Supplementary Online Content

Jia JL, Nord KM, Sarin KY, Linos E, Bailey EE. Sexual and gender minority curricula within US dermatology residency programs. *JAMA Dermatol.* Published online March 18, 2020. doi:10.1001/jamadermatol.2020.0113

eAppendix. Sexual and Gender Minority Curricula and Diversity Survey

This supplementary material has been provided by the authors to give readers additional information about their work.

SURVEY INSTRUMENT

Expected time: approximately 3-4 minutes

Purpose: To determine how many programs have integrated instruction on sexual and gender minority (also known as Lesbian, Gay, Bisexual, Transgender, and Queer/LGBTQ) health concerns into their curriculum. To guide future educational efforts in sexual and gender minority education in dermatology residency curricula.

1.	Which region of the United States is your dermatology program located in?	
	□ Northeast	
	☐ Southeast (including Texas)	
	□ Southwest	
	☐ Pacific Northwest (including California, Idaho, Montana, Hawaii, and Alaska)	
	□ Midwest	
2.	What is the approximate size of your residency program?	
	☐ 1-3 total residents	
	□ 4-8	
	□ 9-15	
	□ 16+	
3.		
	curriculum? [yes checkbox]	
	□ Pronoun use and identifiers for SGM patients	
	☐ Comprehensive SGM-oriented history taking and physical exam	
	☐ Intersectionality of SGM with race, ethnicity, age, religion, nation of origin, and/or	
	socioeconomic status	
	☐ Skin cancer risk among sexual minority men and women	
	☐ Effects of hormone therapy on skin and hair of transitioning male to female patients	
	☐ Effects of hormone therapy on skin and hair of transitioning female to male patients	
	☐ Dermatologic concerns in regards to gender-confirming surgeries	
	☐ Injectable/neurotoxin and filler for facial modification in transitioning patients	
	☐ Dermatologic conditions secondary to HIV/AIDS	
	☐ Dermatologic concerns associated with puberty blockers for <u>pediatric</u> patients	
4.	How many average hours per year are dedicated to SGM content in your program's curriculum?	
	□ 6-10 □	
_		
5.	J	
	□ 11+ □ 77	
_	□ Unsure	
6.	How important do you think it is for current trainees to receive training on SGM care?	

© 2020 American Medical Association. All rights reserved.

		Very important	
		Somewhat important	
		Neutral	
		Not important	
		Don't know	
7.	Are you considering adding educational content on SGM dermatologic needs to your residency		
	prograi	m within the next 5 years?	
		Yes (If so, what specific content if this has been determined?)	
		No De Mai	
O	Dlagge	Don't know	
٥.	Please list any <u>barriers</u> you have encountered in integrating SGM disparities or topics into your curriculum and patient care?		
		Lack of interested Faculty	
		Lack of experienced Faculty	
		Lack of funding	
		Lack of time	
		Lack of need	
		Lack of departmental culture to support inclusion	
		Lack of institutional culture to support inclusion	
		Other:	
		None	
9.	What do you think are the best ways to incorporate SGM dermatology content at your program?		
		Online Training/Modules	
		Small group discussions (including case-based discussions)	
		Didactic Lectures from visiting faculty or topic experts	
		Didactic Lectures from core program faculty	
		Optional Elective	
		Mandatory Rotation	
		SGM integration in all relevant lecture topics	
		Other:	
10.		al orientation and gender-identity included in your institution/group's non-discrimination	
	clause?		
		Both sexual orientation and gender-identity	
		Sexual orientation only	
		Gender-identity only	
		Neither sexual orientation or gender identity	
		Don't know	
11.	-	currently have out SGM faculty as part of your residency program?	
		Yes	
10		No/Unsure	
12.	Do you	currently have out SGM residents as part of your residency?	
		Yes	
12	D: 4	No/Unsure	
13.	•	ur program interview SGM applicants in the last three years?	
		Yes.	
11	Does v	No/Unsure your program use any targeted strategies to recruit SGM applicants to your program?	
14.	[textbo		