

COVID-19 Letter

## The Role of COVID-19 in Shaping the Experiences of Pain Medicine Fellowship Training

Hisham Kassem, MD<sup>1</sup>, Ivan Urits, MD<sup>2</sup>, Alan D. Kaye, MD, PhD<sup>3</sup>, and Omar Viswanath, MD<sup>3,6</sup>

From: <sup>1</sup>Department of Anesthesiology, Mount Sinai Medical Center, Miami Beach, FL; <sup>2</sup>Department of Anesthesia, Critical Care, and Pain Medicine, Beth Israel Deaconess Medical Center, Harvard Medical School, Boston, MA; <sup>3</sup>Department of Anesthesiology, Louisiana State University Health Sciences Center, LSU School of Medicine, Shreveport, LA; <sup>4</sup>Valley Anesthesiology and Pain Consultants—Envision Physician Services, Phoenix, AZ; <sup>5</sup>Department of Anesthesiology, University of Arizona College of Medicine-Phoenix, Phoenix, AZ; <sup>6</sup>Department of Anesthesiology, Creighton University School of Medicine, Omaha, NE

Address Correspondence:  
Hisham Kassem, MD  
Department of Anesthesiology  
Mount Sinai Medical Center  
4300 Alton Rd.  
Miami Beach, FL 33140  
E-mail:  
hkassem.md@gmail.com

Disclaimer: There was no external funding in the preparation of this manuscript.

Conflict of interest: Each author certifies that he or she, or a member of his or her immediate family, has no commercial association (i.e., consultancies, stock ownership, equity interest, patent/licensing arrangements, etc.) that might pose a conflict of interest in connection with the submitted manuscript.

Manuscript received: 04-20-2020  
Revised manuscript received: 05-30-2020  
Accepted for publication: 06-17-2020

Free full manuscript:  
[www.painphysicianjournal.com](http://www.painphysicianjournal.com)

### TO THE EDITOR:

The present pandemic involving the coronavirus has put the specialty of pain medicine, and health care as a whole, in an unprecedented state. Health care providers are left in difficult circumstances, having to abandon the traditional face-to-face clinic visits for telemedicine to protect the patient, provider, and staff. Such changes have limited therapies to medications primarily. For most chronic pain patients, the inclusion of interventions for their pain management has become a vital part of their multimodal treatment regimen. It has provided the best opportunity to take on pain states at the level of the pain generator. As offices and hospitals have seen these elective pain procedures come to a standstill by state law, patients have been left inadequate relief and physicians without a crucial part of the pain arsenal. The intent of this letter is to highlight the effects that will trickle down to the training for pain fellows and give suggested action steps that can be taken to optimize overall clinical exposure.

The education and experiences of pain fellows has been consequentially affected as a result of this pandemic (1). Prospective pain fellows are unable to interview with fellowship programs in the traditional physical sense, and therefore are unable to see first-hand the dynamic of an individual pain department. Some examples include the inability to observe direct interactions between current fellows and pain attending physicians, and being unable to visit the city of the prospective program. In doing so, the best opportunity to assess which fellowship program may be the best fit and match for applying pain fellows is changed with the necessary substitution of virtual interviews. Although fellowship programs have adjusted quickly to make the experience as comfortable as possible given the times of living in a COVID-19 world, there still is a sense of unresolved doubt whether the program had an accurate perception of the applicant via videoconferencing and whether the applicant has an accurate sense of the pain program.

As elective outpatient procedures are currently halted in most states, patients unfortunately cannot have their necessary interventional procedures to control their chronic pain. Moreover, current pain fellows, who rely on only 12-months of training to maximize hands-on patient contact, are left with a reduced procedural volume. As we begin to see the opening of states and elective procedures, it remains hopeful that programs will be able to resume a reasonable amount of procedural volume to not only help patients but to train fellows to be competent pain physicians at the end of their fellowship year. In this regard, reductions in revenues may significantly impact specific programs with regard to workforce, fellowship support, and pain physician staff numbers. A recent article by Hagedorn et al (2) expressed the use of an online neuromodulation course to augment fellow exposure and to be used as a supplement to didactics.

Current pain fellowship applicants, the pain leaders of the future, have had rapid introductions to the new world of telemedicine visits, as is mirrored in their virtual interviews. Trying to compose a complete picture of what the patients of these programs are dealing with and relaying thoughts accurately and concisely has been challenging to witness, especially without being able to perform a physical examination. For most patients, the inclusion of interventions/procedures for their pain has become a vital part of their treatment regimen.

As the situation continues to improve with new changes coming each day, potential fellows must stay

vigilant, dynamic, and willing to adapt to find a program that allows them to provide the best possible care for their future patients. Medicine continues to evolve every day in this COVID-19 new world, with new challenges and opportunities for impact. We are seeing our fellow colleagues in other specialties respond with similar enthusiasm as stated by Choi (3), who calls on us to “navigate unfamiliar data, settings, and roles to accomplish what needs to be done.” All stakeholders need to be transparent as we overcome the challenges of COVID-19 and move to a future that allows us to examine our patients and provide interventional pain treatment to allay pain states.

---

## REFERENCES

1. Viswanath O. Developing business acumen in practice management during pain fellowship: A pain fellow's perspective. *Pain Physician* 2018;21:E191-E192.
2. Hagedorn JM, Moeschler S, Furnish T, et al. Impact of COVID-19 on pain medicine fellowship training. *Reg Anesth Pain Med* 2020 Apr 27. [E-pub ahead of print].
3. Choi BD. Editorial. A neurosurgery resident's response to COVID-19: Anything but routine. *J Neurosurg* 2020; 133:16-17.