Chair's Message

Dear colleagues and friends,

It feels such a privilege to write this welcome at the beginning of our first newsletter following our formation as an IASP SIG at the World Congress in Montréal last August. We currently have 229 members from 47 countries with 33 specialties represented. I’d like to share with you the three key areas we have been focusing on but before I do that to just say a few words about the SIG as its own learning community.

As well as the aims and objectives we hold as a SIG, I believe we have come together as a ‘learning community’ which places an emphasis on learning not just as an individual, but connected through our social world with the need to connect to others across the room, country or globe. The paper by Kilpatrick and colleagues in Tasmania gives a good understanding of the term and its application to education. For us to realize the potential we have as a SIG we need to build strong communication opportunities and networks.

One of our core activities has been the development of an International Advisory Panel. Members have been asked to contribute to the newsletter and gather relevant information from their part of the world to inform us of what is happening in relation to pain education.

Our second major focus has been about ‘growing our membership’ and finding ways to send the message - about the SIG, its work and plans for the future. At the moment we rely on emails and what will be a regular newsletter under the excellent leadership of Drs. John Hughes and Paul Wilkinson. Please help us with this important task to ensure we have a vibrant SIG.

Finally the third area of focus is planning ahead for the 14th World Congress on Pain, to be held August 27-31, 2012, in Milan, Italy. It is anticipated there will be the opportunity for a SIG meeting of either a half or full day.
The most recent development has been some preliminary discussions regarding the opportunity to build a stronger focus on public/patient education within the SIG. These conversations are in their infancy but we would welcome your thoughts on how we could take this forward. It feels that an opportunity has arisen and that it would be a good one to explore further.

I hope you will feel a part of this growing SIG and be able to put forward your ideas and experiences to build our work collectively to make a difference.

With best wishes,
Eloise
SIG Chair


Editors' Comments

First, we welcome you to this the first Newsletter of the Education SIG. I hope it proves interesting and stimulates some thought.

We have a mixture of contributions, and we thank those who have been brave enough to submit to the first edition. The purpose of the SIG is to share the best educational practices, initiatives and experiences relating to pain throughout the world. This is a medium for all of us to use and will go to all members of the SIG. It will only be as good as the contributors. We hope that it will contain information on what is going on as well as more academic educational information. If you go to a meeting that has sessions that may be of interest, please do write a report and we will endeavor to include it in part or full within these pages. It also provides an opportunity to advertise meetings that may be of interest to members. We also welcome notices about achievements and awards. The content and structure of the newsletter will develop along with the SIG. The aim is to provide an international perspective from all countries regardless of their level of development, and to include both issues and projects to help us all understand what is happening elsewhere. That way there is the real potential to learn from each other.

There is an excellent personal review of the first International Pain Education Symposium, an official satellite of the recent 13th World Congress on Pain. You will see from this that there was significant interest in developing a SIG within IASP at this meeting, although it was not officially in development at the time. The fact that the SIG was announced as a full entity at the 13th World Congress the following week is in no small part due to those involved at the meeting and the support of the delegates.

The International Panel has been developed to look at educational issues around the world. On this occasion there has been a contribution from Dr. P. Chaudakshetrin (Thailand). This provides an insight to the issues faced in Asia with regard to pain training and provision. There are clearly significant efforts being made to develop pain management along with the inherent difficulties. This is contrasted by a report from the British Pain Society Education SIG that is doing similar things but under rather different circumstances.

Dr. Soyannwo from Nigeria has provided us with an insight into the setting up of a national chapter made possible with IASP support, including how they have a broadening awareness of pain management within the country along with developing a national network. This provides another insight into the issues faced by the developing countries.

Upcoming Meetings

Working on the 14th World Congress on Pain August 27-31, 2012 in Milan, Italy. A SIG-sponsored symposium has been submitted and the outcome is awaited.

John Hughes and Paul Wilkinson
SIG Editors

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**Moving the Pain Education Agenda Forward: Innovative Model**

A personal reflection on the first International Pain Education Symposium on August 26-27, 2010, Toronto, Canada

*Dr. Paul Wilkinson, Consultant in Pain Management*

*Pain Management Unit, Newcastle upon Tyne, England*

**Introduction**

This first International Pain Education Symposium was an official Satellite meeting of the 13th World Congress on Pain and took place in Toronto, August 2010. This proved to be an extremely stimulating conference. In order to prompt fading memories, I have provided a brief account of this conference. As this is a personal reflection, I emphasize these are not proceedings from the authors themselves, but are based on my own observations and interests. I have tried to reflect themes of the conference accurately as well as focusing on selected areas of personal interest.

