

Submitting Author: Beth Grunschel MD
Innovation in Education

Poster Title

Merging Clerkships - Successful Interprofessional Medical Education on a Non-Pharmacological Intervention for Chronic Pain

Authors

Beth Grunschel MD, ScM - William Becker MD

Abstract

Over 116 million Americans have chronic pain (more than heart disease, diabetes, and cancer combined) resulting in \$600 billion of medical expenses/lost wages. Despite this, in 2009 only 80% of US medical schools required pain education; only 4% had a dedicated pain course. 37 covered non-pharmacological approaches while only 27 covered a psychological approach. Though medications are often critical, they frequently fail to address the debilitating loss of function. Treating chronic conditions without definitive cures can engender provider helplessness/hopelessness. At their worst, clinical encounters become adversarial, particularly around opioids. Opioids, while beneficial for some, have not been validated as efficacious for chronic pain beyond 2 months. Additionally, the surge in opioids has been linked with an epidemic of opioid use disorders and overdoses. There is a role for increased education on appropriate use of opioids, however, training in non-pharmacological and psychological strategies is similarly essential. We are not aware of research evaluating the efficacy of existing pain education on non-pharmacological approaches. Though didactics are less successful in changing physician performance, interactive sessions that incorporate skills practice have the potential to impact clinical work. We teach an interprofessional workshop on a brief cognitive-behavioral intervention for chronic pain in the Yale School of Medicine (YSM) psychiatry clerkship. The course will soon evolve in the integrated psychiatry/primary care clerkship, allowing time for post-workshop clinical practice as well as for beneficial interdisciplinary education on common medical/psychiatric comorbidities. We have collected promising and positive preliminary data via pre and post survey on student impressions of this workshop with regard to changes in both attitudes and aptitudes. This workshop's success may serve as a model for similar collaborative interprofessional training modules.

References

Elman I, Zubieta JK, Borsook D. The missing p in psychiatric training: why it is important to teach pain to psychiatrists. *Archives of general psychiatry*. Jan 2011;68(1):12-20.

Moore JE, Von Korff M, Cherkin D, Saunders K, Lorig K. A randomized trial of a cognitive-behavioral program for enhancing back pain self care in a primary care setting. *Pain*. Nov 2000;88(2):145-153.

Institute of Medicine (US) Committee on Advancing Pain Research, Care, and Education. *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research*. Washington (DC): National Academies Press (US); 2011.

Mezei L, Murinson BB, Johns Hopkins Pain Curriculum Development T. Pain education in North American medical schools. *J Pain*. Dec 2011;12(12):1199-1208.

Carr DB, Bradshaw YS. Time to flip the pain curriculum? *Anesthesiology*. Jan 2014;120(1):12-14.