

Slide 1

Cancer Pain Education for Patients  
and the Public

Module VII  
Professional Education as a  
Prerequisite to Patient  
Education: Involving  
Colleagues in Pain Education  
JoAnn Dalton, PhD, RN,  
FAAN

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Slide 2

Professional Education

How much knowledge/skill do we need?  
To educate and change practice  
Does everyone need to be a pain  
management expert?  
Is knowledge enough?

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Slide 3

Professional Education

The role of attitudes  
How do we change attitudes?  
Will changing attitudes change behavior?  
Role of educational institutions, practice  
agencies and regulatory agencies

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**Module VII**  
**Professional Education as a Prerequisite to Patient Education:**  
**Involving Colleagues in Pain Education**

Slide 4

Involving Colleagues in Pain  
Education

Strategies

- Train the trainers
- Other strategies
- Be involved in local, regional and national organizations
- Read
- Issues in implementation

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Slide 5

Professional Education:  
How much knowledge/skill do we need?

To educate and change practice

- a definition of pain
- an overview of the physiology of pain vs an in-depth understanding of cell transport and pain pathways (Good, 1999)

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Slide 6

Professional Education:  
How much knowledge/skill do we need?

- primary hyperalgesia
- secondary hyperalgesia
- third messengers
- risk factors for persistent pain
- suppressing the stress response

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Slide 7

Professional Education:  
How much knowledge/skill do we need?

To educate and change practice  
Classifications of pain vs. types of pain

- acute and chronic
- muscular, neuritic, central, autonomic

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Slide 8

Professional Education:  
How much knowledge/skill do we need?

To educate and change practice  
Goal setting  
An overview of pharmacotherapy vs.  
detailed study of action, interactions and  
side effects

- schedule, route, equianalgesia
- by age group
- ceiling effect, tolerance, dependence

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Slide 9

Professional Education:  
How much knowledge/skill do we need?

To educate and change practice  
Non-pharmacologic strategies

- alternative/complementary therapies
- cognitive-behavioral strategies
- heat and cold
- radiation therapy

nerve block  
surgery

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Slide 10

Professional Education:  
How much knowledge/skill do we need?  
  
To educate and change practice  
Application  
Patient-caregiver communication

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Slide 11

Professional Education:  
How much knowledge/skill do we need?  
  
Does everyone need to be a pain  
management expert?  
MSN, RN, AND, LPN, UAP, PhD  
physicians, pharmacists, social workers,  
physical therapists, clergy  
how many hours of education and  
practice?

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Slide 12

Professional Education:  
How much knowledge/skill do we need?  
  
Is education enough?  
Mitchell Max, 1992  
• must change attitudes of professionals,  
patient and the public  
• must oppose “established patterns of  
practice and tradition”  
• how do we measure change?  
–knowledge tests  
–evidence of application in practice

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Slide 13

Professional Education:  
How much knowledge/skill do we need?

Or, how do we measure change?

Knowledge test

Evidence of application in practice

- APS quality assurance standards (APS, 1995)
- Pain Audit Tool (Ferrell et al, 1995)
- PRPMAT (Wallace et al, 1999)

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Slide 14

Professional Education:  
The Role of Attitudes

How do we change attitudes?

Case-based, practice enabling discussions (Elliott et al, 1997)

Behavioristic learning

- repetitive learning
- perpetuation of established practice

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Slide 15

Professional Education:  
The Role of Attitudes

How do we change attitudes?

Cognitive learning

- extend previous, well-organized knowledge
- use categorization to reduce complexity

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Slide 16

Professional Education:  
The Role of Attitudes

How do we change attitudes?

Problem-solving

- focus on variability and reduction in differences
- evaluate personal sensitivity to pain problems

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Slide 17

Professional Education:  
The Role of Attitudes

How do we change attitudes?

- use the “teachable moment”
  - content is relevant
  - emphasize doing as well as knowing
  - use repetition and opportunity for practice
  - give positive reinforcement for behavior

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Slide 18

Professional Education:  
The Role of Attitudes

How do we change attitudes?

Promote self-efficacy

- derived from previous performance or observing others
- decrease anxiety associated with evaluation
- decrease risk of failure or disappointment
  - decrease self-protective behaviors
  - promote well-developed, complex cognitive structures

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Slide 19

Professional Education:  
The Role of Attitudes  
How do we change attitudes?  
Evaluate simplistic vs. complex  
approaches  
reestablish self-relevant beliefs

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Slide 20

Professional Education:  
The Role of Attitudes  
How do we change attitudes?  
Promote reasoned action  
• if not significant barriers, e.g.  
– no time or opportunity  
– without requisite information, skills, or abilities  
• consider implications of actions  
• consider intentions resulting from  
– attitude toward a behavior  
– environmental pressures

