

Fig 2. Women running for and elected to the leadership positions of P, VP, and Board of Directors of the American Academy of Dermatology during 1982-2020. P, President; VP, Vice President.

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A survey study of resident experiences of sexual harassment during dermatology training



To the Editor: Sexual harassment encompasses a wide range of verbal and nonverbal behaviors, including gender harassment, unwanted sexual attention, and sexual coercion.¹ Sexual harassment is a widespread problem in clinical medicine and academia and occurs across all specialties.^{2,3} However, there is limited data on sexual harassment in dermatology specifically.

We developed an anonymous online survey addressing 16 harassment behaviors that was adapted from the previously validated National Academies of Sciences, Engineering, and Medicine and Administrator-Researcher Campus Climate Collaborative Campus Climate Survey.¹ Institutional review board approval was obtained before distributing the survey via the Association of Professors of Dermatology (APD) listserv (composed of 368 dermatology faculty and residency program

coordinators). Listserv use was approved by the APD, and members were asked to forward the survey to their residents. All current US dermatology residents who received the survey were eligible to participate, and we accepted survey responses during August 3-24, 2018. The Qualtrics survey software, which prevents ballot box stuffing, was used to prevent multiple survey responses from any given resident. Descriptive statistics were performed in Excel (Microsoft, Redmond, WA). We determined 95% confidence intervals (CIs) for proportions using the Clopper-Pearson exact method for binomial proportions and the Sisonglaz method for multinomial proportions. Multivariable logistic regression was performed to evaluate the association between demographic variables and sexual harassment.

In total, 368 APD members received the survey link, and 106 residents completed the survey (Table 1). Of 99 respondents, 55 (55%, 95% CI 44%-65%) felt that sexual harassment was definitely or probably a problem within dermatology residency programs, and 60 of 105 (57%, 95% CI 47%-67%) reported experiencing at least 1 of the survey behaviors. Controlling for race and age, the odds of experiencing sexual harassment were 3.5 times higher for women than men (adjusted odds ratio 3.5, 95% CI 1.4-8.8). Of 154 incidents reported in the survey, 99 incidents (64%, 95% CI 57%-72%) could be categorized as sexist hostility and gender harassment (defined as sexist behavior or comments, eg, saying that women don't belong in medicine), 40 incidents (26%, 95% CI 19%-34%) as sexual hostility and crude

Table I. Survey respondent demographics

Characteristic	Value, n (%)
Age, y, n = 104	
20-25	2 (2)
26-30	70 (67)
31-35	27 (26)
36-40	5 (5)
>40	0 (0)
Gender, n = 106	
Male	33 (31)
Female	73 (69)
Transgender	0 (0)
Other	0 (0)
Sexual orientation, n = 105	
Straight	102 (97)
Gay	1 (1)
Lesbian	1 (1)
Bisexual	1 (1)
Other	0 (0)
Race, n = 105	
White	74 (71)
Black	1 (1)
American Indian	0 (0)
Asian	23 (22)
Hispanic	2 (2)
Pacific Islander	0 (0)
Biracial	0 (0)
Multiracial	1 (1)
Other	4 (4)
Year in training, n = 104	
PGY1	2 (2)
PGY2	29 (28)
PGY3	40 (38)
PGY4	28 (27)
Fellowship	5 (5)

PGY, Postgraduate year.

gender harassment (the use of sexually crude language to denigrate someone on the basis of gender, eg, referring to a female coworker as a slut), and 15 incidents (10%, 95% CI 3%-18%) as unwanted sexual attention. Faculty or another supervising physician were reportedly involved in 23 of 154 incidents (15%, 95% CI 8%-22%) and fellow residents in 10 of 154 incidents (6%, 95% CI 0%-14%) (Fig 1). Most incidents (64% [99/154], 95% CI 57%-72%) were reported to involve patients. Rates of reporting to an authority figure were low. Only 8 of 95 events of sexist hostility or gender harassment (8%, 95% CI 4%-16%) were reported, despite almost half of residents (46% [46/99], 95% CI 36%-57%) indicating that they were negatively affected by the incident.

On the basis of our survey data, we hypothesize that sexist hostility and gender harassment occur during dermatology training at rates similar to those reported in other specialties and that women are

affected more often than men. Harassment events in our survey were rarely reported to an authority figure. Not regarding the event as serious enough was the most common reason for not reporting, even when residents felt they were negatively affected. Patients were reportedly involved in the majority of harassment incidents, which is consistent with existing literature.^{4,5} We believe this type of sexual harassment might be an underappreciated problem affecting dermatology trainees. The perceived barriers to reporting sexual harassment in dermatology training programs also warrant further study.