**Conference Keynote Speakers**

The conference could not have begun in a more powerful way. Speakers who have made a major influence in education internationally throughout their careers led the way. We began with **Barry Sessle**, a former ex-president of the International Association for the Study of Pain (IASP), setting the scene with a talk titled “Pain Education – State of the Art.” The idea of pain as a “silent epidemic” afflicting a vast number of the population is recognized by us all, and provided an important backdrop for the conference to follow. Weaknesses in the treatment of chronic pain frequently relate to educational weaknesses, including lack of awareness about pain, a poor knowledge base, problems of access to treatment, and inadequate research.

Next on the agenda was **Sir Michael Bond**, who considered “Pain Educational Issues Worldwide...” and the efforts the IASP have made to develop initiatives. Like many, I have heard Michael Bond speak many times, and his talks always benefit from his lifelong service to the field of pain, huge experience and interminable wisdom. He has been a leading role for many years and former president of the IASP. He is a genuine ambassador for pain.

He highlighted the barriers in the third world to improvement of care as well as the efforts that IASP have made to improve care. International Centre of Excellences has been supportive, collaborations made with the World Health Organisation (WHO), partnerships with chapters of the International Associations of Pain in developing countries, and various grants and educational provision. “The Global Year Against Pain” initiative and the publication of Pain: Clinical Updates, were two often quoted initiatives. Michael Bond highlighted that the main problems of pain in the third world included cancer, HIV, land mines and obstetrics as well as inherent problems with some treatments such as opioid phobia... and there was much more!

Like many, I felt this international backdrop from the first two talks justified completely the development of an educational special interest group within IASP and that this was going to be a very important step for the future.

In a talk titled “Where do we go need to go next?” **Judy Watt-Watson** and **Eloise Carr** asked this key question about future direction. This is going to be an ongoing question in the first year of the Pain Education SIG, and began to promote thought about our agenda in the years ahead.

At the end of the session I kept reflecting back to the picture relating to pain management on the front of the
Canadian magazine where the picture of a dog is met with the headline, “Your dog can get better care than you...” This referred to the much quoted Canadian educational study, which has now been mirrored in the United Kingdom. Both make strong political points that have left me (and probably members of the public) with a truly haunting message… More needs to be done!

The remaining plenary sessions were of a similar high caliber and I consider a few here.

Philip Siddall from Sydney, Australia provided a developmental history of the Sydney degree program to help illustrate the opportunities and challenges in providing education through an online environment.

In the talk entitled “Models for Assessing learning and Evaluating Learning Outcomes,” Adam Dubrowski, an Educational Researcher in Toronto gave a useful academic overview of the title subject. He had considered well known evaluation models CIPP, Kirkpatrick and Miller’s classical models considering evaluation and assessment frameworks. He discussed OSATS, objective assessment technical skills. A couple of personal takeaway points were the idea there was perhaps too much emphasis on satisfaction in learning and perhaps better learning occurred outside the comfort zone. Also, having an anesthetic background, where simulators are used frequently, there was important emphasis that there is still a significant issue of transferring self-skills into clinical practice from artificial environments. There is a prevailing assumption that they are one and the same.

Workshops and More
Despite first class plenary presentations, the bread and butter of these conferences is the capacity to meet with peers with a similar interest. The posters were of a very high standard and I found the topical issue and oral sections particularly stimulating. In addition there were very strong workshops. In the remaining section of this summary, I simply present a few highlights for me. Clearly this is linked to those workshops I attended.

One advantage of Chairing a Workshop is that you attend a session you may otherwise not have attended and discover a hidden gem. The power of education as a vehicle to improve care could not be more strongly illustrated by Peter MacDougall and Spencer Tigh’s workshop titled, “Provincial Mentor, Mentee Networks as a Vehicle for Pain and Addictions Continuing Personal Development.”

The MMAP (medical mentoring for addictions and pain) and MNSCPCCN (the Nova Scotia Chronic Pain Collaborative Care Network) programs showed the capacity of mentor/mentee networks to provide continuing professional development, clinical support and knowledge through primary care providers. I was enlightened by the sophistication of the network and the level of organization. From a geographical perspective, this allowed high standards of professional care to be spread over a huge geographical area (Nova Scotia), which would perhaps not be allowed by other models. Like all the best workshops, I immediately began to think about what might be possible in my own area.

