Cancer Pain Education for Patients and the Public
Module V
Telephone Education - Informal Systems

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I. Application of Telephone Education to Pain Management

A. Providing general pain information.
   1. AHCPR guidelines.
   2. Community Resource List.
   3. Referrals.

B. Overcoming myths/misconceptions.
   1. Listen for clues.

C. "Coaching" to support assessment and communication.
   1. Start with open-ended question - "Describe your pain".
   2. Proceed to specific questions - "When did it start?"

D. Titration of pharmacologic interventions.
   1. Following current prescription order.
   2. Standing orders.
   3. Multiple incremental changes.

E. Management of side effects.
   1. Constipation.
      a. bowel protocol.
   2. Sedation.
   3. Confusion
   4. Dizziness
   5. Rash

F. Reinforcement of in-person education.
   1. Written pain therapy instruction.

II. Benefits of Telephone Education

A. More immediate response.
B. Less threatening than medical environment.
C. Anonymity and confidentiality.
D. Convenience.

E. Cost effective.
F. Reinforcement of previous education.

III. Forms of Telephone Education

A. Individual phone call for education triage.
1. Pre-recorded.
2. Individualized.

B. Group education or teleconferencing for pain information and support.

IV. Common Practice Errors

A. Asking leading questions.
1. Leading questions contain the answer.
2. Require simple yes or no answer.
3. Fosters authoritarian attitude.
4. Discourages collaboration.
5. Solution: Use open-ended question.
Proceed to more specific question.
Ask question to quantify information.
Ask one question at a time.

B. Using medical jargon.
1. Communication requires exchange of information.
2. Solution: Stick to lay terms.
Aim for 5th to 8th grade comprehension.

C. Collecting inadequate data.
1. Real problem may be hidden.
2. Solution: Allow adequate time.
Utilize telephone communication form.

D. Stereotyping callers or problems.
1. Inadequate talk time.
2. Failure to remain open to new or discrepant information
3. Solution: Slow down.
Be aware of "burnout".

E. Failure to talk directly to patient.
1. Telephone advisor already at disadvantage → can't see patient.
2. Need to minimize confusion.
3. Aphasic/hearing impaired patients.
4. Solution: If possible talk to patient.
Identify primary caregiver.

F. Accepting caller's self-diagnosis.
   1. Solution: Make your own assessment.

G. Second guessing caller.
   1. Power struggle.
   2. Solution: Defuse.
      Educate.
      Compromise.
      Evaluate - VNA visit, office visit, ER.

H. Devaluing reassurance calls.
   1. Call "to check" information.
   2. Testing the system.
   3. Calls influence compliance/adherence.
   4. Calls influence public relations.
   5. Solution: Learn to distinguish between need for hand holding and the need to be seen.
      Increasingly frequent calls may signal need to be seen.

I. Delay in returning calls.
   1. Policy possibilities.
      a. 24 hour help.
      b. before end of business day.
      c. offering alternative options.

V. Documentation

A. Chart contact time.

B. Be specific.
   1. "Confused" → unable to identify caregiver.
   2. "Unclear about medication" → unable to name medication.

C. Use quotes.
   1. "He is afraid morphine will kill him".

D. Records.
   1. Patient record.
   2. Department record.
   3. Personal record.

VI. Tips for Effective Pain Education by Telephone

A. Be aware of multi-dimensional nature of cancer pain.
B. Be alert to issues of acute, chronic, and progressive pain.
C. Use "Content of Pain Education" module as resource.

D. Reinforce telephone education with written information.
   (Pain: A Clinical Manual handouts.)
E. Evaluate telephone education.

Resources for Additional Information on Telehealth as an Educational Medium

Telemedicine and Telecare:	+44(0) 171 290 2928
Telemedicine Journal:	(914) 834-3100
Telemedicine Today:	(800) 386-8632
Telemedlaw:	(916) 676-1137
Telehealth Magazine:	(415) 905-2655