

Pain Teaching beyond technical knowledge: a reflection on soft skills for healthcare professionals

O ensino sobre dor além do conhecimento técnico: uma reflexão sobre soft skills para profissionais de saúde

DOI 10.5935/2595-0118.20230049-en

Pain, especially chronic pain, can be considered a public health problem responsible for generating disability for daily activities and work, as well as high individual and social costs¹. It is relevant that health professionals are adequately trained for the management of people with pain. In order to establish specific contents for the education and training of health professionals in pain, the International Association for the Study of Pain (IASP) has established a recommended curriculum, the “IASP Core Curriculum”, for the training of various health professionals, including psychologists, physiotherapists, occupational therapists, nurses, physicians, dentists, social workers and pharmacists^{2,3}. The aim of the curricula is to define the knowledge and skills needed to advance the science and management of pain, taking into account the competencies of each professional and their role in the healthcare team⁴. These curricula have been established on four pillars that are based on fundamental concepts about the complexity and management of pain, including the multidimensional nature of pain, assessment, pain management and specific clinical conditions⁵. In 2017, these curricula were revised by IASP and some were adapted to the Brazilian context^{2,3}. The definition of curricula with important knowledge and skills for the approach of people with pain is an important measure to promote the adequate professional training. However, mentions of the humanistic aspects of health care are rarely presented and are limited to the need for empathy, interprofessional relationship and communication with the patient and family. It is important to emphasize that health professionals need to have competencies that derive from the combination of technical, specific and traditionally taught skills (“hard skills”), and non-technical ones (“soft skills”), to deal with people in their professional practice.

Soft skills are presented here as socioemotional skills, i.e. skills associated with the behavioral and emotional profile of each individual and are therefore less tangible and more difficult to teach and assess. Soft skills involve emotional, behavioral and cognitive development skills, such as communication, critical and structured thinking, problem solving, teamwork ability, negotiation, cultural awareness, sociability, empathy and respect for diversity, among others. The literature shows that teaching health professionals to practice empathic validation, which refers to the ability to understand and share another person's feelings and experiences, can facilitate communication and make patients feel more accepted and satisfied with their treatments⁶.

Despite being understood as important for professional practice in an interdisciplinary team that cares for people with pain, soft skills training is not sufficiently or equally managed as hard skills. Justifications for this lack may be the valorization of content-based training, the establishment of few teaching-learning objectives related to attitudinal skills and the development of professionalism, and the need for teacher training to understand and systematize the process of evaluating student progress in these topics⁷. As a result, non-technical skills are relegated to the hidden curriculum, worked on unofficially and unplanned, or are simply neglected. It is therefore relevant to bring to the discussion how health professionals can systematically and intentionally develop soft skills during their training.

The literature highlights that teacher-centered teaching methods, such as expository class, may not be adequate to develop interpersonal skills during undergraduate or continuing education⁸. Thus, the formal approach to the problem would be to incorporate these interpersonal skills during health professional training. A strategic way to offer soft skills training to students is to incorporate them into hard skills teaching. The inclusion of soft skills training can be effectively integrated into each discipline, using didactic tools that help students develop them, based on active teaching methodologies strategies, such as project-based work, simulation, group case studies, action learning, debate, among others. These teaching strategies can contribute significantly to the teaching-learning of soft skills, stimulating students' active involvement in understanding and caring for patients' experiences of suffering, without reducing, judging, denying or replacing reports. As an example, we can mention Problem-based Learning and Project-based Learning, which are based on solving simulated or real problems in groups as a way of combining the development of socioemotional skills and the construction of collaborative and meaningful technical knowledge^{9,10}.

In this editorial, we highlight the importance of knowledge and technical training (hard skills), but we also stress the need for discussion about intentionally and systematically including adequate training on soft skills in the apprenticeship of health professionals. The development of these non-technical skills seems to play a crucial role in the interdisciplinary team and in

the integral approach of the patient, allowing professionals to establish effective communication, demonstrate empathy, promote collaboration and understand the experience of suffering lived by people in pain.

