



31st National Conference

September 29-October 2, 2021 Hyatt Regency Hill Country Resort & Spa • San Antonio, TX



Program

Target Audience

The target audience for the 31st National Conference includes registered nurses and advanced practice nurses practicing in pain management, as well as nursing faculty and nursing students with an interest in pain management.

Conference Goals

- Discuss clinical options for the treatment of patients who require pain management nursing care.
- Analyze clinical, research, sociocultural, and legal developments in the field of pain management.
- Advocate for the provision of comprehensive, evidence-based, quality care of individuals and their families experiencing problems related to persistent pain conditions.
- Network with nurses and other health care professionals who focus on pain management in their practice.

Program Objectives

Learning objectives for each session will be posted on the ASPMN® Conference webpage at a later date.

ASPMN® Conference Planning Committee

Program Chair

Kathy Baule, DNP, RN, APN-ACNS-BC, CCRN, CNRN, RNFA

Committee Members

Debra Bruene, RN, MA, Co-Chair

Laurie Holmes, RN-BC, BSN

Tamara Wilkins, DNP, APN, FNP-BC

Pamela Bolyanatz, RN, MSN, FNP, APRN-BC

Michelle Lavelle-Henry, APRN

Megan Filoramo, RN, MSN, APN-C

Jenine Graham, MSN, AGNP, BC

Michelle Czarnecki, MSN, RN-BC, CPNP

Sharon Wrona, DNP, PNP, PMHS, AP-PMN, FAAN

Ann Schreier, PhD

Accreditation

The Greater Kansas City Chapter of the American Society for Pain Management Nursing is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering has been submitted for contact hours applicable for RN, LPN, LMHT relicensure and pharmacology hours for APN relicensure. Kansas State Board of Nursing provider number LT0279-0412.

Networking

The opportunity to develop and continue relationships with your colleagues through networking is one of the key benefits of attending the ASPMN® National Conference. Networking offers many tangible benefits to conference participants, including, but not limited to, validating your experience in providing nursing care and developing a better understanding of your practice and your role in care delivery by learning from others who are dealing with similar circumstances, solving the same problems, and confronting the same issues. Take advantage of this national gathering of pain management nurses to learn more about national issues and trends.

General session content will be recorded and will be available in the Whova conference app within 1-2 weeks after the conference. You may watch the sessions on-demand if you are unable to attend the in-person portion. On-demand sessions will be recorded, and speakers will monitor and answer questions in the "chat" on the virtual platform.

Wednesday, September 29, 2021

Pre-Conference Workshops will not be recorded. You must attend the conference in person to register for and attend them.

Time (CENTRAL)	Presentation/Event	Presenter(s)
7:00 a.m. - 9:00 a.m.	Pre-Conference Workshop Registration	
7:30 a.m. - 8:00 a.m.	Pre-Conference Workshop Continental Breakfast <i>(available for full-day and morning half-day workshop participants)</i>	
8:00 a.m. - 5:00 p.m. <i>9.3 Contact Hours*</i>	Workshop 1 (additional fee applies) ASPMN® Pain Management Certification Course™ This course will cover basic physiology of pain, assessment of pain, pharmacologic, non-pharmacologic and interventional management of pain across the lifespan. The information in this course follows the exam content outline created by the Content Expert Panel for ANCC and was compiled by members of the ASPMN®. For more information on the exam, visit: https://www.nursingworld.org/our-certifications/pain-management/ .	ASPMN® Master Faculty
8:00 a.m. - 5:00 p.m. <i>9.3 Contact Hours*</i>	Workshop 2 (additional fee applies) Advanced Pharmacology Pain management nursing has advanced its practice by leaps and bounds. We no longer assume that pain management is simple, algorithmic, nor anecdotal. We now advance into evidence-based practice that is based on neurophysiological research. In order to continue to move pain management nursing forward, we must think in terms of advanced pharmacology that incorporates pain pathways and multi-modal approaches. Mastering the use of multi-modal therapies allows for opioid sparing. This workshop is focused for the seasoned nurse in pain management who is thinking about the depth of a person's individualized pain and how best to treat the etiology of pain while focusing on safety.	ASPMN® Master Faculty
8:00 a.m. - 5:00 p.m. <i>9.3 Contact Hours*</i>	Workshop 3 (additional fee applies) Fundamentals of Pain Workshop	ASPMN® Master Faculty
8:00 a.m. - 12:00 p.m. <i>4.5 Contact Hours*</i>	Workshop 4 (additional fee applies) Expanding Your Knowledge of Pain Management This presentation serves the goal of furthering advanced practice nurses' knowledge of pain management using current evidence-based guidelines for the appropriate use of opioids, non-opioid medications, and non-pharmacologic interventions in the current environment of opioid misuse and legislative oversight. Participants will enhance their knowledge of the management of pain through a quality pain assessment, ethical practice strategies, implications, and considerations in opioid therapy, including the opioid misuse epidemic and influences on patient care and steps for safe monitoring strategies with use of Universal Precautions in pain management.	Leslie Simons, DNP, ANP-BC, Assistant Professor, Health Programs, Michigan State University College of Nursing, East Lansing, MI

