

# Addressing the Pain Education Gap

From Crisis to Competency  
For All Health Professions

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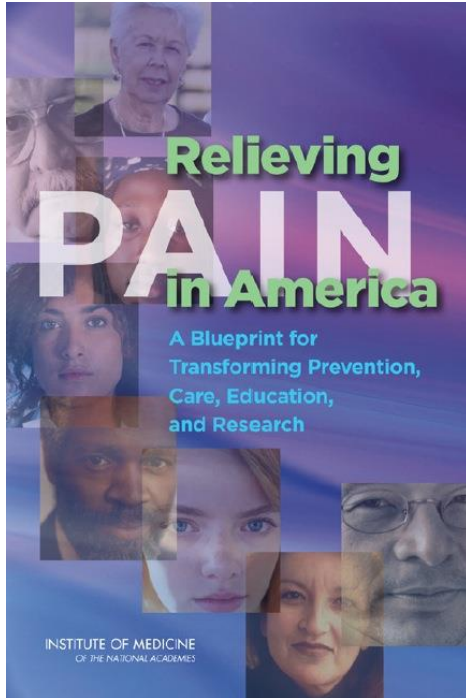


**UCDAVIS**  
SCHOOL OF MEDICINE

# 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

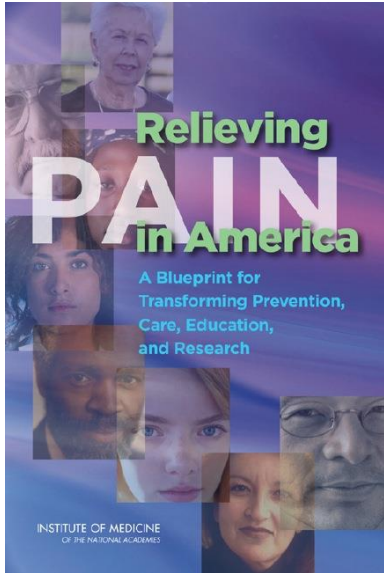
# The Problem of Pain in America



- Disturbing discrepancy
  - Pain is widespread
    - Enormous toll in suffering, disability, \$'s
  - Dilemma:
    - Much Pain & Over-Reliance on Opioids

Institute of Medicine (U.S.). Committee on Advancing Pain Research Care and Education. (2011). *Relieving pain in America : a blueprint for transforming prevention, care, education, and research*. Washington, D.C.: National Academies Press.

# 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*



## National Pain Strategy

A Comprehensive Population Health-Level Strategy for Pain

Institute of Medicine (U.S.). Committee on Advancing Pain Research Care and Education. (2011). *Relieving pain in America : a blueprint for transforming prevention, care, education, and research*. Washington, D.C.: National Academies Press.

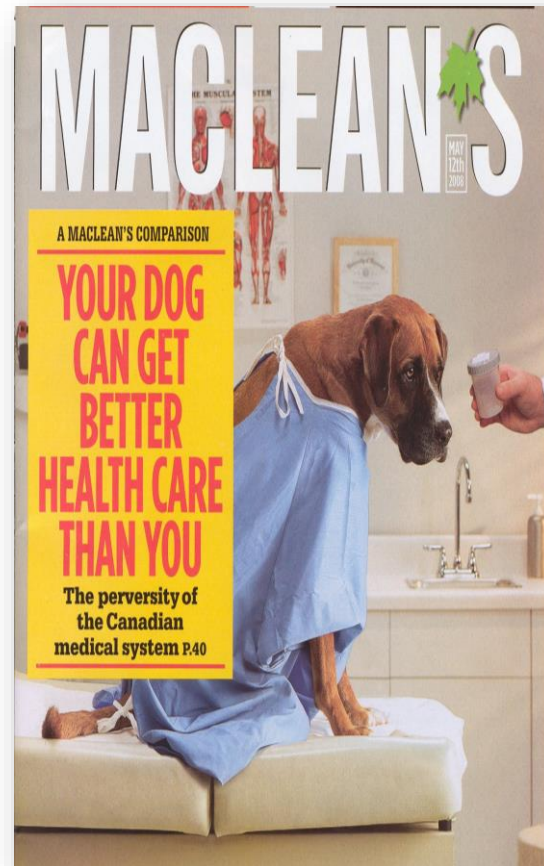
## A survey of prelicensure pain curricula in health science faculties in Canadian universities

