

Scandinavian Society of Anaesthesiology and Intensive Care's

Nordic Education in Advanced Pain Medicine

Denmark – Finland – Iceland – Norway – Sweden

Course Description

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NORDIC EDUCATION IN ADVANCED PAIN MEDICINE

Abstract

The Nordic Education in Advanced Pain Medicine (NEAPM) was established in 2001 within the framework of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine (SSAI). This document was prepared by representatives from Denmark, Finland, Iceland, Norway and Sweden.

There are in the Nordic countries more than 130 doctors who have been educated according to the NEAPM course programme and a number of these are today engaged in treatment of long-term/chronic pain of cancer and non-cancer origin.

Beside the NEAPM programme, education in algology was established in Sweden (1996) and Finland (1998), but in none of the other Nordic countries.

The course was originally designed for fully trained anaesthesiologists who have expert knowledge and skills in treatment of acute pain, which can be applied to many aspects of cancer related pain. However, they are often asked or expected to take care of patients with long-term/chronic non-cancer pain. Basic training of anaesthesiologists does not prepare them sufficiently for this complicated task. Although acute pain is integrated in the course series, the report mainly describes the speciality of algology within the frame of the long-term/chronic and cancer pain area, and the course is now also open for other specialists interested in pain.

A short historical review is given on pain and pain treatment addressing the actual concept of long-term/chronic pain as being a complex biopsychosocial condition with large individual differences among patients.

Epidemiological and societal economic conditions are mentioned. Long-term/chronic pain is a "hidden epidemic" accompanied not only by often unnecessary human suffering, but also enormous societal costs. Even if some improvements have taken place within the cancer pain area, the situation is still far from satisfying, even there.

The present report describes the general pain patient population and divides the pain conditions in slightly, moderately or severely complicated. It is stressed that the division is based on the complexity of the pain conditions. The pain population of interest for the specialist area is the patients with moderately or severely complex pain conditions. A list summarizing general qualifications for the pain specialist is given together with suggestions for criteria for referring of patients to the specialized centres or clinics.

A plan for classifying hospital bound pain units in multidisciplinary pain centres (in university hospitals), pain clinics and palliative care units is suggested.

The educational plan is built up in a clinical and a theoretical part. The clinical part should last at least 3 months and take place in classified units accepted by the educational board.

The theoretical part of the education consists of 5 courses lasting 3 days and follows the outline from the IASP in its "Core Curriculum for Professional Education in Pain". The courses will be arranged in the different Nordic countries by local organizing committees.

I. Introduction

The education is established within the framework of the Scandinavian Society of Anaesthesiology and Intensive Care (SSAI).

The educational programme is a non-commercial non-profit association and its functions according to “the Articles of Association Nordic Education in Advanced Pain Medicine” (NEAPM).

CVR no: DK 3258 2508

I.1.Educational board

Members of the educational board:

Denmark:

Niels-Henrik Jensen, Multidisciplinary Pain Centre, Herlev Hospital, Copenhagen (*chairman*)

Jette Højsted, Multidisciplinary Pain Centre, Rigshospitalet, Copenhagen (*treasurer*)

Finland:

Pekka Tarkkila, Anaesthesia Department, Helsinki University Central Hospital

Katri Hamunen, Pain Clinic, Helsinki University Central Hospital

Iceland:

Gudmundur Björnsson, Anaesthesia Department, Landspítali University Hospital, Reykjavik

Gisli Vigfusson, Anaesthesia Department, Landspítali University Hospital, Reykjavik

Norway:

Petter Borchgrevink, Pain Clinic, Dept. of Pain and Complex Disorders, St. Olav's University Hospital, Trondheim

Audun Stubhaug, Dept. of Pain Management and Research, Oslo University

Sweden:

Carl-Fredrik Sjölund, Pain Centre, Karolinska Hospital, Stockholm

Torsten Gordh, Pain Centre, University Hospital, Uppsala

Stephen Butler, Pain Centre, University Hospital, Uppsala

I.2. Purpose of the document

The purpose with the report is to describe 1) the subspeciality algology defined as long-term/chronic treatment of pain of cancer and non-cancer origin, 2) the patient population and the medical competencies needed for evaluation and treatment of these patients, 3) the joint educational plan for anaesthesiologists' and other specialists' focus on pain in the Nordic countries and 4) an organisational plan for the future.

