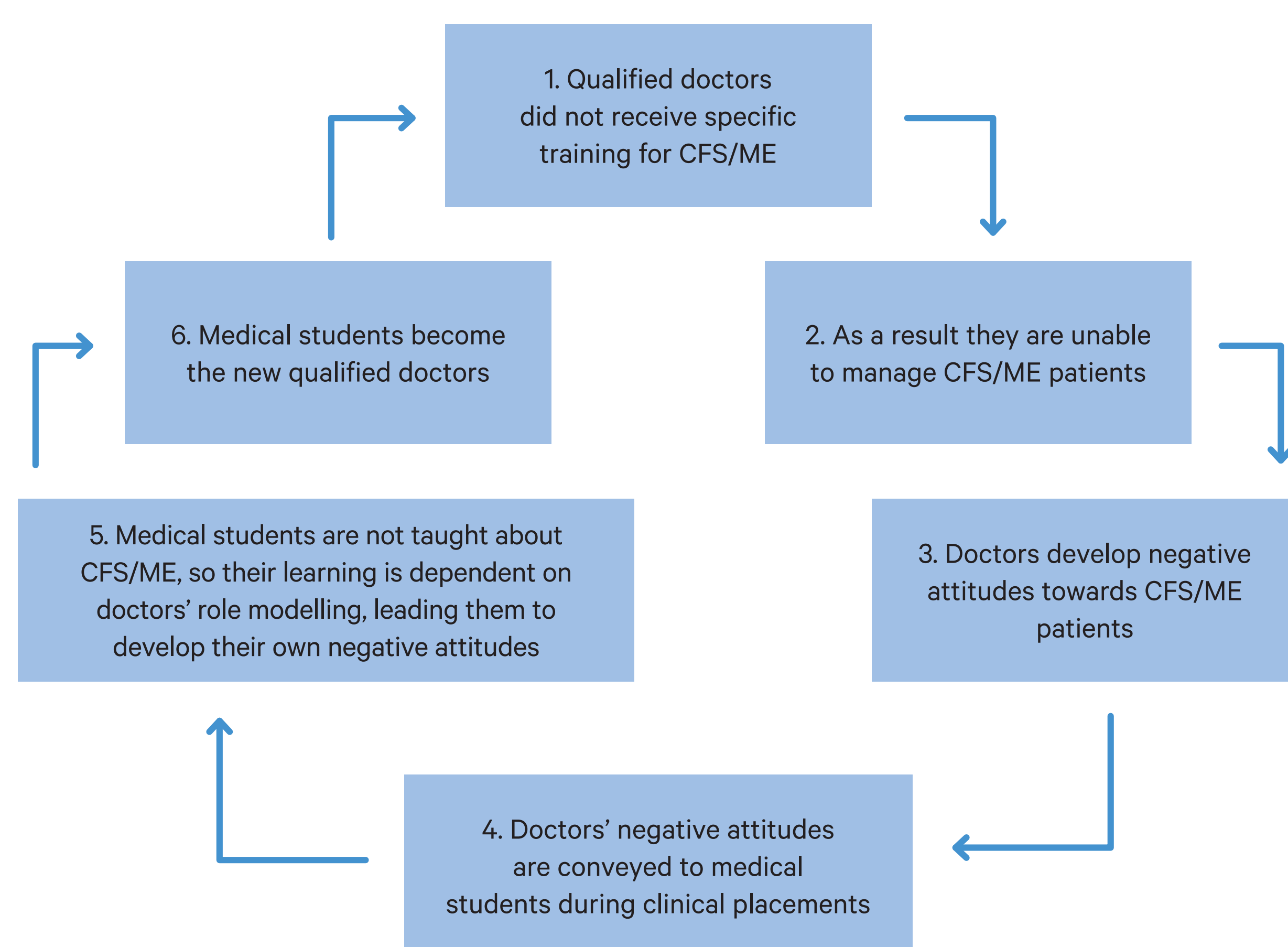


Helping medical students gain confidence and competence for patients with Chronic Pain & Persistent Somatic Symptoms (PSS)

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1. The problem: 'Non-learning' about persistent somatic symptoms (PSS)

Using CFS as a sentinel example, medical students are not taught how to recognise or treat persistent somatic symptoms (PSS) or chronic pain; an ongoing intergenerational cycle.



Adapted from Stenhoff et al. 2015

2. The research question: What is taught & learned?

Focus groups and interviews with final year medical students and teaching staff at Otago Medical School (OMS), 2021-2023. Thematic analysis was used to analyse the data.

3. Research outcomes

1. Local student 'learning' is consistent with the dysfunctional intergenerational cycle
2. We have recommended that OMS teaches the modern neuroscience of sensation and pain, and develops more structured curricula for PSS and chronic pain
3. Leading clinicians now provide more effective explanations for these conditions, based on the key clinical principles in Box 4.

4. Foundational clinical principles of effective management

- A 'positive' diagnosis of PSS can usually be made on clinical grounds.
- PSS and chronic pain are involuntary physiological symptoms, rather than 'psychological' problems.
- Recognition of all forms of PSS will improve if considered to be 'legitimate' medical issues.
- Legitimation may reduce negative attitudes, stigma and medical bias.
- With a good explanation and treatment plan, most patients can improve or fully recover.
- Preferred labels are Persistent Somatic Symptoms (PSS) as the overarching description, 'Persistent Pain' or 'Chronic Primary Pain' for nociplastic pain, and 'Functional Neurological Disorders' (FND) for motor symptoms or functional seizures.