Amongst the many productive workshops were sessions on online training programs linked to the IASP core curriculum, innovative approaches to the way individuals learn and educational design of web based inter-professional pain curriculum resource for students.

Being suitably biased to a workshop I facilitated (!), efforts were made in a very stimulating (?) workshop to try to produce a consensus statement to the optimal methods of inter-professional assessment. Ann Taylor, Senior Lecturer in Pain Education at Cardiff University, is going to try to develop this work into an online Wiki resource.

I could go on… and on… but space allows mention a few examples…. but thanks to all contributors who made this a great success.

Closing Remarks
Thanks to Judy Watt-Watson, Eloise Carr and associates for organizing a thoroughly stimulating conference and working so hard to develop the educational special interest group. I believe this educational group will move from strength to strength. As well as providing keynote plenary sessions, the conference was very effective in disseminating different educational models and educational practice. Furthermore, it gave insight into a vast number of education initiatives that are in process throughout the world. It was heartening to see the successes. It was also a great source of professional support to realize that bringing about change for the better is a slow process in education. Perseverance, resilience and outright hard work seem to underpin many of the
successes. I would thank Judy Watt-Watson specifically for hosting the conference in Toronto and letting us all spend several days in a wonderful city.

A special issue with key papers from the symposium will be published in Pain Research & Management in the fall.

Paul Wilkinson

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**From the International Advisory Panel**

Dr. P. Chaudakshetrin has provided an insight to the issues present for developing countries, in particular Asia. There have been significant developments with the objective of promoting pain education and management within the region. Below are some of the highlights that demonstrate the difficulties in this area along with the initiatives. This has been supported by IASP and other local organizations.

**Short clinical fellowship course February to May 2009**

This was a fellowship for two candidates from Myanmar, with a goal to increase their involvement in pain treatment in the local community, or potentially improve the policy of pain management for that community.

Myanmar is a closed and poor nation in southeastern Asia. It is crowded, with a population over 60 million, and diverse ethnicity. The country is suffering from decades of stagnation, mismanagement and isolation. Human rights are a long-standing concern for the international community and human rights organizations. There is general consensus that their military regime is one of the world's most repressive and abusive. Currently the essential drugs are not adequately available; these include Morphine oral preparations and the Fentanyl patch. Some simple analgesic medications such as Acetaminophen, codeine, NSAID and tramadol are available in only some parts of the country. The main barrier of effective pain treatment in Myanmar is the manpower, which is inadequately skilled and unknowledgeable. Pain is not adequately treated due to poor assessment, misconceptions about pain, analgesics, addiction and tolerance, fears of potential side effects, and poor adherence to prescribed regimes. There is strict regulation of the controlled substances and lack of integrated teamwork.

The background to this fellowship started in May 2008, where three Myanmar medical leaders in anesthesiology, rehabilitation medicine, and orthopedic surgery participated in the annual scientific meeting of the Thai Association for the Study of Pain at Papaya, and met up with Professor Troels Jensen, President of the IASP. They expressed the needs to gain future support for education and training.

Professor Tin Myint, Head of Department of Anesthesia & Intensive Care, founded the Myanmar Society for the Study of Pain, under the care of Myanmar Medical Association. He became the President of the pain treatment center in October 2008. About 20 medical professionals from different specialties including anesthesia, rehabilitation, psychiatry, orthopedics and oncology were committed to be regular members of the IASP in October 2008. More than 400 medical persons from different specialties applied for a gathering of the Pain Special Interest Group in Myanmar. They agreed to participate in activities, and continuously help disseminate medical knowledge about chronic pain management over the country.

One response was an idea to help initiate a short clinical training fellowship for Myanmar clinicians, as open application cannot practically work for Myanmar candidates. A letter was sent to the Director of The International Health Division, Ministry of Health, to offer training in pain management for two to three young delegates for three months. It took a long while to get two nominees, after which we had to contact them for further information, such as their curriculum vitae, M.D. certificates, medical licenses, and recommendations from their chief of departments. A letter of acceptance to attend the course had to be provided to ensure official leave from the government was granted. Communications seemed to be the most difficult part of our work.

