FACT SHEET No. 4

Incorporating Pain Competencies and IASP Curriculum Outlines into Professional Education

The IASP Curricula Outlines provide recommended curricula for pharmacy, psychology, physical therapy, occupational therapy, nursing, medicine, dentistry, social work, and interprofessional education. The outlines are helpful for establishing teaching courses on acute, chronic, and cancer pain at both the undergraduate and graduate levels. The curricula outlines were all updated in 2017 for the Global Year on Excellence in Pain Education.

The European Pain Federation Core Curriculum for the European Diploma in Pain Medicine (2016) articulates the learning outcomes for trainees to achieve through self-directed learning, clinical experience in the workplace, and other educational experiences delivered during their training and helped by the EFIC® Pain Schools and educational initiatives.

The North American Core Pain Competencies by Fishman et al (2013) address the fundamental concepts and complexity of pain; how pain is observed and assessed; collaborative approaches to treatment options; and application of competencies across the life span in the context of various settings, populations, and care-team models. A set of values and guiding principles are embedded within each domain. These competencies can serve as a foundation for developing, defining, and revising curricula and as a resource for the creation of learning activities across health professions designed to advance care that effectively responds to pain.

How to integrate

- Map the content outlines and competencies with existing curricula to help identify gaps or areas for improvement.
- Encourage curriculum developers across the health sciences to evaluate their current educational content and adopt and test the content outlines and competencies.
- Incorporate into learning opportunities and activities throughout the formative stages of health-care education and training for students and for future professional development.
- Urge local and national licensure, accreditation, certification, education, and policy governing bodies to consider incorporating pain competencies when establishing standards.

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<th>Teaching Methods</th>
<th>Related Pain Education Example Reference</th>
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<td><strong>Case-Based Learning</strong></td>
<td>Use of real or simulated stories that include patient problems/symptoms. Students analyze these and may work individually or in small groups to arrive at a solution using course concepts and clinical literature.</td>
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<td><strong>Didactic</strong></td>
<td>A slide presentation or lecture that may include brief question-and-answer sessions.</td>
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<td><strong>Problem-Based Learning</strong></td>
<td>Focused experiential learning that is organized around the investigation of clinical problems. Learner groups are presented with a case and set their own learning objectives, often dividing the work, teaching each other, guided discussions, etc.</td>
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<td><strong>Simulation-Based Learning</strong></td>
<td>Simulations (low tech—e.g., role playing—or high tech) duplicate clinical scenarios and allow learners to engage in activities that approximate realistic situations.</td>
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| **Team-Based Learning (“flipped classroom”)** | **Della Ratta CB. Flipping the classroom with team-based learning in undergraduate nursing education. Nurse Educ 2015;40(2):71-4.**

Teacher-directed method for incorporating small-group active participation in large-group educational setting. Learners must actively participate in and out of class (preparation and discussion). Shift away from facts to application. |

Combinations of aforementioned learning activities can be incorporated into interprofessional group problem solving and learning. |
| **Clinical Experiences** | **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. J Am Geriatr Soc 2011;59(9):1724-9.**

Observation of and practice in inpatient and/or outpatient health-care settings. |
| **Other:** | **Literature Review**


Critical review of evidence-based literature to inform best practices in pain management. |
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<td>Participating in already-established therapeutic groups to hear patients’ and staff experiences and then discuss specific topics with staff.</td>
<td>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</td>
</tr>
</tbody>
</table>

**RESOURCES**

- [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](#)
REFERENCES

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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.