Judy Watt-Watson RN PhD<sup>1</sup>, M McGillion RN PhD<sup>1</sup>, J Hunter BSc(PT) PhD<sup>1</sup>, M Choiniere PhD<sup>2</sup>,  
AJ Clark MD FRCPC<sup>3</sup>, A Dewar RN PhD<sup>4</sup>, C Johnston RN PhD<sup>5</sup>, M Lynch MD FRCPC<sup>6</sup>, P Morley-Forster MD FRCPC<sup>7</sup>,  
D Moulin MD FRCPC<sup>7</sup>, N Thie DDS MSc<sup>8</sup>, CL von Baeyer PhD RPsych<sup>9</sup>, K Webber RN MN<sup>10</sup>

J Watt-Watson, M McGillion, J Hunter, et al. A survey of prelicensure pain curricula in health science faculties in Canadian universities. *Pain Res Manage* 2009;14(6):439-444.

Un sondage des programmes sur la douleur avant l'obtention du permis d'exercer dans les

- 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”

Pain Medicine Advance Access published August 24, 2016

*Pain Medicine* 2016; 0: 1–3  
doi: 10.1093/pm/pnw216



*Fishman and Young*

## **Commentary**

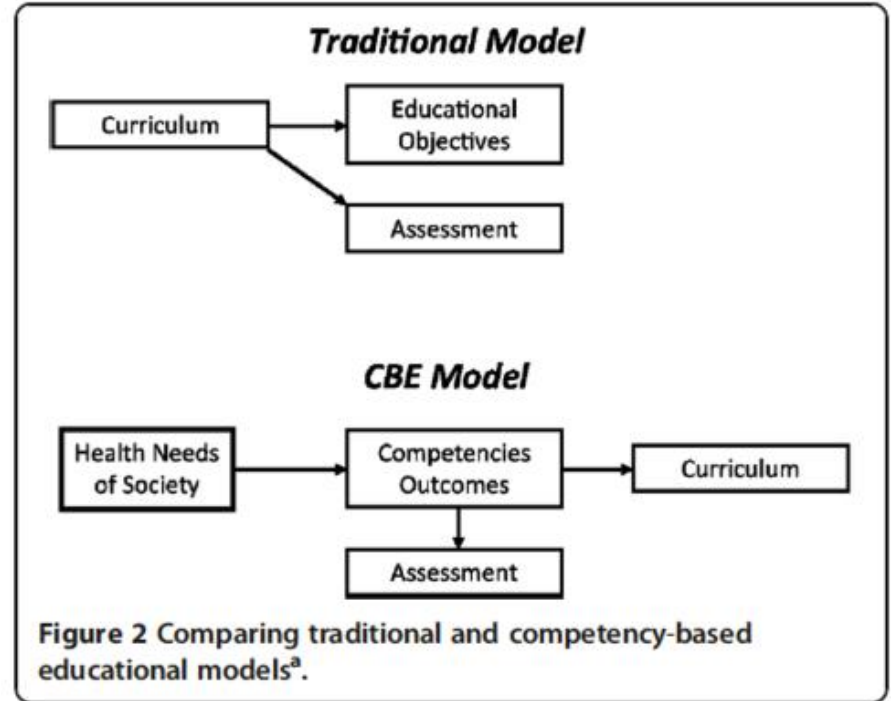
### **Driving Needed Change in Pain Education**