Although the initiative came from SSAI and the report is prepared by anaesthesiologists, algology for anaesthesiologists has several areas of interaction with other medical specialities.

In the education of anaesthesiologists emphasis is laid on understanding of acute pain and achievement of optimal postoperative pain relief.

Specialist education in algology has already been established in Sweden (since 1996) and in Finland (since 1998) as supraspeciality for several traditional specialities in medicine. Major parts of the report are based on the Swedish education plan and its background.

II. Pain

II.1. The pain problem

Insufficient knowledge of pain and pain treatment has been a problem for many years. As early as in 1953 Bonica in his book "The Management of pain" summarized the problems as:

- a. insufficient knowledge of pain and pain mechanisms
- b. insufficient knowledge of and use of already existing knowledge, and
- c. insufficient communication between basic scientists and clinicians.

In the latest edition of this book (2000) it is stated that these problems still exist.

At the same time Bonica stated that chronic pain should be considered, evaluated and treated as an independent disease entity, having not only physical (biological), but also psychological and socioeconomic implications.

Modern multidisciplinary treatment of long-term/chronic pain conditions focuses on the patient's total situation within the physical (biological), psychological and social areas. The biologically orientated part of pain treatment now seldom uses disruption of pain tracts (neurosurgical procedures or neurolytic blockades), but consists more often in pharmacological therapies with the purpose of preventing or treating the central sensitization, which may occur in connection with tissue- and nerve damage. Pain mechanism-based classification of the pain conditions and corresponding treatments are now common. At the same time interventions are made against the often complicating associated psychological and socioeconomic problems.

II.2. Classification of pain conditions

- * Acute pain conditions
- * Cancer related pain conditions
- * Long-term/chronic pain conditions of non-cancer origin resulting in a considerable reduced quality of life

II.3. Epidemiology

II.3.1. Acute, postoperative and posttraumatic pain

Still 1/3 to 1/2 of patients with acute postoperative and posttraumatic pain suffer from unrelieved severe pain which increased risk of cardiovascular and pulmonary morbidity and mortality.

II.3.2 Long-term/chronic pain

Long-term/chronic pain conditions are in all the Nordic countries one of the health care systems greatest problem areas and are all over the world one of the most frequent reasons for human suffering, reduced quality of life and high societal costs.

II.3.2.1. Long-term/chronic non-cancer pain conditions

Prevalence studies show that one fifth of Europeans suffer from long term/chronic pain. The need for specialized treatment is estimated to comprise 7-10% of the chronic pain patient population in the western world.

II.3.2.2. Pain conditions of cancer origin

About 60.000 people die every year in the Nordic countries because of cancer. Out of these 70-90% will experience pain (and other symptoms) in the more advanced stages of the disease. Most cancer patients with pain are taken care of by their general practitioner, but some of the patients need specialized treatment in pain clinics, - pain centres or palliative care units.

II.4. Societal costs

Not only the human suffering but also the societal costs are beyond computation. Enormous economic resources have through the years been used for prevention and treatment without essentially having had any measurable effect. The number of patients with long-term/chronic pain complaints is still increasing.

The societal costs comprise direct expenditures to often unnecessary investigations and treatments (which in some cases may even worsen the pain), compensation and/or support during disease and invalidity, and indirectly through loss of working capacity. Furthermore, an increasing number of cancer survivors may be left with chronic pain.

III. Actual situation for the treatment of long term/chronic pain and education in algology in the Nordic countries

There are in the Nordic countries more than 130 doctors who have been educated according to the NEAPM course programme and a number of these are today engaged in treatment of long-term/chronic pain of cancer and non-cancer origin.

A subspecialist education in algology was established in Sweden (1996) and in Finland (1998). In the other Nordic countries none of the existing medical specialities give the necessary competence within the complex long term/chronic pain area.

