EFIC
EUROPEAN PAIN FEDERATION
DIPLOMA IN PAIN NURSING

EUROPEAN PAIN FEDERATION

CORE CURRICULUM FOR THE EUROPEAN DIPLOMA IN PAIN NURSING

SEPTEMBER 2019

Endorsed by

ESN
EUROPEAN SPECIALIST NURSES ORGANISATION

Dedication

This curriculum is dedicated to the millions of people throughout Europe who suffer pain, and the scientists and nurses who seek the best way to help them.

Foreword

Acute and chronic pain are major healthcare problems worldwide and one of the most common reasons for seeking medical help. In order to provide excellent patient care, healthcare professionals need excellent education on the assessment and management of pain.

The European Pain Federation EFIC® represents 37 chapters of the International Association for the Study of Pain (IASP). Our three core activities are education, research and advocacy. One of the major challenges of our educational efforts is the huge variation, inequity even, in educational programs on pain on national levels. Some countries have full-fledged and well established educational programs for health care professionals in place, others have partially developed programs, and in some European countries formal training in the field of pain management is completely lacking. Therefore, EFIC® decided to offer more structured support for clinicians across Europe through the creation of curricula, examinations and diplomas.

A first step to advancing postgraduate pain education was the creation of the Core Curriculum for the European Diploma in Pain Medicine (EDPM) in 2016. It is important to note here that we are extremely grateful to the Faculty of Pain Medicine of Australia and New Zealand for allowing us to build upon, update and adapt their current curriculum to the specific needs in Europe. Since multi-professionalism is part of our footprint, it was obvious we needed to extend our efforts beyond a curriculum to physicians. In 2017, we launched the Core Curriculum for the European Diploma in Pain Physiotherapy (EDPP).

It is with great pleasure that I now present to you the Core Curriculum for the European Diploma in Pain Nursing (EDPN). Indeed, nurses play a pivotal role in pain management, not only in in-patient care, but also in outpatient and primary care. In many hospitals, pain services are nurse-led; nurses are members of interdisciplinary teams in the management of chronic pain, they contribute to and lead policy development and initiatives and are involved in academic and clinical pain research. The EDPN is a new pillar within our pain education approach, and one which we have been working on for some time. Along with the curricula targeted at physicians, physiotherapists, and soon clinical psychologists, it will play a significant role in improving pain expertise across a variety of health professions.

The present EDPN curriculum is a dynamic instrument which will be reviewed and updated on a regular basis to make sure it includes the most current advances in pain science, education and practice. We seek maximum endorsement by other professional organizations and are open to work together for the next review. Therefore, we really appreciate the confirmed endorsement of the EDPN by the European Specialist Nurses Organisation (ESNO) and hope that many will follow.

I want to thank Dr. Emma Briggs for her excellent leadership in developing this curriculum together with her highly motivated team of experts (Susan Broekmans, Irmela Gnass, Morten Høgh, Petra Mandysova, Nadja Nestler, Pat Schofield and Rianne van Boekel). You will find a complete list of all authors and reviewers at the end of this publication.

I'm confident that this curriculum will improve the standard of pain care provided by the nursing profession. EDPN is not only a milestone, but also a lighthouse for countless national initiatives.

Prof. Dr. Bart Morlion,

President of the European Pain Federation EFIC®

September 2019

Endorsement

The European Diploma in Pain Nursing (EDPN) is endorsed by the European Specialist Nurses Organizations (ESNO). ESNO is a non-profit organisation which promotes and contributes to the health and wellbeing of Europeans by facilitating and enabling the political voice of specialist nurses. ESNO aims to secure the recognition of specialist nursing in the EU and greater Europe.

The goal of ESNO is to increase the competitiveness of the European Specialist Nurse by improving the level of qualification of nurses in advanced positions and other nursing professionals, and through a better provision of qualified personnel in health, in order to achieve higher standards of safety, environmental protection and efficiency.

''Pain management is highly important for specialist nurses and ESNO is very happy to endorse the Core Curriculum for the European Diploma in Pain Nursing (EDPN). This document will improve treatment of pain provided by specialist nurses and promote specializiation for pain management within the nursing profession."

Adriano Friganovic,

President, European Specialist Nurses Organizations

September 2019

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Introduction

Pain is the most common reason that people seek healthcare and nurses play a central role in the interprofessional teams that assess and manage acute, chronic/persistent and cancer-related pain. Nurses are uniquely placed in the team to care and advocate for patients, working in partnership with them, their family and the healthcare team. Pain Management is a growing speciality in nursing, with some variations in roles between countries. This pan-European Curriculum offers a common framework for Pain Nursing, a set of values, competencies and standards for nurses working or aspiring to work in the speciality.

Unrelieved pain is a major, unsolved healthcare problem worldwide. It is universal, with no age, race, social class, national or geographic boundaries. It has considerable associated costs – financial, as well as being a tremendous burden in terms of degraded quality of life for the sufferer, their family and immediate society. Rough estimates place the cost of chronic pain, as a disease state, in the very substantial category of cardiovascular disease and cancer. The incidence of chronic pain tends to increase with age; with the success of curative and preventative medicine, and the subsequent increase in average life spans, the problem of chronic pain is likely to increase in the foreseeable future.

Although clear guidelines exist in many areas of pain management, these are not always followed, leading to unnecessary suffering of people in hospital and community settings. The consequences of uncontrolled pain are significant; longer hospital stay, hospital readmissions and lower patient or family satisfaction. Furthermore, unrelieved acute pain can lead to the development of chronic pain.

