



- FACT SHEET No. 2

Current Status of Pain Education and Implementation Challenges

Education in pain management continues to be a low priority in health professional curricula despite decades of research documenting unmet global needs. The [2016 Global Burden of Disease Study](#) shows that persistent pain is a major and increasing cause of morbidity and disability worldwide [9]. Pain is one of the most common reasons patients seek a health-care professional; therefore, our graduates must possess the requisite knowledge and skills to be competent [3,4,10].

Challenges

Preclinical health professions training in pain management falls far below recommended standards in high-resource countries based on well-validated survey studies (2,7,8,12). The status of pain education in low-resource countries is unknown, but glaring deficits in pain management underscore a dire situation that demands greater effort [6]. Despite extensively developed and freely available curriculum resources, adoption of pain content into entry-to-practice programs is agonizingly slow. Until now, most health professionals have learned pain management only through an “informal curriculum” in clinical settings that perpetuate a culture of stigma and inadequate pain care practices.

Many health professionals feel unprepared to manage complex pain issues, particularly where comprehensive treatment is required (11). Critically, summative assessment of competency in pain management is not currently required for licensure of most health professionals (13).



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Safe, proficient, and compassionate pain management will not happen without pain education for all health professionals. Therefore, two questions need to be addressed: What barriers are limiting integration of pain content in health sciences curricula, particularly at the prelicensure (undergraduate) level, and what resources are available?

Resources and Strategies

Challenges hindering the adoption and implementation of pain curricula and competencies are not well understood, but one factor is the lack of competency standards for licensure [11]. Changes in professional certification, and in pain education, have lagged far behind improved regulatory standards [1]. Teaching challenges in classrooms and clinical training sites remain obstacles as well. These challenges include curriculum models and priorities that do not address pain, insufficient faculty qualifications and lack of confidence in teaching about pain, and inconsistent opportunities for interprofessional learning [11].

Fishman and Young propose focusing on organizations with the influence to require pain content in health science curricula [3]. The Global Year “Prospectus to Promote Professional Pain Education” [\[link\]](#) can initiate a discussion with stakeholders with the appropriate authority. This document includes strategies to help regulatory and licensing bodies and accreditors understand the importance of endorsing core pain content and competency evaluation in health science curricula. Hospital accreditation standards, such as the [Joint Commission’s Pain Standards](#), contain a powerful message that providers must be educated about pain [1]. Influencing professional bodies to include and increase required pain competencies in entry-to-practice licensing and maintenance of certification may have the greatest impact on pain education and clinical practice [13].

- Curriculum resources, such as the examples below, are available to help change traditional models that focus on pain as a symptom. The nociceptive processing system has protean impacts on clinical care and human experience far outstripping any significance as a subsystem of the sensory nervous system.
- Core pain competencies and curricula have been developed and tested, and these may be used as a basis for application in various health professional curricula.
- Curriculum mapping involves the process of examining content to identify the actual pain content faculties are addressing in order to address gaps, redundancies, and coherence. These data can help underscore the issue. For example, comparisons with veterinary medicine curricula stimulated discussions about why pets receive care from practitioners more qualified in pain management [13].



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- Although faculty have not felt competent in teaching pain content, they have been described as the “ultimate resources of all educational institutions” and as “agents of knowledge transmission and role models” [4]. Attendance at professional conferences, engagement, recruitment, and collaboration to integrate pain content as a component of other topics, such as metabolic disorders or cardiovascular conditions, is essential to advance pain education.
- Fostering mentoring relationships with colleagues in academic and clinical settings encourages a shared understanding of pain and supports best practice modelling for students. Finding and working with local pain champions who are motivated to improve pain care and education can ensure efforts have positive outcomes.
- Stakeholder models can help identify key individuals in order to develop strategies to gain their support. Stakeholders to consider are deans, curriculum coordinators, librarians, pain experts, education design experts, clinicians, and patients.
- Effective pain management requires collaborative approaches that exceed the expertise of any one profession, so it is important to create interprofessional group learning opportunities. Students need to understand one another’s expertise, both shared and unique, that is essential to interprofessional and multiprofessional pain management.

Resource Examples

A. Interprofessional Pain Curriculum and Core Pain Competencies

- International Association for the Study of Pain (2017). [IASP Curricula](#).
- Fishman S, Young H, Arwood E, Chou R, Herr K, Murinson [Hogans] 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. (2013). Core Competencies for Pain Management: Results of an Interprofessional Consensus Summit. *Pain Med* 14, 971-981.

B. Strategies to encourage regulatory/licensing bodies and accreditors

- Prospectus to Promote Professional Pain Education [\[link\]](#)

C. Strategies to identify stakeholders and build capacity for change

- [Example of a practice model](#) for building capacity for community and system change

D. Advancing pain education and mentoring utilizing SMART goals approaches to foster change*



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<i>In the next 3 months</i>	Meet for at least 10 minutes with one person responsible for education at your institution to learn about their priorities
	Spend one hour with colleagues who teach in your institution discussing possibilities for pain content integration within your institutional culture
	Contact a colleague to plan inter-institutional education collaboration or offer opportunities for shared teaching of similar pain topics.
<i>In the next 6 months</i>	Attend a health professions education conference to acquire the language of teaching innovations useful for pain education. In follow-up to attending this meeting, build one new teaching alliance on the premise that pain is an opportunity to teach transferable skills in professionalism; e.g., shared-decision making, patient-centered communication skills, chronic disease models, and safe prescribing
	Offer to spend one hour teaching a topic that others might view as burdensome but which has important implications for pain care; e.g., chronic pelvic pain, non-cardiac chest pain
	Identify and contact one colleague who teaches in a related field to brainstorm about creative opportunities to bring pain into the discussion and discuss related modules that others have taught successfully
<i>In the next year</i>	Identify two seminal resources about new approaches to teaching (e.g., simulation, teachable moments) and assessment (e.g., formative assessment, script concordance, pain competencies); share with three others
	Read and respond to recommendations and standards for pain education: IASP, Joint Commission, WHO, others; write a short blurb for your institutional media, tweet, or give one media interview
	Mentor two people in pain education and seek the guidance of a mentor with more pain and teaching experience
	Use multidimensional evaluation methods to examine outcomes and determine success or need for change in one educational intervention

*Adapted from Watt-Watson J, Murinson [Hogans] B. Current challenges in pain education. *Pain Management* 2013; 3(5): 351-57.

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IASP is the leading professional forum for science, practice, and education in the field of pain. [Membership is open to all professionals](#) involved in research, diagnosis, or treatment of pain. IASP has more than 7,000 members in 133 countries, 90 national chapters, and 20 Special Interest Groups.

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

As part of the Global Year for Excellence in Pain Education, IASP offers a series of nine Fact Sheets that cover specific topics related to pain education. These documents have been translated into multiple languages and are available for free download. Visit www.iasp-pain.org/globalyear for more information.



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