In January 2009, we were invited to participate and lecture in the 55th Myanmar Medical Conference (MMA) in Yangon city. Approximately 1500 delegates attended. A diverse program was produced including: cancer pain management, chronic pain evaluation and assessment, common musculoskeletal pain problems,
pharmacological pain management, acupuncture and alternative medicine roles in pain therapy, physical modalities and exercise in low back pain management, pain in palliative care and neurosurgical pain management (candidate requested). Assessment involved internal and external elements, and the candidates did well. It was the first time we met the two candidates in person, and we gave them all the necessary documents to take official leave.

A one-year pain fellowship program, June 2009 to July 2010
The project goal was to train a specialist in the field of pain from Sethathirath Hospital, Lao PDR, who will commit to serve and teach pain management for the local community. Candidates were selected from this area, because PDR is a low-income developing country in Southeast Asia, where the medical resources are insufficient. Lao PDR is a landlocked country bordered by China, Vietnam, Cambodia, Thailand and Myanmar. It has 17 provinces, area 236,800 square kilometers, and populated by a multiethnic multicultural 6.6 million people. Being an agriculture and Buddhist country like Thailand, Lao PDR has a long history, comprising a rich variety of cultures and customs that coexist and compete with each other. The Lao people have developed their own civilization since the beginning of their existence, but influenced by the French and Japanese during their colonial war and World War II.

Sethathirat hospital has 150 beds, and is a teaching hospital; they provide the medical training residency program for Lao PDR. Currently the anesthesiology department consists of six anesthetists and six nurses, working mainly in the operating theater. The analgesic essential drugs, such as morphine, pethidine and fentanyl are available, but in very limited supply and all in injection form. According to the report of International Narcotic Control Board, the consumption of morphine and others opioid was very low. Adequate pain management is strongly needed in their health care services.

Training was provided in Bangkok, as Thailand and Lao PDR are closely related, both culturally and linguistically, thus providing the easiest and most comfortable way for the Laotian trainee to accommodate their clinical lesson in the clinic. A comprehensive program was developed, focusing on the candidates needs and encompassing all the multidimensional and multidisciplinary components of pain management. There was also an opportunity for the candidate to attend meetings organized by the Thai Association for the Study of Pain. There were difficulties to be overcome, and energy was put into improving the candidate’s medical knowledgebase, his computer skills, and providing ongoing contact and visits with his family at home. The program was externally assessed and the cost of the year was $10,000. Post fellowship mentoring is planned.

A short clinical fellowship course January to March 2010
This was for a single candidate from Mahosot hospital in Lao PDR. The program was devised with the fellow and their role in mind, and covered areas including: cancer pain management, chronic pain evaluation and assessment, common musculoskeletal pain problems, neurobiology of pain, pharmacological pain management, acupuncture and alternative medicine: roles in pain therapy, physical modalities and exercise in low back pain management, and pain in palliative care. Time was given during the fellowship to attend regional and national meetings in pain management.

IASP Pain Management Camp, May 2011
The awareness and management of pain are still poorly developed in many countries in Asia. Pain medicine as a specialty is only just beginning to be recognized in a few of the countries with IASP chapters. In many low-income countries, there are no pain services at all. Education and training in pain management are therefore essential to correct this situation, but remain unavailable in many parts of the region. The concept of an IASP "Pain Management School" was suggested, following the very successful model of the European Pain School in Siena, which has had a major impact in improving pain research in the western world. The IASP Council has formed a Task Force for "Pain Management School" designed for regions of the world where pain medicine is not well established, namely, Africa, Asia and Latin America. The "Pain Management School" concept is now actualized in the form of the first IASP Pain Management Camp in Asia, May 2011.

The IASP Pain Management Camp is a pilot pain education project supported by the IASP, the Association of South East Asian Pain Societies (ASEAPS), the Thai Association for the Study of Pain (TASP), and Mahidol University Thailand. The goal is to provide an understanding of pain concepts, and the basics in interdisciplinary pain management for healthcare workers starting pain services or working in pain and related fields in Asia. The five-day course will seek to cover topics relevant to day-to-day clinical practice, as well as other topics that are relevant towards molding participants into pain management educators and advocates.
OBJECTIVES:

1. To improve participants' knowledge of pain pathophysiology, diagnosis and management.
2. To provide an impetus for pain practitioners in Asian countries to develop their pain management infrastructure, or enhance existing infrastructure.
3. To foster closer collaboration among Asian pain practitioners.
4. To raise the level of care for the Asian pain patient.

