Response to Letter by Dr. Sciascia

We appreciate the insightful letter (“Medical Students Need Training to Approach Chronic Pain”) from Savino Sciascia, a medical student from the University of Turin, Italy. Because of the pervasiveness of chronic pain and its profound impact on individuals, Mr. Sciascia urges medical schools to develop and incorporate training in chronic pain management. In his opinion, this training should focus on principles of population-based medicine, specifically health promotion and the prevention of acute to chronic pain transition. In addition, medical students should be taught “dynamic” models to guide the multidisciplinary and multimodal management of chronic pain.

These insights echo recommendations from the Institute of Medicine (IOM) in their recently published report: “Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research” [1]. The IOM recognizes major gaps in providers’ knowledge and understanding of pain. To bridge these gaps, they recommend dedicated training programs as well as establishing pain management training in medical school curricula. These training programs should provide both standardized didactics related to the complexities of pain as well as experiential learning opportunities to develop and hone care-giving skills for persons suffering from chronic pain. The IOM calls for providers to keep their pain management knowledge current through a variety of educational venues (continuing education programs) and recommends that licensure, certification, and recertification should assess pain education and training.

Our research, as well as that of others [2,3], indicates that providers frequently feel frustrated and ill-prepared to address chronic pain in their patient populations. In some cases, these feelings of inadequacy take an emotional toll on physicians, even leading some to question their competency and effectiveness as physicians [2]. These provider frustrations and insecurities may be detrimental to patients, who may not receive optimal treatment, and for providers, who may feel burdened, ineffective, and burnout.

The root cause of ill-prepared providers is the lack of pain management education and training programs at the undergraduate and graduate student levels. In addition to understanding the complex biological, psychological, and social aspects of pain, we believe that pain education should also involve training in effective clinical communication. This involves skills such as active listening, establishing rapport and trust, agenda setting, expressing empathy, and using a shared decision-making approach with patients regarding treatment options.

Although not yet well studied, some research shows that enhancing providers’ communication skills can result in appreciable improvements. For example, Sullivan and colleagues found that when interns were trained in shared decision-making skills for patients with chronic pain, they experienced increased confidence as well as competence in handling pain management situations [4].

In addition to the problems physicians face in managing chronic pain, another problem is the inherent tension between providing continuing education for physicians and the already packed, sometimes overwhelming schedules that physicians must navigate daily. The same is true for medical students. While pain management curriculum is sorely needed, the challenge for medical educators is to successfully integrate such instruction into existing curriculum.

Clearly, physicians need additional skills to successfully manage chronic pain. The difficulties in providing this education, most notably overcoming time constraints and already full educational agendas, are also clear. If pain management is added to medical school curriculum, does something else have to go? If so, what? These are difficult questions with no “right” answer. However, we agree with the IOM’s contention that a cultural transformation is necessary to improve pain assessment and treatment. To accomplish this transformation, an essential ingredient is widespread adoption of comprehensive pain management training across medical schools.

MATTHEW J. BAIR, MD, MS,*¹ and MARIANNE S. MATTHIAS, PhD†²

¹VA HSR&D Center on Implementing Evidence-Based Practice, Roudebush Veterans Affairs Medical Center, Indianapolis, Indiana; ²Regenstrief Institute, Inc.; ³Department of Communication Studies, Indiana University-Purdue University Indianapolis; ⁴Department of Medicine, Indiana University, Indianapolis, Indiana, USA

References

