Faculty Perspectives: Teaching Pain Management and the Opioid Crisis

Eileen Campbell, EdD, APRN, ACNS-BC, CNS-CP
Western Connecticut State University
Department of Nursing
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Conflict of Interest Disclosure Information

Eileen Campbell
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Educational Objectives

At the conclusion of this activity participants should be able to:
1. Identify the level of education about pain management that is provided in undergraduate nursing programs.
2. Explain the barriers faculty perceive regarding teaching pain management.
3. Describe the teaching practices of faculty teaching pain management in the current social context.
4. Review the paradigm shift regarding the use of opioids to manage pain.
5. Outline strategies to improve the way pain management is taught to undergraduate nursing students.
Qualitative Research Design

- Qualitative Research Design using in depth participant interviews (Patton, 2015)
- Methodology- Qualitative Content Analysis of Participant Interviews (Sandelowski, 2000, 2010)
- Sample Size= 17 (Creswell, 2015)
- Data Analysis Manual Coding (Saldana, 2014)
- NVIVO Software to confirm and triangulate findings.

Significance to Nursing

Nursing duty to care and comfort including the relief of pain

Opioid crisis has led to changes in practice and policy

Limited information about the faculty perspective about teaching pain management

Identifying Faculty Perspectives

There is limited research about the faculty perspective about teaching pain management content, especially in the context of the current social climate of increasing concern about the use and misuse of opioids.
Themes: Three Main Themes and Subthemes

Theme 1. Basic education about pain content
   Subtheme 1A. Controversy about pain assessment
   Subtheme 1B. Complementary and Alternative Therapies (CAM)
   Subtheme 1C. Perceived lack of teaching resources

Theme 2. Pain relief rather than the opioid crisis

Theme 3. The paradigm shift regarding opioids

Opioid Epidemic

For the past 20 years opioids have been an accepted treatment for both acute and chronic pain. However, an increase in opioid use, misuse, and overdose has led many in healthcare to question how opioids are used (Bourke, 2011).

Experiences

Elizabeth discussing her experiences with pain management education:

...they actually had Margo McCaffery come and speak at two different times to two different groups of nurses...and as I sat there listening to her, I realized that I had left a lot of patients in pain...not intentionally...

...I was doing the at least the best job I could but after hearing her, I thought that nursing education needs to do a better job with pain management education.
Experiences
Sarah- describing her experiences
I have seen a patient get over sedated and needing Naloxone and nobody noticed until they need the Naloxone. This was an expert nurse, and I asked were you happy with that outcome and she said well the patient didn’t die. I think we live in a world where we say well if that happens I can go to Naloxone. We can prevent that by being intentional and strategic in what we are doing.

Experiences
Fran describing her experiences
...I said I need to go into deep repentance because when I first went into nursing they would order placebo, you know like Saline IM.

Perceptions
Anne discussing her perceptions:
It is not the people who need the medication that are having the problems.
The ones who are using it on the streets are causing all of the issues. They are the ones who are becoming addicted.
Perceptions

Beth discussing her perspective about the opioid crisis:
I don’t think it has affected me...we are giving the pain medication because something horrible has happened. I tell the students, the patients need the pain medication...so, if you give it as prescribed, they will not get addicted. You are going to try and alleviate their pain. I tell the students that you are not going to be able to totally relieve pain. At discharge, I don’t focus on the opioid crisis and the patients go home on pain medication but unfortunately, we don’t follow them.

Perceptions

Cathy discussing her thoughts about pain management:
I don’t completely disagree with giving less medication. I think that if a patient says their pain is 8 out of 10 but they are laughing talking...we need to look at their function but their dose for severe pain and we know it’s going to zonk them. It depends on the reason, like if the patient had a spinal fusion and they needed to be up and around for some reason rather than a patient with fibromyalgia, not to minimize that syndrome, fibromyalgia...but you are going to know based on the pathophysiology of that disorder that you are not going to use an opioid because it not likely to help with that type of pain. You have to use your judgement. Where I see a lot of people under medicating is with my patients with Sickle cell disease and we do have an issue with sickle cell patients developing a secondary pain syndrome from being in pain and being treated with opioids.

