



- **FACT SHEET No. 3**

疼痛课程设计模型与实施方法

许多疼痛协会和组织已宣称“疼痛治疗是一项人权” [8]。然而，数十年的研究表明急性疼痛治疗仍不充分，《全球疾病负担研究》指出，持续性疼痛是全世界发病率和致残率日益增加的原因之一 [13]。如果不将疼痛教育列为优先解决事项，不把疼痛护理能力作为所有卫生专业毕业生的基本要求，这种情况将难以改善。尽管将疼痛内容整合到基本完备的课程中可能具有挑战性，但利用现有资源可以促进这一过程。

根据课程要求，IASP 课程的所有四个领域均需涉及：

- 疼痛的多维属性
- 疼痛评估和方法
- 疼痛的治疗
- 临床应用

此外，跨专业教育的重要性越来越被认可，因此临床医生和社会各界一起努力可以提供更有效的疼痛护理[4,7,14]。

课程设计包含：

- 明确学员学习疼痛的目标和原由
- 了解因为成功和持续掌握技能的学员
- 考虑可行性资源如学习内容，学习方法和评估方法[9,14]。



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实施的策略应包括：

- 学员的水平和经验
- 连续的学习目标
- 使用迭代评估方法以确保能获取所需的知识和技能的效果。

改编已经开发的课程，模型和策略可以帮助节省时间和精力。

资源

1. 预授权水平的专业和跨专业课程（本科，入门实践）

- IASP 网站提供专业和跨职业的课程，根据所涉及的专业和正在研究的患者和地区需求可以采用多种方式使用课程。
- 与 IASP 课程相关的疼痛控制相关能力的掌握是确保所有卫生专业毕业生都能够提供有效和安全的疼痛治疗的基础[5,6,7]。
- 约翰霍普金斯大学医学院为一年级学生开设的为期四天的疼痛课程包括映射性活动，例如学生对艺术作品中的疼痛图像的反应包括艺术作品，个人的疼痛体验以及共情作用而形成“疼痛组合”[11,12]。
- 美国华盛顿大学六所卫生科学学校进行职业间合作并提出疼痛内容和教学方法蓝图，同时提出在其中增加疼痛教学内容[3]。
- 基于 IASP 领域的“疼痛跨职业课程模式”，通过阐明四个关键问题来指导课程设计和实施：
(1)为什么疼痛教育十分重要；(2)谁参与这一过程；(3)何种内容，计划和资源具有现实意义；(4) 如何实施，单一专业还是跨职业的，强制性还是选择性的，综合课时或是过程性教学[14]。
- 将英国 19 所大学的疼痛内容整合到 7 个学科中：这既是挑战又是取得成功的方法
- 基础疼痛治疗——已被引入英国 12 所医学院校。
- 在线学习和远程医疗辅导项目使学生可以观察疼痛的临床技能，让初级保健医生在处方的选择，丰富知识和增强信心方面也取得了进步，但目前仅限于资源配置丰富的条件下这些学习方式才具备有效性[15,16,17]。

2. 卫生保健专业人员临床环境中的教育干预措施



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- 将患者恶化模拟作为临床医生对术后疼痛评估的“低科技”替代方案，其性能和知识的改善可与更昂贵的标准化患者模拟相媲美[10]。
- 在针对儿科和新生儿科护士疼痛教育的研讨会上提高了对疼痛学习的要求，在预测试和后续测试设计中的疼痛知识评分都得到了提高[3]。

3. 研究生和专业继续教育

- [IASP 疼痛学校和训练营](#)
- [IASP 章节和联合会网站](#)

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Plan to join your colleagues at the [17th World Congress on Pain](#), September 12-16, 2018, in Boston, Massachusetts, USA.

至于疼痛教育卓越的全球年部分，IASP 提供了一系列的九个事例表格涵盖疼痛教育相关的特定主题。这些文件已翻译成多种语言，可供免费下载。登陆 www.iasp-pain.org/globalyear 网站获取更多信息。

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