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

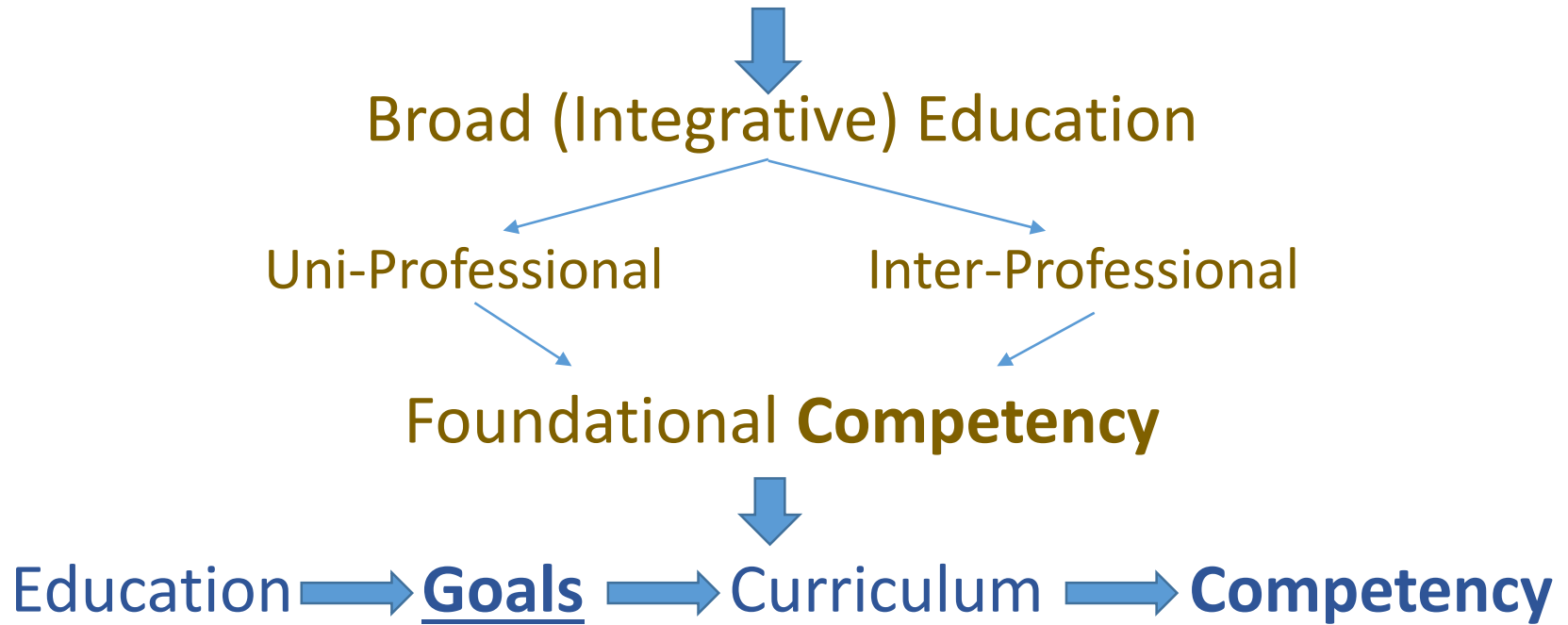
the outcomes of this education with the most compelling drivers and enforcers of change in curricula at medical schools and schools for other health professions—the accreditors and testing organizations. According to The Liaison Committee on Medical Education (LCME), which accredits medical schools, “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