5. Teaching outcomes

We are now providing diagnostic and communication skills workshops for senior students. We have developed 'Te Kete' (a basket of resources). We use a 'flipped classroom' model starting with students' own observations of clinical practice. Workshops are based on learning objectives and clinical scenarios, and include role plays and discussion.

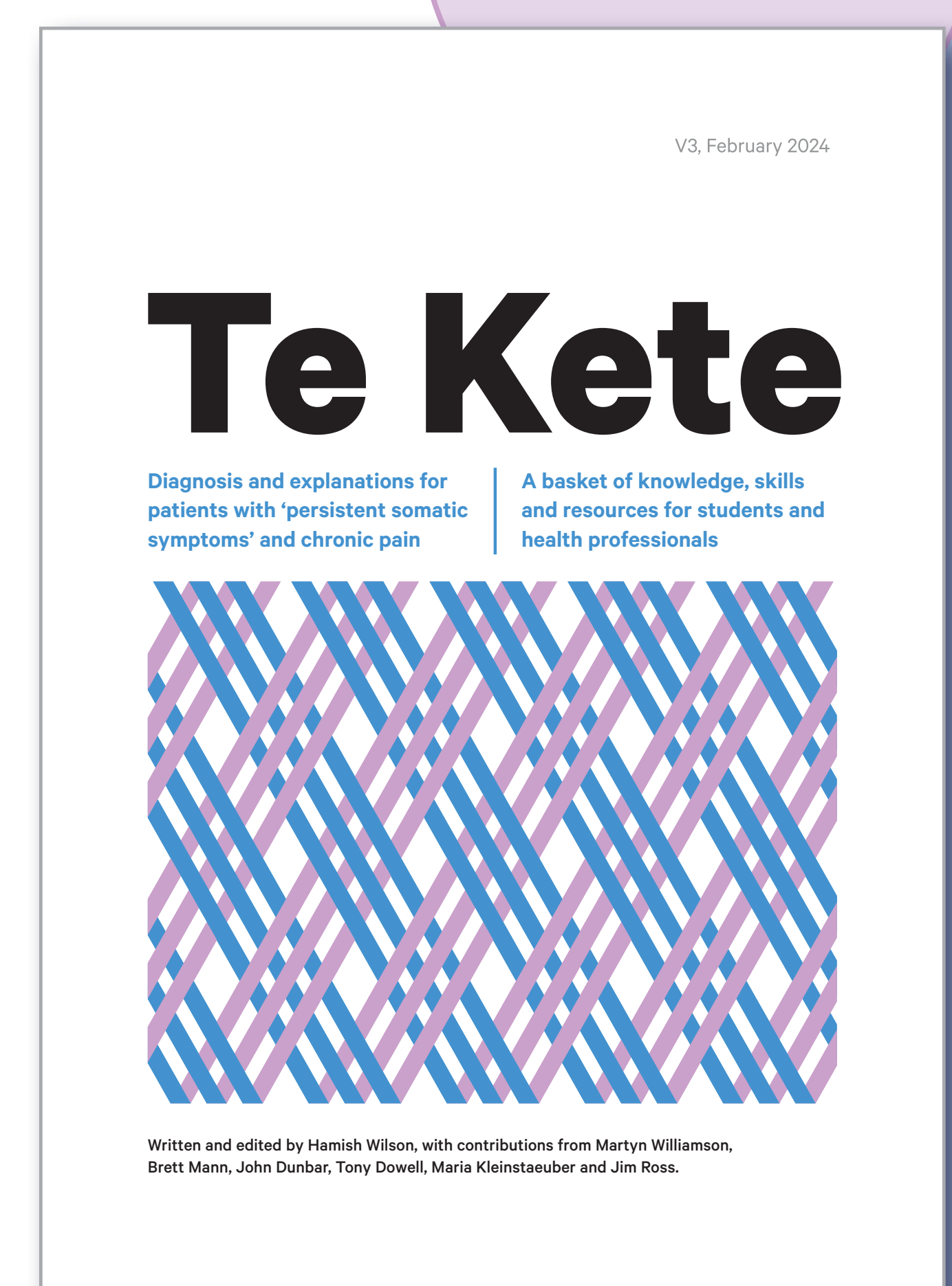
We teach four explanatory models

1. Clinical correlations of the Sympathetic Nervous System (SNS)
2. Somatisation
3. Pain Neuroscience Education (PNE)
4. Explanations and management for Functional Neurological Disorders (FND).

Student feedback:

- "Really useful role playing the scenarios and working on your own explanatory style; practice, practice, practice!"
- "Loved Te Kete as a resource."
- "Alternating patient and doctor roles was very helpful, as it was great to trial ideas and observe others' approaches."

Te Kete & workshop materials are now available.



6. Conclusions

1. Yes, we can teach medical students about chronic pain and persistent somatic symptoms.
2. Teaching by faculty and learning by students are both readily achievable – this may address the non-learning cycle above.