Treatment and management of complex pain is a difficult challenge requiring an interprofessional team and a biopsychosocial and evidence-based approach. In recent years, "Pain Science" has emerged as a distinct academic discipline with delineated borders and aims. It focuses on the management of complex pain problems, typically using an interdisciplinary approach. Healthcare authorities in several countries in Europe have begun to establish programmes for specialist training and certification in the field of Pain Medicine. The time has come to broaden the scope of pain specialisation to cover the whole of Europe using uniform, agreed-upon standards of training and certification for all pain professionals, including nurses.

Pan-European standards of training and certification, once in place, will ensure higher professional quality, uniformity and care. Such standards will also promote recognition among specialists and non-specialists alike, of the boundaries at which patients with complex pain ought to be referred to a professional, specialised in pain treatment. Finally, they will create a body of trained professionals, qualified to provide guidance and leadership in the areas of therapeutic modalities, resource allocation, research, ethical considerations and public policy concerning pain and its management.

The European Pain Federation EFIC® is a multidisciplinary professional organisation in the field of pain research and medicine, consisting of the Chapters of the International Association for the Study of Pain (IASP®), which are the IASP approved official national Pain Societies in each country. Established in 1993, EFIC®'s constituent Chapters represent Pain Societies from 37 European countries and close to 20,000 physicians, basic researchers, nurses, physiotherapists, psychologists and other healthcare professionals across Europe, who are involved in pain management and pain research. Further information is on our website, http://www.efic.org.

As part of the process of establishing a framework for pan-European training and certification standards in Pain Nursing, EFIC® has now developed a core curriculum and Diploma in relation to recognised professional certification in this field.

Scope of practice

Nurses form the majority of healthcare professionals in Europe and thus play a key role in the successful delivery of health services and managing pain. As the International Council of Nurses (2002) stated in their definition, 'nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles.'

As pain is the most frequent and distressing experience patients report, all professionals need to serve as advocates for the person in pain and ensure that treatment is based on ethical principles and evidence-based standards and guidelines. Nurses play a critical role in effective pain management because they have frequent contact with patients in a variety of settings (e.g., home, hospital, outpatient clinic, community). This contact places the nurse in a unique position to:

1. Identify patients who have pain
2. Perform a comprehensive pain assessment, including its impact on the patient and their family
3. Initiate actions to manage the pain and evaluate the effectiveness of those actions
4. Lead and coordinate an interprofessional pain management strategy

Nurses' central role and responsibility in the assessment and management of pain means that they are required to be knowledgeable about pain mechanisms, the epidemiology of pain, barriers to effective management, frequently encountered pain conditions, variables that influence a patient's perception of and response to pain, valid and reliable methods of clinical pain assessment, and a range of available methods for the alleviation of pain. In addition, nurses must utilise a broad base of skills including but not limited to effective communication styles, education, and reflective practice when treating and managing patients using best practice recommendations. Clinically, this incorporates the evaluation, and management of persons with pain.

The field of Pain Nursing spans three major clinical areas and nurses often work across areas:

1. Acute pain
   - Post-operative
   - Post-trauma
   - Procedural
   - Acute episodes of pain in medical conditions
2. Cancer-related pain
   - Pain due to tumour invasion or compression
   - Pain related to diagnostic or therapeutic procedures
   - Pain due to cancer treatment
3. Chronic/persistent pain – including more than 200 conditions described in the IASP Taxonomy.

Pain Nursing Curriculum

The purpose of this curriculum is to define the required learning and assessment which constitute the European Diploma in Pain Nursing training programme for nurses across Europe. It comprises seven sections. Each section describes the required competencies for the Pain Nurse and provides an overview of the knowledge and skills base underlying the European Diploma in Pain Nursing.

The European Federation of Nurses (EFN 2016) described three categories of nursing care; general care nurse, specialist care nurse and advanced nurse practitioner. This Pain Nursing curriculum is intended for nurses with at least three years professional experience following the completion of their basic, generalised nursing education programme that allowed them to practice as a nurse by the regulatory authority in their country. Nurses who achieve the European Diploma in Pain Nursing (EDPN) will be able to deliver patient care in a more specialised way and will contribute to advanced science and management of pain as part of an interprofessional team. Nurses with an EDPN will be typically working at a specialist or advanced nurse practitioner level on the EFN (2016) framework.

The European Specialist Nurses Organisation (2015; 2019) describe the key competency areas for specialist nurses; clinical roles, patient relations; patient teaching and coaching; mentoring; research; organisation and management; ethics and decision making; leadership and policy making; prevention. The EDPN curriculum reflect these competencies identified in ESNO's (2015) Common Training Framework.

Curriculum Aims

1. To articulate the scope of practice required by a Pain Nurse including that which is necessary for effective, quality patient-centred care.
2. To outline the breadth and depth of knowledge, range of skills and professional behaviours required to ensure effective patient-centred pain management.
3. To provide consistency of standards and outcomes across different countries in Europe, through the establishment of a benchmark of standard competency.

In writing this European curriculum, the team has drawn upon and benchmarked the final document against existing frameworks and curricula at national, European and International levels:

Level	Framework
National	- Deutscher Berufsverband für Pflegeberufe (DBfK)-Fachgruppe Pflegeexperten Schmerz (2015) Kompetenzprofil Schmerzexperte/expertin (Germany) - Royal College of Nursing (2015) RCN Pain Knowledge and Skills Framework for the Nursing Team (United Kingdom)
European	- European Specialist Nurses Organisations Common Training Framework (2015) - EFIC® Core Curriculum for the European Diploma in Pain Medicine (2016) - EFIC® Core Curriculum for the European Diploma in Pain Physiotherapy (2017) - European Qualifications Framework (2008)
International	- IASP Curriculum Outline on Pain for Nursing (2017; entry level) - IASP Interprofessional Pain Curriculum Outline (2017; entry level) - Fishman et al (2013) Core Competencies for Pain Management: Interprofessional Consensus (entry-level)

The EDPN Curriculum is equivalent to Level 6 on the European Qualifications Framework although Pain Nurses may be working at Level 6-8 depending on local arrangements.