For Denmark, Iceland and Norway the present Nordic education is crucial, since national standards are not present.

III.1. Long-term/chronic non-cancer pain conditions

Knowledge on the complexity of long term /chronic non-cancer pain conditions, which involve difficulties in evaluation and treatment, is only to a limited degree present within existing basic specialist training of medical specialities. This is the basis for a problem when most specialities traditionally take care of this patient category.

III.2. Pain conditions of cancer origin

Even if the basic principles for pain treatment of cancer patients at this time should be known by most doctors, the knowledge is unfortunately still insufficient (8) and still too many cancer patients are suffering unnecessarily.

III.3. Conclusion

We consider it of great importance that a subspecialist education within the area of long-term/chronic pain of cancer and non-cancer origin has been established. The specialist education should have its basis in a primary specialist education within a relevant clinical medical speciality.

For anaesthesiologists, knowledge and skills in treating acute pain is the direct reason for their involvement with pain patients in general. This part of the training of anaesthesiologists must be strengthened, and those who want to subspecialize in pain medicine must receive specific, advanced training in managing patients with chronic, complex pain conditions.

Initially the education offered by SSAI was limited to anaesthesiologists. Now doctors from other medical specialities are participating at each course.

IV. Description of the subspecialist area: Advanced Pain Medicine

IV.1. Definitions

IV.1.1. Acute and postoperative pain

Nociceptive pain after surgery varies from mild to severe. There is always peripheral and central sensitization with primary and secondary hyperalgesia. When movement causes severe pain, postoperative cardiorespiratory complications may result. Central sensitization from acute nociceptive pain may persist and develop into complex neuropathic pain conditions after surgery: Skillful relief of acute postoperative pain will reduce the incidence and severity of acute postoperative complications and chronic postoperative pain. Finally, postoperative pain relief may prevent the development of chronic pain.

IV.1.2. Long-term chronic conditions

a. Slightly complex pain conditions:

Long-term/chronic pain conditions without complicating psychological and social problems.

E.g.: Low back pain in patients who with or without a relevant pharmacological treatment can maintain their employment and avocational activities and who are not psychologically and socially affected by their pain condition. These patients should be taken care of by general practitioners.

b. Moderately complex pain conditions:

Long-term/chronic pain conditions without serious complicating psychological or social problems.

However, specific knowledge is necessary for establishing the pain diagnosis and treatment. An appropriate instituted and maintained treatment will ensure that the patient is able to maintain his working-ability.

E.g.: Patients suffering from uncomplicated neuropathic pain conditions such as peripheral polyneuropathy, postherpetic pain, trigeminal neuralgia etc.

c. Severely complex pain conditions:

Long-term/chronic pain conditions, which because of their intensity and/or duration are complicated with severe psychological and social problems that need treatment.

E.g.: Severe back pain in patients, who because of their pain condition, totally or partly have lost their working ability, are in economic difficulties, live from sickness benefit or consider a pension, are having complicating anxiety or depression and need social and psychological interventions.

IV.1.3. Cancer-related pain conditions

d. Slight pain related to the cancer disease

Should be taken care of by the general practitioners.

e. Moderately complex cancer related pain

Patients who need a more specified pain diagnosis

Patients who need a differentiated pharmacological therapy and/or possibly invasive pain treatment.

f. Severely complex cancer related pain

Complex symptomatology consisting in several physical symptoms. The pain condition demands further diagnostics, differentiated pharmacological treatment and/or invasive procedures.

In addition psychological and social interventions are needed and there may be a pronounced need for supportive or palliative care.

IV.2. Patient populations to be evaluated and treated within the subspecialist area

A. Patients suffering from moderately to severe complicated long-term/chronic non-cancer pain conditions.

B. Patients suffering from moderately to severe complicated cancer related pain conditions.

C. Patients suffering from severe and difficult treatable acute and postoperative pain conditions (depending on the specific organisation of acute pain treatment in the hospital or region).

