“Pain care: overhaul education for the next generation”

Pain is the main reason people seek healthcare. It has a devastating effect on patients and families. Chronic pain affects one third of adults in England; half of all cancer patients experience moderate to severe pain, and acute pain in all settings continues to be a challenge.

In recent years, international bodies have called for pain assessment and treatment by adequately trained health professionals to be a fundamental human right. Nurses and other professionals need to be able to competently assess, support and provide interventions for pain management. So, are we educating undergraduates, and what is “adequately trained”?

A 2011 survey of UK universities suggests pre-registration programmes devote an average of only 12 hours to the subject, with learning through lectures and assessment through exams. A similar survey of medical schools in Europe found limited teaching hours, rote learning and a lack of consistency within and between countries.

This is not enough – 12 hours of lectures does not constitute “adequate training”. We need pain education that enhances skills, knowledge and attitudes, and challenges misconceptions or negative attitudes. It should develop skills in pain assessment, problem solving, clinical decision making, empathy, communication, compassion, critical reflection, advocacy, patient education and teamwork. We need to examine both the process and outcomes of education, ensuring competence in managing pain across the clinical team.

Pain management is interprofessional, it is important that students from different professions learn together and understand each other’s roles in managing pain. Three years ago, King’s College London introduced the UK’s first interprofessional pain training. As well as enhancing knowledge, it provides opportunities to rehearse and refine skills.

There are developments at a national level. Last year, the RCN hosted a roundtable discussion on pain and advancing practice, involving national nursing leaders in pain and RCN forum leaders. They are now working on three areas: evidence for change; pain education; and pain in vulnerable groups. This year, the British Pain Society is to publish guidelines for universities on interprofessional pain education.

Despite these, we still need to engage people in all areas, including non-specialists, clinical nurse specialists, interest groups, universities and the Nursing and Midwifery Council. Improving pain education will need partnerships and a multi-modal approach. Partners and local champions have a role in ensuring students have excellent role models, and that pain assessment and management are priorities.

Pain management promotes recovery, prevents deterioration, allows people to fulfil their normal roles and provides comfort. We need to work together to reduce the high incidence of pain and its impact on patients, families and the NHS. Let’s ensure the next generation of professionals are not just “adequately trained” but fully educated and competent to achieve this.

Emma Briggs is lecturer and King’s teaching fellow, Florence Nightingale School of Nursing and Midwifery, King’s College London

Kathryn Godfrey is practice and learning editor of Nursing Times. kathryn.godfrey@emap.com Twitter @GodfreyKathryn. Don’t miss the practice blog, go to nursingtimes.net/practiceblog