# Competency based education (CBE)

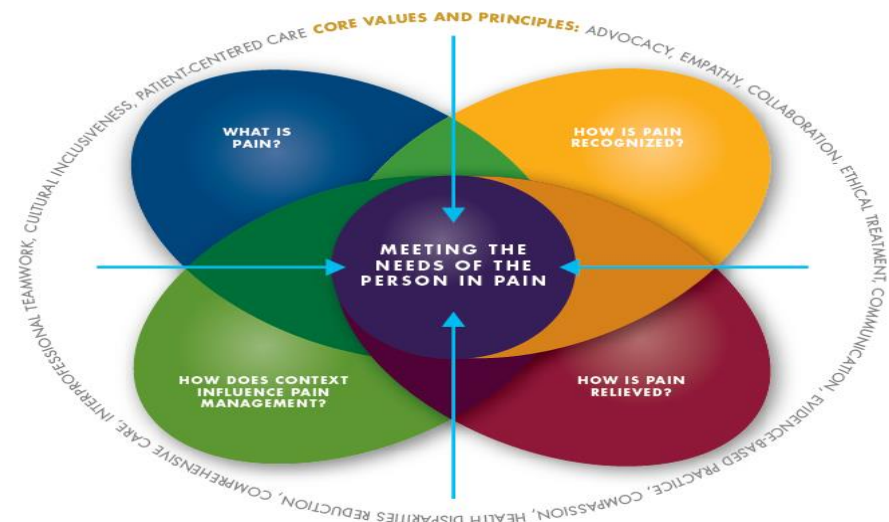
- **Competencies link the content to the goal**
- Reverse Engineering



# Nonpharmacological Treatments and Integrative Health Models for Pain Management



# Pain Management Core Competencies



**Pain Medicine**

*Pain Medicine* 2013; 14: 971-981  
Wiley Periodicals, Inc.



## Review Articles

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

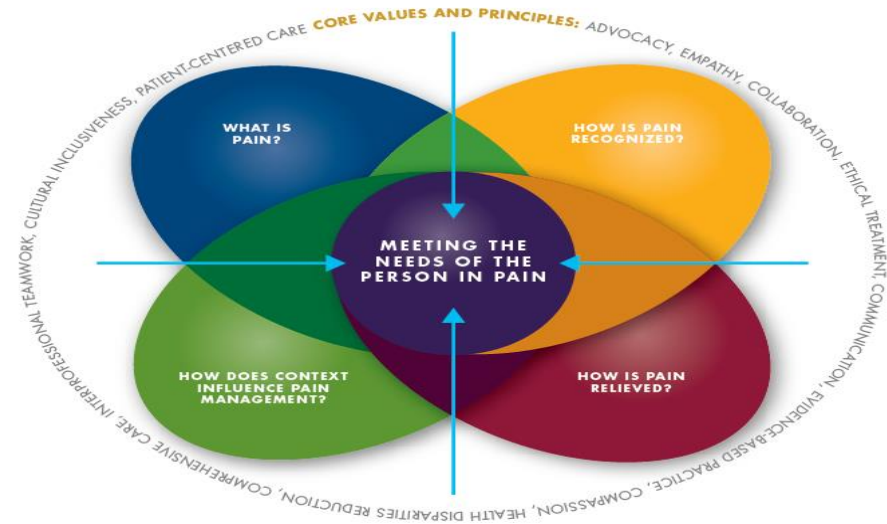
Scott M. Fishman, MD,\* Heather M. Young, PhD, RN, FAAN,<sup>†</sup> Eilyn Lucas Arwood, EdD, CCC-SLP,<sup>‡</sup> Roger Chou, MD,<sup>§</sup> Keela Herr, PhD, RN, AGSF, FAAN,<sup>||</sup> Beth B. Murinson, MS, MD, PhD,<sup>††</sup> Judy Watt-Watson, RN, MSc, PhD,<sup>¶¶</sup> Daniel B. Carr, MD, FABPM, FFPANZCA (Hon.),<sup>\*\*</sup> Debra B. Gordon, RN-BC, MS, DNP, ACNS-BC, FAAN,<sup>§§</sup> Bonnie J. Stevens, RN, PhD,<sup>¶¶¶</sup> Debra Bakerjian, PhD, RN, FNP,<sup>†</sup> Jane C. Ballantyne, MD, FRCA.<sup>§§</sup>

<sup>§§</sup>Department of Anesthesiology & Pain Medicine, University of Washington, Seattle, Washington;

<sup>††</sup>College of Nursing, New York University, New York, New York;