Perceptions

Beth discussing her perceptions
My fear is that there is a crisis but that is going to influence how patients with chronic and acute conditions are going to be treated. You see it but when you go to the Joint Commission website and I think that sometimes the physicians are trying to say, that you know that everybody needs to be assessed but they didn’t say that you have to give everyone opioids. From what I read the Joint Commission says yes pain is undertreated and my fear is that the opioid crisis will only contribute more to that. Now, to the Centers for Medicare and Medicaid they are getting a little more prescriptive, it seems like the nursing ability to assess is being taken out of things like the ability to titrate to effect and things like that.
Perceptions

Fran
I don’t know what it is that makes someone crave more pain medication after their pain is over but to me that is a different issue. It’s not a pain issue, but most people in my experience want to come off the pain medications because you don’t feel good on that stuff. The side effects...which subside after 24 hours but constipation does not subside. You know so, I don’t know, I feel that the more you delve into it the more unknowns there are. There are issues that come up that could perpetuate a potential problem.

Perceptions

Helen
The change, the thing with the opioid epidemic and opioid abuse nowadays, I myself worry, worry, that our clients are not getting adequate or the pain control that they need due to the opioid abuse.

Teaching Practices

Karen
It’s important to me and because of my own clinical experience knowing that ... that drugs can be very helpful and pain management but also knowing that there’re certain types of pain that no matter what we do we can’t the pain under control. So, it’s very important for me that the students understand that we might start with opioids or we might give opioids and students need to understand what works well for different types of pain.
Teaching Practices

Diane

I would say that early in the program, pain assessment is introduced but the specific medications are not focused on until midway through the program. So early on they are taught how to assess the pain in one of their first physical assessment classes and then about midway into their surgical course the different medications are introduced and then as a junior in the BSN program, gerontology is taught their junior year that is when we talk about it as well.

Teaching Practices

Irene

Their text book talks about McCaffery. No, I don’t use any other resources or guidelines. The text book covers it well on a very basic level. It talks about assessing pain in children, cultural competent pain assessment and non-verbal signs of pain which I think is very good. I am really impressed with the fundamentals book at how it covers pain at this level.

Teaching Practices

Beth:

A classic story that I still use to teach my students and that still makes me cry was when I was in nursing school I was taking care of a patient who had third-degree burn I was a very new nurse. In fact I was with the preceptor so I must’v been very very new and the patient had burns over 90% of his body and I was with my preceptor and I was talking to my preceptor in the room about how we were going to talk to the patient’s wife and what we should be doing for him and because he had so much of his body surface area burned. I don’t think that we recognized that he was still awake. I certainly didn’t as a new nurse. As we were speaking about him in the room he started to shake his side rails. It still haunts me to this day I could cry thinking about it. He was awake even though there were pain meds on board but I really forgot about him as far as comfort... Because he was not going to survive, I really forgot about being comforting to him.
Teaching Practices

Edward
There were appalling stories, about how children were left to suffer in pain especially nonverbal or preverbal children were not treated for pain. When I started my nursing career, when I received my license-in a pediatric cardiac intensive care unit and this you know this was a prominent facility well known but even then, at that time the cardiac surgeons did not actually provide any kind of narcotics for these patients these are neonates brand-new neonates, kids who would had open heart surgery opened chest wounds, sternotomies and they would have Acetaminophen ordered for temperature not for pain.

Teaching Practices

Cathy describing a clinical experience with students:
For instance, in one of my clinicals it was in an urban area and when patients with sickle cell came in the staff would make them wait and would really be kind of judgmental and they would actually go as far as to say that they’re actually drug seeking. And I would say yeah, they are seeking something they are seeking some sort of intervention it happens to be pharmacological because they’re in pain because they’re in this major vaso-occlusive crisis. Could some of those people actually be addicted or drugs seeking sure but how do you know how do you know what’s going on a lot of studies looking at adults with sickle cell find that they are not treated adequately for pain and they and are checking out early or leaving against medical advice and a number of them I forget the percent and a number of them have tested positive for street substances in their system and the reason it turns out because they were not treated well in the hospital and they’re doing whatever they can to seek relief.

Significance to Nursing

Nurses are educated to provide pain management care during their pre-licensure programs and nursing faculty is charged with the responsibility of preparing students to practice competently in the area of pain management. Pain management is a complex process and requires both critical thinking and clinical reasoning (ASPMN, 2017; St. Marie, 2010).
Assumptions and Limitations

An underlying assumption of this study was that pain content is threaded through nursing curricula at the undergraduate level. An additional underlying assumption was that the current social context of an opioid crisis in this country requires the provision of education about pain management and opioid therapy to students in undergraduate pre-licensure programs. The study was limited to faculty participants who teach pain management content in pre-licensure Baccalaureate nursing programs. The study sample was limited to faculty participants who were identified as non-administrative faculty.

