PAIN MANAGEMENT CORE COMPETENCIES IN NURSING EDUCATION

Presenters:
Keela Herr, PhD, RN, AGSF, FAAN
Barbara St. Marie, PhD, RN, ANP, GNP

Coauthors:
Deb Gordan, RN-BC, DNP, ACNS-BC, FAAN
Scott Fishman, MD
Judy Paice, PhD, RN
Judy Wash-Watson, PhD, RN
Heather Young, PhD, RN, FAAN

Conflict of Interest Disclosure

• Conflicts of Interest for ALL listed contributors.
  • Keela Herr, no conflict of interest
  • Barbara St. Marie, funded by the Nurse Practitioner Healthcare Foundation and the American Society for Pain Management Nursing, consultant Zogenix in past 12 months.
  • Debra Gordan, received honorarium for advisory board work from both Pacira and Zogenix in the past 12 months.
  • Heather M. Young, no conflict of interest
  • Judy Paice, no conflict of interest
  • Scott Fishman, no conflict of interest

Purpose

Review and discuss the core competencies in pain management for pre-licensure clinical education that were developed as a basis for delivering comprehensive and high-quality care.
Session Objectives:

- Identify state of pain management and current pain education of nursing professionals
- Recognize process used to develop and resulting pain management core competencies
- Discuss strategies for establishing pain management core competencies in nursing education.

STATE OF PAIN MANAGEMENT AND CURRENT PAIN EDUCATION OF NURSING PROFESSIONALS

How are we doing with pain management?

- Pain is public health problem impacting millions contributing costs to the health care system in the billions.
- Pain most prevalent and significant problem nurses address in practice.
- Yet inadequately managed, regardless of population and setting
- Multiple studies examining nursing knowledge and skills show deficits:
  - Cancer pain (Wilkes et al., 2003)
  - Surgical pain (Puls-McColl et al., 2001)
  - Elder pain (Sloman et al., 2001)
  - Pediatrics (Stanley & Poland, 2013)
Is pain management effectively taught in prelicensure programs?

- Only 5 studies in literature examining pain knowledge in prelicensure environment and focus on EOL, palliative care or specialty populations (Briggs, 2010; Doorenbos et al., 2013; Plaisance & Logan, 2006; Samuels & Leveille, 2010, Shaw & Lee, 2010)

- Two studies from Canada and UK lend insights:
  - Watt-Watson et al (2009) note of 9 nursing programs, mean of 31 hours (range 0-109) on pain
  - Briggs et al (2011) note of 30 nursing programs, median of 10 hours (range 2-36) on pain

- US study (Doorenbos et al., 2013) of 6 nursing programs note limited content
  - E.g. 8 hours over 2 years on pain in U Washington nursing program

Why limited coverage?

- Pain not prioritized in nursing curricula?
- Packed curricula?
- Lack of faculty expertise and confidence?
- Lack of required content coverage?
- Lack of administrative support?
- Limited testing on licensure exam?
- Lack of funding to develop innovative teaching approaches?

- Lack of established Pain Management Core Competencies?

PROCESS USED TO DEVELOP PAIN MANAGEMENT CORE COMPETENCIES AND RESULTING RECOMMENDED COMPETENCIES
**Core Competencies for Pain Management: Results of an Interprofessional Consensus Summit**

**Process**

Conducted in Two Phases:

**Phase I - Information Gathering**
- Executive Committee
- Competency Advisory Committee
- Literature review
- Draft Domains

**Phase II - Consensus Building: Interprofessional Consensus on Core Competencies**
Executive Committee

Project Directors:
Scott Fishman, MD
Heather Young, PhD, RN, FAAN
Ellyn Arwood, EdD; University of Portland
Roger Chou, MD; Oregon Health & Science Univ.
Keela Herr, PhD, RN, AGSF, FAAN; Univ. of Iowa
Beth Murinson, MD, PhD; Johns Hopkins Univ.
Judy Watt-Watson, RN, MaC, PhD; Univ of Toronto

Phase II: Consensus Building
Interprofessional Summit
2-day summit in August 2012

30 professionals from different major clinical professions
- Dentistry, medicine, nursing, pharmacy, physical therapy, psychology, social work, alternative and complementary medicine, & veterinary medicine
- IP Expertise in pain management, education science, curriculum development, consensus building, and knowledge uptake

Competency Advisory Committee (CAC)
Members
- Debra Bakerjian, PhD, RN, FNP; UC Davis Health System
- Jane C. Ballantyne, MD, FRCA; UW Medicine Center for Pain Relief at University of Washington
- Daniel B. Carr, MD, FABPM; Tufts University School of Medicine
- Molly Courtenay, PhD, MSc, BSc: Cert. Ed; RN; University of Surrey
- Maja Djukic, PhD, RN; New York University
- Steven Given, DAOM, LAc; American College of Traditional Chinese Medicine
- Debra B. Gordon, RN-BC, DNP, ACNS-BC, FAAN; University of Washington
- Steven B. Graff-Radford, DDS; Cedars-Sinai Medical Center
- Robin Kennedy, PhD, MSW; Cal. State University Sacramento
CAC Members

