Working towards developing an interprofessional pain management curricula for clinicians

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ABSTRACT

Pain management receives minimal attention in the education of healthcare professionals. An environmental scan was conducted to assess the current pain management educational programs with a focus on interprofessionalism within a competency-based education framework in order to determine gaps before implementing the future master’s-level Interprofessional Pain Management degree program to be implemented at Western University. This paper outlines the methods used in the scan, keywords for the search, and key findings. The findings highlight several current interprofessional pain management programs, the need for a conceptual framework for interprofessional pain education, consistent core values/principles, and competency-based education embedded in interprofessional pain management and future directions.

INTRODUCTION

Pain is the most common reason patients visit their clinicians; however, pain management receives little attention in the education of healthcare providers.1 Evidence indicates that health professionals lack adequate knowledge and skill to properly assess and provide strategies to manage pain for their patients.2 The purpose of this feature article is to share the existing literature by conducting an environmental scan on interprofessional pain management educational programs in preparation for developing the Interprofessional Pain Management (IPM) master’s level degree program at Western University. This program would be based on a new “collaborative team integrated competencies” framework intended for all healthcare professionals with specific focus on allied health providers. Focusing on interprofessional education is a primary objective as developing interprofessional pain management educational programs in preparation for developing the Interprofessional Pain Management (IPM) master’s level Interprofessional Pain Management degree program to be implemented at Western University. This paper outlines the methods used in the scan, keywords for the search, and key findings. The findings highlight several current interprofessional pain management programs, the need for a conceptual framework for interprofessional pain education, consistent core values/principles, and competency-based education embedded in interprofessional pain management and future directions.

METHOD

The environmental scan was conducted to establish the current environment of pain management. Environmental scans consist of several steps including defining the keywords involved, which includes interprofessional education, pain management and competency-based education. The second step then reviews existing information from like-minded organizations, such as other academic institutions. The final step is to gather the data and analyse it to determine existing educational programs that consist of interprofessional components and/or CBE. The following keywords and Boolean operators were used: “competency-based education”[MeSH Terms] OR “(competency-based education)” OR “competency based education” OR “curriculum” OR “curriculum”[MeSH Terms] OR “Health Personnel/education”[Mesh] AND (“pain management”[MeSH Terms] OR “pain management” OR “pain”) AND (“patient care team”[MeSH Terms] OR “patient care team”) OR “(interprofessional relations”[MeSH Terms] OR “interprofessional”).

PubMed was utilized to conduct this high-level environmental scan as this database provides summaries and full texts of systematic reviews that are easily accessible. PubMed also has a focus on medical education. The search provided 340 results initially. Only full texts, peer-reviewed articles in English within the last 10 years were included. Clinical guidelines, literature that did not have a primary focus on pain, interviews, drug-based pain management and surveys were excluded from the scan.

RESULTS

Of the results, 48 articles were reviewed. The findings described an interprofessional team as health professionals providing common and specific educational expertise to support the team.3 A variety of conceptual frameworks were identified along with consistent core values/principles and a brief description of competency-based education paired with interprofessional curricula. Of the literature reviewed, there was only one MSc Interprofessional Pain Management program in the UK at Cardiff University.4 It is offered as a part-time 14-week e-learning module with a primary focus on blogging as a method of assessment. The findings were useful, but still did not provide enough adequate information.5 This proved to be a good model to follow, but is limited due to the length of the program. It would only serve as an introduction to interprofessional pain management for clinicians.

DISCUSSION

Overview

In reviewing the available literature, it was evident that there is little emphasis on pain management education in a variety of health provider curricula. Findings show that even when health professionals do have access to pain assessment information, they
do not appear to use it in their treatment planning or reinforce the need for pain education. This can be improved, however, and health professionals need to be taught not only about the prevalence and consequences of pain, but also how to work together to diminish it. Findings recommend that including pain management in healthcare education is crucial due to the importance and frequency of pain in society. Throughout the literature reviewed, there was little evidence of master’s level programs that solely focus on pain management in an interprofessional healthcare setting within a competency-based framework.