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Slide 21

Professional Education:  
The Role of Attitudes  
How do we change attitudes?  
Process persuasive messages  
• need prior knowledge of subject matter  
• need multiple resources  
• consider true merit of information  
• simple cue-induced changes

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Slide 22

Professional Education:  
The Role of Attitudes  
Will legislation change attitudes and behavior?  
Hyde-Nichles Bill (Pain Relief Promotion Act)  
Hooley Bill (Conquering Pain Act of 1999)  
JCAHO Standards

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Slide 23

Professional Education: Will changing attitudes change behavior?  
Comparing ethics to values  
values are professional, personal and organizational  
value indicators:  
• goals  
• attitudes, feelings, convictions, beliefs  
• enhanced sense of empowerment

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Slide 24

Professional Education: Will changing attitudes change behavior?  
Evaluate communication in relation to behavior change  
Increase interdisciplinary collaboration  
How long should it take?

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Slide 25

Professional Education: Role of educational institutions, practice agencies and regulatory agencies

Curriculum committee  
text  
faculty web page  
CQI teams  
group consensus building  
decision-making techniques  
rewards for behavior change

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Slide 26

Professional Education: Role of educational institutions, practice agencies and regulatory agencies

JCAHO  
Board of Nursing/Board of Medical Examiners  
NLN  
AACN

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Slide 27

Involving Colleagues in Pain Education:  
Train the Trainers

Ferrell et al., 1993  
Patient Resource Nurse (PRN) Training Program  
Janjan et al., 1996  
1-day role model program  
Dalton et al., 1996  
1-day/week x 5 weeks program

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Slide 28

Involving Colleagues in Pain Education:  
Train the Trainers

Francke et al., 1997  
3-hours x 8 weeks program

Elliott et al., 1997  
2-day mini-fellowship

Lasch et al., 2000  
1-day vs 2-1/2-day workshops

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Slide 29

Involving Colleagues in Pain Education

Ferrell, Virani & Grant, 1999  
nursing textbooks

IASP  
training programs

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Slide 30

Involving Colleagues in Pain Education:  
Educational Strategies

Academic detailing  
Study groups  
Socialization programs  
Clinical rounds  
Case studies  
Practicum

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Slide 31

Involving Colleagues in Pain Education:  
Educational Strategies

- Reminder system
- Opinion leaders
- Educational influentials
- Standardized patient assessment

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Slide 32

Involving Colleagues in Pain Education:  
Educational Strategies

Suggestions:

- Incorporate self-rating tool on flow sheet
- Distribute AHCPR guidelines
- Use APS survey of satisfaction
- Include information in all orientation programs

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Slide 33

Involving Colleagues in Pain Education:  
Educational Strategies

Suggestions, cont. (Clarke et al., 1996)

- Establish Pain Information Bulletin space
- Form a Pain Practice Group
- Select interested nurses to become PRN nurses
- Work with other clinical services

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Slide 34

Involving Colleagues in Pain Education:  
Local, regional and national  
organizations  
  
Local, Regional and National Organizations  
State Pain Initiatives  
American Pain Society  
American Society of Pain Management  
Nurses  
American Pain Foundation  
Specialty organizations/SIGs  
Read

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Slide 35

Issues in Implementation  
  
Longer and more intense programs  
Combining educational methods  
Opportunity for practice and feedback  
Context of clinical setting and practice  
behavior

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Slide 36

Issues in Implementation  
  
Attitudes  
Lack of individual commitment  
System priorities  
System support and reinforcement  
Definition of outcomes

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Slide 37

Issues in Implementation:  
Definition of Outcomes  
Charap, 1978: "surgical residents and nurses indicated that they believed that most patients are over - rather than under - medicated.  
Camp-Sorrell & Sullivan, 1991: lack of pain assessment documentation

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Slide 38

Issues in Implementation:  
Definition of Outcomes  
Weber & Huber, 1999: "rescue doses..., laxative prescription and bowel movements are never or only scarcely documented by all physicians."  
Furstenberg, et al., 1998: "sample were not concerned about addiction," "physicians less committed than nurses or pharmacists"

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Slide 39

Issues in Implementation:  
How Far Have We Come?  
De Rond, De Wit, van Dam, et al., 2000  
Educating nurses and implementing daily assessment  
Mackintosh & Bowles, 2000  
• Developing an Acute Pain Service

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Slide 40

Issues in Implementation:  
How Far Have We Come?  
Van Niekerk & Martin, 2001  
Tasmania: inadequate knowledge  
Davies, McVicar, 2000  
United Kingdom: common misconceptions  
Glajchen & Bookbinder, 2001  
New York: home health nurses

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Slide 41

Issues in Implementation:  
How Far Have We Come?  
Sloman, Ahern, Wright et al., 2001  
Australia: knowledge of pain in the elderly  
Bauwens, Distelmans, Storme et al., 2001  
Belgium: change in knowledge and beliefs  
substantial

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