



#### ● FACT SHEET No. 4

## 將疼痛專業能力以及 IASP 課程大綱融入專業教育中

IASP課程大綱(IASP Curricula Outlines)列出了藥學、心理學、物理治療、職能治療、護理、醫學、牙醫、社工及跨領域教育的建議學習課程。這些課程大綱有助於在大學及研究所階段設立關於急性疼痛、慢性疼痛以及癌症疼痛的課程。這些課程大綱在2017年已針對全球卓越疼痛教育主題年做出了更新。

歐洲疼痛聯盟的疼痛醫學文憑核心課程大綱( European Pain Federation Core Curriculum for the European Diploma in Pain Medicine)(2016)列出了學員透過自我導向的學習、臨床工作經驗、以及其他在受訓過程中、受到EFIC®的協助以及教育提倡所接受的教育經驗，學員所需要達到的學習成果。

Fishman等人(2013)所著的北美疼痛核心專業能力課程( North American Core Pain Competencies)說明了疼痛的基本概念，以及疼痛的複雜性；如何觀察及評估疼痛；治療選項的合作方式；以及將橫跨整個生命週期中的疼痛專業能力應用於不同的情境、族群、照護模式。在每個領域都會有一套約定俗成的價值觀以及引導原則。這些專業能力可以作為一個基礎，用來發展、定義、以及修訂課程大綱，並且可作為一個資源，創造出為了各種健康照顧工作者而設計的學習活動，以增進對疼痛有效的照護。

### 如何整合

- 利用既有的大綱來勾勒出內容概要以及能力，以協助辨識落差及有待加強之處。
- 鼓勵健康科學領域的課程規劃者評估其現有的教育內容，並採用以及測量這些內容大綱及能力。



© Copyright 2018 International Association for the Study of Pain. All rights reserved.

IASP 讓科學家、臨床工作者、醫療人員、及立法人員團結起來，共同促成及支持疼痛相關研究，並且將這些知識轉化，讓全球緩解疼痛的方式能更上一層樓。

- 爲了學生的訓練以及未來的專業發展，需在健康照護教育的各個建構階段都融入(疼痛專業能力及IASP課程大綱)學習機會及活動。
- 敦促當地的以及國家級的證照、認證、證書、教育及政策管理單位在建立標準時，也將疼痛專業能力納入考量。

教學方法	相關的疼痛教育參考範例
<p><b>案例導向學習</b> 利用一個包含了病人問題/症狀的真實或模擬的故事。學員會分析這些案例，並且獨力或是分成小組討論出解決方式，且解決方式需要應用到課程概念及臨床文獻。</p>	<p>Schwartz LR, Fernandez R, Kouyoumjian SR, Jones KA, Compton S. A randomized comparison trial of case-based learning versus human patient simulation in medical student education. <i>Acad Emerg Med</i> 2007;14(2):130-7.</p>
<p><b>教學法</b> 以投影片或是課程講述，其中可能包含了簡短的問答時段。</p>	<p>McFadden P, Crim A. Comparison of the effectiveness of interactive didactic lecture versus online simulation-based CME programs directed at improving the diagnostic capabilities of primary care practitioners. <i>J Contin Educ Health Prof</i> 2016;36(1):32-7.</p>
<p><b>問題導向學習</b> 這種聚焦式的體驗性學習的課程規劃會圍繞著臨床問題來進行探討。每個學員小組會被分派一個個案來探討，並且由小組自行設定學習目標。通常每個小組會分配工作、互相教導，並在引導下討論等等。</p>	<p><b>遠距醫療</b> Shelley BM, Katzman JG, Comerci GD Jr, Duhigg DJ, Olivas C, Kalishman S, Monette R, Britt M, Flatow-Trujillo L, Arora S. ECHO pain curriculum: balancing mandated continuing education with the needs of rural health care practitioners. <i>J Contin Educ Health Prof</i> 2017; Aug 16. doi: 10.1097/CEH.000000000000165. [Epub ahead of print]</p>
<p><b>擬真學習</b> 擬真法(低科技—例如角色扮演—或高科技)會模擬一個臨床情境，並且讓學員可以參與其中的活動，這些活動會與真實的情況很相似。</p>	<p>Hecimovich M, Volet S. Simulated learning in musculoskeletal assessment and rehabilitation education: comparing the effect of a simulation-based learning activity with a peer-based learning activity. <i>BMC Med Educ</i> 2014;14:253 <a href="http://www.biomedcentral.com/1472-6920/14/253">http://www.biomedcentral.com/1472-6920/14/253</a> McGillion M, Dubrowski A, Stremler R, Watt-Watson J, Campbell F, McCartney C, Victor C, Wiseman J, Snell J, Robb A, Nelson S, Stinson J,</p>



© Copyright 2018 International Association for the Study of Pain. All rights reserved.