IV.3. Criteria for referral to the specialist area

* Before referral of patients suffering from long-term/chronic non-cancer pain should in general have completed a total investigational program within the etiological orientated specialities.

* Patients in whom the reason for the pain condition is not obvious (undiagnosed neuropathic pain, psychological, psychiatric and/or social problems).

Patients in severe pain who have not improved within three months.

- * Patients whose jobs are threatened because of pain.
- * Patients suffering from severe associated psychological/psychiatric complications like anxiety and/or depression.
- * Patients with other difficult psychological problems/complications.
- * Patients in whom a more specific pain diagnosis is necessary for establishment of a rational pharmacological treatment.
- * Patients in whom a conventional analgesic treatment is not sufficient.
- * Patients with problematic opioid use.
- * Patients in whom invasive treatment is considered.
- * Patients in whom invasive nerve destructive procedures are considered.

V. Level of qualifications for the specialist in pain medicine

The specialist must be capable of or familiar with:

- * performing a specific pain analysis based on a careful pain history and a relevant objective physical examination which must include neurological testing
- * categorizing of the physiological and/or pathophysiological components in order to establish a mechanism based pain diagnosis
- * deciding if the pain condition diagnostically/etiologically is clarified sufficiently and that curative/etiological treatment no longer is possible - if necessary in collaboration with other medical specialties.
- * evaluating not only the actual psychological and social problems but also these conditions when the pain began.
- * evaluating the consequences of the pain for the patients' life.
- * identifying associated psychiatric complications and differential diagnoses - anxiety, depression, somatization and cognitive dysfunction.
- * Based on the above mentioned circumstances, planning of an individual treatment, which may consist of one or more of the following components depending on the individual patients' actual problems:
 - ** rational pharmacological pain treatment using conventional analgesics, adjuvant analgesics and other drugs, administered orally or by invasive techniques.
 - ** neurostimulation techniques.
 - ** pharmacological treatment of associated psychiatric diseases.
 - ** advice, counseling and support in social matters.
 - ** physical rehabilitation.

** instruction in relevant psychological pain modulating techniques (e.g. relaxation, visualisation).

** psychological pain treatment for instance cognitive behavioral therapy.

VI. Classification of pain treatment units

Internationally specialist staffed pain treatment units are divided into: modality orientated clinics, pain clinics and multidisciplinary pain centres.

Transferred to the Nordic countries and adjusted to the international classification requirements (9) the mentioned hospital-bound units may be defined and separated as following:

VI.1.1. Pain Clinic

A treatment unit for patients suffering from pain of more acute character and of slightly or moderately complicated long term/chronic non-cancer and cancer pain conditions.

* Staff: doctors, nurses, secretaries, possibly a limited multidisciplinary capability.

* Teaching/educational obligations: own hospital for relevant groups of the staff.

* Research: no obligations.

VI.1.2. Multidisciplinary Pain Clinics

A multidisciplinary pain clinic differs from a multidisciplinary pain centre only in that research and academic teaching activities are not necessarily included in its regular programs. As with a multidisciplinary pain centre, the multidisciplinary pain clinic staff should include clinicians from a variety of medical and other health care disciplines; all clinicians should have expertise in pain management. The clinicians who assess and treat patients in the pain clinic should include physicians, nurses, mental health professionals (e.g., clinical psychologist, psychiatrist), and physical therapists. The clinic should be able to treat any type of pain problem; thus, there must be a system for obtaining consultation as needed from physicians from disciplines not included on the staff.

The clinicians should communicate with each other on a frequent and scheduled basis about patients and pain centre policies, procedures, and therapies. Care is delivered in a programmed and coordinated manner, and is patient-centered, up-to-date, evidence-based, and safe. Clinical activity must be supervised by an appropriately trained and licensed clinical director with expertise in pain management. All the providers in the clinic should be appropriately qualified and licensed in their specialty and should be knowledgeable about the contributions of biological, psychological, and social/environmental factors to pain problems.

