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Editorial

Facilitating Improvements in Interprofessional Pain Management

Pain is a global phenomenon in which it has been estimated that 20% of adults and 8% of children suffer from at any one time of whom 10% suffer chronic pain [1,2]. Pain is the leading reason for primary care consultations (80%) and musculoskeletal pain is the commonest reason for work absenteeism [3,4]. Pain is complex and there are aspects that require better recognition and understanding in order to improve its treatment and management.

Pain has been defined as 'An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage' [5]. Pain is generally relieved soon after it is perceived. However, for some the sensation persists long after the normal physiological processes of healing have occurred, leading to persistent daily pain which affect a person's ability to function and to engage socially and/or emotionally and impacts on their quality of life. Pain is not always linked to pathology and as professionals we may not be able to identify its cause. Never the less in such cases it is important to acknowledge that pain reported by the sufferer will have physiological and psychological aspects in addition to factors that contribute to persistence [4].

The management of pain can involve pharmacological, surgical or non-pharmacological procedures. Successful interventions are dependent on identifying the causes of the pain and recognising its multisystemic nature [i.e. 6,7]. To address the multisystemic aspects requires an interprofessional holistic approach involving the expertise of different medical specialists in collaboration with the pain sufferer. Pain sufferers have also requested education about their pain experience but this can only happen if professionals are able to adequately communicate their understanding of pain [8,9].

Key to a successful interprofessional approach to pain management is the interaction between the professions. Inadequate pain education is cited as the main reason why health professionals are dismissive of pain symptoms [10]. Currently only 18% of institutions in the United Kingdom share content relating to pain with another health discipline and the amount of time spent on pain education is considered to be often inadequate [3]. In addition some professions report a lack of resources and ability to deliver pain education let alone to deliver this this education in a way that facilitates interprofessional understanding. More recently the International Association for the Study of Pain (IASP) has published Interprofessional guidelines aimed at simplifying and promoting the delivery of interprofessional pain education [11]. However, it is recognised that the way in which Health Education Institutions integrate these guidelines into their curriculums and how this translates to improving the pain sufferer experience requires consideration.

We suggest that academics need to be creative in overcoming barriers to interprofessional pain management education. It is suggested that pain education should include an understanding of both physiological and psychological factors and the link between these and the various interventions [4]. We suggest these factors need to be considered within the context of the individual and with an understanding of what it is to be human [12]. This will enable professionals and pain sufferers to understand the context of the individual pain experience. It is recognised that there may be logistical barriers to engaging students and facilitating interprofessional education. We suggest that students might be better engaged if technologically enhanced learning is employed which emphasises greater learner control and autonomy thus maximising learner empowerment. The model we propose employs socio-constructivist theory which enhances the student experience using technology as the enabling factor. The value of this model is that it creates a need for students to direct their learning. To facilitate interprofessional learning we suggest facilitating an interprofessional environment in which students work together with peers across disciplines to develop and co-create material with staff the outcome of which is to produce a flexibly delivered student driven resource. To enable the transferability of this learning we suggest that students work together with pain sufferers to co-create material and thus enhance their understanding of the pain experience.

Pain is experienced by people throughout their lives and although in general it is not problematic for some for others it causes severe discomfort which impacts on all aspects of a person's life. Pain mechanisms are complex and identifying the causes in the mix of pathological and/or physiological factors adds to the complexity. This means that as health professionals we may not always be able to identify the cause, but we can confirm that the sensation perceived is real. Managing pain requires Health Professionals who are open to a holistic approach in which they work with each other and the pain sufferer. For this to happen there is a requirement to provide interprofessional pain education which addresses both the pathological and physiological mechanisms and enables professionals to communicate that understanding to pain sufferers. There is now an opportunity for Higher Education Institutes across the World to take advantage of the new IASP interprofessional guidelines [11] and implement these as they design and validate new curriculums that not only include interprofessional understanding but also the voice of the pain sufferer.

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