**Interprofessionalism**

Interprofessionalism in the environmental scan included collaboration between health clinicians in dentistry, medicine, nursing, occupational therapy, pharmacy, physiotherapy, and social work. Within the clinical sites, there has been less progress in interprofessional pain education at the advanced ‘trainee’ stage of learning. On balance, the bulk of the work indicates that interprofessional educational initiatives may be most successful when integrated early in the socialization and educational experience of diverse professionals. Interprofessional collaboration has been identified as a key factor for effective pain management.

The literature reviewed not only focused the need for interprofessional pain management with clinicians, but also included patients as collaborative partners to address their care in a non-hierarchical design. Findings demonstrated that when patients participate in their pain care, they are more satisfied and experience better outcomes. Patient stories were highly regarded as the patient introduces how pain interrupts their life. Since patients are credible judges of their pain, patient self-reports serve as the basis for planned intervention by assessing pain intensity, location, and characteristics as well as pain-related interference with activity. In reviewing assessment tools on pain management, Pain Management Index (PMI) scoring card were used to assess levels of pain. While the majority of the focus is on the primary stakeholders, including students and faculty, patients and clinical facilitators are vital in interprofessional collaboration.

**Pedagogical Practices for Interprofessional Pain Management**

As the purpose of this environmental scan is to review existing interprofessional pain management curricula with an emphasis on competency-based education, it was important to highlight the successful pedagogical practices in order to start developing a conceptual framework. An example includes the ‘Pain-IPE Placement’ that was piloted in Toronto, which included five weekly 2 hour tutorials. The goal of the placement was to provide an opportunity for trainees to participate in collaborative-learning models and apply theoretical pain concepts as well as core interprofessional competencies. According to one study reviewed, the literature on pedagogical constructs of the ‘how’ to teach interprofessionally to improve collaborative pain care is nonexistent; therefore, only pedagogical practice models that were successfully practiced in interprofessional pain management were included in the scan. Interprofessional learning is a challenge across many post-secondary institutions in Canada; it was found that an innovative hybrid incorporating both online and face-to-face learning has been proven to be successful. The literature suggests a variety of learning modalities including: simulation, online modules, face-to-face sessions, small groups, patients as educators, case-based learning, tutorials and problem-based learning. In a study on the effectiveness of an interprofessional workshop on pain management for medical and nursing students, over 90% of students agreed that learning with students in other professions in these workshops was valuable.

**Consistent Core Values/Principles**

Within the literature there were common themes on how to provide adequate pain management through interprofessional collaboration. The following is a list of consistent core values and principles identified:

- Accountability
- Advocacy
- Characterizing entrustment
- Collaboration
- Communication
- Compassion
- Comprehensive care
- Continuum of learning
- Coordinated planning
- Cultural inclusiveness
- Diversity
- Empathy
- Ethical treatment
- Evidence-based practice
- Equality
- Health disparities reduction
- Identification of each profession and their expertise
- Informed decision-making
- Interprofessional teamwork
- Justice
- Patient-centred care
- Privacy and confidentiality
- Shared views
- Synthesises theory and practice
- Staff continuity
- Student participation
- Reflection
- Reviewing policy and practice critically from different perspectives
- Unity

**Competency-Based Education**

Some have suggested that competency-based curricula work best in interprofessional healthcare settings. This may be due to the findings in the environmental scan that highlight the purpose of interprofessional pain management programs with a competency-
based framework, which is to provide a shared view of pain for all healthcare professionals and enable them all to demonstrate competence to come to an agreement on pain management. Interprofessional competency frameworks have much to offer educators when introducing interprofessionalism to learners; the frameworks can serve as a guide to inform curricula in combination with appropriately aligned learning activities and assessments. Furthermore, in competency-based education, the competencies are aligned with the clinical practice and reality rather than simply the scientific expertise. It has been shown that the absence of core competencies may in part be a reason for the scarcity of pain education found in post-secondary programs. These competencies may be absent as the current curricula focus on traditional ways of teaching including didactic methods; impersonal topics, such as, anatomy and physiology; and does not address complex issues faced by patients, family members or clinicians.

CONCLUSION

The environmental scan identified several interprofessional pain management curricula. It is widely accepted that in order to maximize quality in patient care, all healthcare professionals need to work effectively in interprofessional teams. In order to address the literature gaps further, it would be beneficial to further review the pedagogical tools in order to successfully implement an interprofessional pain management master’s level program with a focus on collaborative team integrated competencies and the primary purpose of best serving those that suffer from pain.

REFERENCES