Review of the Literature: Themes

Analysis of the literature revealed the following themes: 
Further education and overall improvements to existing education are needed to improve knowledge of pain management through curricular reforms. 
Misconceptions exist about pharmacological interventions to manage pain. 
There is a great need for teaching strategies that bridge theory and practice.

Known and Unknown

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Review of the Literature: The Process

Literature Search
Electronic data bases, database searches, hand searches

• Key words and terms in various combinations: Pain, Pain Management, Faculty, Education, Review Results and identify studies that included faculty and pain management
• Read all studies that included search terms
• Exclude studies that did not include nursing faculty or were not current.

All selected articles read and themes identified

Reading and rereading articles revealed common themes across the literature

Review of the Literature

The need for curricular improvement for pain management content was identified in multiple studies (Duke et al., 2013; Voshall et al., 2013, Mackintosh-Franklin, 2014, 2016; Carr et al., 2016; Evans & Mixon, 2015).

An editorial by Willens (2014) summarized the current concerns about the state of pain content in nursing curricula by calling for nurse educators and researchers to use the results of prior studies to improve curricula about pain management.

This call to improve and reform the way pain management content is taught echoes other voices in the nursing literature, including, an early study by Zalon (1995) that reported the need to include pain content in nursing curricula that is an evidence-based approach that includes appropriate teaching-learning theories and frameworks.
Data Analysis: Qualitative Content Analysis

Qualitative content analysis as described by Schreier, (2012) and Krippendorf (2013) was used to identify common themes that emerged. Data analysis occurred as closely to the time of data collection as possible. Qualitative content analysis is a way to describe and recognize patterns and themes during data analysis. It is a form of inductive analysis (Doherty, 2015; Krippendorf, 2013; Schreier 2012).

NVIVO Software Program for Qualitative Data Analysis

To confirm and support the accuracy of the coding and analysis process a variety of techniques in addition to manual In Vivo coding and analysis were used including the use of computer software dedicated to qualitative data analysis called NVIVO (QSR Corp, Version 14.4)
Units of Analysis

Mind Map: Themes and Sub-themes

Themes and Sub-themes
Findings
Theme 1: Basic Education About Pain Content

Nursing curriculum supports only a basic education about pain content. Participants reported that it was difficult to provide in-depth pain content in an already dense curriculum. As one faculty member phrased it, the basics are covered by giving the students “the nuts and bolts” of pain management with a focus on assessment. This idea of teaching students just the basics was echoed by other faculty participants.

The data revealed that rather than evolve from Novice level, students at the end of their program are still at the Novice level and will need considerable time in the nursing role before they become competent in pain management.

Findings: Sub-themes

Three sub-themes emerged from Theme 1:
• Subtheme 1A. Controversy about pain assessment
• Subtheme 1B. Complementary and Alternative Therapies (CAM)
• Subtheme 1C. Perceived lack of teaching resources

Findings
Theme 1: Basic Education About Pain Content

Participants reported focusing on teaching pain assessment skills as their primary educational goal. These participants would be considered proficient or expert clinicians according to Benner’s (1984) theory because of their clinical experience and length of clinical experience. Yet, many faculty described working with other faculty members who had little or no experience as clinicians. Participants described learning pain management through experiential learning rather than formal training in the topic. This finding points to a gap in the professional development of academic educators regarding continuing education in pain management.
Findings
Sub-theme 1A: Controversy about Pain Assessment
A sub-theme that emerged from Theme 1 was that the controversy surrounding pain assessment especially the designation of pain as a “fifth vital sign” (Thomas, 2007) contributes to the lack of consistency in teaching pain content. The lack of consensus among many in healthcare about the very definition of pain and how pain is assessed was of concern to participants. The recent Joint Commission (2016) statement about pain not being the fifth vital sign was viewed as particularly confusing and added another layer of complexity to pain management teaching.

Findings
Sub-theme 1B: Complementary and Alternative Therapy (CAM)
Participants described barriers to introducing adjuvant and complementary therapies in the clinical setting. Despite the ongoing opioid epidemic, the study found that teaching practice had not changed. As one participant stated, she had not changed her teaching because she did not know how to change it. This participant summed up the state of pain management education as being something that everyone is talking about; yet, little is being done to change nursing curriculum to include teaching and learning about pain management in the current social climate of growing concern about the use of opioids.

