

Prospectus to Promote Professional Pain Education

Why is professional education on pain important?

Pain is a public health crisis that that requires a more complex approach than many other health conditions (4). Pain is costly for health-care systems, patients and their families, and employers. It affects one in five people globally (4, 13). Its prevalence ensures that pain is a common concern of patients seeking help from all health professionals.

In some developed countries, the opioid crisis has been attributed in part to inadequate education of prescribers (11). Despite the availability of various educational resources, such as those from IASP (8), surveys continue to demonstrate minimal or no pain content in health science curricula, particularly at the entry-to-practice level (2,10,12,14). Evaluation of competency in pain management is not currently required for licensure of most health professionals (16). Moreover, many health professionals say they are unprepared to manage complex pain issues, particularly where comprehensive treatment is required (15).

The Institute of Medicine's "<u>Relieving Pain in America</u>" emphasized that health professionals "need and deserve greater knowledge and skills so they can contribute to the necessary cultural transformation in the perception and treatment of people with pain" (9, p209). Moreover, the <u>Global Burden of Disease</u> <u>Study</u> underlined the major impact of disease and disability driven by pain. It said that chronic pain is the most important current and future cause of morbidity and disability across the world (13). While issues in advancing the pain education agenda have been well documented (3,15), a key question is how to ensure that our students receive adequate pain education and are graduated with competence in assessing and managing pain to meet this challenge (1).

Therefore, the IASP has declared 2018 the Global Year for Excellence in Pain Education

What is being recommended?

Schools and universities with health sciences programs, prelicensure educational programs, education accrediting bodies, and faculty across the globe are encouraged to incorporate essential pain content into curricula with the aim of producing graduates with the knowledge and skills necessary to be competent in contemporary pain management.

Why is change needed in professional education?

Surveys reveal a continuing lack of pain content in health science curricula despite a worldwide need to improve pain management practices. Comprehensive pain assessment and management is multidimensional. It requires collaboration that reflects competencies in pain knowledge and skill attained by all health professionals. Curricula need to change from the frequent focus on pain as a diagnostic indicator of disease to pain as a multidimensional, complex entity in itself. Moreover, it is essential to ensure that our graduates have demonstrated proficiency in specific pain care competencies.

Fishman and others (5,6) have suggested that past efforts in pain education have focused mainly on content and not on practice outcomes or requirements. Incorporating pain competencies in the metrics used to assess institutions and their graduates by regulatory and accrediting bodies could lead to lasting improvements in pain education (5,16). Competencies must be aligned, measured, and incentivized in health-care education to meet the needs of society (7).

Standards for professional competence delineate important domains of practice and direction for learning that have both safety and ethical implications (16). Recently developed pain competencies are foundational to all health professionals (6). They support the move to competency-focused education that emphasizes outcomes of the educational process and not just content. These competencies parallel the existing IASP Curricula domains and provide measurable clinical outcomes that can be used by regulatory, accreditation, and professional bodies. Educators need to have clear performance indicators that direct curriculum choices, and pain competencies provide these. Therefore, endorsement of core pain competencies by accreditors and regulatory/licensing bodies is needed to provide the impetus for curriculum change.

What strategies can we use to support change in professional education?

- 1. Lobby professional regulatory, accreditation, and professional bodies to include pain assessment requirements in any entry-to-practice requirements.
 - Identify colleagues and other networks that can help lobby key stakeholders at all levels
 - Involve students and consider their feedback about the lack of pain content in any negotiation and proposals
 - Include advocacy groups in the development process and in meetings at all levels

- 2. Work with colleagues from other disciplines to achieve consensus and provide a unified voice that pain curriculum reform is long overdue.
- 3. Strengthen partnerships between academic and clinical educators who have a shared responsibility for teaching and modeling best pain care practices for students.
- 4. Refer to resources from international and national pain societies that include current statistics and models of successful approaches by region.
- 5. Provide leadership for a national consensus project to advance implementation of pain core competencies in your profession.
- 6. Attend pain society meetings and encourage an education focus for meeting content and projects.

References

1. Arwood E, Rowe J, Singh N, Carr D, Heer K, Chou R. Implementing a a paradigm shift: Incorporating pain management competencies into prelicensure curricula. Pain Medicine 2015; 16: 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;15:789-95.

3. Carr E, Briggs E, Allcock N, Black P. Understanding factors that facilitate the inclusion of pain education in undergraduate education: Perspectives from a UK survey. Bri J Pain 2016;10(2):100-107. Darnell B, Carr D, Schatman M. Pain psychology and the biopsycosocial model of pain treatment: Ethical imperatives and social responsibility. Pain Medicine 2017; 18:1413-1415.