European Diploma in Pain Nursing

The Education Committee of EFIC® has developed an examination based upon this curriculum. Nurses who wish to achieve this qualification will be assessed by this examination.

Further details and a recommended reading list to support knowledge of the curriculum are available on the European Pain Federation EFIC® website http://www.efic.org, under Education.

Section One:
Pain Science and Knowledge

Pain has a devastating impact on individuals, their families, health/social care and wider society. Pain nurses need to have a detailed understanding of the mechanisms of pain in order to effectively manage it. They need to understand the biopsychosocial effects of pain to work in partnership with people, their families and other healthcare professionals to prevent pain or minimise the impact and potential long-term consequences of pain.

1.1 Multidimensional Impact and Nature of Pain

1.1.1	Critically discuss pain from a biopsychosocial perspective and its impact on the individual and their family/carers showing understanding of the cognitive, sensory and affective dimensions
1.1.2	Recognise the individual nature of pain and the factors contributing to the person's understanding, experience and expression
1.1.3	Understand the importance of social roles, school/ work, occupational factors, finances, housing and recreational/leisure activities in relation to the patients' pain
1.1.4	Recognise pain management as a basic human right and access to trained healthcare professions, pharmacological, non-pharmacological and interventional therapies as fundamental to this right
1.1.5	Reflecting on the individuality of pain, recognise the importance of working in partnership with and advocating for people and their families, promoting independence and self-management where appropriate
1.1.6	Demonstrate an awareness of the prevalence of acute, chronic/persistent and cancer-related pain and the impact on healthcare and society

1.2 Pain Mechanisms

1.2.1	Describe the characteristics and underlying mechanisms of nociceptive pain, inflammation, neuropathic pain, referred pain, phantom limb pain and explain nociplastic pain syndromes
1.2.2	Discuss the distinction between nociception and pain, including nociceptive, neuropathic and nociplastic pain
1.2.3	Describe: • Mechanisms of transduction, transmission, perception and modulation in nociceptive pathways • Outline the anatomy and physiology of ascending and descending pathways of nociceptive modulation in the central nervous system that promote facilitation and inhibition referring to: - The somatosensory system - The autonomic nervous system - Somatic and visceral peripheral nerves - Spinal level processing - Processing pathways in the brain:- - Midbrain and brainstem (including descending inhibition and facilitation) - Thalamus and cortex - Limbic system • The relationship between peripheral/central sensitization and primary/secondary hyperalgesia
1.2.4	Critically discuss the mechanisms involved in the transition from acute to chronic/persistent pain and how effective management can reduce this risk
1.2.5	Describe the changes that occur in the brain during chronic/persistent pain and their possible impact (including cognition, memory and mood) and cognitive-behavioural explanations such as fear-avoidance
1.2.6	Understand the overlap between chronic/persistent pain and common co-morbidities, including stress, sleep, mood, depression and anxiety
1.2.7	Describe mechanisms underlying placebo and nocebo responses, and their relation to context, learning, genetics, expectations, beliefs and learning
1.2.8	Outline the role of genetics and epigenetic mechanisms in relation to risk of developing chronic/persistent pain and pharmacotherapy

1.3 IASP's Definitions of Pain and Related Phenomena

1.3.1	Explain common pain and pain-related phenomena according to the International Association for the Study of Pain's (IASP) taxonomy
1.3.2	Describe terminology and definitions used in practice e.g. acute, chronic/persistent, cancer-related, neuropathic, nociplastic, spontaneous, evoked, breakthrough, incident-related, visceral, somatic
1.3.3	Define terms used in pain oriented sensory testing (POST) including: Sensory threshold/perception threshold, pain threshold, pain tolerance, punctate mechanical allodynia, dynamic and static mechanical
1.3.4	Recognise the importance of using the World Health Organisation International Classification of Diseases for pain-related diagnoses

Section Two:
Interprofessional Working and Learning

Assessment and management of pain is the result of the skills and expertise of various professionals, working in an interprofessional team and adhering to a biopsychosocial perspective. As a team, integrating knowledge and collaborative working improves patient outcomes. Healthcare professionals have shared skills, yet each discipline has a unique role and pain-related knowledge to contribute. Each professional is a full partner with other disciplines, the team have a shared mission and vision and agree common goals in partnership with patients. An effective interprofessional team recognises the interdependence of its members. By contrast, multidisciplinary pain management is where each profession is working separately without collaborating. Effective pain management may require an interdisciplinary approach working with specialists across from several fields (e.g. rheumatology, palliative care). Interprofessional working requires specific skills and competences, including being able to work respectfully with others, working collaboratively and sharing responsibility for developing and implementing patient treatment plans.

