# Cancer Pain Education for Patients and the Public

## Module VII

## Professional Education as a Prerequisite to Patient Education: Involving Colleagues in Pain Education

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# 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?

# 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

# Involving Colleagues in Pain Education

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

# 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)

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

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

# 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

# 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

# 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

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

- To educate and change practice
  - Application
  - Patient-caregiver communication

# 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?

# 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

# 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)

# 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

# Professional Education: The Role of Attitudes

- How do we change attitudes?
  - Cognitive learning
    - extend previous, well-organized knowledge
    - use categorization to reduce complexity

# 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

# 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

# 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

# Professional Education: The Role of Attitudes

- How do we change attitudes?
  - Evaluate simplistic vs. complex approaches
  - reestablish self-relevant beliefs

# 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

# 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

# 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

# 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

# Professional Education: Will changing attitudes change behavior?

- Evaluate communication in relation to behavior change
- Increase interdisciplinary collaboration
- How long should it take?

# 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

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

- JCAHO
- Board of Nursing/Board of Medical Examiners
- NLN
- AACN

# 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

# 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

# Involving Colleagues in Pain Education

- Ferrell, Virani & Grant, 1999
  - nursing textbooks
- IASP
  - training programs

# Involving Colleagues in Pain Education: Educational Strategies

- Academic detailing
- Study groups
- Socialization programs
- Clinical rounds
- Case studies
- Practicum

# Involving Colleagues in Pain Education: Educational Strategies

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

# 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

# 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

# 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

# Issues in Implementation

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

# Issues in Implementation

- Attitudes
- Lack of individual commitment
- System priorities
- System support and reinforcement
- Definition of outcomes

# 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

# 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”

# 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

# 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

# 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