In this way, we bring the discussion about the need to rethink the set of objectives, opportunities and evaluation of teaching-learning of socio-emotional skills of health professionals, considering active and student-centered strategies that allow the development of these skills in a practical and meaningful way. These approaches have the potential to significantly improve the quality of care and the well-being of patients. We also highlight the need for studies on the influence of soft skills over clinical practice, as well as teaching-learning methods, to be investigated in the context of Brazilian health professional training.

Lorrane Alves da Silva Mendes¹

¹*Department of Physiotherapy, Federal Institute of Rio de Janeiro, Rio de Janeiro, RJ, Brazil.*

📧 <https://orcid.org/0009-0005-4091-6149>

Anamaria Siriani de Oliveira²

²*University of São Paulo, Department of Health Sciences, Ribeirão Preto Faculty of Medicine, Ribeirão Preto, SP, Brazil.*

📧 <https://orcid.org/0000-0001-5854-0016>

Josimari Melo DeSantana³

³*Department of Physiotherapy, Postgraduate Program in Health Sciences, Postgraduate Program in Physiological Sciences, Federal University of Sergipe, Aracaju, SE, Brazil.*

📧 <https://orcid.org/0000-0003-1432-0737>

Felipe J. J. Reis^{4,5}

^{4,5}*Department of Physiotherapy, Federal Institute of Rio de Janeiro, Rio de Janeiro, RJ, Brazil*

Pain in Motion Research Group, Department of Physiotherapy, Human Physiology and Anatomy, Faculty of Physical Education & Physiotherapy, Vrije Universiteit Brussel, Brussels, Belgium.

📧 <https://orcid.org/0000-0002-9471-1174>

E-mail: felipe.reis@ifrrj.edu.br

REFERENCES

1. Gaskin DJ, Richard P. The economic costs of pain in the United States. *J Pain*. 2012;13(8):715-24.
2. DeSantana JM, Souza JB, Reis FJJ, Gosling AP, Paranhos E, Barboza HFG, Baptista AF, Comissão de Fisioterapia da Sociedade Brasileira para o Estudo da Dor. Pain curriculum for graduation in Physiotherapy in Brazil. *Rev Dor*. 2017;18(1):72-8.
3. Sardá Junior JJ, Perissinotti DMN, Ros MA, Siqueira JLD. Pain curricular guidelines for Psychologists in Brazil. *BrJP*. 2019;;2(1):61-6.
4. Fishman SM, Young HM, Lucas Arwood E, Chou R, Herr K, Murinson BB, Watt-Watson J, Carr DB, Gordon DB, Stevens BJ, Bakerjian D, Ballantyne JC, Courtenay M, Djukic M, Koebner IJ, Mongoven JM, Paice JA, Prasad R, Singh N, Sluka KA, St Marie B, Strassels SA. Core competencies for pain management: results of an interprofessional consensus summit. *Pain Med*. 2013;14(7):971-81.
5. Dochy F, Segers M, Van den Bossche P, Gijbels D. Effects of problem-based learning: a meta-analysis. *Learning and Instruction*. 2003;13(5):533-68.
6. Linton SJ, Flink IK, Nilsson E, Edlund S. Can training in empathetic validation improve medical students' communication with patients suffering pain? A test of concept. *Pain Rep*. 2017;2(3):e600.
7. Hodges B, Paul R, Ginsburg S, The Ottawa Consensus Group Members. Assessment of professionalism: From where have we come - to where are we going? An update from the Ottawa Consensus Group on the assessment of professionalism. *Med Teach*. 2019;41(3):249-55.
8. Widad A, Abdellah G. Strategies used to teach soft skills in Undergraduate Nursing Education: a Scoping Review. *J Prof Nurs*. 2022;42:209-18.
9. Ibrahim ME, Al-Shahrani AM, Abdalla ME, Abubaker IM, Mohamed ME. The effectiveness of problem-based learning in acquisition of knowledge, soft skills during basic and preclinical Sciences: Medical Students' Points of View. *Acta Inform Med*. 2018;26(2):119-24.
10. Oliveira A. Ensinamos prática clínica informada por ciência aos nossos estudantes? *Movimenta*. 2022;15(2). <https://doi.org/10.31668/movimenta.v15i2.13518>.