Wednesday, September 29, 2021 *continued*

Time (CENTRAL)	Presentation/Event	Presenter(s)
8:00 a.m. - 12:00 p.m. <i>4.5 Contact Hours*</i>	Workshop 5 (additional fee applies) Welcome to Self-Care 99: An Experiential Workshop Designed for YOU! Following an initial discussion of self-care and transforming stress, attendees will actively participate in this four-hour EXPERIENTIAL workshop. They will explore and identify the challenges, threats and barriers to caring for self. They will then explore and identify REASONABLE and FEASIBLE self-care activities and strategies. They will be able to develop a personalized plan through which they can commit to caring for self.	Ann Quinlan-Colwell, PhD, RN-PMGT, AHNBC, Integrative Pain Management Educator and Consultant, AQC Integrative Pain Management Education & Consultation, Wilmington, NC
12:00 p.m. - 1:00 p.m.	Lunch <i>(available for full-day and afternoon half-day workshop participants)</i>	
12:00 p.m. - 1:30 p.m.	Afternoon Pre-Conference Workshop Registration	
1:00 p.m. - 5:00 p.m. <i>4.5 Contact Hours*</i>	Workshop 6 (additional fee applies) Complex Case Studies: How Do We Provide Evidence-Based Quality Pain Management? Using a case study format the presenters will discuss up to four complex acute care adult pain patients that ultimately received evidenced-based quality pain control using minimal opioids. Attendees will be organized into separate groups and provided time to collaborate on developing interventions for each case and to discuss challenges, barriers, and model programs from their own institutions and practice settings, and then present their pain management plan to the attendees. The facilitators will then discuss the actual outcomes of each case, providing evidence, and rationale for the interventions implemented.	Jason Sawyer, RN-EC, NP-C, BSc.N, MN, (BC), AP-PMN, Nurse Practitioner, Acute Pain Service, Sunnybrook Health Sciences Center, Toronto, ON Canada; Robert Montgomery, DNP, RN-BC, ACNS-BC, Associate Professor/Clinical Coordinator, University of Colorado, Aurora, CO
1:00 p.m. - 5:00 p.m. <i>4.5 Contact Hours*</i>	Workshop 7 (additional fee applies) An Introduction to Healing Touch: Expanding Options for the Pain Management Nurse Healing Touch is a relaxing, nurturing, heart centered biofield therapy. Gentle, intentional touch assists in balancing physical, emotional, mental, and spiritual well-being. It is rooted in nursing process and practice and can assist in reducing both physical and emotional pain by using simple energetic techniques that provide a sense of comfort and relaxation. Studies published in peer reviewed journals that support evidence-based practice of Healing Touch will be discussed. Healing Touch skills will be demonstrated/exchanged so that the nurse can be comfortable offering them immediately in their practice.	Mary O'Neill, RN, CHTP/I, Healing Touch Practitioner/Instructor, Healing Beyond Borders, Fenton, MO; Pat Dulle, BSN, RN-BC, OCN, CHTP, Nurse Coordinator, Barnes Jewish Hospital, Normandy, MO
4:00 p.m. - 7:00 p.m.	Conference Registration	
5:30 p.m. - 6:00 p.m.	New Member/First Time Attendee Orientation	
6:00 p.m. - 7:00 p.m.	Getting to Know You: Cocktails and Conversation in the Exhibit Hall	

Thursday, September 30, 2021

All education content will be recorded. You may watch the sessions on-demand if you are unable to participate in the live sessions.

Time (CENTRAL)	Presentation/Event	Presenter(s)
7:30 a.m. - 4:00 p.m.	Conference Registration	
7:30 a.m. – 8:00 p.m.	Breakfast	
8:00 a.m. – 8:30 a.m.	Welcome & Opening Remarks	
8:30 a.m. – 9:30 a.m. <i>1.2 Contact Hours*</i>	KEYNOTE ADDRESS - Pain Management - Appreciating the Past and Peering into the Future This presentation will cover the following aspects of pain management: <ul style="list-style-type: none">• Brief history of Pain Management• Examples of Major Changes in Pain Management<ul style="list-style-type: none">○ Introduction of imaging for procedures○ The Role of Opioids in Pain Management• Lessons Learned during My Career in Pain Management<ul style="list-style-type: none">○ The Issue of Treatment Expectations• Barriers to be Overcome in Pain Management<ul style="list-style-type: none">○ Objective Measures of Pain○ Acceptance of Behavioral Therapy in Pain Management• Key Tools for the Future of Pain Management	Ben Johnson, MD, MBA, President, Rinova the Wellness Group, P.C., Knoxville, TN
9:30 a.m. - 10:00 a.m.	Break/Visit Exhibitors	
10:00 a.m. - 11:30 a.m. <i>1.2 Contact Hours*</i>	The Intersection of Addiction and Pain	Barbara St. Marie, PhD, AGPCNP, FAANP, FAAN, Assistant Professor, College of Nursing, University of Iowa; Kathleen Broglio, DNP, ANP-BC, ACHPN, CPE, FPCN, Palliative Care Nurse Practitioner, Associate Professor of Medicine, Dartmouth-Hitchcock, Lebanon, NH; Jason Sawyer, RN-EC, NP-C, BSc.N, MN, (BC), AP-PMN, Nurse Practitioner, Acute Pain Service, Sunnybrook Health Sciences Center, Toronto, ON Canada