<sup>¶¶¶</sup>Department of Medicine—Hematology/Oncology, Feinberg School of Medicine, Northwestern University, Chicago, Illinois;

# 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



Governor's Medical Education Working Group on Prescription Drug Misuse  
Massachusetts Department of Public Health  
Massachusetts Medical Society  
Boston University School of Medicine  
Harvard Medical School  
Tufts School of Medicine  
University of Massachusetts School of Medicine

November 2015

Article

## 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.

of health and human services invited the deans of the state's four medical schools to convene to develop a common educational strategy for teaching safe and effective opioid-prescribing practices. With leadership from the Department of Public Health

The medical schools have incorporated these competencies into their curricula and have committed to assessing students' competence in these areas. The members of the Medical Education Working Group have agreed to continue to work together on key next steps, including connecting

# USMLE Review for Pain Core Competencies

*Pain Medicine* 2018; 19: 449–459  
doi: 10.1093/pm/pnx336

OXFORD

## EDUCATION & TRAINING SECTION

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### *Special Article*

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

Scott M. Fishman, MD,\* Daniel B. Carr, MD,<sup>†</sup> Beth Hogans, MD, PhD,<sup>‡</sup> Martin Cheattle, PhD,<sup>§</sup> Rollin M. Gallagher, MD, MPH,<sup>§</sup> Joanna Katzman, MD,<sup>¶</sup> Sean Mackey, MD, PhD,<sup>||</sup> Rosemary Polomano, PhD, RN, FAAN,<sup>||</sup> Adrian Popescu, MD,<sup>§</sup> James P. Rathmell, MD,\*\* Richard W. Rosenquist, MD,<sup>††</sup> David Tauben, MD,<sup>‡‡</sup> Laurel Beckett, PhD,<sup>§§</sup> Yueju Li, MS,<sup>§§</sup> Jennifer M. Mongoven, MPH,<sup>¶¶</sup> and Heather M. Young, PhD, RN<sup>||</sup>

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

Special Article

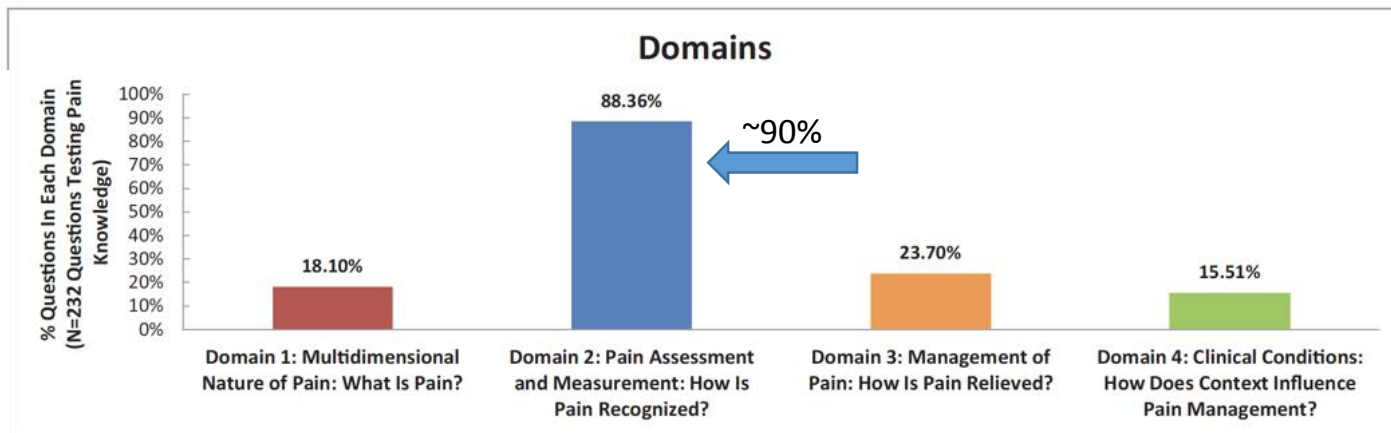
## Scope and Nature of Pain- and Analgesia-Related Content of the United States Medical Licensing Examination (USMLE)