IASP 讓科學家、臨床工作者、醫療人員、及立法人員團結起來，共同促成及支持疼痛相關研究，並且將這些知識轉化，讓全球緩解疼痛的方式能更上一層樓。

	Hunter J, Dao T, Promislow S, McNaughton N, White S, Shobbrook C, Jeffs L, Mauch K, Leegaard M, Beattie W, Schreiber M, Silver I. The Postoperative Pain Assessment Skills pilot trial. <i>Pain Res Manag</i> 2011;16(6):433-9.
<b>小組學習(翻轉教學)</b> 在學員人數眾多的教學課程中，將學員分成小組。在教師的指導下，這些小組會主動的參與整個大課堂的活動。學員在課堂中或是課餘都需要主動積極的學習(準備及討論)。這種方式將課程的重點由教導事實轉移到著重於應用。	Della Ratta CB. Flipping the classroom with team-based learning in undergraduate nursing education. <i>Nurse Educ</i> 2015;40(2):71-4. Martinelli SM, Chen F, DiLorenzo AN, Mayer DC, Fairbanks S, Moran K, Ku C, Mitchell JD, Bowe EA, Royal KD, Hendrickse A, VanDyke K, Trawicki MC, Rankin D, Guldán GJ, Hand W, Gallagher C, Jacob Z, Zvara DA, McEvoy MD, Schell RM. Results of a Flipped Classroom Teaching Approach in Anesthesiology Residents. <i>J Grad Med Educ</i> . 2017; 9(4):485-490.
<b>跨領域(職類)學習活動</b> 上述的所有學習活動，都可被結合並應用於跨領域(職類)的問題解決及學習。	Carr E, Watt-Watson J. Interprofessional pain education: definitions, exemplars and future directions. <i>Br J Pain</i> 2012;6(20):59-65.
<b>臨床經驗</b> 在住院或是門診的照護單位的見習及實作。	Goldberg GR, Filatto P, Karani R. Effect of 1-week clinical rotation in palliative medicine on medical school graduates' knowledge of and preparedness in caring for seriously ill patients. <i>J Am Geriatr Soc</i> 2011;59(9):1724-9.
<b>其他：</b> <b>文獻回顧</b> 實證資料的文獻評讀有助於疼痛控制的實作。	<b>文獻回顧</b> Guerriero F, Bolier R, Van Cleave JH, Reid MC. Pharmacological approaches for the management of persistent pain in older adults: what nurses need to know. <i>J Gerontol Nurs</i> 2016;42(12):49-57.
<b>影片教學</b> 針對臨床資訊或技能的影片訓練模式	<b>影片教學</b> Bjorn A, Pudas-Tahka SM, Salanterä S, Axelin A. Video education for critical care nurses to assess pain with a behavioral pain assessment tool: a descriptive comparative study. <i>Intensive Crit Care Nurs</i> 2017; Apr 18. pii: S0964-3397(17)30070-8. doi: 10.1016/j.iccn.2017.02.010. [Epub ahead of print]



© Copyright 2018 International Association for the Study of Pain. All rights reserved.