Thursday, September 30, 2021 *continued*

Time (CENTRAL)	Presentation/Event	Presenter(s)
11:35 a.m. - 12:35 p.m. <i>1.2 Contact Hours*</i>	Ethics and Stigma Related to Addiction and Pain	Esther Bernhofer, PhD, RN-BC, Associate Professor, Frances Payne Bolton School of Nursing, Case Western Reserve University, Cleveland, OH; Ann Quinlan-Colwell, PhD, PMGT-BC, Independent Pain Educator & Consultant, AQC Integrative Pain Management Education and Consultation, Wilmington, NC
12:35 p.m. - 2:00 p.m.	Lunch on Your Own	
2:00 p.m. - 3:00 p.m. <i>1.2 Contact Hours*</i>	Jean Guveyan Lecture	Rosemary Polomano, PhD, RN, FAAN, Associate Dean for Practice, Professor of Pain Practice, School of Nursing; Professor of Anesthesiology and Critical Care, Perelman School of Medicine, University of Pennsylvania, Philadelphia, PA
3:00 p.m. - 3:30 p.m.	<i>Nurses as the Patients and Burnout as the Condition: Self Care to Improve Patient Care</i> Thirty one percent of nurses reported leaving their jobs due to burnout and greater than 60% of nurses have reported some symptoms of burnout. While these pre-pandemic numbers are staggering, nurse stressors have only increased. In addition, caring for pain patients may be an additional risk factor for burnout. While burnout can result in a lower level of patient care and can impact the mental health and wellness of the individual nurse, it is not untreatable or unavoidable. By building resilience through the strategies discussed, we, as nurses, can give ourselves some of the amazing care we give our patients.	Megan Filoramo, APN-C, AP-PMN, APHN, Nurse Practitioner, New Jersey Pain Consultants/Altair Health, Hillsborough, NJ
4:30 p.m. - 5:30 p.m.	Committee Sign-ups	

Friday, October 1, 2021

Time (CENTRAL)	Presentation/Event	Presenter(s)
7:30 a.m. - 8:00 a.m.	Breakfast	
8:00 a.m. - 9:00 a.m. <i>1.2 Contact Hours*</i>	<i>Pain Management Practices Around Opioids: Finding the Safe Patients in Practice, Myth or Legend?</i> The presenters will examine the evidence regarding identifying "safe" opioid responses within the area of acute care nursing. The presenters will highlight patients at risk for adverse effects beyond the published stratification and questions the notion that a "safe response" to an opioid analgesic is possible. Embracing the reality that all responses to opioids are not created equal and diversity in patient primary responses to opioids needs to be acknowledged, this presentation serves to integrate bodies of research such as the guidelines, adverse event data, opioid risk stratification, and experiences of expert clinicians in practice.	Danielle Dunwoody, BSc, BScN, MS, PhD, RN, Assistant Professor, York University, Burlington, ON, Canada; Carla Jungquist, PhD, ANP-BC, FAAN, Associate Professor, University at Buffalo, Buffalo, NY
9:05 a.m. - 10:05 a.m. <i>1.2 Contact Hours*</i>	<i>Developing a Post COVID Care Clinic at an Academic Medical Center</i> This presentation describes the development of the Post COVID Care Clinic (PCOCC), rapidly developed at a large medical center to provide treatment for patients experiencing post-COVID syndrome. Given the impact of PCS, an expert interdisciplinary health care team within General Internal Medicine convened to meet the needs of this population. Patients who were >6 weeks out from COVID-19 diagnosis were referred to the PCOCC for treatment of their post-COVID pain, fatigue, and orthostatic intolerance, among other symptoms. PCOCC includes telehealth rehabilitation program for those impacted by PCS. We will share lessons learned as well as future plans and global implications.	Connie Luedtke, MA, RN-BC, Nurse Manager, Mayo Clinic, Rochester, MN; Danielle Carlson, APRN, CNS-BC, MS, Clinical Nurse Specialist, Mayo Clinic, Elgin, MN
10:05 a.m. - 10:35 a.m.	Break/Visit Exhibitors	
10:35 a.m. - 11:35 p.m. <i>1.2 Contact Hours*</i>	<i>Lassoing Your Top Pain Management Topics - Case Studies</i>	
11:45 a.m. - 1:15 p.m.	Awards/Society Meeting Luncheon	
1:30 p.m. - 2:30 p.m. <i>1.2 Contact Hours*</i>	<i>Music for Management of Pain and Promotion of Sleep and Relaxation</i> The purpose of this fun and interactive presentation is to provide nurses with information that will allow them to feel confident providing and teaching patients how to self-administer music for the management of pain, sleep and to promote relaxation. All information is based upon a current review of the research evidence available on this easy to use and inexpensive intervention that has the potential to pay big dividends for patients.	Sandra Siedlecki, PhD, RN, APRN-CNS, FAAN, Cleveland Clinic, Cleveland, OH
2:30 p.m. - 3:00 p.m.	Break/Visit Exhibitors	

