

Adopting Pain Management Competencies

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Gaining interprofessional consensus on the core pain management competencies for all prelicensure health professional education is a significant achievement, yet the value of this effort will be diminished if the competencies are not translated into practice. Production of knowledge may be a prerequisite for change in pain management, but it is not sufficient in and of itself [1]. Adoption of the core pain management competencies by academic programs and professional groups is an important next step in modifying pain management practices to better meet the needs of people in pain. To assure that the model pain management competencies advanced in this issue of *Pain Medicine* are embedded in curricula and lead to more effective care, a multifaceted adoption effort, engaging academic, professional, publishing, regulatory and political leaders at all levels—locally, nationally, and globally—will be necessary [2]. We anticipate that successful adoption of the model competencies will be driven from both the bottom-up, in which individual educational institutions implement curricular change that assures their graduates’ competency, and top-down, in which accrediting and licensing bodies assure profession-wide competency by amending policies to guarantee evaluation of competency achievement.

Dissemination of the model pain management competencies is a crucial next step in their adoption and potential to effect change. To this end, the model pain management competencies will be presented at key professional conferences, shared with academic and regulatory stakeholders, and distributed via a model pain management competencies Website—<http://www.ucdmc.ucdavis.edu/paineducation>. The Website will provide the competencies free of charge to the public, as well as offer a number of resources to facilitate adoption efforts by either the individual or organizational champion. These resources will include key references, notifications about upcoming presentations, and eventually curricular resources developed

by other groups such as the International Association for the Study of Pain and the Centers of Excellence in Pain Education (CoEPEs) recently funded by the National Institutes of Health Pain Consortium. The CoEPEs will develop, evaluate, and distribute pain management curriculum resources for medical, dental, nursing, and pharmacy schools to enhance and improve how health care professionals are taught about pain and may be excellent resources for supporting the adoption of the model pain management competencies. In addition to these dissemination tactics, a “toolbox” and training program for champions to facilitate adoption may be necessary. The End-of-Life Nursing Consortium (ELNEC) offers a powerful example of the effectiveness of a train-the-trainer model in effecting nationwide educational reform [3]. This model used a comprehensive approach to practice-change incorporating faculty, licensing boards, publishers, and staff developers.

Finally, successful adoption of the model competencies will rely on adaptation. Competency-based education, which facilitates individualized learning [4], requires leaders with nuanced knowledge of their communities’ needs to adapt the competencies to local conditions. Each profession will need to determine the *level* of competency required of their learners. The model pain management competencies are designed to be intentionally flexible to facilitate and maximize use. Furthermore, the entire set of competencies, presented for the first time in this issue of *Pain Medicine*, may require iterative revisions to optimize their relevancy and usability.

To make real and substantive change, the model pain management competencies must be adopted across health care professions via a committed interprofessional network of champions.

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