2.1	Discuss the importance of interprofessional working in pain management along with potential barriers and facilitators to team-based care
2.2	Demonstrate an ability to work respectfully and in partnership with patients, families/ carers, healthcare team members and agencies, to improve patient outcomes
2.3	Engage in and create regular opportunities for interprofessional education and supervision understanding the importance and benefits of interprofessional learning
2.4	Critically reflect on own contribution to the interprofessional team and continually strive to improve interpersonal and team skills, e. g. communication, negotiation, problem solving, decision-making
2.5	Demonstrate understanding of professional perspectives, skills, goals and priorities of all team members
2.6	Negotiate overlapping and shared responsibilities with interprofessional colleagues for episodic or ongoing care of patients with pain
2.7	Respect professional differences, acknowledge misunderstandings and limitations in oneself and other healthcare professionals that may contribute to interprofessional tension(s)
2.8	Reflect, negotiate and work with others to minimise and resolve conflict and maximise patient outcomes
2.9	Participate in team discussions and implement strategies to improve team-based care and interprofessional working

Section Three:
Principles of Assessment and Measurement

Pain assessment and measurement can be a complex procedure; it requires effective interpersonal skills to build a trusting relationship with the patient, an evaluation of the wide range factors affecting the pain experienced and the selection of valid and reliable measures for that individual patient. Patient's self-report of pain is important but in some cases, where self-report is not possible, observational skills and nurse-led ratings are necessary (e.g. infants/young children and patients with a decreased level of consciousness). The patient's interpretation, coping behaviour and skills should always be part of the assessment. Pain assessment results are used in the development or adaptation of an interprofessional therapy plan in complex pain situations.

3.1 Assessment

3.1.1	Demonstrate an ability to obtain a comprehensive pain history, an assessment of the patient across the lifespan and in care planning, consider social, psychological, and biological components of the pain condition
3.1.2	Demonstrate the use of a person-centred approach and understand how the following factors may influence the experience of illness, pain, pain assessment and treatment: - Social factors - Cultural factors - Language - Psychological factors - Physical activity - Age - Health literacy (patient's ability to seek, understand, and implement health related information to manage their health) - Values and beliefs - Traditional medical practices - Patients' and families' wishes, motivations, goals, and strengths
3.1.3	Broadly describe patients' and families' different responses to the experience of pain and illness including affective, cognitive, and behavioural responses
3.1.4	Discuss the rationale for self-report of pain and the understand in which cases nurse-led ratings are necessary
3.1.5	Recognise individuals who are at risk for under-treatment of their pain (e.g., individuals who are unable to self-report pain, neonates, cognitively impaired) and put appropriate strategies in place to address this
3.1.6	Demonstrate an understanding of the rationale of using different assessment tools in different situations, using a person-centred approach
3.1.7	Use valid, reliable and sensitive pain-assessment tools to assess pain at rest and on movement; tools that are appropriate to the needs of the patient and the demands of the care situation
3.1.8	Ensure a culturally sensitive and appropriate pain assessment for individuals who speak a different language to the language spoken by the healthcare professionals
3.1.9	Understand the rationale behind basic investigations in relation to serious pathology

3.1.10	Understand the specialist assessment by other specialist medical and allied health professionals and when to refer appropriately
3.1.11	Discuss the importance of accurately documenting pain assessments
3.1.12	Perform an assessment of the patient's coping behaviour and skills
3.1.13	Evaluate the assessment process and impact of interventions on pain and function

3.2 Outcome Measures

3.2.1	Demonstrate a critical selection of appropriate valid and reliable assessment and outcome measures
3.2.2	Demonstrate shared-decision making and building a therapeutic relationship in setting patients' goals, including physical activity, function in daily life and sleep

Section Four:
Principles of Treatment

4.1 Promoting Self-Management

Nurses support and empower people experiencing pain by promoting independence and self-management wherever possible. Pain impacts on people's emotional, spiritual, social and physical well-being and self-management strategies can help people to build their confidence, resilience and problem-solving skills.

4.1.1	Discuss the importance of health promotion and self-management and how it may be implemented
4.1.2	Critically discuss the limitations of medication and the importance of combining pharmacotherapeutic approaches with other multimodal, non-pharmacological strategies including active self-management
4.1.3	Assess and adapt to patients' preferences and values to determine pain- related goals and priorities
4.1.4	Use knowledge of factors associated with work loss and facilitate, where possible, return to work strategies in collaboration with pain team and employers
4.1.5	Demonstrate knowledge and application of work adaptation and removal of barriers that will facilitate return to work
4.1.6	Promotes active self-management by using effective interpersonal skills, educational and motivational techniques

4.2 Non-Pharmacological Interventions

Nurses are involved in a variety of non-pharmacological or non-medicinal interventions for pain management. These range from comfort/positioning and relaxation through to interventions that require additional training or qualifications; for example, acupuncture and TENS. Non-pharmacological strategies complement pharmacological approaches to pain management and in some cases, provide an alternative method. Health facilities that offer traditional medicinal alongside complementary, non-pharmacological strategies are operating an integrated healthcare model.

4.2.1	Critically discuss the use, evidence, efficacy and potential interactions and adverse effects of complementary and alternative medicine (CAM) used in the treatment of pain
4.2.2	Initiate and educate patients/families about the use of physical strategies including, but not limited to: - Exercise, stretching and pacing - Comfort and positioning - Massage and manual therapies - Heat or cold - Hydrotherapy
4.2.3	Initiate and educate patients/families about the use of psychological strategies including, but not limited to: - Distraction - Relaxation techniques - Stress management - Patient and family education - Counselling - Health promotion and self-management
4.2.4	Explain evidence-based behavioural therapies including but not limited to: - Cognitive and behavioural therapies - Mindfulness-based cognitive behaviour therapy; acceptance and commitment therapy; mindfulness-based stress reduction - Systemic (couple and family) therapy - Hypnosis/guided imagery - Biofeedback, relaxation techniques such as progressive muscle relaxation and - Autogenic training - Graded exposure to feared movement and/or activities
4.2.5	Critically discuss alternative strategies for pain management; for example, acupuncture, electrotherapies (Transcutaneous Nerve Stimulation (TENS) and spinal cord stimulation) and palliative radiation

4.3 Pharmacological Interventions

Pharmacological interventions are often the first line treatment for pain and nurses play a key role in medication administration, safety, patient education, evaluating medication effectiveness and management of side effects or adverse events. Pain Nurses need a comprehensive knowledge of pharmacological interventions and this includes supporting patients with a complex medical history such those with comorbidities, long-term opioid use and those experiencing substance dependence (previously known as substance misuse or dependency syndrome). All nurses must understand the principles of safe prescribing and administration and in some European countries, Pain Nurses prescribe medications in accordance with local legislation.

