THE BRITISH PAIN SOCIETY

'Education . . . Education . . . Education'

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Political affiliations aside, there is a resonance here in pain management with the election statement made by Tony Blair in 1996. We value education as individuals, as a professional organisation and within society as a whole. Education is a core strategic objective of the British Pain Society (BPS), the International Association for the Study of Pain (IASP) and the European Federation of IASP Chapters; organisations that have dedicated education committees and special interest groups (SIGs). The pain community values pain education; after all, *scientia potentia est* – knowledge is power.

But knowledge by itself is not enough. In a recent classroom discussion on the subjective nature of pain, one student asked, 'Yes, I understand, but how do I validate the patient's pain?' Knowledge was not enough to challenge the long-held belief that pain scores had to be validated by the healthcare professional. Similarly, a smoker may be aware of the risks but chooses to continue smoking; knowledge does not always change behaviour, shift attitudes or develop the skills needed for change. In many pain management arenas, our educational approach places an emphasis on knowledge acquisition – the patient information leaflet or lecture for undergraduates. If knowledge has its limitations, we need to use educational strategies that recognise the complexities around pain and its management, techniques that go beyond knowledge acquisition. We need learning experiences that challenge attitudes, help people identify and deal with the barriers to effective management, promote problem solving and improve interpersonal skills and collaborative working. In short, we need a variety of learning tools in our toolkit; pain education needs to reflect the multimodal approach we take in managing pain. As Plutarch described, 'The mind is not a vessel to be filled, but a fire to be ignited'.¹

We need to ignite a fire in several camps that include people beyond our specialist pain community so that *they* value pain education. This includes commissioning bodies, regulators for healthcare professionals, quality assurance agencies and policy makers. Pain education

undoubtedly has to be on the political agenda in order to make it a priority. The BPS Pain Education SIG was fortunate with the timing of the Chief Medical Officer's report² that recommended training in chronic pain be included in the curricula of all healthcare professionals. This was published just as we were analysing the results of our survey of undergraduate programmes³ that revealed the limited education that our undergraduates receive. In this edition, we are equally fortunate to have Benjamin Ellis, Martin Johnson and Ann Taylor discussing pain education as part of a wider policy in improving pain management. We need to keep it on the political agenda and are looking forward to further developments as the work of the Chronic Pain Policy Coalition, BPS, Faculty of Pain Medicine and Royal College of General Practitioners progresses following the first Pain Summit.⁴

There is an increasing emphasis on interprofessional learning and working (IPL/IPW) and this edition sees Eloise Carr and Judy Watt-Watson discussing the nature, challenges and future directions of interprofessional education (IPE). It is important to articulate the benefits and challenges in designing, delivering and evaluating IPE in order to move education forward. Complementing this article is an alternative view of IPL/IPW in an opinion piece by Despoina Karargyri, which summarises opinions of a recent SIG workshop and clinical contacts on what people really thought of the topic.

Education is increasingly taking place away from the traditional classroom, harnessing the power and flexibility of technology to stimulate learning around pain for patients and professionals. Continuing the theme of pain education for healthcare professionals, Elizabeth Devonshire and Sarah Henderson provide an overview of the challenges and rewards of providing education for postgraduates at a distance. 'Trust me, I'm a patient' is the title of an interesting opinion piece by Dorothy Helme, who provides a fresh look at the education of healthcare professionals from a patient's perspective.

We are fortunate in the resources and education available to us, but it is important to understand the

challenges that colleagues face in different countries. Michael Bond gives an interesting insight into pain education in developing countries and the work of the IASP in supporting educational initiatives across the globe. In the final article in this issue, I offer some thoughts around evaluating pain education; we need to know we have made a difference with our patients, students and the public. Key principles are discussed along with practical suggestions for evaluating education with these three groups of learners.

It has been a privilege for the BPS Pain Education SIG to bring you this education edition so early in the history of the *British Journal of Pain*. The work aims to raise awareness and the level of discussion and debate around pain education. Pain education is our passion, one that we hope you share. Whatever type of education you provide for patients, professionals or the public, we hope that this publication ignites a fire that will burn brightly for a long time.

References

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