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\*University of California, Davis School of Medicine, Sacramento, California; †Tufts University School of Medicine, Boston, Massachusetts; ‡Johns Hopkins

Abstract



**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].



Special Article

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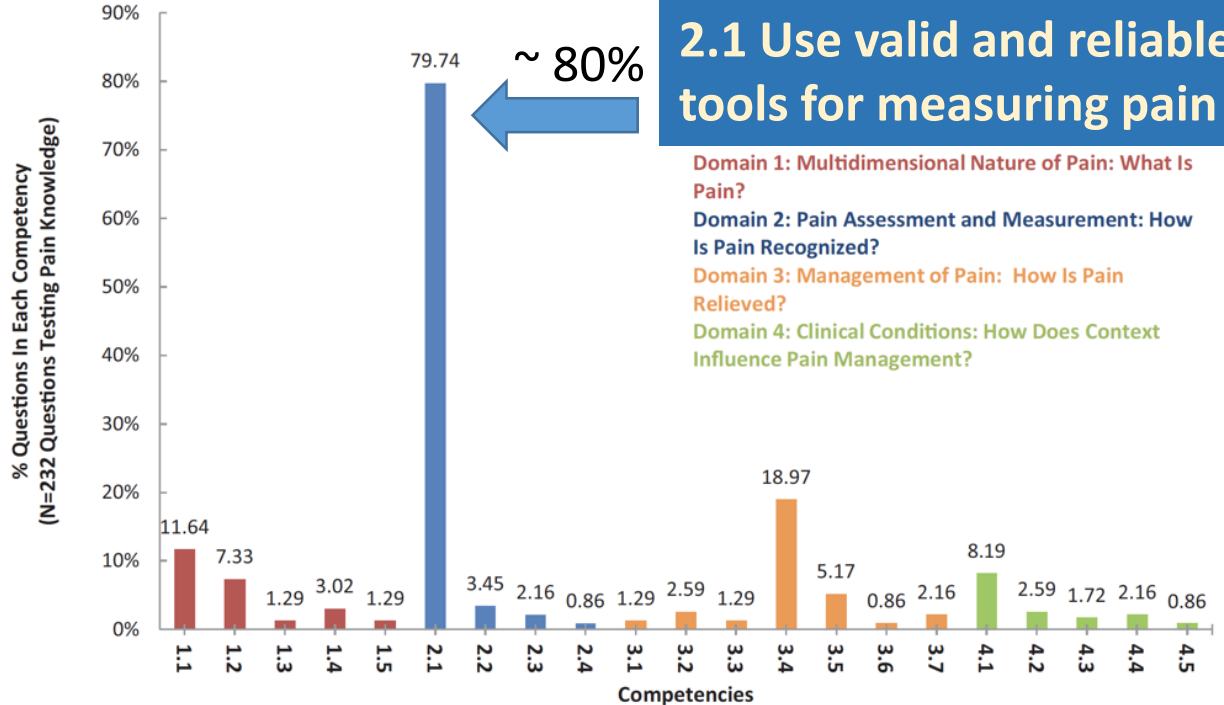
\*University of California, Davis School of Medicine, Sacramento, California; <sup>†</sup>Tufts University School of Medicine, Boston, Massachusetts; <sup>‡</sup>Johns Hopkins

