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Focus Article

Pain Education in North American Medical Schools

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Abstract

Knowledgeable and compassionate care regarding pain is a core responsibility of health professionals associated with better medical outcomes, improved quality of life, and lower healthcare costs. Education is an essential part of training healthcare providers to deliver conscientious pain care but little is known about whether medical school curricula meet educational needs. Using a novel systematic approach to assess educational content, we examined the curricula of Liaison Committee on Medical Education-accredited medical schools between August 2009 and February 2010. Our intent was to establish important benchmark values regarding pain education of future physicians during primary professional training. External validation was performed. Inclusion criteria required evidence of substantive participation in the curriculum management database of the Association of American Medical Colleges. A total of 117 U.S. and Canadian medical schools were included in the study. Approximately 80% of U.S. medical schools require 1 or more pain sessions. Among Canadian medical schools, 92% require pain sessions. Pain

of more pain sessions. Among Canadian medical schools, 72% require pain sessions. Pain sessions are typically presented as part of general required courses. Median hours of instruction on pain topics for Canadian schools was twice the U.S. median. Many topics included in the International Association for the Study of Pain core curriculum received little or no coverage. There were no correlations between the types of pain education offered and school characteristics (eg, private versus public). We conclude that pain education for North American medical students is limited, variable, and often fragmentary. There is a need for innovative approaches and better integration of pain topics into medical school curricula.

Perspective

This study assessed the scope and scale of pain education programs in U.S. and Canadian medical schools. Significant gaps between recommended pain curricula and documented educational content were identified. In short, pain education was limited and fragmentary. Innovative and integrated pain education in primary medical education is needed.



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Key words

Pain education; curriculum; pain knowledge; curricular content; teaching

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