

**Cancer Pain Education for Patients and the Public**  
**Module VIII**  
**Overcoming Institutional Barriers to Pain Education**

**Deb Gordon RN, MS**  
**Faculty Member**

*No prescription is more valuable than knowledge*  
 C. Everett Koop

**Introduction and 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

**Needs Assessment:**

1. What are the patient related barriers to pain management?
2. What are the barriers to patient education in your setting?
3. If you could do one thing to overcome these barriers what would it be?
4. Pick one project related to pain management patient or public education, what would it be?
5. What is stopping you from doing this one thing?

**Barriers Review**

**Patient related barriers to pain management**

- 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

**Clinical barriers to patient education**

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

**Clinical barriers to pain education**

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

- Time and money

### Considerations in strategy building

- Use quality improvement methods
- Adjust your beliefs about teaching
- Incorporate basic principles of patient teaching
- Perform a needs assessment
- Promote buy-in of programs
- Adapt other successful models
- Integrate into pain assessment
- Use of scheduled teaching sessions

#### Use QI to Build Patient Education

- 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

### Practical Tips

- Package the content (Plan and develop written teaching Protocols)
- Detail so that someone unfamiliar can pick it up and replicate
- Use objectives
- Document and communicate what you teach
- Evaluate outcomes

### Common Questions:

#### *Where do I find the time to teach?*

- Need to breakdown the argument “I don’t have time”
- There will never be enough time to teach everything
- Every moment with a patient is teaching time
- Look for smaller time bits in different places

#### *How do I get staff to document their teaching?*

- No clear answer to this universal dilemma
- Develop process that is integrated and take advantage of documentation by exception

#### *How do I evaluate the effectiveness of the teaching program?*

- Get help, use qualitative and quantitative methods
- Use formative and summative evaluations
- Stay focused on goal

#### *How do we get physicians to participate in our patient education efforts? They do not like it when we tell patients too much.*

- Be collaborative and include physicians from the start
- Find out what patient education goals they do not want the learner to meet?
- Clarify concerns about telling the patient too much, too soon

#### Goal of Patient Education

##### Short Term

- Make informed decisions
- Develop basic self care skills to survive
- Recognize problems and know what to do
- Get questions answered and find resources for answers

##### Long Term Goals

- Help learners develop positive health related attitudes and adopt and maintain behaviors conducive to health

***How do we get the organization's top leadership to see the value of patient education (other than prior to a JCAHO visit) and provide the necessary financial resources?***

- One of the highest correlates with patient satisfaction is patient education
- Educate them about the cost effectiveness, marketing benefits, patient satisfaction, & JCAHO requirements

***How do we train staff to be patient educators?***

- Use the same methods you use to train staff in other skills
- Use exemplars
- Include patient education in performance evaluation or clinical ladder processes

**Specific system tools to overcome barriers**

- Orientation and continuing education programs
- Policies & Procedures
- Competencies
- Patient Bill of Rights
- Service Standards
- Critical Pathways
- Professional development
- Pain Resource Nurse programs
- Learning Centers
- Documentation tools

**Specific teaching tools**

- Handouts
- Posters
- Videotapes
- Audiotapes
- Websites
- Computer discs
- Overhead transparencies
- Flip charts
- Closed circuit television
- Satellite systems
- Teaching groups
- Learning prescription pads
- Telephone
- Dolls and models
- Interactive activities (puzzles, role play, contests, games)
- Learning contracts
- Patient education programs
- Newsletters

**Top Time-Saving Teaching Tips**

- Keep focused on the goals of patient and family education
- Partner with the learner to establish learning objectives
- Assess knowledge and ability before you teach
- Don't make assumptions
- Focus on teaching behaviors and skills
- Get the learner actively involved
- Take advantage of teachable moments
- Individualize your teaching
- Help the learner believe
- Evaluate learning
- Share your teaching with the rest of the health care team

*Source: London F. No Time to Teach? 1999. Lippincott, Philadelphia. pg 15.*

**References:**

Lorig K. Patient Education A Practical Approach, 2<sup>nd</sup> Ed 1996 SAGE Publications, Inc Thousand Oaks, CA

London F. No Time to Teach? A Nurse's Guide to Patient and Family Education. 1996 Lippincott Williams & Wilkins Philadelphia, PA