Abstract

### Competencies

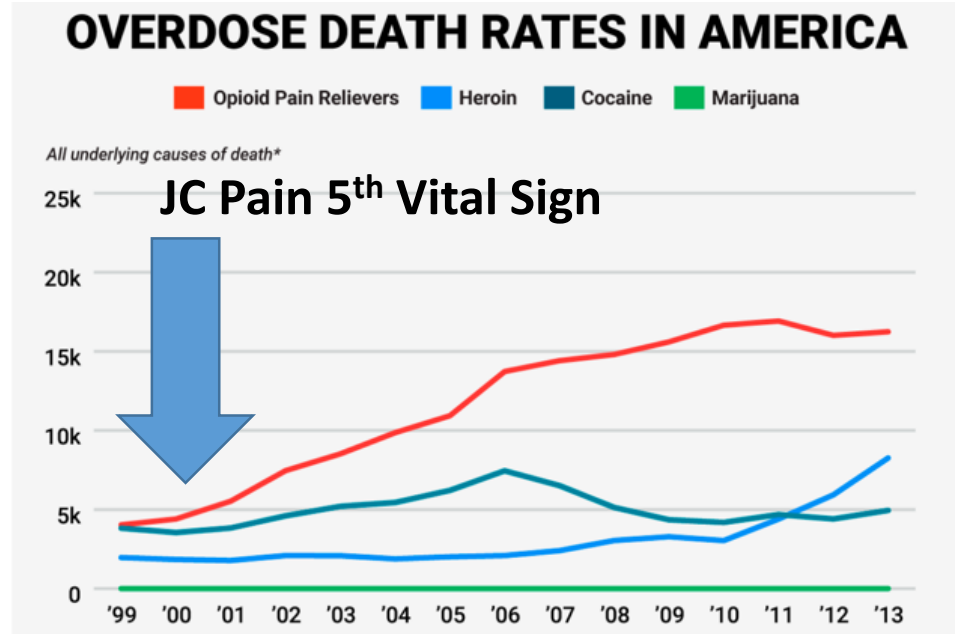
## 2.1 Use valid and reliable tools for measuring pain

- 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 5<sup>th</sup> 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

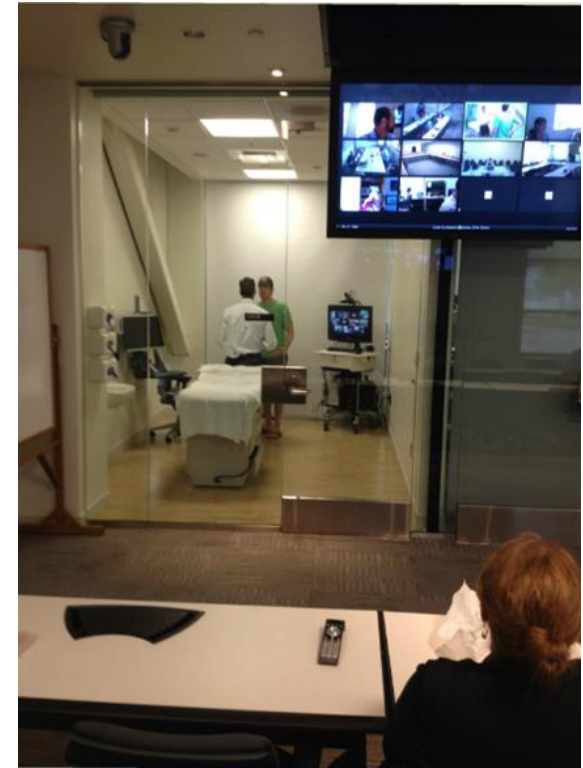
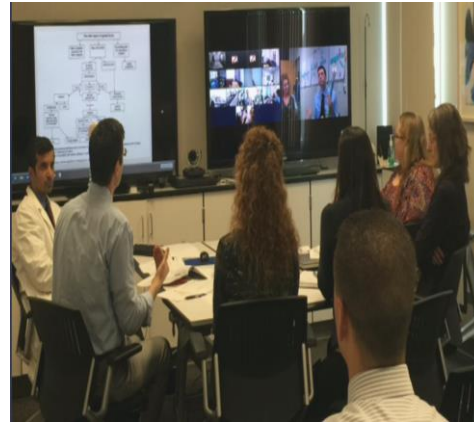
## 1. Pre-licensure/Training Education

- 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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