4. Gaskin DJ, Richard P. The economic costs of pain in the United States. J Pain 2012; 13(8):715-24.;

5. Fishman S & Young H. Driving needed change in pain education. Pain Med 2016;17:1790-1792.

6. Fishman S, Young H, Arwood E, Chou R, Herr K, Murinson B, Watt-Watson J, Carr D, Gordon D, Stevens B, Bakerjian D, Ballantyne J, Courtenay M, Djukic M, Koebner I, Mongoven J, Paice J, Prasad R, Singh N, Sluka K, Marie B, Strassels S. Core Competencies for Pain Management: Results of an Interprofessional Consensus Summit. Pain Med 2013;14:971-981.

7. Frenk J, Chen L, Bhutta Z, et al. Health professionals for a new century: Transforming education to strengthen health systems in an interdependent world. Lancet 2010; 376:P1941.

8. IASP International Association for the Study of Pain: <u>IASP Curricula</u>. 2017.

9. Institute of Medicine of the National Academies (IOM). Committee on Advancing Pain Research Care and Education. Relieving pain in America: a blueprint for transforming prevention, care, education, and research. Washington, D.C.: National Academies Press; 2011.

10. Leegaard M, Valeberg BT, JHaugstad GK, Utne I. Survey of pain curricula for healthcare professionals in Norway. Nurs Sci 2014;34:42–5.

11. Lynch M. The Opioid Pendulum and the Need for Better Pain Care. Pain Med 2016; 17 (7): 1215-1219.

12. Mezei L, Murinson BB. Pain education in North American Medical Schools. J Pain 2011;12:1199-208. 13. Rice A, Smith B, Blyth F. Pain and the global burden of disease. PAIN April 2016;157(4):791-96.

14. Watt-Watson J, McGillion M, Hunter J, Choiniere M, Clark AJ, Dewar A, Johnston C, Lynch M, Morley-Forster P, Moulin D, Thie N, von Baeyer CL, Webber K. A survey of pre-licensure pain curricula in health science faculties in Canadian universities. Pain Res Manag 2009;14:439-44. 15. Watt-Watson, J, Murinson (Hogans), B. Current challenges in pain education. Pain Manage 2013;3(5): 351-57.

16. Watt-Watson J, Peter E, Clark AJ, Dewar A, Hadjistavropoulos T, Morley-Forster P, O'Leary C, Raman-Wilms L, Unruh A, Webber K, Campbell-Yeo M. The ethics of Canadian entry-to- practice pain competencies: how are we doing? Pain Res Manage 2013;18(1):25-33.

Resources

1. Doorenbos A, Gordon D, Tauben D, et al. A Blueprint of Pain Curriculum Across prelincensure Health Sciences Programs: One NIH Pain Consortium Centre of Excellence in Pain Education (CoEPE) Experience. J Pain 2013;14(12): 1533-1538.

2. Gruppen LD, Mangrulkar RS, Kolars JC. The promise of competency-based education in the health professions for improving global health. Hum Resour Health 2012;10(1):10-43.

3. Herr K, St Marie B, Gordon D, Paice J, Watt-Watson J, Stevens B, Bakerjian D, Young H. An Interprofessional consensus of core competencies for prelicensure education in pain management: Curriculum application for nursing. J Nurs Educ 2015; 54(6):317-328.

4. Hoeger Bement M, St Marie B, Nordstrom T, Christensen N, Mongoven J, Koebner I, Fishman S, Sluka K. An Interprofessional consensus of core competencies for prelicensure education in pain management: curriculum application for physical therapy. Physical Therapy 2014;94(4): 451-464.

5. Hunter J, Watt-Watson J, McGillion M, Raman-Wilms L, Cockburn L, Lax L, Stinson J, Camerson 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;140: 74-86. 6. Murinson B, Gordin V, Flynn S, Driver L, Gallagher R, Grabois M. Recommendations for a new curriculum in pain medicine for medical students: Toward a career distinguished by competence and compassion. Pain Med 2013;14(3):345-50.

7. National Institutes of Health Centres of Excellent in Pain Education <u>https://www.nih.gov</u> Accessed August 5, 2017.

8. Watt-Watson J, Hunter J, Pennefather P, Librach L, Raman-Wilms L, Schreiber M, Stinson J, Dao T, Lax L, Gordon A, Mock D. An integrated undergraduate curriculum, based on IASP curricula, for six health Science Faculties. Pain 2004;110: 140-148.

9. World Health Organization Framework for Action on Interprofessional Education and Collaborative Practice <u>http://www.who.int/hrh/resources/framework_action/en/</u> Accessed August 5, 2017.

Author

Judy Watt-Watson, RN, MSc, PhD Professor Emeritus Lawrence S. Bloomberg Faculty of Nursing Senior Fellow, Massey College University of Toronto Toronto, Canada

Reviewers

Ylisabyth M. Bradshaw, DO, MS Department of Public Health and Community Medicine Tufts University School of Medicine Boston, Mass., USA Catherine J. Seers, BSc(Hons), PhD Director, RCN Research institute Warwick Medical School University of Warwick Coventry, England

Keela A. Herr, PhD, RN, FAAN, AGSF Professor, Associate Dean for Faculty College of Nursing University of Iowa Iowa City, Iowa, USA