Friday, October 1, 2021 *continued*

Time (CENTRAL)	Presentation/Event	Presenter(s)
3:00 p.m. - 4:00 p.m. <i>1.2 Contact Hours*</i>	<i>Celebrating Progress and Advocating for the Future: Federal and State Policy</i> The presenters will examine recent policy activity that could affect people with pain and the professionals who treat them, assess how COVID-19 has affected pain care policy, and specify changes in federal policy that could occur over the next 12 months.	Wade Delk, Government Affairs Director, ASPMN®, Washington, D.C.; Michael Barnes, JD, Managing Partner, DCBA Law & Policy LLP, Washington, D.C.
4:05 p.m. - 5:05 p.m. <i>1.2 Contact Hours*</i>	<i>Flipping Pain Education for Clinical Translation</i> Flipping the classroom uses face-to-face time for inquiry, assessment, and application. Instead of lecturing, facilitators guide participants through activities to help them demonstrate content mastery and application. Ideas are shared, key messages are reinforced, and understanding is assessed, discussed, demonstrated, and tested. Using the free, open access, downloadable Pediatric Pain PRN Curriculum, we will facilitate 7-9 flipped learning strategies (Ready-Set-Go; Words Matter; Game of Phones; Procedural Plans; Self-assessment; Pair & Share; See 1-Do 1-Teach 1; Practical Peer Advice; and Videos) to teach Analgesic, Opioid REMS, Procedural Pain, Pain with Sickle Cell Disease, and Biobehavioral content.	Renee Manworren, PhD, APRN, PMGT-BC, AP-PMN, FAAN, Lurie Children's Hospital, Northwestern University; Kimberly Wittmayer, MS, APN, PCNS-BC, AP-PMN, Advocate Children's Hospital - Oak Lawn; Cynthia LaFond, PhD, RN, CCRN-K, Rush University College of Medicine; Mary Lyons, MSN, APRN, Edward Hospital
8:00 p.m. - 11:00 p.m.	ASPMN® Party!	
7:30 p.m. - 8:30 p.m.	Virtual Dance Party	

Saturday, October 2, 2021

Time	Presentation/Event	Presenter(s)
8:30 a.m. - 9:30 a.m. <i>1.2 Contact Hours*</i>	Breakfast and Roundtable Discussions	
9:30 a.m. - 9:45 a.m.	Movement Break	
9:45 a.m. - 10:45 a.m. <i>1.2 Contact Hours*</i>	<i>Pharmacology and Pain Management</i>	Speaker TBD
10:50 a.m. - 11:50 a.m. <i>1.2 Contact Hours*</i>	Closing Session TBD	Speaker TBD
11:50 a.m. - 12:00 p.m.	Closing Remarks / Adjourn	

ON-DEMAND CONTENT (INCLUDED WITH REGISTRATION FEE)

Acute Pain, CAM, Adult,
Advanced Beginner
*1.0 Contact Hours**

Pain Management in Burn Patients

This session will begin by describing the pathophysiology behind pain and burn injuries, differentiating pain types, and highlighting the effects of mismanaged pain. After establishing a foundation, the most recent literature regarding pain management in burn populations will be discussed while summarizing general pharmacology principles pertaining to various pain medications. By the end of this session, attendees will be equipped with knowledge to recognize safe and effective treatment regimens for managing burn pain and understand the need for further research.

Lacey Brinegar, PharmD, MPH, Pharmacist,
Bradenton, FL

Acute Pain, All Patients,
Proficient
*1.0 Contact Hours**

Implementing a Risk-Based Approach to Capnography Monitoring for Patients Admitted to Medical Surgical Units

This EBP translation project sought to identify solutions to known barriers related to continuous capnography monitoring for patients at risk for opioid induced hypoventilation on medical surgical units. The project involved 3 steps including: creation of a best practice advisory harnessing patient level risk factors from the electronic medical record to trigger orders, pilot of capnography monitoring on two units and system-wide deployment of the process.

Mary Beth Chambers, DNP, RN, ACNS, PMGT-BC,
Pain Management CNS, UCLA Health, Santa
Clarita, CA

Acute Pain, All Patients,
Competent
*1.0 Contact Hours**

ASPMN® Position Paper Update: RNs Caring for Patients Receiving Analgesia by Catheter - Ascertaining Standard of Practice

The Task Force reviewing and updating the ASPMN® "Registered Nurse Management and Monitoring of Analgesia by Catheter Techniques: Position Paper" (2007) will present survey results designed to ascertain if there is a standard of care of patients receiving medications via catheter. Literature and statements from state Boards of Nursing will be reviewed and recommended updates to the ASPMN position paper will be discussed.

Teresa Reyburn-Orne, MSN, PMGT-BC, PPCNP-BC/CPNP-AC, AP-PMN, Advanced Practice Nurse-Instructor, University of Colorado, School of Medicine, Department of Anesthesia, Aurora, CO; Margaret Fischer, MSN, PMGT-BC, ANP-BC, Nurse Practitioner, Stony Brook University Hospital, Stony Brook, NY; Ann Quinlan-Colwell, PhD, RN, PMGT-BC, Consultant and Educator, AQC Pain Management Consultation and Education, Wilmington, NC; Janette E. Elliott, RN-BC, MSN, AOCN, Clinical Nurse Specialist, Sunnyvale, CA; Kathy Meloche, BSN, RN, PMGT-BC, Pain Management Coordinator, Detroit Medical Center Harper University Hospital, Detroit, MI

Acute Pain, Adult, Advanced
Beginner
*1.0 Contact Hours**

Procedural Sedation: Moderate and Deep Sedation Medications

This presentation is Part 1 of a 2 part presentation regarding procedural sedation. This session will review the medications required for procedural sedation: moderate and deep sedation. Mechanism of action, dosing, adjuvant medications and reversal agents will be reviewed.

Laura Habighorst, BSN, RN, CAPA, CGRN, Surgical Services Clinical Nurse Educator, North Kansas City Hospital, Kansas City, MO

Acute Pain, Adult, Advanced
Beginner
*1.0 Contact Hours**

Procedural Sedation: Standards, Assessment, and Quality Improvement

This is Part 2 of a two part session regarding procedural sedation. This session will review various standards of care, the assessment and implementation of a quality improvement plan for moderate and deep sedation.