Patient assessment and treatment should be multidisciplinary, involving appropriate specialists as needed, to ensure optimal management of all biomedical and psychological aspects of pain problems. Treatment should aim to improve pain and/or pain management, and also to improve patient physical, psychological, and work and social role functioning. The clinicians should be familiar with all relevant treatment guidelines, and these should be considered in planning clinical activities. The clinic staff should routinely collect and summarize data on the characteristics and outcomes (including pain intensity, psychological distress, function, and quality of life) of the patients evaluated and treated, and should engage in continuous quality improvement efforts.

VI.1.3 . Multidisciplinary Pain Centres

A multidisciplinary pain centre is distinguished by the broad range of its clinical staff, patient care services, pain conditions treated and educational and research activities. It should be part of or affiliated with a higher education and/or research institution.

The staff should include clinicians from a variety of medical and other health care disciplines; all clinicians should have expertise in pain management. The clinicians who assess and treat patients in the pain centre should include physicians, nurses, mental health professionals (e.g. clinical psychologist, psychiatrist), and physical therapists. The centre should be able to treat any type of pain problem; thus, there must be a system for obtaining consultation as needed from physicians from disciplines not included on the staff.

A distinguishing feature of a multidisciplinary pain centre is that the clinicians from different specialties work together in the same space and communicate with each other on a frequent and scheduled basis about patients, pain centre policies and procedures, and therapies offered in the pain centre. Care is delivered in a programmed and coordinated manner, and is patient-centered, up-to-date, evidence-based, and safe. Clinical activity must be supervised by an appropriately trained and licensed clinical director with expertise in pain management. All the providers in the centre should be appropriately qualified and licensed in their specialty and should be knowledgeable about the contributions of biological, psychological, and social/environmental factors to pain problems.

The centre should serve as a model of excellence for the structure, processes, and outcomes that are essential for high quality pain management. Patient assessment and treatment should be multidisciplinary, involving appropriate specialists as needed, to ensure optimal management of all biomedical and psychological aspects of pain problems. Treatment should aim to improve pain and/or pain management, and also to improve patient physical, psychological, and work and social role functioning. The clinicians should be familiar with all relevant treatment guidelines, and these should be considered in planning clinical activities. The centre staff should routinely collect and summarize data on the characteristics and outcomes (including pain intensity, psychological distress, function, and quality of life) of the patients evaluated and treated, and should engage in continuous quality improvement efforts.

The centre should be committed to advancing and applying current scientific knowledge related to pain, and to disseminating relevant information to patients, other health care providers and organizations, and the public at large, in order to improve the quality of pain management across the continuum of care. As the experts in pain management, the centre's staffs is expected to act to improve pain management in local, regional, and national health care services. It is also expected that the centre provide educational activities and training in multidisciplinary pain management for clinicians from multiple disciplines (e.g. physicians of different specialties, clinical psychologists, nurses, physical therapists). Ideally, training should be provided at undergraduate, graduate, and postdoctoral levels.

The centre should be actively engaged in research, ideally playing a leadership role. The centre should contribute to the evidence base for the treatment and management of pain, and train future pain researchers.

VI.1.4. Pain Practice

A single provider may have a pain practice if he or she is licensed in his or her specialty, has completed specialty pain medicine training or equivalent, and is certified in pain management by the appropriate local or national credentialing organization. This provider must be knowledgeable about the contributions of biological, psychological, and social/environmental factors to pain problems. There must be a system for obtaining consultation as needed from health care providers from other specialties. In addition, the provider should refer patients to a multidisciplinary pain clinic or centre whenever there are diagnostic or therapeutic issues that exceed the provider's capabilities.

VI.2. Classified pain units in the Nordic countries

The list of classified university units is current. More units may be added or deleted depending on their ability to fulfil the above mentioned demands.

The below mentioned university-based multidisciplinary pain centres are independent units and fulfil the international classification requirements.

The theoretical education will be attached strictly to specific established educational positions in the pain centres.

Specific descriptions of the departments which also will contain information on patient categories, research areas, teaching obligations etc. will be available from the Education Secretariat (see below).