IASP 讓科學家、臨床工作者、醫療人員、及立法人員團結起來，共同促成及支持疼痛相關研究，並且將這些知識轉化，讓全球緩解疼痛的方式能更上一層樓。

<p><b>線上學習</b> 學習模式混合了許多學習方法(影片、案例導向素材、投影片、實證討論等等)</p> <p><b>參與疼痛團體治療</b> 參與既有的治療團體，以傾聽患者及工作人員的經驗，並且跟工作人員討論特定主題</p>	<p><b>線上訓練</b> Richmond H, Hall AM, Hansen Z, Williamson E, Davies D, Lamb SE. Using mixed methods evaluation to assess the feasibility of online clinical training in evidence based interventions: a case study of cognitive behavioral treatment for low back pain. BMC Med Educ 2016;16(163): DOI 10.1186/s12909-016-0683-4 Weiner DK, Morone NE, Spallek H, Karp JF, Schneider M, Washburn C, Dziabiak MP, Hennon JG, Elnicki DM. E-learning module on chronic low back pain in older adults: evidence of effect on medical student objective structured clinical examination performance. J Am Geriatr Soc. 2014; 62(6):1161-7. Huestis SE, Kao G, Dunn A, Hilliard AT, Yoon IA, Golianu B, Bhandari RP. Multi-Family Pediatric Pain Group Therapy: Capturing Acceptance and Cultivating Change. Children (Basel). 2017; 7;4(12): E106</p>
---	--

## 資源

**IASP Curricula Outlines**

**European Federation of International Chapters (EFIC) Curriculum for Pain Medicine**

**U.S. National Institute of Health (NIH) Centers of Excellence in Pain Education Case-Based Modules**

## 參考文獻

1. Arwood E, Rowe JM, Singh NS, Carr DB, Herr KA, Chou R. Implementing a paradigm shift: incorporating pain management competencies into pre-licensure curricula. Pain Med 2015;16(2):291-300.
2. Briggs EV, Carr EC, Whittaker MS. Survey of undergraduate pain curricula for healthcare professionals in the United Kingdom. Eur J Pain 2011;15(8):789-95.
3. Doorenbos AZ, Gordon DB, Tauben D, Palisoc J, Drangsholt M, Lindhorst T, Sanielson J, Spector J, Ballweg R, Vorvick L, Loeser JD. A blueprint of pain curriculum across prelicensure health sciences programs: one NIH Pain Consortium Center of Excellence in Pain Education (CoEPE) experience. J Pain 2013;14(12):1533-8.



© Copyright 2018 International Association for the Study of Pain. All rights reserved.

**IASP 讓科學家、臨床工作者、醫療人員、及立法人員團結起來，共同促成及支持疼痛相關研究，並且將這些知識轉化，讓全球緩解疼痛的方式能更上一層樓。**

4. Eachempatil P, Kiran Kumar KS, Sumanth KN. Blended learning for reinforcing dental pharmacology in the clinical years: A qualitative analysis. *Indian J Pharmacol* 2016;48(Suppl 1):S25-S28.
5. Fishman SM, Young HM, 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. *Pain Med* 2013;14(7):971-81.
6. Herr K, St. Marie B, Gordon DB, Paice JA, Watt-Watson J, Stevens BJ, Bakerjian D, Young HM. An interprofessional consensus of core competencies for prelicensure education in pain management: curriculum application in nursing. *Journal of Nursing Education* 2015;54(6):317-27.
7. Hoeger Bement MK, St Marie BJ, Nordstrom TM, Christensen N, Mongoven JM, Koebner IJ, Fishman SM, Sluka KA. An interprofessional consensus of core competencies for prelicensure education in pain management: curriculum application for physical therapy. *Phys Ther* 2014;94(4):451-65.
8. Hunter J, Watt-Watson J, McGillion M, Raman-Wilms L, Cockburn L, Lax L, Stinson J, Cameron A, Dao T, Pennefather P, Schreiber M, Librach L, Kavanagh T, Gordon a, Cullen N, Mock D, Salter M. An interfaculty pain curriculum: lessons learned from six years' experience. *Pain* 2008;15(140):74-86.
9. Martinelli SM, Chen F, DiLorenzo AN, Mayer DC, Fairbanks S, Moran K, Ku C, Mitchell JD, Bowe EA, Royal KD, Hendrickse A, VanDyke K, Trawicki MC, Rankin D, Guldan GJ, Hand W, Gallagher C, Jacob Z, Zvara DA, McEvoy MD, Schell RM. Results of a Flipped Classroom Teaching Approach in Anesthesiology Residents. *J Grad Med Educ.* 2017; 9(4):485-490.
10. Murinson BB, Nenorta E, Sam Mayer R, Mezei L, Kozachik S, Nesbit S, Haythornthwaite JA, Campbell JN. A new program in pain medicine for medical students: integrating core curriculum knowledge with emotional and reflective development. *Pain Medicine* 2011;12(2):186-95.
11. Smith CD. A curriculum to address family medicine residents' skills in treating patients with chronic pain. *Int J Psychiatry Med* 2014;47(4):327-36.
12. Watt-Watson J, McGillion M, Hunter J, Choiniere M, Clark AJ, Dewar A, Johnston C, Lynch M, Morely-Forster P, Moulin D, Thie N, von Baeyer CL, Webber K. A survey of prelicensure pain curricula in health science faculties in Canadian universities. *Pain Res Manag* 2009;14(6):439-44.
13. Watt-Watson J, Lax L, Davies R, Langlois S, Oskarsson J, Raman-Wilms L. The pain interprofessional curriculum design model. *Pain Med* 2017;18(6):1040-1048.
14. Weiner DK, Morone NE, Spallek H, Karp JF, Schneider M, Washburn C, Dziabiak MP, Hennon JG, Elnicki DM. E-learning module on chronic low back pain in older adults: evidence of effect on medical student objective structured clinical examination performance. *J Am Geriatr Soc.* 2014; 62(6):1161-7.