Laura Habighorst, BSN, RN, CAPA, CGRN, Surgical Services Clinical Nurse Educator, North Kansas City Hospital, Kansas City, MO

ON-DEMAND CONTENT *continued*

Acute Pain, Pediatric,
Competent
*1.0 Contact Hours**

When Too Much Is Too Much: Reducing Opioid Use through Multimodal Pain Management for Children with Sickle Cell Disease

Presenter will discuss alternative modality options for patients with sickle cell disease, discuss the possible etiologies in this unique disease population, and how different modalities often lead to optimizing functionality.

James DeMasi, APRN, CPNP-AC/PC, Anesthesia
for Children, Children's Health of Dallas, Dallas,
TX

CAM, All Patients, Advanced
Beginner
*1.0 Contact Hours**

Trance-forming Pain: The Power of Hypnotic Relief

Clinical hypnosis is a powerful complementary modality that can be a valuable addition to your nonpharmacological pain management toolbox! Hypnosis can influence the mind/body connection to facilitate healing, decrease pain, and enhance medical care compliance. Join our speaker, a pain management nurse practitioner and certified clinical hypnotherapist as she shares current and relevant research on this exciting topic. Explore the process and experience a group hypnotic session to enhance your own well-being and walk away with a brief and powerful intervention you can share with your patients when you return to your practice setting on Monday!

Marie O'Brien, DNP, ANP-C, PMGT-BC, CCRN,
Mather Hospital Northwell Health, Port Jefferson,
NY

CAM, Adult, Proficient
*0.5 Contact Hours**

Qualitative Content Analysis of a Virtually Delivered Auricular Point Acupressure Intervention for Self-Managing Chronic Pain

This is part of a larger pilot study supported by grants (Dr. Chao Hsing Yeh) from the National Institute on Aging (Award Number R01AG056587), Sigma Theta Tau International, Under Armour Women's Health & Breast Cancer Innovation Grant, and Johns Hopkins Medicine. Funding sources were not involved in the preparation of this abstract. This study involved an interdisciplinary collaborative team, led by nursing, engaging students toward building research capacity in advancing pain science. Findings are valuable in working toward improving pain management. An opportunity to present study findings in an oral venue is well appreciated and significant in pain care.

Jennifer Kawi, PhD, MSN, APRN, FNP-BC, CNE,
Associate Professor, University of Nevada, Las
Vegas, School of Nursing, Las Vegas, NV; Chao
Hsing Yeh, PhD, MSN, RN, FAAN, Associate
Professor, Johns Hopkins School of Nursing,
Baltimore, MD

CAM, Adult, Advanced
Beginner
*0.5 Contact Hours**

Influences on Non-Pharmacological Pain Management Decision-Making

This session reports on interviews with adults prescribed opioids for persistent pain who were asked about their perceptions on a variety of non-pharmacological pain management options.

Katelyn K. Ware, BSN Student, Washington State
University, Spokane, WA; Marian Wilson, PhD,
MPH, RN, PMGT-BC, Associate Professor,
Washington State University, Spokane, WA

Cancer Pain, Adult,
Competent
*1.0 Contact Hours**

Factors that Affect Adequate Analgesia in African Americans with Cancer Pain

A majority of the literature demonstrates disparities between African Americans and Caucasians regarding pain management in cancer, but there is less understanding as to why these disparities exist. This study examined patient factors (age, gender, employment status, education, presence of a caregiver, cancer metastasis, perceived control over pain, pain-related distress, pain intensity) of African Americans with cancer pain to see which contributed to receiving adequate analgesia in managing cancer pain.

Navdeep Singh, PhD, AGACNP-BC, CCRN, Nurse
Practitioner, Wayne State University, Northville,
MI

ON-DEMAND CONTENT *continued*

Cancer Pain, Geriatric,
Competent
*0.5 Contact Hours**

Talking Pain: Personal Experiences of Older Women with Breast Cancer

Breast cancer is now the most predominant form of cancer worldwide, and the majority of its victims are age 65 or older. The population of older adults is predicted to reach 70 million by 2030, making optimization of their quality of life paramount. This study aims to apply the conceptual framework of female self-advocacy in cancer to a cohort of older women treated for breast cancer to identify barriers to optimal pain management, including opioid stigma. Interviews with older women treated for breast cancer are being conducted to determine the barriers these women encounter to self-advocating for optimal pain management.

Karen E. Alsbrook, BSN, RN, OCN, Predoctoral Fellow/PhD Student, University of Pittsburgh, Pittsburgh, PA

Misc., All Patients,
Competent
*1.0 Contact Hours**

Encouraging a Paradigm Shift: Approaching Chronic Pain from an Integrative Public Health Perspective

This innovative presentation will discuss the importance and feasibility of implementing primary, secondary, and tertiary prevention approaches to first avoid the development of chronic pain; optimize function when chronic pain exists and promote comfort as appropriate. Appropriate integrative interventions will be discussed for use throughout the prevention spectrum.

Ann Quinlan-Colwell, PhD, PMGT-BC, Independent Pain Educator & Consultant, AQC Integrative Pain Management Education and Consultation, Wilmington, NC

Misc., All Patients, Advanced
Beginner
*1.0 Contact Hours**

The Interaction between Sleep and Pain: How Nurses Can Improve Patient Outcomes

There is a close inter-dependent relationship between sleep and pain. Patients in pain are more likely to have fragmented sleep and altered breathing during sleep. Patients with sleep disorders are more likely to have decreased tolerance to pain and increased incidence of negative outcomes related to interventions for pain. This presentation will include the most recent research on the underlying physiologic reasons for the relationship, the potential negative patient outcomes, and ways that nurses can assess and manage sleep problems in patients with acute and chronic pain.

