Pain Management Competency
University of Wisconsin Hospital and Clinics
Madison, Wisconsin

The UWHC Department of Nursing utilizes an ability-based orientation framework as the basis for achieving and demonstrating clinical competency and ensuring quality outcomes as a result of the care provided. The expected abilities for Nurse Clinician practice are problem solving, analytic thinking, professionalism, communication, valuing, collaboration, and technical.

Abilities Evaluated:

Communication, problem-solving, collaboration, and technical
The Nurse Clinician II Pain Management competency encompasses:

- pain assessment
- patient and family education
- documentation
- pharmacologic interventions
- non-pharmacologic interventions
- IV PCA
- spinal analgesia.

In addition to the basic competency the Pain Resource Nurse Role competency includes:

- role modeling
- staff development
- equianalgesic conversion
- side effect management
- feedback and performance evaluation of new nurse pain management competency

Competency:

Preparation:

Preparation for successful evaluation can be achieved through a variety of learning options. These learning options and experiences include, but are not limited to:

- attend the central nursing orientation lecture on pain management
- read the AHCPR Clinical Practice Guidelines for acute pain and/or cancer pain
- view the video on Bard PCA 1 pump
- view the video on Baxter APII analgesia pump
- review the UWHC policy #1.17 IV PCA & policy # 6.13 spinal analgesia
- complete the self-directed learning package on epidural analgesia
- view the McCaffery video on pain in the elderly
- view the Paice tape on the physiology of pain
- review the text Pain: Clinical Manual for Nursing Practice by McCaffery & Beebe
- review the UWHC laminated pocket pain management reference card
- read the American Pain Society principles of analgesic use in the treatment of acute pain and cancer pain

•read the Wisconsin Cancer Pain Initiatives handbook of cancer pain management
•attend the UWHC monthly Pain Case Conferences
•read Health Fact for You # 4922 Pain Management: What Everyone Should Know

These materials are available for review through Nursing Staff Development at 263-6488.

Instrument:

The preceptor and/or Pain Resource Nurse will shadow and evaluate the orientee's performance while s/he is caring for a patient with pain. The self-directed learning package and/or the PRN knowledge pre-test may also be utilized.

Performance:

The evaluation will take course during the first six weeks of unit orientation when the opportunity arises to care for at least two patients with pain problems.

Judgment:

The orientee will be evaluated according to the criteria listed on the following pages.

Feedback:

At the end of the four weeks, the preceptor and/or the Pain Resource Nurse will discuss the evaluation experience. They will share specific feedback related to:

•comprehensiveness and documentation of initial pain assessment and reassessment following interventions
•ability to implement pharmacologic and non-pharmacologic interventions appropriately
•ability to program and manage IV PCA and spinal analgesia infusion pumps
•application of patient and family teaching around issues of pain management

How Performance is Measured:

Two patients with pain who were cared for by the orientee in the past several days are identified.
The preceptor then reviews documentation of pain assessments done by the orientee.
The preceptor reviews patients' medication administration records and asks orientee to discuss rationale for analgesic dosing schedules.
Preceptor queries patients and families as to their perceptions of pain management.
Orientee demonstrates pump set-up and programming.

Clinical Practice Competency:
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Criteria for Evaluation	**Feedback Date & Signature**
NEW ORIENTEE:	
A. Asks all patients on admission and routinely as part of a systems assessment about the presence of pain.	
B. If pain is present, assesses critical characteristics and related factors including: location, quality, intensity, temporal characteristics, alleviating and aggravating factors, impact and meaning of pain, past interventions and responses.	
C. Utilizes a simple and reliable pain intensity measurement tool appropriate to age and cognitive status (i.e. 0-10 rating scale, 0-5 smiley faces).	
D. Collaborates with patient and health care team to define pain relief goal.	
E. Documents initial pain assessment in AIR note, reassessments on daily flowsheet, and frequency of reassess and pain relief goal on critical pathway.	
F. Administers prescribed analgesics as appropriate (e.g., combinations of analgesics, scheduled basis, and titrated to individual needs).	
G. Assesses patients' response to analgesics.	
H. Assesses and teach patient and family about pain management including: • pain rating scales and goal setting • importance of aggressive, preventive pain treatment • analgesic misconceptions and plan for pain management	
I. Utilizes a variety of non-pharmacologic strategies to promote pain relief including: distraction, relaxation, imagery, massage, heat, cold, and positioning.	
J. Makes appropriate referrals to Unit Pain Resource Nurse, Pain Care Team, Acute Pain Service (Anesthesiology), and Pain Clinic, and others.	
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K. Demonstrates set-up and use of Bard I PCA pump.	
L. Follows policy and procedure when caring for patients with IV PCA including appropriate	

documentation on pain flowsheet UWH #48.	
M. Defines/recognizes opioid induced respiratory depression and interventions.	
N. *Demonstrates set-up and use of Baxter APII analgesic pump and follows policy and procedure when caring for patients with spinal analgesia including documentation on pain flowsheet UWH #48.	
Additional Pain Resource Nurse Criteria:	
O.Demonstrate comprehensive knowledge of pain management including: •basic mechanisms of pain •common misconceptions and barriers of pain management •pain assessment •indications and side effects of opioids, non-opioid analgesics and nonsteroidal anti-inflammatory drugs (NSAIDS), and commonly used adjuvant medications (antidepressants, anticonvulsants, and steroids). •non-pharmacologic strategies including: cutaneous stimulation, cognitive and behavioral techniques, radiotherapy, and neurosurgery.	
P. Understands the use of the opioid equivalency chart and equianalgesic conversions.	
Q. On an ongoing basis acts as staff and patient resource for pain management issues.	
R. Defines and/or demonstrates nursing management of potential side effects of opiates including: •constipation •nausea and vomiting •sedation •respiratory depression.	
S. Identifies obstacles of optimal pain management including those particular to work setting.	
T. Provides performance evaluation for new unit NCII for pain management competency.	
U. Provides regular feedback to staff on the quality of pain management.	
V. Participates in ongoing self continuing education in pain management.	