VI.2.1. Denmark

VI.2.1.1. Classified multidisciplinary pain centres

- * Multidisciplinary Pain Centre, Rigshospitalet, Copenhagen
- * Multidisciplinary Pain Centre, Herlev Hospital, Copenhagen
- * Multidisciplinary Pain Centre, Alborg Hospital, Ålborg
- * Multidisciplinary Pain Centre, Odense Hospital, Odense

VI.2.1.2. Classified palliative units

- * Palliative Medical Department, Bispebjerg Hospital, Copenhagen
- * Section of Palliative Medicine, Rigshospitalet, Copenhagen

VI.2.2. Finland

VI.2.2.1. Classified multidisciplinary pain centres

- * Multidisciplinary Pain Centre, Helsinki University Hospital
- * Multidisciplinary Pain Centre, Turku University Hospital
- * Multidisciplinary Pain Centre, Oulu University Hospital

VI.2.2.2. Classified palliative units

- * Palliative Care Unit, Helsinki University Hospital
- * Palliative Care Unit, Tampere University Hospital

VI.2.3. Iceland

- * Pain Clinic, Anaesthesia and Intensive Care Department, Landspítali University Hospital, Reykjavík
- * Pain Clinic, Reykjalundur Rehabilitation Centre, Mosfellsbær
- * Palliative Medical Department, Landspítali University Hospital, Kópavogur

VI.2.4. Norway

VI.2.4.1. Classified multidisciplinary pain centres

- * Dept. of Pain Management and Research, Oslo University Hospital
- * Pain Clinic, Haukeland University Hospital, Bergen
- * Dept. of Pain and Complex Disorders, St. Olav's University Hospital, Trondheim
- * Dept. of Pain Treatment, University Hospital of Northern Norway, Tromsø

VI.2.4.2. Classified Palliative Units

- * Section of Palliative Treatment, St. Olav University Hospital, Trondheim
- * Section of Palliative Treatment, Ullevål University Hospital, Oslo

VI.2.5. Sweden

VI.2.5.1. Classified Multidisciplinary Pain Centres

Notice: The Swedish pain units are currently under re-assessment (2016)

- * Pain Centre, Karolinska Hospital, Stockholm
- * Pain Centre, University Hospital, Uppsala
- * Pain Centre, University Hospital, Umeå
- * Pain Centre University Hospital, Linköping

VII. The pain medicine specialist education program

The education was designed for specialists in anaesthesiology, but is now open for all specialists who either have or are planning to have their daily work in pain clinics or multidisciplinary pain centres.

The purpose of the education is to supply the specialist with the knowledge and skills necessary to evaluate and treat patients suffering from moderately to severely complex long term/chronic non-

cancer and cancer related pain conditions in addition to advanced knowledge and skills in managing acute pain.

The education consists of a theoretical and a clinical (training) part. The theoretical part will be identical in all countries and consists of joint courses as described below. Due to differences in the national health care systems the clinical part will vary from one country to another.

VII.1. Components in the specialist education

The education consists of a theoretical part, a practical part and a project.

VII.1.1 Clinical part of the education

The clinical part of the education has duration of at least three months and could be exchangeable between the Nordic countries. It must take place at a classified university-based multidisciplinary pain centre recognized by the educational board. If the clinical part does not take place at one of the classified units (section VI.2), the national board members must be informed and have to accept the plan for the clinical education.

VII.1.2. Theoretical part of the education

VII.1.2.1. Courses

Five theoretical courses lasting 3 days will be arranged in the different Nordic countries.

The courses will cover the majority of the proposals made by IASP (International Association for the Study of Pain) in their "Core Curriculum for Professional Education in Pain".

VII.1.3. Project

All registrants are required to complete a project during the course period. This project must be presented for approval at the first course. The project can be original research (basic or clinical) or a literature review that is comprehensive. Both must be of sufficient quality to be presented at a national or international meeting or to be published in a national or international journal. Presentations of the projects will be arranged at different times during the course for evaluation by the education committee, which is headed with a project manager appointed by the Faculty.

VII.2. Diploma

After having finished the clinical and theoretical parts of the education PLUS the project, the Nordic Diploma in Advanced Pain Medicine (NDAPM) will be obtainable.