Carla R. Jungquist, PhD, ANP-BC, FAAN, PhD, ANP-BC, FAAN, Adult/Gerontology Program Coordinator; Associate Professor, School of Nursing, University at Buffalo, Buffalo, NY

Misc., All Patients,
Competent
*1.0 Contact Hours**

Reviewer Pearls: A Presentation to Enhance Skills in the Peer Review Process

The purpose of this presentation is to increase the knowledge, skill, and expertise of nurses who are current or future peer-reviewers for Pain Management Nursing (PMN). This presentation is appropriate for all levels of reviewers.

Cecile B. Evans, PhD, RN, Board Member, McCall College, Boise, ID; Elaine T. Miller, PhD, RN, CRRN, FAAN, Professor of Nursing and Editor, PMN, University of Cincinnati, Cincinnati, OH; Patricia Bruckenthal, PhD, PARN-BC, FAAN, Chair of Doctoral Studies Professor, Stony Brook School of Nursing, Stony Brook, NY

Objectives:

- To become familiar with the online resources for reviewers provided by our Publisher, Elsevier.
- To gain an understanding of the process to write a comprehensive peer review.
- To gain an understanding of the essential elements of an excellent peer review.

Misc., All Patients,
Competent
*1.0 Contact Hours**

Avoiding Love Notes from Your Biller: Matching Charting to Billing

Billing is not covered in advanced practice RN training and can be a daunting task. It is difficult to understand and do correctly without some direct education on the topic. Pain management is not well reimbursed and so to keep pain management programs viable, correct billing must be implemented. In our inpatient practice we have implemented documentation templates which have improved our billing and receivables. Inpatient billing and outpatient billing are similar but different and both will be covered in this session.

Teresa Reyburn-Orne, MSN, PMGT-BC, PPCNP-BC/CPNP-AC, AP-PMN, Advanced Practice Nurse-Instructor, University of Colorado, School of Medicine, Department of Anesthesia, Aurora, CO; Janet Pennella-Vaughan, MS, NP, Senior Nurse Practitioner, Pain Services, University of Rochester Medical Center, Rochester, NY

ON-DEMAND CONTENT *continued*

Misc., All Patients, Expert
0.5 Contact Hours*

Showcase Your APRN Expertise: Steps to Achieve Advanced Practice Pain Management Nurse (AP-PMN) Recognition

This session will promote professional advancement of APRNs by providing a fast paced tutorial on how to document your pain management accomplishments to create a successful AP-PRN Recognition portfolio. Tips to avoid common pitfalls and review of successful application examples will de-stress your application process.

Pamela Bolyanatz, MS, APRN, FNP-BC, AP-PMN, PMGT-BC, Oncology Nurse Practitioner, University of California San Francisco, San Francisco, CA; Mary Lyons, MSN, APRN, AGCNS-BC, AP-PMN, PMGT-BC, Inpatient Palliative Care PARN, Edward Hospital, Naperville, IL

Misc., All Patients, Proficient
1.0 Contact Hours*

Managing Pain from the Head and Heart

Contemporary definitions of pain invite a frame of reference including patient experience and increased attention to more comprehensive approaches to pain management. Clinicians are practicing in environments with scarce resources and more stringent legal and regulatory requirements. This may lead to burnout in practitioners and depersonalization of those who are in need of care. This session proposes a model for patient centered pain management incorporating Individualized Dose Selection, Mind-Body Syndrome and Caring Science[®] that can serve as a conceptual framework for the pain management nurse. Engaging both the head and heart can result in improved pain management.

Victoria Boyce, MSN, RN, AHN-BC, Caritas Coach[®], Clinical Nurse Specialist, Ascension St. John Hospital, Detroit, MI

Misc., Adult, Proficient
1.0 Contact Hours*

Behavioral Intent to Employ Empathy in Pain Management Nursing

Guidelines for pain management with regulatory efforts to maintain effective pain practices have not resulted in improved outcomes. Nurses' knowledge, attitude, beliefs and behavior toward pain practices failed to reveal significant elements correlated to nurse's intention to assess/manage pain. A questionnaire was utilized to assess relationships between elements of behavioral intention to assess and manage pain in the hospitalized adult patient. There was a direct relationship between practice environment and intention to assess and manage pain. Perceived behavioral control and autonomy endorses intention to practice assessment/ management of pain. Further study is proposed to improve the measurement of intent.

Theresa Grimes, PhDc, FNP-BC, PMGT-RN, CCRN, Nurse Practitioner, Mather Hospital Northwell Health, Coram, NY

Misc., All Patients, Proficient
0.5 Contact Hours*

The Missing Link in Chronic Pain Management: A Pain Nurse Navigator

Can utilizing a nurse navigator in non-cancer chronic pain management therapy settings improve adult patient outcomes and the patient experience? These expert nurses can follow patients through the hurdles and successes of pain management through the application of evidence-based and patient-centered practices to coordinate, advocate, and enhance patient outcomes and satisfaction scores. Utilizing population-adapted behavioral change modalities, the nurse navigator can assist patients in maximizing prescribed treatments all while helping them find relief through continued touchpoints of compassionate, innovative care.