4.3.1	Critically discuss the different types of analgesics and potential combinations: - Non-opioids - Opioids - Atypical analgesics (adjuvants) - Local anaesthetics
4.3.2	Critically discuss - Pharmacological treatments - The mechanism and site of action - Appropriate routes (oral/enteric, intranasal, parenteral (intravenous or subcutaneous, infusion devices, patient-controlled analgesia), transdermal, transmucosal/buccal, topical, neuraxial/regional) - Potential adverse effects - Indications, precautions and contraindications for use - Interactions with other drugs for different types of pain, e.g. nociceptive, nociplastic or neuropathic pain
4.3.3	Understand the principles of safe prescribing and administration considering the appropriateness of the prescription
4.3.4	Prevent and manage common side effects and adverse events associated with pain treatment
4.3.5	Discuss the long-term effects of taking opioids on the individual, the evidence supporting this and the wider implications for healthcare
4.3.6	Differentiate between physical dependence, tolerance, withdrawal, pseudo-addiction and addiction/dependence syndrome and how these conditions impact on pain and function
4.3.7	Explain the reasons for non-adherence to pain treatments and discuss strategies that can be used to overcome this
4.3.8	Discuss the importance of monitoring the effectiveness of the treatment as well as possible side effects
4.3.9	Appraise the evidence for acute pain management and promotion of enhanced recovery and rehabilitation in prevention of chronic/persistent pain
4.3.10	Examine the issues related to the ongoing management of pain following discharge from hospital or other institutions, including patients undergoing ambulatory surgery
4.3.11	Describe the pharmacological and non-pharmacological options available to reduce procedure-related pain

4.4 Interventional Therapies

Interventional treatment modalities can be applied in well-defined pain problems. The Pain Nurse must be aware of the different type of interventions that could be used, not only to inform and assist the patient during treatment, but also to evaluate treatment and recognise complications if they arise.

4.4.1	Critically discuss the risks versus benefits, importance of monitoring efficacy and safety considerations for patients receiving: - Intravenous, sublingual or oral PCA - Epidural analgesia (including epidural PCA) - Intrathecal analgesia - Analgesia by major peripheral nerve blocks - Plexus analgesia - Paravertebral nerve blocks - Plane blocks
4.4.2	Critically discuss potential complications associated with neuraxial analgesia and other regional analgesia (including secondary to needle/catheter insertion and medicine administration)
4.4.3	Critically discuss indications, efficacy, complications, management and patient follow-up for procedural treatment modalities related to pain medicine, including but not limited to: ● - Peripheral injections o Soft tissue o Intra-articular - Neuraxial injections - Electrical stimulation (Transcutaneous- and Percutaneous Electrical Nerve Stimulation, TENS, PENS) - Electroacupuncture - Ablative techniques o Chemical o Electrical/thermal - Neuromodulation o Spinal cord stimulation o Dorsal Root Ganglion (DRG) stimulation o Intrathecal drug delivery - Epiduroscopy - Surgical interventions o MRI-, US-, laser- guided ablations o Deep brain, motor cortex, transcranial magnetic stimulation o Stereotactic surgical techniques o Cordotomy

4.5 Comorbidities

People often present with more than one painful condition and pain accompanies a variety of diseases across the life span; musculoskeletal conditions (e.g. osteoarthritis and fibromyalgia), stroke, diabetes, and cancer. In addition, there is a strong association between chronic/persistent pain and mental health conditions, such as depression and anxiety. Pain Nurses need to understand and provide nursing interventions for complex patients with commonly co-occurring disorders.

4.5.1	Identify the problems faced by patients with comorbidities such as (but not restricted to) cardiovascular and stroke, diabetes, renal or liver failure, cancer, trauma who have pain
4.5.2	Demonstrate knowledge of clinical practice guidelines addressing the management of pain in patients with comorbidities such as (but not restricted to) cardiovascular and stroke, diabetes, renal or liver failure, cancer, trauma
4.5.3	Demonstrate ability to develop, implement and progress tailored multidimensional assessment for patients with comorbidities
4.5.4	As part of the interprofessional team, demonstrate clinical reasoning in developing a tailored treatment plan for patients with co-morbidities
4.5.5	Demonstrate understanding of evidence base for pharmacological, surgical/ interventional and non-pharmacological management of patients with comorbidities
4.5.6	Identify issues related to the ongoing pain management of patients with comorbidities
4.5.7	Discuss the essential role of close collaborations between the various teams involved in the care of patients with co-morbidities: medical specialists, nurses, psychologists, social workers, workplace, and family

Section Five:
Pain Subgroups / Special Patient Populations

Pain Nurses work in a variety of healthcare settings and they may not be directly involved in providing services to all special or vulnerable patient populations but all need an understanding of the nursing interventions in these areas. This section outlines core competencies for managing pain with children, older adults, people with intellectual disabilities, cognitive impairment, those experiencing substance dependency, as well as critical care/ trauma patients, cancer and torture survivors. An individual may also have more than one vulnerability (e.g. a child receiving critical care).