Findings
Sub-theme 1C: Perceived Lack of Teaching Resources
An additional perception that emerged in the study was that participants felt that there were not enough resources to teach pain management content. This was a surprising finding in light of high level of media coverage on the opioid crisis, the CDC recommendations and the availability of content specific guidelines issued by nursing organizations such as ASPMN and the ANA (American Nurses Association & American Society for Pain Management Nursing, 2016).
Findings
Theme 2: Pain Relief Rather than the Opioid Crisis

All participants referenced the opioid crisis and described being familiar with the current media coverage of the opioid crisis. However, the theme that emerged from data analysis was that pain relief is the chief concern of academic nurse educators and the opioid crisis is a secondary concern for educators. Participants described growing concern that the real impact of the opioid crisis would be a further deterioration in effective pain management for patients, especially patients with chronic or persistent pain.

Findings
Theme 3: Paradigm Shift about Opioids

Participants reported awareness and knowledge about the opioid crisis but the findings of this current study suggest that participants view the opioid crisis as distinct from the problems of adequate pain relief and management and this view may inform their teaching.

The current study indicated that faculty view the opioid crisis as a problem of illicit drug use rather than as a problem for patients with legitimate pain. In fact, participants voiced concern that the current emphasis on an opioid crisis could negatively impact the care of patients with legitimate pain.

Findings
Theme 3: Paradigm Shift about Opioids

The third theme also reflected that how and what faculty taught about pain and opioids was dependent on the faculty member’s own personal or professional experience rather than on current evidence about the risks associated with opioids.

Participants often reported using their own personal or professional experience not only as a source of their own beliefs about pain management but also as a clinical vignette or clinical exemplar for teaching students.
Unexpected Findings of the Study
The view that the opioid crisis was distinct from pain management transected all the themes. While participants were aware and reported knowledge about the opioid crisis the findings of this study suggest that participants view the opioid crisis as distinct from the problems of adequate pain relief and management and this view may inform their teaching. The study also indicated that faculty view the opioid crisis as a problem of illicit drug use rather than as a problem for patients with legitimate pain.

Unexpected Findings of the Study
All participants discussed the opioid crisis but the data revealed that faculty often considered the opioid crisis as being distinct from pain content education. The theme that emerged from data analysis was that the paradigm shift regarding opioids has not been integrated into nursing curricula. The theme of under treatment of pain permeated the participants' responses.

Implications for Practice
The relationship between the opioid crisis and teaching pain content is not consistently or uniformly integrated into curriculum.
The current study points to a shared construct about pain management among participants that is heavily influenced by prior experience content rather than current evidence.
Suggestions for Further Study

The findings of this study point to a need to improve pain management content to reflect current evidence-based guidelines in the undergraduate curriculum specifically in the context of the current opioid epidemic. Further study that includes research designs that are interventional and include learning activities that promote deeper learning about the complexities of pain management are needed to improve curricular content about opioids and pain management at the undergraduate level. An intervention study may be the next step to informing the science of nursing education about teaching pain content to undergraduate baccalaureate nursing students.

Suggestions for Further Study

Zalon’s (1995) call for a pedagogically sound approach to pain management education is as relevant today as it was over 20 years ago. There are innovative and student-centered teaching-learning strategies that could be incorporated into current nursing curriculum that would promote deeper learning about pain management. Simulation, role-playing, and the use of case studies are modalities that could be incorporated into a sound pedagogical approach to teaching and learning.

Suggestions for Further Study

An approach that balances the role of nursing in providing patients’ pain relief and preventing harm through education about the risks of opioids may address some of the ethical concerns of educators. A pedagogically sound approach would also need to include innovative teaching-learning strategies that are student-centered (Aljezawi & Albashtawy, 2015; Hall, 2015), recognize students as adult learners (Knowles, 1984) and incorporate the principles of student growth from novice to expert (Benner, 2012).
Suggestions for Further Study

An intervention study may be the next step in improving pain content teaching and learning in nursing curriculum. There are a number of resources that could be used to guide an education intervention.

1. Core Curriculum for Pain Management Nursing (ASPMN)
2. CDC (Centers for Disease Control) Guidelines on Opioid Use
3. QSEN (Quality Safety Education for Nurses) Competencies
4. BSN (Bachelor of Science Nursing) Essentials
5. NCSBN (National Council State Boards of Nursing)

Summary Word Cloud

References


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References


