



- **FACT SHEET No. 4**

将管理疼痛的职业素养和 IASP 课程大纲纳入职业教育

IASP 课程大纲为药学、心理学、物理治疗、职业治疗、护理、医学、牙医学、社会工作以及跨专业等教育提供相关推荐课程。该大纲有利于为本科生和研究生塑造一个关于急性、慢性和癌性疼痛的教学课程，并在 2017 年已全部更新。

欧洲疼痛协会出版的《欧洲疼痛医学文凭核心课程》(2016)阐明了学员获取学习成果主要通过：自主学习、临床工作经历、在培训期间接受的其他教育经历以及来自 EFIC®疼痛学校和教育举措的帮助。

Fishman 等人在《北美管理疼痛的核心素养》(2013)一文中论述了疼痛的基本概念及其复杂性；如何观察和评估疼痛；针对疼痛的综合治疗方案以及整个生命周期中管理疼痛的职业素养在各种环境、人群和护理团队模型中的应用。每个领域都有各自的价值观和指导原则。这些学科能力可以作为开发、制定、界定和修订课程的基础，也可以是旨在促进护理并用于创造卫生专业相关学习活动的一种资源，进而有效应对疼痛。

如何整合

- 通过将课程内容大纲和职业素养与现有课程进行对照，找出差距或需要改进的地方。
- 鼓励卫生科学领域的课程开发人员评价现有的教学内容，采纳并测试课程内容大纲和职业素养。
- 将疼痛课程和管理疼痛职业素养贯穿于学生健康教育和培训形成阶段的学习机会、活动以及未来的专业发展中。
- 督促国家和地方认证机构、鉴定机构、证明机构、教育机构以及政策管理机构在制定标准时考虑纳入疼痛有关职业素质的培养。

教学方法	相关疼痛教育案例参考文献
<p>案例教学</p> <p>使用包含患者问题/症状的真实的或模拟的案例。让学生自主或者以小组形式对这些案例进行分析，通过运用课程概念和临床文献得出解决方案。</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. Acad Emerg Med 2007;14(2):130-7</p>
<p>说教式教学</p> <p>包括几个简短问答的幻灯片或演讲。</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. J Contin Educ Health Prof 2016;36(1):32-7.</p>
<p>提问式教学</p> <p>以调查临床问题为中心的集中体验式学习。学习小组提出一个案例，设定他们自己的学习目标，通常会互相分工，互相教导、引导性讨论等。</p>	<p>远程医疗</p> <p>Shelley BM, Katzman JG, Comerchi 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. J Contin Educ Health Prof 2017; Aug 16. doi: 10.1097/CEH.000000000000165. [Epub ahead of print]</p>
<p>模拟式教学</p> <p>通过模拟（低科技-例如：角色扮演--或高科技）再现了临床场景，让学习者能够从事与现实情况相似的活动。</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. BMC Med Educ 2014;14:253 http://www.biomedcentral.com/1472-6920/14/253</p> <p>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, 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. Pain Res Manag 2011;16(6):433-9.</p>

<p>团队学习（“翻转课堂”教学）</p> <p>“翻转课堂”教学是一种大群体教育情境中融入小群体主动参与的教师指导方法。学习者必须积极参加课外活动（准备和讨论）。从事实向应用的转变。</p>	<p>Della Ratta CB. Flipping the classroom with team-based learning in undergraduate nursing education. <i>Nurse Educ</i> 2015;40(2):71-4.</p> <p>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. <i>J Grad Med Educ</i>. 2017; 9(4):485-490.</p>
<p>跨专业学习活动</p> <p>将学习活动组合纳入跨专业小组间解决问题的方法。</p>	<p>Carr E, Watt-Watson J. Interprofessional pain education: definitions, exemplars and future directions. <i>Br J Pain</i> 2012;6(20):59-65.</p>
<p>临床实践教学</p> <p>住院和/或门诊保健设置的观察和实践。</p>	<p>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.</p>
<p>其它：</p> <p>文献综述</p> <p>对循证文献的批判性回顾以获取疼痛管理的最佳做法。</p>	<p>文献综述</p> <p>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.</p>

<p>视频教学</p> <p>用于学习临床信息和/或技能的视频式训练模块。</p> <p>在线教学</p> <p>包括混合学习方法（视频、案例材料、幻灯片演示、循证讨论等）。</p> <p>实践参与疼痛团队治疗：</p> <p>参加已成立的治疗小组，听取病人和工作人员的经验，然后与工作人员讨论具体问题。</p>	<p>视频教学</p> <p>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]</p> <p>在线模块</p> <p>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. <i>BMC Med Educ</i> 2016;16(163): DOI 10.1186/s12909-016-0683-4</p> <p>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. <i>J Am Geriatr Soc</i>. 2014; 62(6):1161-7.</p> <p>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. <i>Children (Basel)</i>. 2017; 7;4(12): E106</p>
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资料来源

[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](#)



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IASP brings together scientists, clinicians, health-care providers, and policymakers to stimulate and support the study of pain and translate that knowledge into improved pain relief worldwide.

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