

UNIVERSITÉ TÉLUQ



EDUCATION NEEDS IN CHRONIC PAIN



Elaborating a Transprofessional Competency Profile to Enhance the Design of an Educational Program

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CONTEXT

- A literature review of the requirements for an effective practice for patients living with chronic pain showed that healthcare professionals may have to fill up to 13 different roles, which were grouped under six domains:
- . Collaboration, communication, leadership/patient advocacy, erudition, expertise, and professionalism.
- Extant literature mostly identifies knowledge rather than skills and know-how. The question of how to mobilise knowledge into practice remains underexplored.
- . Competencies bring together three components: the actor, skills, and knowledge.
- Competencies are at the heart of effective practices, as they are essential in deploying resources and in solving a range of problems across many areas of knowledge (Free translation from Paquette, 2002).

AIMS OF THE STUDY

- Document the competency profiles of the different healthcare professions involved in the care of patients with chronic pain, and the curricula of their associated academic programs, across the province of Quebec.
- . Elaborate an interprofessional competency profile for healthcare professionals working with patients with chronic pain.
- . Identify components to enrich curricula's contents and practical training.

METHODS

Design-based research (DBR)

. Aims to improve educational practices through iterative analysis, design, development, and implementation.

Data collection

- . Semi-structured interviews were conducted with experts from six healthcare profession involved in specialized care with chronic pain patients.
- . Participants were asked about their day-to-day experiences, their opinions and recommandations about best practices across the six competency domains identified in the literature review.

Sample

- . 32 professionals (8 physicians, 4 nurses, 8 occupational therapists, 3 physiotherapists, 6 psychologists, 3 pharmacists)
- . Recruited in the province of Quebec, and working in public establishments specialized in chronic pain management.
- On average, participants have 17.5 years of experience in their profession, including 9.7 in chronic pain. They work about three days a week with this clientele.

Data analysis

. A qualitative analysis of the interviews using the general inductive approach was conducted by three independant coders.

RESULTS

For patients with chronic pain, the optimal trajectory in healthcare services begins with a comprehensive assessment of their condition.

Chronic pain interferes with daily life functioning on multiple levels (and *vice versa*). Most patients require specialized care from an interprofessional team because of their complex conditions:

- Side effects from high dosages of heavy medication (sleep perturbations, difficulty focusing, memory loss, psychomotor impairment)
- Comorbidity (anxiety, depression, kinesiophobia)
- Functional limitations (social isolation, work disability, difficulty performing daily living activities)
- Negative feelings towards the healthcare system (frustration from a lack of an appropriate response, long waitlists, feeling prejudiced)

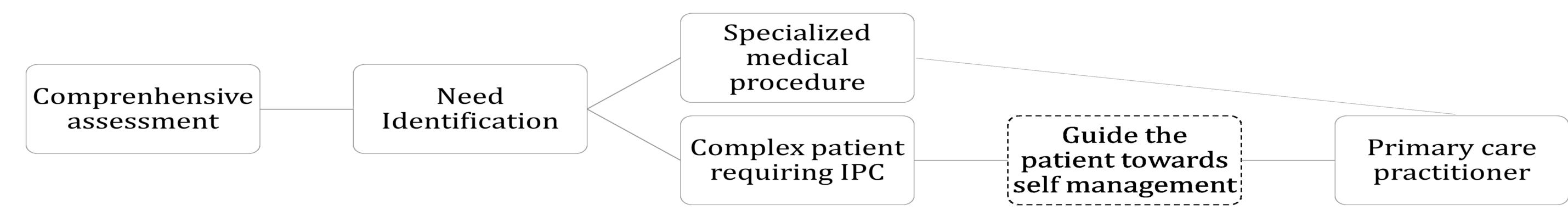


Figure 1. Optimal service trajectory for patients with chronic pain in specialized care

Patient-centered InterProfessionnal Collaboration (IPC) appears to be the optimal operating mode for those patients and requires the development of various competencies in three domains: collaboration, erudition, and care provision.

Collaboration

Subfield of competence	Preliminary statement of competence
	Share the responsibility of the management of patients' conditions.
Communicate with other	Give feedback to the primary care physician to ensure a continuous follow-up.
professionals	Discuss regularly patients' conditions with team members, taking into account their professional expertise.
Expectation towards other professionals	Assume a collaborative leadership by knowing each team member's reserved acts and deferring to their area of expertise.

Erudition

Subfield of competence	Preliminary statement of competence
Knowledge	Stay abreast of new knowledge by attending conferences, workshops, and informal meetings with colleagues.
	Accept the uncertainties related to the incurable nature of the condition.
	Understand that patients often have a limited attention span and may have difficulties
condition	focusing due to exhaustion.

Care provision

Subfield of competence	Preliminary statement of competence
Empowerment	Educate patients about their condition and treatment options in lay terms.
	Individualize treatment plans to suit patients' capabilities to get into action.
	Establish small and attainable objectives to increase chances of success.
	Allow patients to make decisions.
	Ensure patients have access to the best possible care.
Advocacy	Orientate patients towards the most useful resources or professionals depending on the evolution of their condition.
	State the scope and limits of chronic pain management.
7T)]	Encourage patients to voice their expectations, needs, and concerns.
Therapeutic alliance	Adopt an open, respectful, empathic, and nonjudgmental stance.
Patient education	Adapt communication according to patients' experiences and understanding.
	Identify all functioning impairments interfering with daily life.
Assessment	Assess physical, cognitive, psychological, and social functioning .
Relatives	Include relatives in the treatment process by giving them the same information as the patient.

CONCLUSION

Educational needs

Being an expert in chronic pain requires:

his research was funded by and educational grant from Pfizer. The authors thank Marie-Christine Vézina and the participan

- Knowledge about the physiology and impacts of chronic pain, a personal interest in the matter and feeling confortable with teamwork.
- Curricula during initial, continuing, and practical education should include **both theoretical content and practical activities**.
- . As often as possible, include different professionals, since **interprofessional collaboration** is a major area of expertise in chronic pain.

BEST PRACTICES

- . Successful interventions require patient's engagement. **Significant others and relatives** are not often involved in care plans but could be a key factor to mobilize and sustain changes.
- . Future initiatives should think about including **patients' families as active members of the care team** (as informants, supporters, and reinforcers).

The preliminary competencies profile will be presented to participants for data triangulation and further analysis.

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Acceptable Professional Professi