Addressing the Pain Education Gap
From Crisis to Competency
For All Health Professions

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Disclosures

• I have NO Direct Financial Relationships with drug companies
• I receive NO compensation from industry speakers or consultation programs
• I participate in official CME programs (and receive honorarium and travel reimbursement)
• I receive payment from publishers of books and journals I have authored /edited
• I authored *Responsible Opioid Prescribing* by The Federation of State Medical Boards
• I am…
  • Past President of The American Academy of Pain Medicine
  • Past Chair of Board for The American Pain Foundation
  • Past Chair and current member of the Pain Care Coalition [ASA, APS, AAPM]
• I am not a lawyer and do not offer legal advice
The Problem of Pain in America

- Disturbing discrepancy
  - Pain is widespread
    - Enormous toll in suffering, disability, $’s
  - Dilemma:
    - Much Pain & Over-Reliance on Opioids
The Problem of Pain in America

• Pain receives insufficient attention in virtually all phases of health education

• Includes all Health Professions
  • Pre & Post Licensure
  • Health Professional School
  • Residency and fellowship
  • Continuing Education

A survey of prelicensure pain curricula in health science faculties in Canadian universities

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Watt- Watson et al 2009 (Canadian Pain Soc)
1/3 of Canadian health science schools identified time designated for teaching mandatory pain content
2/3 reported ‘integrated’ content that was not quantifiable or able to be determined (suggesting non-priority status)
Education Gap – Why?

- Yoda

Perhaps:

• No one cares?
• Not trying hard enough?
• Not the right approach?
“If you don’t know where you are going, you may not get there”
Competency based education (CBE)

• Competencies link the content to the goal

• Reverse Engineering

[Gruppen et al. Human Resources for Health 2012]
Nonpharmacological Treatments and 
Integrative Health Models for Pain Management

Broad (Integrative) Education

Uni-Professional  Inter-Professional

Foundational Competency

Education ➔ Goals ➔ Curriculum ➔ Competency
Pain Management Core Competencies

Core Competencies for Pain Management: Results of an Interprofessional Consensus Summit

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Pain Management Core Competencies

- **DOMAIN 1**
  - **What is Pain?**
    - Multidimensional Nature of Pain

- **DOMAIN 2**
  - **How is Pain Recognized?**
    - Pain Assessment and Measurement

- **DOMAIN 3**
  - **How is Pain Relieved?**
    - Management of Pain

- **DOMAIN 4**
  - **How Does Context Influence Pain?**
    - Clinical Conditions
ENDORSEMENT - SUPPORT

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 Association of Medical Colleges, American Psychological Association, American Nursing Association, others
Medical Education Core Competencies for the Prevention and Management of Prescription Drug Misuse

Recommendations from the Governor’s Medical Education Working Group on Prescription Drug Misuse

Developing Core Competencies for the Prevention and Management of Prescription Drug Misuse: A Medical Education Collaboration in Massachusetts
Karen H. Antman, MD, Harris A. Berman, MD, Terence R. Flotte, MD, Jeffrey Flier, MD, Dennis M. Dimitri, MD, and Monica Bharel, MD, MPH

Abstract
Drug overdose has become the leading cause of injury death in the United States. More than half of those deaths involve prescription drugs, specifically opioids. A key component of addressing this national epidemic is improving prescriber practices.
USMLE Review for Pain Core Competencies

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EDUCATION & TRAINING SECTION

Special Article

Scope and Nature of Pain- and Analgesia-Related Content of the United States Medical Licensing Examination (USMLE)

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The Mayday Fund provided a grant to support air and train transportation expenses and two nights’ lodging in a hotel near the NBME headquarters in Philadelphia for panelists and the single staff organizer (JMM). The NBME provided two meals per day for panelists during the two-day review. Some panelists resided in Philadelphia and did not require travel or lodging reimbursement. All other expenses (such as airport transfer,
• November 2014

• A blue ribbon panel of 12 internationally recognized experts in pain a review of the USMLE exam for inclusion of pain competencies

• Secure Review in Philadelphia
Across all steps

• 15% (232/1506) of the questions were at least partially or fully related to pain

• 54% of all questions that mentioned pain
Figure 2  Pain competency domains within the USMLE. Findings represented in questions fully or partially related to pain (x/232) by pain competency domains (Table 1) [19].
2.1 Use valid and reliable tools for measuring pain

Domain 1: Multidimensional Nature of Pain: What Is Pain?
Domain 2: Pain Assessment and Measurement: How Is Pain Recognized?
Domain 3: Management of Pain: How Is Pain Relieved?
Domain 4: Clinical Conditions: How Does Context Influence Pain Management?
How We Got Here (in the US)

• Pain as 5th Vital Sign in 1999/2000

• Initial inflection point of rising rates of opioid related unintended OD Deaths
Supporting the Narrative About How We Got Here (in the US)

• Perfect Storm Narrative
  • Education Gap **A Root Cause** of the US Opioid Crisis
    • **Emphasis** on D2: Pain Recognition
    • **Ignoring** Competency Domain 1, 3, 4
      • Understanding Pain (Domain 1)
      • Safe/Effective Treatment of Pain (Domain 3)
      • Context and Pain (Domain 4)
Education Reform Addressing the US Crisis of Inappropriate Pain Management and Excessive Opioid Prescribing

1. Pre-licensure/Training Education
   • Curriculum Reform across all health professions
     • Driven by embracing the intended outcome (competencies)
       • Enforced by accreditors and testers

2. Post-licensure Education
   1. Broad outreach to practicing clinicians
      1. ? directed courses vs. longitudinal education (Telementoring/ECHO)
      2. Train the Trainer programs - Force Multiplier
Train the Trainer (T3): Primary Care Pain Management Fellowship
Education for Pain Management

• Many argue that the problem is due to clinicians taking the EASIEST Path
  • Not surprising “Who you see is what you get” [Daniel Cherkin]
    • – We do what we know

• NEED: Assure that Clinicians are Competent
  • Accreditors/Certifying Bodies for Schools
  • Certifying bodies and Testers for Students

• Pain Education should be a Research Priority
Thank you!

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