondents
<b>Program Characteristics</b>		<b>Age, y</b>	
Geographic location, n (%)	N=113	Mean (range)	30.2 (26–40)
Northeast	36 (32)	Ethnicity, n (%)	N=113
Midwest	38 (34)	Of Hispanic, Latino, or Spanish origin	6 (5)
South	22 (19)	Not of Hispanic, Latino, or Spanish origin	100 (88)
West	12 (11)	Prefer not to answer	7 (6)
Prefer not to answer	5 (4)	Race, <sup>a</sup> n (%)	N=121 <sup>b</sup>
Program setting, n (%)	N=113	White	81 (67)
Urban	78 (69)	Black	1 (1)
Suburban	26 (23)	Asian <sup>c</sup>	27 (22)
Rural	7 (6)	Native Hawaiian	1 (1)
Prefer not to answer	2 (2)	Prefer not to answer	9 (7)
Program size (participants/residents), n (%)	N=114	Other race	2 (2)
1–3	2 (2)	Gender identity <sup>d</sup>	N=112
4–8	9 (8)	Cisgender woman	67 (60)
9–15	65 (57)	Cisgender man	39 (35)
≥16	33 (29)	Prefer not to answer	6 (5)
Prefer not to answer	5 (4)	Sexual orientation <sup>e</sup>	N=113
<b>Resident Characteristics</b>		Bisexual	1 (1)
Year of residency, n (%)	N=112	Gay, lesbian, or homosexual	19 (17)
First	33 (29)	Straight (heterosexual)	87 (77)
Second	44 (39)	Queer	1 (1)
Third	29 (26)	Prefer not to answer	5 (4)
Fourth	3 (3)		
Fifth	1 (1)		
Prefer not to answer	2 (2)		

<sup>a</sup>Zero respondents for American Indian or Alaska Native, Samoan, Chamorro, and other Pacific Islander.

<sup>b</sup>Number is greater than total number of participants because multiple races could be selected.

<sup>c</sup>Includes those who responded as Chinese, Filipino, Vietnamese, Korean, Japanese, Asian Indian, and other Asian.

<sup>d</sup>Zero respondents for transgender woman, transgender man, genderqueer or nonbinary, and questioning.

<sup>e</sup>Zero respondents for asexual, pansexual, and questioning.