## 作者

Deb Gordon, RN, DNP, FAAN  
Anesthesiology & Pain Medicine  
Co-Director Harborview Integrated Pain Care Program  
University of Washington  
Seattle, Wash., USA

Antje M. Barreveld, MD  
Assistant Professor of Anesthesiology  
Tufts University School of Medicine  
Co-Principal Investigator, HSDM-BWH NIH Pain Consortium Center of Excellence in Pain Education  
Medical Director, Pain Management Center  
Director, Substance Use Services (SUS)



© Copyright 2018 International Association for the Study of Pain. All rights reserved.

**IASP** 讓科學家、臨床工作者、醫療人員、及立法人員團結起來，共同促成及支持疼痛相關研究，並且將這些知識轉化，讓全球緩解疼痛的方式能更上一層樓。

Anesthesiologist, Commonwealth Anesthesia Associates (CAA)  
Newton-Wellesley Hospital  
Newton, Mass., USA

## 審稿者

Abrahão Fontes Baptista, PT, PhD  
Center for Mathematics, Computation and Cognition, UFABC  
Universidade Federal da Bahia  
São Paulo, Brazil

Cynthia Goh, MBBS, PhD, FACHPM, FRCP  
Associate Professor, Lien Center for Palliative Care  
Duke-NUS Graduate Medical School Singapore Senior Consultant & Head, Department of Palliative Medicine  
National Cancer Center Singapore Clinical Associate Professor, National University of Singapore  
Singapore

## 翻譯者

劉玲均 臨床心理師  
彰化基督教醫院 麻醉部/疼痛科  
Ling- Jun Liu,  
Clinical Psychologist  
Department of Anesthesiology,  
Changhua Christian Hospital  
Changhua City, Taiwan

謝宜哲 醫師  
彰化基督教醫院 麻醉部/疼痛科  
Yi- Jer Hsieh, MD  
Department of Anesthesiology,  
Changhua Christian Hospital  
Changhua City, Taiwan



© Copyright 2018 International Association for the Study of Pain. All rights reserved.

**IASP** 讓科學家、臨床工作者、醫療人員、及立法人員團結起來，共同促成及支持疼痛相關研究，並且將這些知識轉化，讓全球緩解疼痛的方式能更上一層樓。

**關於國際疼痛研究學會  
( International Association for the Study of Pain®)**

IASP 是疼痛科學、治療及教育的專業社群領頭羊。歡迎所有涉及疼痛研究、診斷、或治療的專業人員，加入 IASP 的會員。IASP 已有超過 7000 個會員，遍布於 133 個國家，90 個國家分會，及 20 個特殊利益團體。

歡迎您共襄盛舉，參與第 17 屆世界疼痛研討會。會議期間為西元 2018 年 9 月 12-16 日，在美國麻州的波士頓。

針對全球卓越疼痛教育主題年，IASP 提供一系列共 9 篇實證報告，涵蓋了關於疼痛教育的特定主題。這些文件已被翻譯為多種語言，歡迎免費下載。欲瞭解更多詳情，請至網站 [www.iasp-pain.org/globalyear](http://www.iasp-pain.org/globalyear)。



© Copyright 2018 International Association for the Study of Pain. All rights reserved.

IASP 讓科學家、臨床工作者、醫療人員、及立法人員團結起來，共同促成及支持疼痛相關研究，並且將這些知識轉化，讓全球緩解疼痛的方式能更上一層樓。