- Ian Koebner, MSc, LAc; UC Davis School of Medicine
- Nancy E. Lane, MD; UC Davis School of Medicine
- Judith A. Paice, PhD, RN, FAAN; Northwestern University
- Ravi Prasad, PhD; Stanford University School of Medicine
- Bruno Pypendop, DrMedVet, DrVetSci, Dipl. ACVA; UC Davis School of Veterinary Medicine
- Joanna Rowe Kaakinen, PhD, RN; Linfield College
- Todd Semla, MS, PharmD, BCPS, FCCP, AGSF; Northwestern University
- Naileshni Singh, MD; UC Davis School of Medicine
- Kathleen Sluka, PT, PhD; Univ. of Iowa
- Barbara St. Marie, PhD, RN, ANP, GNP; University of Minnesota Medical Center

Summit Activities

1. Draft competencies  1st draft by EC
2. Small-group discussions to critique and discuss individual domains and related competencies
3. Consensus on domains and competencies
4. Post-summit refinement of documents and manuscript

Core Values and Principles

- Advocacy
- Collaboration
- Communication
- Compassion
- Comprehensive Care
- Cultural Inclusiveness
- Empathy
- Ethical Treatment
- Evidence-based Practice
- Health Disparities Reduction
- Interprofessional Teamwork
- Patient-Centered Care
Domains

Linked with the IASP Curricula [Updated May 2012]

"During the past 3 years, a dedicated group of IASP members have spent time revising all of the uniprofessional curricula. This effort, led by Dr. Judy Watt-Watson, resulted in revised curricula for Dentistry, Medical Schools, Nursing, Occupational Therapy, Physical Therapy, Pharmacy, and Psychology."

Common Template

Domains
Adopted from IASP Curricula

• DOMAIN 1
  • Multidimensional Nature of Pain: What is pain?

• DOMAIN 2
  • Pain Assessment and Measurement: How is pain recognized?

• DOMAIN 3
  • Management of Pain: How is pain relieved?

• DOMAIN 4
  • Clinical Conditions: How does context influence pain management?

Domain 1
Multidimensional Nature of Pain: What is pain?

1. Explain the complex, multidimensional and individual-specific nature of pain
2. Present theories and science for understanding pain
3. Define terminology for describing pain and associated conditions
4. Describe the impact of pain on society
5. Explain how cultural, institutional, societal and regulatory influences affect assessment and management of pain
Domain 2
Pain Assessment and Measurement: How is pain recognized?

1. Use valid and reliable tools for measuring pain and associated symptoms to assess and reassess related outcomes as appropriate for the clinical context and population.

2. Describe patient, provider, and system factors that can facilitate or interfere with effective pain assessment and management.

3. Assess patient preferences and values to determine pain-related goals and priorities.

4. Demonstrate empathic and compassionate communication during pain assessment.

Domain 3
Management of Pain: How is pain relieved?

1. Demonstrate the inclusion of patient and others, as appropriate, in the education and shared decision-making process for pain care.

2. Identify pain treatment options that can be accessed in a comprehensive pain management plan.

3. Explain how health promotion and self-management strategies are important to the management of pain.

4. Develop a pain treatment plan based on benefits and risks of available treatments. [If 5-7 next slide]

Domain 3 (continued)
Management of Pain: How is pain relieved?

5. Monitor effects of pain management approaches to adjust the plan of care as needed.

6. Differentiate physical dependence, substance use disorder, misuse, tolerance, addiction, and non-adherence.

7. Develop a treatment plan that takes into account the differences between acute pain, acute-on-chronic pain, chronic/persistent pain, and pain at the end of life.
Domain 4
Clinical Conditions: How does context influence pain management?

1. Describe the unique pain assessment and management needs of special populations

2. Explain how to assess and manage pain across settings and transitions of care

3. Describe the role, scope of practice and contribution of the different professions within a pain management care team [4-5 next slide]

4. Implement an individualized pain management plan that integrates the perspectives of patients, their social support systems and health care providers in the context of available resources

5. Describe the role of the clinician as an advocate in assisting patients to meet treatment goals

STRATEGIES FOR ESTABLISHING PAIN MANAGEMENT CORE COMPETENCIES IN NURSING EDUCATION
Dissemination

✓ Promote awareness and change
  • Open access website
  • Publish in Journals
    - Anchoring report
  • Present at professional conferences
  • Endorsement from professional and education organizations
  • Implementation
  • Link to Accreditation
  • Revise and Improve

Endorsements

✓ American Academy of Pain Medicine
✓ American Pain Society
✓ American Society for Pain Management Nursing
✓ Commission on Collegiate Nursing Education
✓ Council on Social Work Education
✓ International Association for the Study of Pain
✓ National Association of Social Workers

Next Steps of Steering Committee

✓ Additional funding has been received to assemble leaders from multiple professions (e.g., nursing, medicine) to map how the pain management competencies overlap with existing competencies within each individual profession.

✓ In 2014, the National Board of Medical Examiners invited project leaders to assemble a team of national experts to review the US Medical Licensing Exam for pain content using the core competencies as a standard.

✓ Additional funding has been received to explore conducting similar efforts in the profession of nursing in 2015-16.
Next Steps to Promote Pain Management Core Competency Use in Nursing Education

- Manuscript in process: “An Interprofessional Consensus of Core Competencies for Prelicensure Education in Pain Management: Curricular Application for Nursing”
- Align with Pain Management Core Curricula
- Engagement with State Boards of Nursing
- Engagement with American Association of Colleges of Nursing
- Communications with Colleges of Nursing
- Development of Resources to promote Curricular Inclusion
- Other ideas?

Other Applications for Core Competencies

- Align with Pain Management Core Curricula
- Continuing education programming
- Interprofessional education training
- Used to guide interactive interprofessional case module development in CoEPE
- OTHER?? Your ideas?

THANK YOU