Limitations of our study include small sample size, risk of response bias, and an inability to determine how many residents received the survey (and therefore to calculate an accurate response rate). White women are also slightly overrepresented in our sample. Nonetheless, we believe our data suggest the need for further exploration of this issue and for validation with larger, more highly controlled studies.

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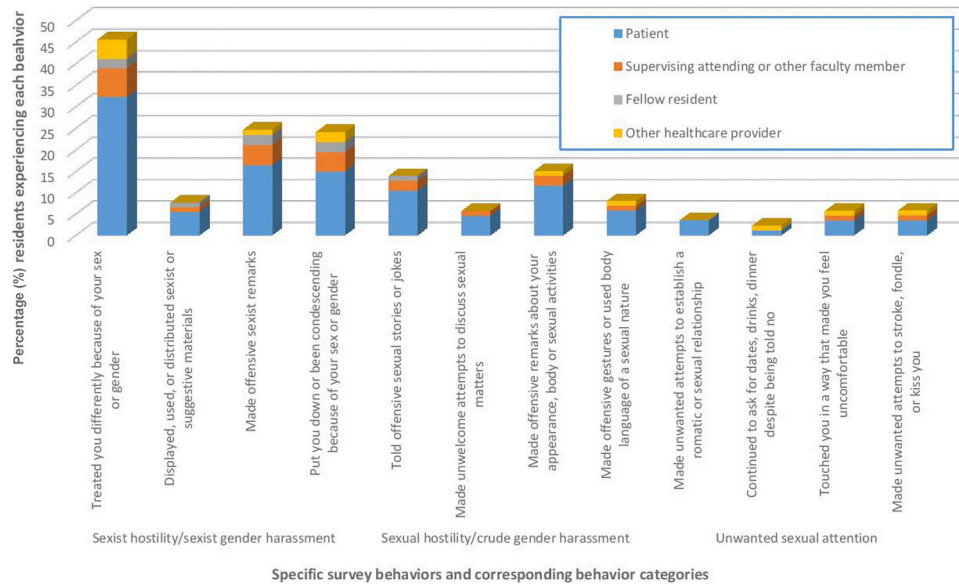


Fig 1. Percentage of respondents experiencing sexual harassment by type of behavior. Percentages of each event type that involved patients, supervising attending physicians or other faculty members, fellow residents, and other health care workers are displayed.

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How to improve the clinical experience for dermatology patients requiring a genital examination: A randomized trial of deodorizing wipes versus standard of care



To the Editor: Although assessing patient satisfaction is an important practice in health care, patient satisfaction with genital examinations has been investigated in few studies. Despite its prevalence, this examination is associated with feelings of embarrassment and discomfort.¹ In this study, we aimed to determine whether offering patients a deodorizing wipe before a dermatologically focused genital examination would improve patient satisfaction.

This cross-sectional pilot study was conducted with 123 adult patients visiting dermatology clinics during July 2017–November 2018 who provided verbal consent. Patients whose chief complaint related to a dermatologic condition on their genitals were included in this study. Data was collected through an anonymous survey provided in English or Spanish. This study was approved by the Boston University institutional review board.

Consecutive patients were randomized 1-to-1 into experimental and control groups. All participants received a drape, examination gown, evaluation, and treatment and were seen by a resident physician blinded to the patient's assigned group. Patients in the experimental group were additionally offered a Nice 'n Clean scented baby wipe (\$9.89 for a 432-count bulk pack) by the attending physician before changing into the examination gown. After their appointment, participants completed the survey, which included questions on demographics, the Patient Satisfaction Questionnaire 18 (a validated standardized tool), and 3 statements specific to the genital examination.² Statistical analysis was performed by using SAS software (SAS Institute Inc, Cary, NC). Because of the nonnormal distribution of participant responses, the descriptive statistics medians and interquartile ranges were reported.

The participants were 65.9% male, and their age range was 24–51 years. Non-Hispanic white persons comprised 47.2% of the group, and 67.5% had a high school education or less (Supplemental 1; available at <https://data.mendeley.com/datasets/rt7ktpbkv8/1#file-d2883265-6277-4b3a-9c66-1f5f57229b74>). The most common diagnosis was condyloma acuminatum.

Overall, satisfaction scores were higher among the experimental group (Tables I and II). Participants in the experimental group reported significantly higher scores in multiple areas, including general satisfaction ($P < .001$), communication ($P < .001$), time spent with doctor ($P < .001$), and interpersonal