5.1 Infants, Children and Adolescents

5.1.1	Explain the long-term consequences of pain in infancy, childhood and adolescence from a biopsychosocial perspective including the impact on sleep, learning/school, sports and recreation
5.1.2	Describe the behavioural and physiological changes associated with pain (age-related behavioural and physiological changes)
5.1.3	Critically discuss pain assessment using validated tools in children who are unable to self-report (including infants/young children, those with altered body movement, cognitive impairment or from linguistically and culturally diverse backgrounds)
5.1.4	Describe the multidimensional assessment of pain in children and adolescents who can self-report using validated pain measurement tools
5.1.5	Demonstrate partnership working and skills for setting realistic functional goals for pain management in partnership with children and their families
5.1.6	Discuss the evidence-base for effective pharmacological pain treatments in children including: - Procedural pain, including repeated painful procedures - Acute & postoperative pain - Complex pain conditions such as abdominal pain, headache, Complex Regional Pain Syndrome, neuropathic, visceral and musculoskeletal pain - Cancer pain and palliative care, including mucositis - Role of interventional procedures including regional nerve blocks and surgical procedures
5.1.7	Discuss safe and effective pharmacological management of acute, procedural and complex pain conditions in children using analgesics and adjuvants
5.1.8	Explain the role of non-pharmacological approaches to managing pain in infants, children and adolescents including breastfeeding/sucking, touch, heat/cold, play, cognitive based techniques, distraction/guided imagery and TENS
5.1.9	Discuss the principles of partnership working, parent coaching and interprofessional team management of pain in children and adolescents
5.1.10	Describe how to identify children at risk and implement local safeguarding procedures

5.2 People with Intellectual Disabilities

5.2.1	Describe the emotional response to pain experienced and coping in people who may have intellectual disabilities
5.2.2	Acknowledge that not everyone can or will generate a pain score on demand and therefore demonstrate a flexible approach to pain assessment
5.2.3	Recognise that people experiencing pain may not report it, use language, be able to self-report and may use other behavioural indicators to demonstrate their pain
5.2.4	Understand the nature, strengths and limitations of multidimensional pain scales, such as the Expression de la Douleur Adulte ou Adolescent Polyhandicapé (EDAAP) Scale
5.2.5	Understand the importance of collaboration and working in partnerships with families and formal carers
5.2.6	Understand that the closeness of a relationship can have an influence on therapeutic relationship and pain managment process

5.3 People with Cognitive Impairment

5.3.1	Describe the impact of cognitive impairment on pain experience and expression e.g. inability to articulate, convey or recall pain
5.3.2	Describe examples of typical non-verbal cues of pain by people with cognitive impairment, e.g. facial expression, muscle tension
5.3.3	Identify the co-morbidities that may exist in the person with cognitive impairment and how these may influence pain perception and processing (e.g. shoulder pain in patients with stroke, yet pain perception in the neglected limb may be compromised due to stroke-related neglect syndrome)
5.3.4	Demonstrate an awareness of the need to assess patients' communication patterns and difficulties, and the need to gain as much information as possible from family and informal carers, including how patients may express pain
5.3.5	Critically evaluate pain assessment tools for people with cognitive impairment showing understanding of the suitability for the patient, validity, reliability and those available for different levels of patient involvement (e.g. self-report tools, tools based on observation)
5.3.6	Provide examples of categories that are included in observational pain assessment tools (e.g. facial expression, breathing, body language, consolability)
5.3.7	Critically discuss the tools available to assess pain and make recommendations regarding the most appropriate tools for level of cognitive ability
5.3.8	Discuss the importance of detecting changes in behaviour that may be due to pain and of involving someone close to the patient who has knowledge of their usual behaviour
5.3.9	Identify and develop a care plan appropriate for the needs of the person with cognitive impairment, utilising a range of strategies including pharmacological and non-pharmacological approaches for the management of pain
5.3.10	Discuss the role of the formal/informal carer when the person may be developing cognitive decline. Develop assessment and management strategies which are appropriate for this individual or can be used by carers
5.3.11	Discuss the consequences of poor pain management in patients with cognitive impairment, including those affecting the family and informal carers (e.g. immobility due to pain and consequently, immobility-related complications, carer burnout)

5.4 Older People

5.4.1	Describe the impact of ageing upon the pain mechanisms and experience including the impact of cognitive impairment upon the manifestation of the experience
5.4.2	Describe how comorbidities, which may exist as the person ages, influence pain perception and processing; For example, falls
5.4.3	Critically discuss the pain assessment tools available for use with older people and make recommendations for appropriate tools based on level of cognitive ability
5.4.4	Identify and develop a care plan appropriate for the needs of the older person, utilising a range of strategies including pharmacological and non-pharmacological approaches for pain management
5.4.5	Demonstrate an understanding of the role of pharmacological interventions and the potential risks associated with their use in this population
5.4.6	Consider the approaches to self-management and how they may need to be adapted to suit the older person
5.4.7	Discuss the role of the older adult in terms of participation in pain research activity