VIII. Theoretical courses

The courses will cover the proposals made by IASP (International Association for the Study of Pain) in their "Core Curriculum for Professional Education in Pain". The courses will be arranged by the national educational board members and will take place in the different Nordic countries.

The courses will consist of interactive seminars and problem orientated teaching with emphasis on active participation by all participants.

VIII.1. Courses /topical seminars

The following courses are planned. However, the outline of topics may be adjusted.

The courses will each last 3 days.

VIII.1.1. Sweden, course no. 1.

Topics

Introduction and general outline of the five courses

General introduction to the field of pain medicine (epidemiology, etc)

Introduction to the multidisciplinary concept

Pain physiology/neurochemistry/neurobiology including placebo

Pain pathophysiology/acute, chronic, cancer) peripheral, drug, dorsal horn, brain

Transition from acute to chronic pain including similarities and differences

Postoperative and posttraumatic pain

Paediatric pain

Clinical cases to demonstrate points

Thoughts from the pain veterans

Addiction medicine

Challenges for the pain clinician treating chronic pain patients

Project introduction (choice of topic, literature search etc.)

Introduction to the web-site

What to read?

VIII.1.2. Finland, course no. 2

Topics

Pharmacological pain management: NSAIDs, paracetamol, glucocorticoids

Pharmacological pain management: opioids

Pharmacological pain management: antidepressants, anticonvulsants, etc.

Ethical standards for pain management and research

Pain management in special groups (pregnancy, kidney failure, elderly etc.)

Pain for the addicted patient

Pain in burn injuries, multitrauma patients and ICU

Which patients benefit from treatment in the pain clinic

Literature: Ethical standards for pain management and research

VIII.1.3 Denmark, course no. 3

Topics

Symptom assessment in palliative care

Epidemiology and etiology of pain and other symptoms in cancer and in palliative care

Treatment of cancer related pain

Classification and treatment principles of headache

The complex chronic pain patient

Acceptance and coping

Multidisciplinary pain management

Widespread musculoskeletal pain conditions

Existential suffering in cancer patients

V.III.1.4. Norway, course no. 4

Topics

Anatomy, physiology/pathophysiology and psychology of pain (mainly long-lasting pain)

(coordinated with Sweden)

Acute pain – organization of acute pain service

Design, reporting and evaluation of clinical studies

Systematic assessment, history taking and examination of pain patients

Musculoskeletal/myofascial pain

Multidisciplinary rehabilitation including CBT and training (physiotherapy)

Neuropathic pain and CRPS

Chronic urogenital pain in women

Invasive procedures, including neuromodulation

Epidemiology

V.III.1.5. Iceland, course no. 5

Topics

Low back pain, views of different specialities

Physiotherapy - Rehabilitation

Pain in the elderly

Pain in the Sagas

V.III.1.6 Topics not included in the courses

must be covered by the students in self-learning literature-studies

V.III.2. Number of participants

The number of participants will be maximum 30.

IX. Economy

The departments responsible for the clinical part of the education will typically be responsible for the expenditures in connection with the theoretical courses and supplementary costs in connection with the mandatory seminars, symposia and congresses (see VII.1.2.2. Additional educational activities). Alternatively, the applicants have to pay by themselves.

A total cost of about DKK 7.000 (EUR 940) per course is calculated. In addition there will be expenditures in connection with travels and accommodation.

X. Announcement

Announcements will take place in Acta Anaesthesiologica Scandinavica and in the national journals and pain societies.

XI. Course secretariat

Secretary Kirsten Rye

E-mail: PainEdu@painedu.nu

All correspondence will be done electronically.

The educational programme has its own website: <https://www.nakos.no>

XII. Literature

- IASP Interprofessional Pain Curriculum Outline August 2012
<http://www.iasp-pain.org/Education/CurriculumDetail.aspx?ItemNumber=2057>
- Breivik H, Lindahl, SGE. Training programme in advanced pain medicine for Nordic anaesthesiologists. Acta Anaesthesiol Scand. 2001 Nov; 45(10): 1191-2