

Original Article

PEPCI (Pain Education in Physiotherapy Curriculum Initiative)? I'll have one!

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Those of us involved in pain education have developed a sensitivity for PEPCI ever since Watt-Watson et al (2009)¹ rocked the health sciences pain education world in an article that reported, on average, veterinary trainees received more designated pain education than human health science trainees. While this study raised the profile of pain education in university curricula, many of us have been experiencing discomfort from PEPCI for quite some time. In fact, when I read the International Association for the Study of Pain's (IASP) new 'bare essentials' for physical therapy pain education (a nearly impossible standard): [link: <http://www.iasp-pain.org/Content/NavigationMenu/GeneralResourceLinks/Curricula/Therapy/default.htm>], I nearly switched from PEPCI to COKE (the coalition of kainotophobic^a educators).

A group of innovative and dedicated pain educators^b representing each Canadian Physical Therapy program have come together to formulate an initiative to improve the quantity and quality of pain content in the curriculum of entry-level physiotherapy programs across Canada. PEPCI was brought to life at the 2013 Canadian Physiotherapy Association Congress in Montréal. Pain educators from across the country met with the purpose of understanding the current state of pain education in Canadian Physical Therapy programs and proposing a path forward for improving pain content in entry-level physiotherapy education. Similar to the Watt-Watson et al (2009)¹ study, it was clear there was substantial variability in the quantity of pain content and how it is delivered. There were also challenges in defining dedicated pain content as some programs have stand-alone pain courses or electives, while other programs have pain content sprinkled throughout the program.

The group easily achieved consensus on the importance of enhancing the quality and quantity of pain content across the country. However, we had some difficulty determining how best to accomplish this. An important first step was to agree to work together to find a way forward. It sounds simple, but even this is a challenge. Can you think of a nation-wide group of instructors and faculty working together to enhance the quality of education in a particular area of practice? I cannot. This is an impressive achievement and a great example of dedication, innovation and collaboration for the 'greater good'. If you encounter a PEPCI member^b, I'd encourage you to give them a pat on the back!

The next step for PEPCI was to articulate objectives. These objectives were generated based on two broad themes from our meeting. The first theme pertained to the need for a nationwide community of support for university pain educators. This would facilitate information sharing and dissemination of successful pain education initiatives. The second theme centred on a need to understand the most important pain content areas for inclusion in Physical Therapy curricula to provide pre-licensure physical therapy trainees the necessary skills and knowledge to effectively help people experiencing pain. Related to this, we felt it important to achieve a nationwide standard for pain education. Existing guidelines for curricula content exist from the IASP (as referenced above), however it is likely that implementing all the recommendations are not feasible in the Canadian context. Thus, the objectives of this initiative are to:

- Promote a community of support for Canadian pain educators by sharing resources in a 'referatory' and increasing/improving dialogue.
- Determine priorities for pre-licensure pain content based on the 2012 curricula recommendations from the IASP.

Based on these objectives, we aim to achieve the following deliverables:

- A resource website accessible to educators that enables secure sharing of content and resources among Canadian Physical Therapy pre-licensure pain educators
- A 2-phase Delphi study to prioritize the IASP curricula to allow for a more standardized perspective on pain content priorities.

We have formed two working groups to accomplish these deliverables. Drs. Judi Hunter and Katherine Harman are leading one group to develop a web-based 'referatory'. We are fortunate to leverage resources from Dr. Hunter's successful pain education research program to work toward achieving this objective. In July, a 'community' for PT pain educators was set up within the Canadian Healthcare Education Commons. This 'referatory' will permit pain educators to share course outlines, PowerPoint slides, successful learning activities and other resources in a secure way. Importantly, the individuals sharing content will be able to easily modify it. We will be piloting this soon. Drs. Dave Walton and Susan Tupper are leading the second objective and are currently in the process of recruiting Physical Therapy students to help implement the project. This Delphi study involves iterative opinion polling among PEPCI members until consensus for pain content priorities in Canadian Physical Therapy programs is reached. This is an important first step for advancing our pain education agenda.

Foster and Delitto (2011)² wrote a 'pie in the sky' article about how to address the enormous problem of chronic pain. While some suggest we simply need more pain specialists, Foster and Delitto advocate a more 'grassroots' approach. They suggest that all physical therapists have the capacity to effectively manage chronic pain at a basic level using evidence-based and theoretically supported principles. For example, implementing psychologically-informed practice approaches such as providing reassurance, promoting self-efficacy and reducing fear of movement. A subset of these physical therapists would have some additional training or experiences that enable managing more complex cases, while the most complex cases would be referred to multi-disciplinary specialty clinics. I believe this PEPCI initiative can contribute to the development of such a grassroots approach whereby effective management of chronic pain is no longer viewed as a specialty area, but rather an entry-level competence.

I would like to use this opportunity to thank the PEPCI members and PSD for their vision and collaborative spirit. We look forward to sharing updates on our progress. I encourage any readers interested in becoming involved or supporting this initiative to contact myself or one of the PEPCI members listed below.

^akainotophobia means a fear of change

^bPEPCI members: Neil Pearson, Alison Hoens and Alison Greig (UBC), Geoff Bostick (UALberta), Susan Tupper (USask), Barb Shay (UManitoba), Dave Walton (WesternU), Jordan Miller (McMaster), Trisha Parsons (QueensU), Judi Hunter (UToronto), Francois Tremblay (UOttawa), Yannick Tousignant-Laflamme (USherbrooke), Lesley Singer (McGillU), Kadija Perreault (ULaval), Elaine Chapman (UMontréal), Katherine Harman (Dal), Tim Wideman (PSD)

References

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2. Foster NE, Delitto A. Embedding psychosocial perspectives within clinical management of low back pain: integration of psychosocially informed management principles into physical therapist practice--challenges and opportunities. *Phys Ther.* 2011 May;91(5):790-803.