

AAD STI ERG 2025 Abstract

Category: (B) Medical Education

Title: **Assessing Vulvar Dermatology Education in Medical School Preclinical and Clinical Curriculum**

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Background: There is a dearth of teaching about vulvar dermatoses across all levels of medical education. These conditions often present in various clinical settings, including dermatology, obstetrics and gynecology (OB/GYN), primary care, and internal medicine. However, vulvar disorders, including sexually transmitted infections (STIs), are often underdiagnosed, inadequately understood, and overlooked in education and research. The objective of this study was to evaluate the depth and breadth of vulvar dermatology content, including STIs, in preclinical and clinical education delivered at a medical school in Washington, DC.

Methods: Medical students across three graduation year cohorts examined educational materials from syllabi, pre-class readings, and lecture slides from dermatology and OB/GYN in the preclinical phase, and OB/GYN, dermatology, pediatric dermatology, sexual medicine, primary care, internal medicine in the clinical phase. Nineteen vulvar dermatology topics were identified by cross-referencing three key sources, including vulvar dermatoses or epidemiology and clinical assessment of vulvar dermatoses: (1) *ACOG Practice Bulletin: Diagnosis and Management of Vulvar Skin Disorders*, (2) *British Association of Dermatologists Education Subcommittee - Dermatology Syllabus Guidance*, (3) *British Society for the Study of Vulval Disease - Speciality Training Curriculum for Post-CCT Fellowship in Vulval Disease*. Topics mentioned in ≥ 2 of the resources were included. Content related to pathophysiology, clinical presentation, diagnosis, and management was derived from Libby Edwards' and Peter Lynch's *Genital Dermatology Atlas and Manual* (2017).

Results: Out of 19 identified topics, 13 were covered during preclinical education (68.4%), with 12 addressed in OB/GYN lectures (63.2%) and 3 in dermatology lectures (15.8%). Sixteen topics were included during clinical education (84.2%), with 16 included in the OB/GYN clerkship (84.2%), 3 in the Sexual Health elective (15.8%), 1 in the Dermatology elective (5.3%), and 2 in the Pediatric Dermatology elective (10.5%). Notably, 7 topics covered in the OBGYN clerkship were discussed solely through preclass materials, such as the ACOG Practice Bulletin, and not in live lectures (36.8%). Vulvar dermatology content was entirely absent from the Internal Medicine and Primary Care clerkships. A

significant deficit was noted in the availability of photographic examples of vulvar dermatoses, with only herpes simplex virus represented visually. The five most prevalent STIs were covered in OBGYN preclinical education, but only three (60%) were addressed in OB/GYN clinical materials, two (40%) in the dermatology preclinical curriculum, and one (20%) in the dermatology and pediatric dermatology clinical curricula.

Conclusions: Vulvar dermatoses, including STIs, are inadequately represented in medical school curricula. Critical content is often relegated to supplementary readings rather than integrated into active instruction, and the absence of visual aids significantly limits diagnostic training. Given the high prevalence of vulvar dermatoses and the associated challenges of underdiagnosis and stigmatization, there is an urgent need for curricular reform. Educational efforts should focus on incorporating comprehensive, evidence-based vulvar dermatology content into both preclinical and clinical phases, with an emphasis on visual resources, diagnostic skills, and management strategies.