Lisa M. Gale, N, BSN, OCN, PMGT-BC, Pain Nurse Navigator, OSF Health Central Illinois Pain Center, Peoria, IL

Persistent Pain, All Patients, Proficient
1.0 Contact Hours*

Does Skin Still Matter in 2021? An Overview of Topical Treatments for Chronic Neuropathic Pain

This session will focus on treatment of peripheral neuropathic pain using topical therapies. It will review skin physiology and why this allows for topical therapies, especially in the light of the recent skin sensitivity data. The session will present data on treatment of skin sensitivity in the setting of neuropathic pain and will review the literature on this topic. It will discuss current available approaches, their benefits and risks and review the current research. Recommendations for applying topical therapies in clinical practice through the use of case studies will be presented for interactive audience discussions.

John F. Peppin, DO, FACP, Clinical Professor, Pikeville University, College of Osteopathic Medicine, Lexington, KY

ON-DEMAND CONTENT *continued*

Persistent Pain, Adult,
Competent
*1.0 Contact Hours**

Oh My Aching Head: Common Headache Types and Their Treatment - Indications for an Urgent Referral

Headache is very common, often misdiagnosed, mistreated and undertreated. Advance Practice Nurses play a pivotal role in headache diagnosis and treatment. This presentation will review the mechanism of the primary headache disorders and their treatment. Headaches that indicate an emergent or urgent referral will also be reviewed.

Michelle Lavelle-Henry, RN, PMGT-BC, APRN,
CNP, ACHPN, Pain and Palliative Care APP, M
Health Fairview, Edina, MN

Persistent Pain, Pediatric,
Competent
*1.0 Contact Hours**

Making Persistent Pain for Pediatric Patients the Past and Improving Future Function

Persistent pain in children and adolescents impacts 20-35% of children and should be a significant concern for our society. Children and teens with persistent pain have a multitude of adverse outcomes, including physical and mental health problems as well as difficulty in functioning, including school challenges that can drastically impact their future. This presentation will share the current literature for improving the future for children and adolescents with persistent pain, a triage process that was created to help with developing an individualized pain treatment plans for patient, types of programs for treating persistent pain, and outcomes with the triage process.

Sharon Wrona, DNP, RN-BC, PNP, PMHS, AP-
PMN, FAAN, Director Comprehensive Pain and
Palliative Care, Nationwide Children's Hospital,
Columbus, OH; Lauren Renner, MS, RN-BC, PNP,
Clinical Leader Comprehensive Pain Service,
Nationwide Children's Hospital, Columbus, OH

Persistent Pain, All Patients,
Competent
*1.0 Contact Hours**

Catastrophizing and Pain: The Problem May be Everywhere, but an Answer's in Your Head

Catastrophizing is a common maladaptive pattern of thinking in pain patients of all ages. These patients are less likely to actively participate in treatment which in turn contributes to poor overall outcomes. In addition to the behavioral effects of catastrophic thinking, neuroplastic changes and changes to the endogenous mechanisms of pain modulation may occur. Through identification of these patients and appropriate treatment with behavioral therapies, the adverse effects of catastrophizing can be minimized and even reversed. Nurses are in a key position to facilitate these behaviors and decrease patient suffering through patient identification, education in self-management techniques, support and coaching.

Megan Filoramo, RN, APN-C, AP-PMN, APHN-BC,
Nurse Practitioner, Altair Health/New Jersey Pain
Consultants, Morristown, NJ

Persistent Pain, All Patients,
Competent
*1.0 Contact Hours**

Challenges and Surprises: Case Studies in Discerning the Correct Pain Diagnosis and Treatment Side Effects

Establishing the correct pain diagnosis, as well as the etiology of new treatment related side effects, is foundational to implementing an appropriate and effective pain management plan. These principles can be challenging to apply when multiple medications and medical conditions co-exist. This presentation explores case studies of patients with 1) missed or incorrect pain diagnosis initially, 2) new symptoms that were incorrectly viewed as opioid side effects, and 3) hidden problems affecting their pain management responses. Principles for the healthcare provider will be discussed to promote correct assessments and avoid errors and oversights.

June E. Oliver, MSN, APRN/CNS, CCNS, PGMT-BC,
AP-PMN, APRN Pain Service, Swedish Hospital,
River Forest, IL

ON-DEMAND CONTENT *continued*

Persistent Pain, Adult,
Advanced Beginner
*1.0 Contact Hours**

Pain Coping Skills Training: A Nurse Practitioner Delivered Telehealth Intervention to Enhance Self-Efficacy

The COVID-19 pandemic has impeded the epidemic of chronic pain and its associated management. Current guidelines and evidence-based literature continue to endorse nonpharmacologic biopsychosocial approaches that have historically been provided in-person. The COVID pandemic resulted in limited access to care due to social isolation and procedure cancelation. Join our speaker as she shares her Doctor of Nursing Practice EBP project results that addressed this disparity via a telehealth pain coping skills training program. This presentation will explore implementing this intervention and provide an overview of the supportive data and positive patient outcome measures that validated the project's success.

Marie O'Brien, DNP, ANP-C, PMGT-BC, CCRN,
Integrative Pain Management Coordinator,
Mather Hospital Northwell Health, Port Jefferson,
NY

Persistent Pain, Adult,
Proficient
*0.5 Contact Hours**

Self-efficacy Is Inversely Associated with Pain Rumination and Pain Severity in Chronic Low Back Pain

Self-efficacy is an important element of self-management of chronic pain and our study revealed that self-efficacy is associated with lower pain severity, lower rumination, and greater resilience in patients with chronic low back pain. Assessing a patient's level of self-efficacy and reducing pain rumination as part of a comprehensive pain management program may benefit patients with chronic low back pain. Strengthening self-efficacy through interventions such as education, mind-body therapies, and building social support systems may improve pain management, reduce symptom burden, and enhance quality of life.