5.5 People Experiencing Substance Dependence (Substance Dependency)

5.5.1	Distinguish between inappropriate prescription (inappropriate prescriber behaviour) and unsanctioned use (unsanctioned user behaviour) of drugs
5.5.2	Identify and stratify patients into risk categories when considering opioid prescription for pain
5.5.3	Recognise the different forms of substance abuse that may be co-morbid with the experience of pain across all ages
5.5.4	Critically appraise the tools available to assist clinical assessment of suitability for, and monitoring of, prescription of opioids for chronic/persistent non-cancer pain
5.5.5	Quantify medication use by persons with pain, including assessing the cumulative effects of multiple substances
5.5.6	Discuss strategies to reduce opioid diversion
5.5.7	Explain the management of patients with substance dependency in the context of acute and chronic/persistent pain, including monitoring, drug therapy and rehabilitation
5.5.8	Advise patients, their families and carers, and colleagues regarding the conduct of withdrawal of opioids and benzodiazepines in chronic/persistent non-cancer pain
5.5.9	Work ethically with general practitioners, addiction services, families and, where appropriate, employers of patients with co-morbid pain and dependence syndrome
5.5.10	Assist in the management of the healthcare professional with dependence syndrome, especially benzodiazepines and opioids; including monitoring, drug therapy and rehabilitation
5.5.11	Discuss the consequences of poor pain management in patients with cognitive impairment, including those affecting the family and informal carers (e.g. immobility due to pain and consequently, immobility-related complications, carer burnout)

5.6 Cancer Survivors

5.6.1	Recognise the problems faced by cancer survivors who have persistent pain
5.6.2	Compare and contrast the assessment and management of cancer survivors with persons with acute pain, cancer pain or chronic/persistent (non-cancer) pain
5.6.3	Critically discuss the choice of analgesics and adjuvants evaluating the evidence base
5.6.4	Explain possible prevention strategies for and the management of common adverse effects associated with pain treatment
5.6.5	Discuss the role and impact of pain for cancer survivors as well as their social network
5.6.6	Recognise the essential role of close collaborations between the various teams involved in the care of cancer patients, e.g. cancer survivors - for example pain specialist, oncologist, surgeon, family physicians, physiotherapists and psychologists

5.7 Torture Survivors

5.7.1	Critically discuss the need for a sensitive and detailed pain and torture history and current risks to health (e.g. ongoing conditions, housing, money, uncertain immigration status)
5.7.2	Assess a person's beliefs around pain, their cognitive ability and design a comprehensive and culturally sensitive pain assessment using tools in their language wherever possible
5.7.3	Help patients and their families understand the nature of their pain, its relationship with psychosocial and environmental factors and realistic expectations of pain management
5.7.4	In partnership with the individual, their carer and interprofessional team, develop a biopsychosocial, multimodal rehabilitation with realistic pain and function goals

5.8 Critical Care and Trauma Patients

5.8.1	Demonstrate clinical reasoning in developing a tailored assessment and treatment plan of acute pain for the critically ill patients
5.8.2	Discuss differential diagnosis, the distinction and therapeutic interventions for acute pain, agitation and delirium in critically ill patient
5.8.3	Explain the nature, advantages and limitations of observational pain scales, such as the BPS (Behavioral Pain Scale) or the CPOT (Critical Care Pain Observational Tool)
5.8.4	Interpret adverse physiological and psychological effects of pain and pain treatment in patients with - Severe traumatic brain injury - Polytrauma - Burn injuries - Sepsis
5.8.5	Compare protocol-based pain assessment and management - Individual therapy goals - Assessment driven protocols - Treatment/weaning protocols, incl. daily interruption of sedation or spontaneous breathing trial - Clinical pathways of intervention
5.8.6	Describe the impact of pain as a posttraumatic stress factor
5.8.7	Critically discuss the barriers of pain assessment in intensive care unit / interprofessional team

Section Six:
Pain Education

Nurses play a central role in providing education for patients, their families and other healthcare professionals in the interprofessional team. Therefore, assessing health literacy, educational needs, designing and utilising learning resources and evaluating the impact of education are important competencies for Pain Nurses.

6.1 Patient and Family Education

6.1.1	Demonstrate empathetic, compassionate, and effective communication with patients, family caregivers and members of the interprofessional team
6.1.2	Demonstrate ability to teach patients and their relatives about their specific condition in terms of pain mechanisms
6.1.3	Provide and discuss patients and family members appropriate information about a variety of pain management interventions
6.1.4	Discuss a range of educational delivery modes e.g. online, group education, face-to-face, motivational interviewing and coaching
6.1.5	Explain how chronic/persistent pain differs from acute pain and can discuss with the patient and family the rationale for the role self-management plays in helping to improve the physical and psychological impact of pain
6.1.6	Identify potential barriers to effective self-management and modify them to enhance pain education
6.1.7	Discuss the use of health behaviour change theories and strategies to enhance motivation including their strengths and limitations of these approaches
6.1.8	Demonstrate knowledge of how to use patient existing skills, coping strategies, and strengths
6.1.9	Discuss and implement appropriate educational and communication strategies to promote active patient self-management, motivation and coaching
6.1.10	Critically discuss key variables that may impact on patients and their relatives' knowledge, attitudes, or behaviours e.g. health literacy, self-efficacy, beliefs, culture, co-morbidities
6.1.11	Demonstrate ability to incorporate patient education in goal setting, coping, pacing, motivation and evaluating outcome
6.1.12	Demonstrate an ability to set appropriate learning objectives, while taking into account the different levels of learning (e.g. using Bloom's taxonomy)
6.1.13	Select and implement appropriate teaching techniques that correspond with the learning objectives (e. g. classroom, bedside teaching)
6.1.14	Evaluate education provided against predetermined goals, using appropriate techniques (e.g. testing knowledge versus testing skill performance)

6.2 Educating Other Professionals

6.2.1	Identify situations where other professionals should be educated about pain management issues
6.2.2	Assess prior knowledge and skills of other professionals using appropriate, valid and reliable methods
6.2.3	Understand the learning needs of other health professionals and set appropriate and realistic educational goals that aim to improve knowledge, attitudes and/or skills
6.2.4	Implement effective teaching strategies to promote learning on pain mechanisms, assessment and treatment
6.2.5	Discuss the range of teaching and learning methods that promote active learning, e.g. online, group education, face-to-face
6.2.6	Critically discuss variables that may impact on pain-related knowledge, attitudes and skills of other professionals e.g. beliefs, culture, co-morbidities
6.2.7	Evaluate education provided against predetermined goals, using appropriate techniques (e.g. testing knowledge versus testing skill performance)
6.2.8	Provide constructive feedback to others and invite feedback to evaluate the effectiveness of teaching strategies used

