

TRAINING MEDICAL STUDENTS TO MANAGE CHRONIC PAIN PATIENT – Both knowledge and skills are needed

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Most studies concerning pain education of undergraduate medical students focus on knowledge, but little is known about the interviewing skills and pain evaluation. There is no written educational program for teaching pain in University of Helsinki. Communication skills are taught through the study time with lectures, role plays and simulated patients, the quantity being 0.5% of the total educational requirements. The feasibility of OSCE has been demonstrated in cancer pain (1) but not in non-cancer chronic pain. The purpose of this study was to assess the fifth year medical students' interviewing skills for pain evaluation using OSCE.

METHODS

At the end of the 5th study year the students were asked to answer an electrical questionnaire to evaluate how the IASP curriculum on pain had been covered during the studies.

Their interviewing skills were assessed using an OSCE. The students met a SP suffering from postherpetic neuralgia, who was instructed to express depressive and exhausted feelings. They had 2 min to read the following instructions and 10 min to perform the task.

“You work in primary health care. You are about to meet a 60-year-old female, who complains of a long-lasting pain on the right side of her abdomen. She suffers from mild coronary heart disease. Her medication (nitroglycerine, metoprolol and ASA) has been sufficient. Your task is to find out what her pain problem is and to make further plans for her treatment. You have ten minutes. Communication and diagnostic skills will be evaluated.”.

The students' attitudes to chronic pain were asked at the beginning of the following term (6th study year).

	No. of students (%)
1. Asks how the pain feels	95 (97.9%)
2. Asks about the duration of pain	94 (96.7%)
3. Asks about the location of pain	87 (89.0%)
3. Asks about previous treatments of pain	78 (80.4%)
4. Asks about the intensity of pain	77 (79.3%)
5. Asks about sleep disturbances	35 (36.0%)
6. Asks about depression	16 (16.5%)
7. Makes the diagnosis of postherpetic neuralgia	86 (87.7%)
8. Informs the patient about prognosis	16 (16.5%)
9. Prescribes amitriptyline	52 (53.6%)
10. Prescribes sleeping pills	10 (10.3%)

Table 1. The students' pain specific skills

	Likert scale (1-5) (SD)
1. The beginning of interaction is well defined?	4.43 (0.88)
2. The interviews is through dialogue	4.04 (0.99)
3. The interview begins with open-ended questions	4.15 (1.13)
4. The student tells the diagnosis so that patient understands	3.97 (1.16)
5. The student gives the patient a chance to ask questions	3.66 (0.96)
6. The student discusses further treatment options	3.78 (0.98)
7. The interview has an internal construction	3.80 (0.94)
8. The end of the interview is well defined	3.88 (1.0)
9. The student shows empathy	3.97 (0.88)
10. The student uses understandable language	4.25 (0.77)

Table 2. Communication skills of the students.

RESULTS

There were 97 students in OSCE and 35% of them responded to the IASP pain questionnaire with identification. All students evaluated teaching of postherpetic pain and antidepressant treatment as sufficient. Eighty-eight percent of the students made the correct diagnosis in OSCE. However, only 35% asked about sleep disturbances and 16% about depression.

Attitudes: 58.97% of the students strongly agreed with item "patients suffering from chronic pain are often depressed", 41.03% were neutral and none disagreed.

CONCLUSIONS

Attention should be paid to educational methods about helping the students to implement the learned knowledge in their practice. Attention should also be paid to helping the students to cope with their emotions and reducing their anxiety when towards meeting patients with chronic pain.

Formative assessment of both knowledge and skills is essential for the development of a functional pain curriculum.

Reference: Sloan PA, Plymale M, LaFountain P et al. J Pain Symptom Manage 2004; 27: 333-342.