

Initiating Collaborative Care in Pain Management Curricula

According to the National Institute on Drug Abuse, more than 115 people die every day from an opioid-related cause (NIDA, 2018). Overdose deaths have surpassed the number of deaths from motor vehicle crashes and gun violence in the United States with 2016 being the worst year of the epidemic. Of the more than 63,000 deaths in 2016, the Centers for Disease Control and Prevention estimate that more than 60% of fatal overdoses involved a licit or illicit opioid (CDC, 2018). In Pennsylvania in 2016, 13 people died every day from drug-related causes (Hedegaard, Warner, & Miniño, 2017). The immediate response to the problem was to stop the massive amount of opioid prescribing. Since older adults bear a great burden of chronic pain, they also represent a large group of opioid users. Managing pain in this population is challenging considering the opioid crisis. Adequately preparing health care professionals to deal with the complexities of pain management amid the opioid epidemic is a critical part of clinical curricula.

Managing chronic pain is challenging in older adults given the prevalence of multiple comorbid painful conditions, polypharmacy, age-related changes, and socioeconomic circumstances. Moreover, chronic pain is linked to decreased mobility and functional decline, depression, and a host of other physical problems including sleep disturbances, ambulatory dysfunction, malnutrition, impaired immune function, and increased mortality (Bruckenthal, Reid, & Risner, 2009). Chronic musculoskeletal pain in seniors is an independent risk factor for falls (Levielle et al., 2009). Tragically, failure to manage pain effectively in older adults increases their risk of falls. One reason pain causes a fall is that pain interferes with functional ability and the ability to perform activities of daily living. A greater risk of falls in older adults is linked with higher

morbidity and mortality (Levielle et al., 2009). Falls rank among the top 10 causes of death in older adults (Gruneir, Silver, & Rochon, 2011). These important factors are fundamental considerations in optimizing pain management in older adults.

Interprofessional educational (IPE) pain curricula provides a collaborative basis for professions to learn the same language as well as the core concepts of pain and the complexities of managing it. IPE provides the foundation for developing competencies to effectively impact pain and improve patient outcomes. Introducing an IPE collaborative care approach to pain management addresses the need to infuse meaningful education on pain management throughout the curricula as well as provide a strategy for student/participant engagement.

Research Question/Objectives/Purpose

This article describes a pilot study at Thomas Jefferson University that endeavored to address the following questions: Is an IPE simulation session an effective method to improve knowledge and attitudes among prescribers regarding pain?

The National Institute of Health (NIH) Pain Consortium's Edna Case was used to develop a simulated student encounter that is relevant to the common issues an older adult with chronic pain faces. It was important to include dimensions of depression, immobility, caregiver expectations/ burden, and risk of falls and injury associated with chronic pain in the simulation experience. A complex case scenario including all these items was designed. Edna is an older adult who recently experienced loss of her spouse and moved in with her daughter. She is experiencing some depression in addition to living in a new environment with chronic pain. The

simulation elaborated on the social aspects of Edna's case by incorporating her daughter being burdened by having her mom living with her, as well as desiring a "quick fix" for Edna's pain and declining mobility.

Methods

The prospective cohort study used a pre- and post-test design. Four (4) interprofessional teams comprised of four (4) students from one of several clinical programs participated. The teams included representation from nursing, physician assistant, and pharmacy programs. Family medicine residents and students were invited but were unable to attend. The Knowledge and Attitudes Survey Regarding Pain (KASRP) instrument was used. The KASRP is a 37-item questionnaire. It contains 21 true or false questions and 16 multiple-choice questions. Its purpose is to measure the attitudes and knowledge of caregivers about pain. It is particularly useful as a pre- and post-test measure and can be used to rate learning outcomes following educational programs on pain (Ferrell & McCaffery, 2012). Each participant completed the KASRP prior to the simulation experience. Interprofessional teams participated in the simulation and then were debriefed by faculty. Faculty was representative of the professional disciplines that made up the teams. The faculty randomly viewed the simulation sessions and participated in debriefings. Each participant and faculty member completed an exit survey to contribute insight into the experience of the simulation and share thoughts on the IPE collaborative care approach. In addition, participants were asked to email or turn in a hard copy of the KASRP post-test to faculty.

Results & Outcomes

There were 16 total participants in the pilot study. Thirteen (13) participants completed

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the pre-test KASRP prior to the simulation and nine (9) completed the post-test. Four (4) faculty members provided feedback. There was an 8.1% increase in post-test scores on the KASRP. Participant feedback was positive with all participants and faculty indicating the desire for more IPE simulation using NIH complex cases. Faculty feedback was also encouraging, indicating that the simulation method provided an effective means to introduce collaborative care in pain management curricula. Comments ranged from “definitely need more” to “need more cases weekly.” The opportunity to work with an interprofessional team during history taking and developing a collaborative plan for Edna were the two areas most commented on by participants.

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Conclusions

Preliminary data suggests that the IPE simulation is an effective strategy for pain management education. Lessons learned include avoiding allowing participants to leave without completing the post-test and better planning to include medical students, occupational therapy, physical therapy, and family counseling students in the simulation. Developing more IPE simulation is underway in the current clinical curricula for advanced practice nurses. New NIH Pain Consortium cases that lend themselves to IPE are available and provide a wide range of learning opportunities. In response to the results and feedback from learners and faculty in this pilot study, work has begun to develop a tool for use in the

ambulatory and primary care settings with regard to knowledge and attitudes around chronic pain and its management. This new tool, based on KASRP, will be used to assess prescriber knowledge and attitudes towards chronic pain in light of the opioid crisis, to address informed consent when opioids are used, and to encourage IPE. The new tool will be piloted during the next Collaborative Pain Management Simulation planned for spring or summer 2019.

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