

The three c's: vulvar exam terminology considerations for dermatologists

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Introduction

Patients with vulvar dermatoses often delay care due to anxiety and embarrassment.¹ Using patient-centered terminology may reduce anxiety and discomfort, which is especially relevant for clinicians who perform vulvar examinations and prescribe topical agents for vulvar conditions. Language used by health care professionals is powerful and can foster mutual understanding, or inadvertently disempower patients.² Here, we recommend language to avoid during vulvar exams to maximize patient comfort. This is not a comprehensive list; interpretation of terminology is subject to existing physician-patient relationships and other factors. We suggest avoiding terms that may be commanding, condescending, or confusing (eg, spread, scoot, and smear). Avoiding these terms may help decrease patient unease, prevent confusion, and foster safe environments for patients undergoing vulvar exams.

Language to avoid

Commanding: "Spread"

Like pelvic exams, vulvar exams can be invasive, and many patients describe the experience as unpleasant. Previous studies reveal a correlation between histories of sexual abuse and feelings of discomfort during pelvic exams.³ Considering the negative connotations associated with phrases such as "relax" and "spread your legs," reducing the use of commanding terms avoids authoritarianism and minimizes unintentionally triggering traumatic memories. The alternative vocabulary detailed in Table 1 may promote patient emotional and physical safety. Additionally, when performing vulvar exams, we suggest talking through the examination with the patient—"I am looking at your skin here" or "you will feel my glove here."

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Condescending: "Scoot"

Terminology used to communicate with patients may be taken for granted and inadvertently be perceived as condescending.⁴ Though not always considered patronizing in this context, using the terms "scoot" or "scootch" when asking patients to reposition for vulvar exams (eg, "scoot down") may be interpreted as belittling for some, and may draw attention to the unequal power dynamics inherent to patient-physician relationships. To optimize comfort and strengthen therapeutic relationships focused on healing, we suggest avoiding potentially disempowering language and instead using neutral vocabulary, referenced in Table 1.

Confusing: "Smear"

When providing instructions for topical agents (particularly topical steroids for inflammatory vulvar conditions), clinicians should be specific regarding the amount to apply. Instructing a patient to "smear" topical medications lacks clarity. Appropriate

What is known about this subject in regard to women and their families?

- Previous literature has revealed that gynecological examinations are often perceived by patients to be vulnerable, sensitive, and anxiety-inducing experiences.
- Patients may consequently forego gynecological examinations despite preventive health recommendations or treatment for related medical conditions. Even focused vulvar examinations may be delayed due to patients' anxiety and embarrassment surrounding the process.
- Vulvar examinations are an essential aspect of women's health, promoting earlier diagnosis, proper follow-up treatment, and improved overall quality of life.

What is new from this article as messages for women and their families?

- We present 3 types of language (commanding, condescending, and confusing) that may impede therapeutic relationship between patients and their health care providers if used during vulvar examinations.
- Use of patient-centered alternative terminologies may reduce patient anxiety and discomfort during sensitive exams, and improve care through reduction of miscommunications.

Table 1
Suggestions for patient-centered language in vulvar exams

Types of phrases to avoid	Patient-centered suggestions	Comments
Commanding: "Spread your knees/legs" "Relax your knees/legs" "Put your feet in the stirrups"	"Let your knees fall to the side" "Please place your feet/knees/legs here (indicate where)" "Please rest your feet in the footrests"	Avoid words that may be associated with negative interpretations or emotions
Condescending: "Scoot down" "Just relax" "Move/bend over"	"Please come down to the edge of the exam table" "Please place your feet/knees/legs here (indicate where)" "Would you turn on your right side for the remainder of the exam?"	Use of professional and respectful communication avoids conferring passivity on the patient
Confusing: "Smear the ointment on twice daily" "Use the ointment twice daily"	"Evenly apply a pea (or other specified amount)-sized amount to the area in the morning and the evening"	Direct and specific instructions for the quantity and application of topical agents can reduce misinterpretation in medication use and promote adherence

and specific instructions are crucial for treatment success and adherence.¹ With unclear instructions, patients may feel hesitant to use topical agents or even overtreat their conditions, leading to patient distrust, dissatisfaction, less than ideal therapeutic benefit, and adverse effects of overuse. Utilizing direct and specific language when guiding topical steroid use minimizes misinterpretation, as further discussed in Table 1.

Conclusion

Gynecologic exams are reported to be one of the most anxiety-provoking medical visits. A previous study revealed that vocabulary with negative connotations versus objective statements increased perceived pain levels during gynecologic exams, underscoring the importance of clinician terminology.⁵ We suggest avoiding words that may be commanding, condescending, or confusing, such as spread, scoot, and smear when performing vulvar exams. In being cognizant of our language, we can practice person-centered medicine and improve care for patients with vulvar conditions.

Author contributions

EPV and MRR: Writing—original draft and writing—review and editing. CNK: Conceptualization, supervision, and writing—review and editing.

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