Section Seven:
Quality of Care

As a basic human right and indicator of healthcare quality, effective pain management involves addressing the barriers to pain relief. Pain Nurses need to understand these barriers for individual patients, staff-related barriers and those relating to the organisation or healthcare access and work to minimise these. Their central position in the team and leadership skills means they can evaluate pain across organisations, conduct audits, be involved in research and benchmark care against evidence-based practice and external data. Pain Nurses can initiate, contribute to and lead service improvements and evaluate the impact of these strategies.

7.1 Addressing Barriers to Pain Management

7.1.1	Critically discuss the patient/family related barriers to pain management and how these can be reduced or removed
7.1.2	Critically reflect on how the positive and negative experiences and attitudes of practitioners can impact on effective pain management
7.1.3	Critically evaluate the barriers to effective pain management for healthcare practitioners by reflecting on local working practices and co-creating solutions with colleagues
7.1.4	Discuss the requirements that enable safe and effective delivery of pain management techniques in one of the following settings; hospital, community or outpatients settings e.g. education of staff, patient monitoring requirements, equipment, audit

7.2 Leadership and Improving Pain Management

7.2.1	Demonstrate effective leadership skills by developing coordinated care plans involved referral to members of the interprofessional team where appropriate
7.2.2	Act as a role model and mentor to educate other health care professionals about the rationale for a biopsychosocial/spiritual approach to pain management, importance of assessment, interventions and management of risk factors in the health history
7.2.3	Support the advancement of nursing practice by developing and mentoring other nursing professionals
7.2.4	In partnership with patients and the interprofessional team, make sound decisions that are ethically-based in the interest of patients in the absence of previous experience or protocols
7.2.5	Ensure service follows best practice for pain assessment across the range of patient groups and clinical conditions
7.2.6	Collaborate on and initiate the development of policies and guidelines relating to pain management practice and evaluates their impact
7.2.7	Work effectively with others to clearly define values, direction and policies including guidance on how to respond when these are under pressure or interests are in conflict
7.2.8	Document and escalate any quality or patient safety issues or service delivery issues
7.2.9	Develop, implement and evaluate strategic plans and service improvements relating to pain management
7.2.10	Feedback and present to the wider team making evidence-based recommendations for improved service delivery
7.2.11	Critically discuss bioethical principles in pain management: and how they may be applied to patients in pain: 1. Justice 2. Autonomy 3. Beneficence 4. Non-maleficence
7.2.12	Critically reflect on own strengths and utilises them to develop the pain service within sphere of own practice
7.2.13	Use reflection to identify gaps in own knowledge and competencies and take relevant steps to address this
7.2.14	Collaborate with networks and expert working groups at a regional national and international level where appropriate
7.2.15	Communicate and disseminate innovations in nursing practice at local, regional, national and international level
7.2.16	Lobby for resources to support and develop pain services

7.3 Evidence-Based Pain Management

7.3.1	Describe the principles of assessing scientific pain-related evidence, including: - Grades of evidence and methodologies and difficulties of combining evidence as in systematic reviews and meta-analyses/metasyntheses - Databases such as Cochrane database of systematic reviews - Influence of bias, chance, multiple comparisons and confounding variables in studies - Publication bias
7.3.2	Critically interpret and summarise advanced evidence-based knowledge with patients and the interprofessional team understanding the strengths and limitations of pain management strategies
7.3.3	Support the advancement of nursing practice by developing and mentoring other nursing professionals
7.3.4	Generate new solutions that best meet the needs of the patient through lateral thinking and evidence base
7.3.5	Participate in research projects and critically discuss the involvement of patients in research
7.3.6	Understand and uphold ethical principles guiding research in humans: - Social and clinical value - Scientific validity - Fair participant selection - Favorable risk-benefit ratio - Independent review - Informed consent - Respect for potential and enrolled participants - Historical review of abuses of medical ethics
7.3.7	Accurately document and communicate data/ findings with interprofessional team, other health personnel and the wider health care arena via the local, national, and international events
7.3.8	Contribute to the development of the pain management field by publicising and disseminating service developments

7.4 Audit and Data Management

7.4.1	Explain the rationale for data collection around pain management, (e.g. pain intensities of patients across departments of the institution) and the difference between audit and research
7.4.2	Use a variety of data on pain and pain management and employ internal and external benchmarks as part of the internal quality assurance
7.4.3	Critically discuss possibilities of external audit for quality management, e.g. a pain-related certification
7.4.4	Design audit and research activities to measure, evaluate and feedback to managers

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Dr Morten S Høgh (Denmark, Deputy Chair of EFIC® Education Committee)

Dr Petra Mandysova (Czech Republic)

Dr Nadja Nestler (Austria)

Professor Pat Schofield (United Kingdom)

European Diploma in Pain Nursing Curriculum Reviewers

Dr. Veronika Di Cara (Czech Nurses Association), Dr Gillian Chumbley (Consultant Nurse, United Kingdom), Ms Felicia Cox, (UK; Royal College of Nursing Pain & Palliative Care Forum) Dr Eva Hlaváčková (University of Pardubice, Czech Republic), Mrs Sharon Kitcatt (King's College London, UK)

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European Pain Federation EFIC®
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