Anitha Saravanan, PhD, RN, ANP-BC, Assistant
Professor, Northern Illinois University, DeKalb, IL

Persistent Pain, All Patients,
Proficient
*1.0 Contact Hours**

When It's Time to Come Down: Weaning Opioids with Compassion

"Pain as the 5th Vital sign" had us waging war against pain by titrating opioids "to efficacy." Fast forward and now many chronic pain patients are now in a difficult position. Evidence does not support long term use of high dose opioids and the CDC guidelines and insurance restrictions have made it near impossible to continue their current doses of medications. How do we best help these patients now? With the increasing stigma of opioid use, patients are torn between their fear of increased pain and their desire to come off of medications. How do we compassionately, and successfully, wean?

Megan Filoramo, RN, APN-C, AP-PMN, APHN-BC,
Nurse Practitioner, Altair Health/New Jersey Pain
Consultants, Morristown, NJ

Persistent Pain, Adult,
Competent
*0.5 Contact Hours**

Experiences of Pain in Adults Receiving Methadone for Opioid Use Disorder

A qualitative descriptive study investigated pain-related data from adults receiving daily methadone for opioid use disorder

Emily Gray, PhD Student, Washington State
University, Spokane, WA; Ross Bindler, PharmD,
Research Associate, Washington State University,
Spokane, WA; Marian Wilson, PhD, MPH, RN,
PMGT-BC, Associate Professor, Washington State
University, Careywood, ID

Persistent Pain, Adult,
Proficient
*1.0 Contact Hours**

Challenges in Managing Chronic Pain in Veterans

Managing chronic pain in veterans present a particular challenges not always seen in patients with chronic pain. These include the source of the pain (battlefield injuries), initial management of the pain, and psychological injuries such a PTSD. This presentation will discuss the history of the VHA; identify sources of chronic pain in veterans; describe the history of chronic pain management in veterans; discuss how the VHA is currently chronic pain; and describe today's challenges and resources available related to managing chronic pain in veterans.

Renee Holleran, FNP-BC, RN-BC, PhD, FAEN,
APRN Anesthesia Chronic Pain, George E. Whalen
VHA, Salt Lake City, UT

ON-DEMAND CONTENT *continued*

Persistent Pain, Adult,
Proficient
*0.5 Contact Hours**

We Did IT Together: Implementing a Strategy to Safely Manage Patients with Implanted Intrathecal Pumps

This presentation discusses work by an interdisciplinary group including the Acute Pain Service (APS), Physical Medicine and Rehabilitation (PM&R), Pharmacy, Radiology, and EHR team at a Level I trauma center to develop and implement a collaborative strategy to safely manage patients admitted with implanted intrathecal (IT) pumps. The process begins at patient admission and can be initiated by the patients RN, admitting MD, or pharmacist.

Barbara L. Vanderveer, MSN, RN, PGMT-BC, Enterprise Acute Pain Nurse Manager, UKHealthcare, Lexington, KY; Kathryn Ruf, PharmD, MBA, Pharmacy Director Associate, UKHealthcare, Lexington, KY

Persistent Pain, All Patients,
Advanced Beginner
*1.0 Contact Hours**

Creative Solutions to Pain Management

Chronic pain requires a creative approach to engages patients to become part of their own solution. Drama therapy is an active and experiential approach that supports patients in finding their own stories, setting their own goals, and solving their own problems. Through a creative lens, patients engage in activities that reduce fear avoidance and enhance mindful movement. This program explores drama therapy integrated into a pain coping skills training program. This fun and interactive presentation will demonstrate techniques used by a Certified Drama Therapist and Pain Management Nurse Practitioner to engage chronic pain support groups and improve pain self-efficacy.

Marie O'Brien, DNP, ANP-C, PMGT-BC, CCRN, Nurse Practitioner, Imagine Well, Coram, NY; Jennifer Brown Montgomery, Certified Drama Therapist, Lightkeeper Productions, New York, NY

Persistent Pain, Adult,
Proficient
*1.0 Contact Hours**

Development of an Opioid Use Disorder (OUD) Predictive Model

This session will explore Dr. Nelson' predictive analytical process applied to the development of a predictive model to Improve Recovery from OUD. The model applies a hunch considering the relationship of the concept of the "trusted other" to improve sustained recovery from OUD. Attend this session to learn more about predictive analytics and the OUD model.

Tara Nichols, DNP, ARNP, CCNS, AGCNS, PMGT-BC, Program Director, RN-BSN Program, Waldorf University, Forest City, IA; John W. Nelson, PhD, MS, RN, President/Data Scientist, Healthcare Environment, International Association of Human Caring, Grand Rapids, MI

*1.0 Contact Hours**

Acupuncture for Pain: A Feasibility Study for the Integrative Pain Service (ASPMN® RESEARCH GRANT RECIPIENT)

Marie O'Brien, DNP, ANP-C, PMGT-BC, CCRN, Integrative Pain Management Coordinator, Mather Hospital Northwell Health, Port Jefferson, NY; Patricia Dodd, MSN, ANP-C, PMGT-BC, LaC, Nurse Practitioner, Integrative Pain Management, Mather Hospital Northwell Health, Port Jefferson, NY

**Subject to change based upon approval*

Total number of contact hours applied for is 52.5 (43.2 for the regular conference plus 9.3 for the full-day workshops or 4.5 for each half-day workshop)