Prospectus to Promote Professional Pain Education

Why is professional education on pain important?

Pain is a public health crisis 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 “Relieving Pain in America” 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 Global Burden of Disease Study 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


Resources


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