Title

Driving Needed Change in Pain Education

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PERSPECTIVE & COMMENTARY

Commentary

Driving Needed Change in Pain Education

Despite public health crises of prescription opioid abuse and inadequate treatment of pain, despite calls from blue-ribbon panels for better clinician training in pain and pain treatment, and despite earnest efforts by individual clinicians, professional societies, and educators, we have failed to provide high-quality pain management training for our nation's health professionals [1,2]. The 2013 Institute of Medicine report on Pain in America stated, "Education is a central part of the necessary cultural transformation of the approach to pain," and recommended improving the curriculum and education for health care professionals [1]. The 2016 National Pain Strategy from the US Department of Health and Human services concurred: "Most health care professions' education programs devote little time to education and training about pain and pain care" [2].

Why have we not made more progress educating clinicians about pain when, ironically, pain is so prevalent in our population? I suggest two reasons for this failure—which, in turn, suggest two solutions.

The first reason is bypassing the fundamental step of defining and implementing expected competencies in pain management that should result from clinical education. Extensive efforts over several decades to increase pain curricula have focused on the the content of education without attending to the important initial step of defining the outcome. We want our health profession graduates to be competent in pain management, yet we have not fully agreed on enforceable outcomes for this education, i.e., a set of core-competencies in pain management [2]. Competencies offer educators a destination to which they can guide an educational journey. And, simply put, if we don't agree on where we're going, we are unlikely to get there.

Second, we have been attempting to effect change from the bottom up, rather than the top down, focusing on creation and implementation of educational content and not on the high-level forces that shift educational priorities. This approach has served to create excellent curriculum guidelines and content but failed to widely embed pain management as a reliably essential part of curricula across pre- and postlicensure health education.

For several decades, as we have focused on changing curricula and creating valuable educational content, we have largely missed the opportunity to define and register the outcomes of this education with the most compelling drivers and enforcers of change in curricula at medical schools and schools for other health professions—the accreditors and testing organizations. According to The Liaison Committee on Medical Education (LCME), which accredits medical schools, "The accreditation process requires a medical education program to provide assurances that its graduates exhibit general professional competencies that are appropriate for entry to the next stage of their training and that serve as the foundation for lifelong learning and proficient medical care" [3]. Given the ubiquity of pain in clinical settings, it is difficult to understand how medical education programs can be required to demonstrate "general professional competencies" without requiring competency in pain management.

Indeed, because pain is one of the most common reasons for a health care visit, pain management skills and knowledge should be a substantial component of general professional competencies. Yet accreditors of health professional schools, including the Liaison Committee on Medical Education, have not stipulated that education programs include content sufficient to ensure competency in pain management. Moreover, testing competency in pain management is not part of the fundamental examinations required by state agencies for the licensure of health professionals. Ironically, these same state agencies are burdened with the public health crisis of inadequate pain management and excessive prescribing of opioid drugs. Without core competencies for pain management, endorsed at the highest levels, accreditors and certifying/licensing bodies are unlikely to expect schools and professional graduates to meet these outcomes. It's not surprising, therefore, that curricula have not changed despite decades of effort.

Fortunately, some progress has already been made to address the first problem. In 2014, we published a consensus-based and peer-reviewed set of 21 core competencies for pain management [4]. These competencies are specific and consistent with the latest professional practice guidelines (Table 1) [4]. They provide the foundation for achieving the desired goal: competent clinicians who are able to treat pain effectively and safely. These competencies have been endorsed across many health professions and specialty professional organizations (Table 2) but now must be even more widely endorsed by key stakeholders, including the National Institutes of Health, the American Medical Association, the Association of American Medical Colleges,

the American Association of Colleges of Nursing, and the National League for Nursing, among others.

If we can achieve consensus on our education goals, then we can focus on driving broader and deeper change. If the external bodies that regulate and direct curricular requirements of professional health schools adopt these goals, then they will be integrated into the curriculum at each health science education institution. Prioritizing competencies in pain management through accreditation will finally stimulate educational programs (schools, colleges, residencies, and even continuing education programs) to adopt and create methods and practices that result in competent graduates. The same must necessarily be expected of licensing bodies, such as state medical boards that require passage of examinations such as the United States Medical Licensing Examination. Schools must know that graduates without competency in pain management will struggle to pass their boards and become licensed professionals, as well as jeopardize accreditation for their program or institution. This is where enduring, systemic change can happen. Individual schools or programs will design their own educational content, training methodologies, and assessment methods as they strive for institutional accreditation, and individual certification and licensure of their graduates.

Educating clinicians about safe and effective pain management is a crucial part of the solution to the serious public health problems of inadequate pain relief and prescription drug abuse [1,2]. Although we are unlikely to agree on the exact content or processes for this education, evidence suggests we can agree on the expected pain management competencies that should guide professional education [4]. Realizing long-overdue curriculum reform for pain education, and making wide use of the fine educational work that

Table 1 Pain Core Competencies [4]

Pain core competencies
Domain one
Multidimensional nature of pain: What is pain?
Explain the complex, multidimensional, and individual-specific nature of pain.
Present theories and science for understanding pain.
Define terminology for describing pain and associated conditions.
Describe the impact of pain on society.
Explain how cultural, institutional, societal, and regulatory influences affect assessment and management of pain.
Domain two
Pain assessment and measurement: How is pain recognized?
Use valid and reliable tools for measuring pain and associated symptoms to assess and reassess related outcomes as appropriate for the clinical context and population.
Describe patient, provider, and system factors that can facilitate or interfere with effective pain assessment and management.
Assess patient preferences and values to determine pain-related goals and priorities.
Demonstrate empathic and compassionate communication during pain assessment.
Domain three
Management of pain: How is pain relieved?
Demonstrate the inclusion of patient and others, as appropriate, in the education and shared decision-making process for pain care.
Identify pain treatment options that can be accessed in a comprehensive pain management plan.
Explain how health promotion and self-management strategies are important to the management of pain.
Develop a pain treatment plan based on benefits and risks of available treatments.
Monitor effects of pain management approaches to adjust the plan of care as needed.
Differentiate physical dependence, substance use disorder, misuse, tolerance, addiction, and nonadherence and how these conditions impact pain and function.
Develop a treatment plan that takes into account the differences between acute pain, acute-on-chronic pain, chronic/persistent pain, and pain at end of life.
Domain four
Clinical conditions: How does context influence pain management?
Describe the unique pain assessment and management needs of special populations.
Explain how to assess and manage pain across settings and transitions of care.
Describe the role, scope of practice, and contribution of the different professions within a pain management care team.
Implement an individualized pain management plan that integrates the perspectives of patients, their social support systems, and health care providers in the context of available resources.
Describe the role of the clinician as an advocate in assisting patients to meet treatment goals.

Table 2 Organizations endorsing the Consensus-Based Pain Management Competencies

- American Academy of Pain Medicine
- American Pain Society
- Commission on Collegiate Nursing Education
- Council on Social Work Education
- International Association for the Study of Pain
- National Association of Social Workers
- American Council of Academic Physical Therapy
- American Society for Pain Management Nursing

has been developed and that will be created in the future, requires us to stop passing over the initial step of implementing expected outcomes that are enforced by our accreditation and licensing bodies.

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