This is the latest initiative for education in pain and will have 29 candidates form Southeast Asia including Bhutan and Mongolia.

These are an exciting group of projects that are clearly developing and producing not only clinicians who can deliver pain management to a higher standard than before but also an awareness of the problem to a broader audience. We wish them well in this set of endeavors.

P. Chaudakshetrin
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Mahidol University
Bangkok, Thailand

Update from the UK Pain Education SIG

Professor Eloise Carr, Chair

SIG Officers: Dr Emma Briggs (Vice Chair), Dr Marcia Schofield (Treasurer), Dr Paul Wilkinson (Secretary), Ann Taylor, Maggie Whittaker and Dr Nick Allcock. Co-opted members: Drs William Nottcutt & Janet McGowan

The UK SIG Pain Education (is the education special interest group of the British Pain Society) was formed in 2006 and now has 65 members from a range of health care professionals. There are a variety of projects in progress which relate to our key areas of interest: undergraduate education, postgraduate education, and extending our channels of communication and resources through the web. Some of this work is briefly described below.

In response to the findings of a national educational survey of health profession’s pain content and a call from the Chief Medical Officer (CMO) for better health care profession education on pain, the SIG has formed a working party chaired by Dr. Nick Allcock to develop a core pain curriculum for preregistration healthcare education. Work is well under way to propose an interprofessional curriculum. There has been close correspondence with Professor Judy Watt-Watson, who is leading the development of a core interprofessional curriculum as part of IASP Working Group on Education.

Interdisciplinary groups, in partnership with primary care, have been used to identify the key issues in improving educational relationships between secondary and primary care. The national BPS meeting was used as the forum. The outcomes have been published within the BPS National Newsletter to disseminate this work.

In 2011 Dr. Emma Briggs will move into the role of chair to continue the success of the group. Future plans include refreshing the SIG website, a book, and strengthening links across Europe. There are also opportunities to embrace patient/public education as a core strand of the SIGs activity.

Eloise Carr
(Chair on behalf of the SIG Committee)
Dividends of Pain Education in Nigeria

At the 1996 IASP World Congress on Pain, the President, Prof. Jean-Marie Besson, encouraged members, especially from developing countries, to advance pain education in their various countries. That was the impetus for the formation of the Society for the Study of Pain, Nigeria by a group from Ibadan, Nigeria, called "The Cancer Pain Palliative Care Group." A request to IASP for financial support for chapter-in-formation was made in 1997, and the sum of US$ 3,250 as per budget submitted was approved for the inaugural conference and workshop of "The Society for the Study of Pain, Nigeria," on June 4, 1998. The society was granted chapter status on August 14, 1998.

Thereafter, pain educational activities started in earnest in Nigeria with workshops, seminars, public lectures, electronic media programs and articles in national newspapers on acute and chronic pain. Since 2005, four educational grants from IASP Developing Countries have enabled “training of trainers” workshops (TOT) for health professionals (interdisciplinary pain management), nurse educators, and physiotherapists. Many of the participants in such courses are now propagating pain and palliative care education and service in different parts of the country, and inclusion in undergraduate and postgraduate curricula.

The number of IASP members from Nigeria has also increased from one in the early 1990s to over 20, with more registering for IASP World Congress. The activities of the Society are now well known in the country of over 140 million people. There are zonal chapters of the society, each carrying out its own advocacy and educational activities. The Federal Ministry of Health supported the last educational program (September 2010) by the Ibadan group: a two week training program for 46 health professionals from 17 institutions, drawn from 13 States (out of 36 States) in the country. The objective was to train health care professionals in the skills needed to “flag up” pain and palliative care services in their various institutions.

The attendance data analysis showed 15 doctors, including anesthetists, surgeons, physicians, and hospital consultants, 28 nurses, one pharmacist and two social workers. The training covered palliative care principles, pain basic science, assessment and treatment including pharmacological and non-pharmacological. Pharmacology and safe use of opioid analgesics were also covered. Practical aspects included clinical case discussions and role-play, while pre- and post-tests were used to assess participants. Participants developed and submitted their action plans for improving pain and palliative care service, and education in their institutions and geographical zones of the country.

These educational activities have thus achieved some of the desired goals of the IASP Developing Countries Working Group for a "bottom up" approach to pain education. The sustainability efforts being made by the multidisciplinary IASP members in the country will surely produce future pain specialists and researchers, who will further develop quality pain services and research in Nigeria.

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