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Letters to the Editor: Published Article

Reframing Headache Education: A Call for Simulation-Based Headache Training

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I read with great interest the article by Guay et al., "Headache Education in Canadian Medical Schools,"[1] highlighting the discrepancy between undergraduate medical teaching of headaches and the downstream consequences it has on the quality of physician care. I commend the authors for systematically shedding light on the insufficiency of early exposure to primary headache disorders during medical school and the inadequacy of unified neurological teaching across Canada.

As a Canadian medical student studying abroad in the UK, I was particularly struck by how familiar these insights felt. Despite having had dedicated didactic teaching on headache classifications and red flags, I believe that the largest disconnect lies between theoretical learning and the practical application of the knowledge clinically. In many cases, allocated neurological placement hours are minimal or even non-existent for some students in my programme. In certain patient populations, such as paediatric headache patients, medical student exposure is even more scarce. The limited real-life encounters with headache patients during early medical training make it challenging to face these patients later on in practice, and as a senior medical student, I can already resonate with this challenge. Without adequate clinical exposure and sufficient practice communicating with a diverse range of patients, whether it be due to demographic differences or medical complexities, the ability to provide high-quality care in unfamiliar scenarios is inevitably compromised. This gap in teaching is not one that is unique to Canada and suggests a broader need for more comprehensive clinically integrated headache teaching globally.

I admire the authors' suggestion of standardised approaches to headache education, with an aim to minimise the notable disparities in time spent teaching students all across the country. I strongly encourage the integration of simulation-based case discussions and OSCE-style practice sessions to be integrated into the curriculum, pushing for familiarising students to a wide range of presentations. Increasing student confidence through dedicated small group training can lead to greater engagement and multifaceted learning during clinical rotations. At my institution, we don't have formal simulation training on headaches, but we do have extracurricular societies that provide optional drop-in sessions. After having attended these myself, I can strongly advocate for the efficacy of such sessions on my learning. These sessions should be integrated into the core medical curriculum, rather than being an optional activity, as there are many discrepancies not always highlighted solely through didactic teaching. Headaches are a presentation not only faced in neurology but also in disciplines including family and emergency medicine. Early recognition of the complex presentations can work towards relieving the strain not only on the affected patients, but also on the current healthcare system burden.

Guay et al.'s work is an important reminder that improving medical student education on headache presentations should not be an afterthought in curriculum planning. Equipping future generations of physicians with the skills needed to treat headaches has a long-lasting effect, not only from a neurological point of view, but for the patient's holistic care.

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Reference

1. Guay M, Lagman-Bartolome AM, Lay C. Headache education in Canadian medical schools. *Can J Neurol Sci.* 2024;51:845–847. doi: 10.1017/cjn.2023.327

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