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PROCEDURAL EDUCATION FOR CANCER-RELATED PAIN IN PAIN MEDICINE FELLOWSHIPS: A NATIONAL PROGRAM SURVEY

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Introduction

Cancer-related pain is ubiquitous. Targeted procedural interventions may be an important and underutilized method for improving cancer-related pain and quality of life. The goal of this study was to determine the baseline educational experience and perceived post graduation comfort of Pain Medicine fellows in performing procedures that can be used for cancer-related pain.

Materials and Methods

Using Qualtrics®, a 16-question survey was distributed to graduating fellows at accredited Pain Medicine fellowship programs in the United States in June 2022. The fellows' experience and comfort level performing eight procedures was analyzed using summary descriptive statistics and contingency table analysis with statistical significance determined by Pearson's χ^2 test. As this study does not include patient identifiable information, an exception was approved by the OHSU IRB.

Results/Case Report

Survey respondents represented 30% of fellows among 44% of Pain Medicine programs during the 2021 to 2022 academic year. The majority of respondents reported no experience performing seven of the eight procedures for cancer-related pain (56.1%-90.6%). Graduating fellows reported overall comfort performing sympathetic neurolysis (65.7%), spinal cord stimulator trials (85.7%) and implantations (66.0%), but not intrathecal pump trials (36.9%) and implantations (31.3%), peripheral nerve stimulator implantations (41.7%), vertebral augmentations (31.3%) and vertebral body radiofrequency ablations (16.7%).

Discussion

Experience performing 10 or more of the surveyed procedures, personal interest in treating cancer-related pain, and attendance of cancer-related pain lectures were found to significantly increase comfortability in performing cancer-related pain procedures post graduation, whereas cadaver-based learning did not. This study highlights the need for more robust procedural education for cancer-related pain and identifies procedural experience in non cancer patients and lectures on cancer-related pain as

ways to bridge this educational gap.

References

N/A

Disclosures

No

Tables / Images