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Cancer Pain Education for Patients and the Public

Module 8
Overcoming Institutional Barriers to
Pain Education

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*No prescription is more valuable
than knowledge*

C. Everett Koop

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Objectives

- Identify institutional barriers to patient education programs
- Discuss institutional barriers in the context of patient fears and misconceptions about pain management
- Describe strategies for overcoming institutional barriers to pain education

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Patient Related Barriers

- Pain is inevitable
- Pain builds character
- Opioids are addicting
- “Good” patients don’t talk about pain
- Opioids should be saved for later
- Complaining about pain distracts the physician
- Injections are needed to control pain
- Pain means the disease is worse

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Clinical Barriers to Patient Teaching

- When is the teachable moment?
- Where is the patient?
- Who provides the content?
- How is information delivered?

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Clinical Barriers to Pain Education

- Lack of pain assessment
- Lack of interdisciplinary collaboration
- Absence of accountability
- Absence of practical tools
- Overstressed and desensitized staff

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Improving Outcomes of Analgesic Treatment:
Is Education Enough?
Max, Annals of Internal Medicine 1990; 113:885-9

Understand background factors

- lack of visibility
- lack of accountability
- absence of practical tools
- traditional outcomes of QA not useful

Examine the context and process

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**Quality Improvement Guidelines for the
Treatment of Acute Pain and Cancer Pain**
Quality of Care Committee JAMA 1995; 274(223); 1874-1880.

- Ongoing interdisciplinary process
- Standard for pain assessment
- Practical information for clinicians
- Promise patients attentive care
- Clearly defined accountability
- Explicit policies to guide analgesic technology
- Outcome monitoring

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**Process Step to Building an Institutional
Commitment to Pain Management**

Promise patients a quick response to their reports of pain

- mission statements
- service standards
- patient's bill of rights
- integration of pain content into traditional patient education avenues

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Use QI to Build Program/Change Culture

- A process is a sequence of tasks aimed at a particular goal
- Customers are partners
- Break down barriers between departments
- A scientific approach that is information driven should be used to understand the process and make decisions
- Marketing and ongoing evaluation is important

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Considerations in Strategy Building

- Adjust your beliefs about teaching
- Follow principles of patient teaching
- Perform a needs assessment
- Copy other successful models
- Integrate into pain assessment
- Schedule teaching sessions
- Use QI, monitor outcomes

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Principles of Patient Education

- Determine patient's readiness to learn
- Prioritize content
- Use available resources, don't recreate
- Use a variety and combination of methods, *repetition*
- Document and communicate teaching plan and progress
- Use questions "What info did you think should have been covered in this session?"
- Ask the patient to recount the information received before ending the session

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**IV PCA Example:
Grounded Theory Study**

<i>What patients told us</i>	<i>Patient teaching implications</i>
Patients described actual or imagined consequences of taking opioids	Emphasize safety of PCA, addiction, tolerance, and side effects
Patients described controlling medication use, not pain	Emphasize harmful effects of uncontrolled pain
Overall theme that it just wasn't good to take medication & comparison to others	Encourage experimentation and individual titration

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Specific System Tools to Overcome Barriers to Patient Education

Orientation and continuing education	Critical pathways
Policies & Procedures	Pain Resource Nurse programs
Competencies	Learning Centers
Patients Bill of Rights	Documentation tools
Service Standards	

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Website



Topics

- What Everyone Should Know About Pain Management
- American Pain Society
- Local Support Groups
- Health Facts for You
- Migraine Headaches
- Resource Books
- Pain Intensity Rating Scales

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Persistent Roadblocks
Individual accountability
Interdisciplinary collaboration
Time and money

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Lessons Learned
Don't recreate the wheel
Integrate and standardize your approaches
Schedule time, look for small bits in
different places
Good data is essential. Invest early on
Involve physicians, pharmacists, and others
Use multiple methods and repetition
