

PART 1: INFORMED CONSENT FOR RESEARCH PARTICIPATION

You are invited to be in a research study about content related to the health of Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+) patients in your residency or fellowship program. You were selected as a possible participant because you are program director of an Internal Medicine or a Geriatrics fellowship in the United States. We ask that you read this form and follow the procedures below before agreeing to be in the study.

This study is being conducted by:

Procedures:

- If you agree to be in this study, we would ask you to do the following things: Complete a survey regarding the content pertaining to LGBTQ+ health in the curriculum of your residency or fellowship program.
- The survey will take approximately 5 minutes and you will be asked to complete it once.

Confidentiality: The records of this study will be kept private. In any sort of report we might publish, we will not include any information that will make it possible to identify a subject. Research records will be stored securely and only researchers will have access to the records. The survey is hosted on encrypted servers and no internet protocol (IP) addresses, names, or email addresses will be collected or connected to your response.

Voluntary Nature of the Study: Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with

If you decide to participate, you are free to not answer any question or to withdraw at any time. There are no incentives for participation in this study.

Contacts and Questions: If you have questions, you may contact

If you have any questions or concerns regarding your rights as a subject in this study, you may call the IRB office (phone:

Statement of Consent: I have read the above information and have received answers to any questions I asked. I consent to take part in the study.

- YES I consent to participation.
- NO I do NOT consent to participation

Are you over 18 years of age?

- YES
- NO

Thank you for agreeing to participate in this survey about education on the health of Lesbian, Gay, Bisexual, Transgender, Queer, and other sexual and gender minority patient populations (LGBTQ+) in graduate medical education.

Once you have completed the survey, you will be given the option to receive an aggregate report of our findings for your own internal use.

The first section of the survey will capture some basic information about your residency training program.

Part 2: DEMOGRAPHICS

In which state is your program located? _____

Please select the specialty of your residency or fellowship program:

- Geriatrics
- Internal Medicine

Which of the following best describes the geography of your program?

- Rural
- Suburban
- Urban

Which of the following best describes your program's affiliation?

- Community based
- University based
- Community based/University affiliated

How many residents does your program accept per year?

Preliminary/Transitional year _____

Categorical _____

Does your program offer residents an opportunity to train at a specific, LGBTQ+ health clinic or center? If yes, please describe:

- Yes [Free Text Response if 'Yes' Selected]
- No
- Unsure

Part 3: LGBTQ+ DIDACTIC CONTENT ITEMS

The following items pertain to the DIDACTIC instruction of your residency program.

In this survey, didactic instruction is defined as: A systematic (scheduled) educational effort made by the residency program or division to train residents focusing on LGBTQ+ topics, which includes (but not limited to) lectures, conferences, on-line education, group discussions, etc.

Does your residency program currently have dedicated didactic instruction regarding LGBTQ+ health?

- Yes
- No

IF YES: Please indicate which of the following topics related to the CARE OF OLDER LGBTQ+ ADULTS is included in the didactic education portion of our residency program [select all that apply]

- Historical stigma against LGBTQ+ people
- Management of gender-affirming hormones with other chronic medications
- Management of HIV treatment regimens with other chronic medications
- Sexual health in later life
- Specific community resources for LGBTQ+ older adults
- Poverty among LGBTQ+ older adults
- Medication and healthcare affordability
- Depression in LGBTQ+ older adults
- Social isolation in LGBTQ+ older adults
- Drug/alcohol/tobacco use among LGBTQ+ older adults
- Palliative care for LGBTQ+ older adults
- Identifying LGBTQ+-friendly long term care facilities
- End of life decision making for LGBTQ+ patients
- None of the above