Pain Management Education for Patients and Families

Discussion Questions and Faculty Guide

Discussion Leader: ask the group the numbered, bolded questions. Guide the group to cover the key bulleted points that follow each question.

1. Discuss the general principles of patient education
   - Begin by finding out what the patient and family already know
   - Repeat and reinforce information
   - Plan teaching so that it is delivered in divided sessions with manageable bits of information
   - Present content in order of priority
   - Use a variety and combination of methods such as written materials, one-on-one instruction, video and audio tapes
   - Individualize content in consideration of the patient’s cultural background, cognitive status and education
   - Assess the individual’s ability to read
   - Ask the patient to demonstrate or recount how he/she will apply the information

2. List specific content areas to cover when teaching patients and families about pain management
   In broad terms the patient and family need to understand how to: report pain, use the prescribed analgesics, report and manage side effects, use non-drug interventions, and set and achieve realistic pain relief goals. Consider covering the following topics:
   - Information to help correct common misconceptions about pain
   - Definition of pain and possible causes
   - The use of a pain rating scale
   - How to prevent pain
   - How to set and achieve realistic goals for pain control
   - How to use analgesics and handle prescription renewals
   - How to store drugs safely in the home
   - The definitions of addiction, physical dependence, and tolerance, as well as the realities about the minimal risks of addiction
   - Use of non-drug therapies to control pain
   - What to do if pain is not adequately controlled
   - How to manage possible side effects

3. What resources does our agency currently have to assist with teaching about pain management and what might you want to develop?
   - Does our agency have a variety of resources to facilitate patient education about pain management (written materials, video or audio tapes, other)?
   - What types of information are patients receiving in referral clinics and hospitals?
   - How are we currently evaluating the effectiveness of these resources?
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Teaching Guide – Role play

Discussion leader: make copies of the role descriptions on the opposite side of this card. Separate your group into teams of three. Team members should choose to be a nurse, patient, or observer. They should not read each other’s role descriptions. (Skip the observer role if needed)

Give the teams 2 minutes to review their roles, and then tell them to start the role play. The observer records a critique of the nurse’s assessment of education needs and presentation of teaching content. The entire role play should take less than 10 minutes. At 10 minutes, instruct the observer to discuss the critique with the "nurse” and "patient”.

After the group has finished its team role play and critique, lead a large group discussion. Some possible topics:

1. How do you determine a patient's readiness to learn? (directly ask patient, assess what they already know and want to know and their preference for teaching method, assess patient’s energy and concentration level)

2. How do you prioritize the content? (address patient’s concerns first; cover essential information early, such as how to safely use medication, when and who to call for questions, prescription handling, etc.)

3. What written, audio, or video resources for pain management education do you currently have to offer patients?

4. How do you document or otherwise communicate the teaching plan and progress among the health care team?

Observer
Did the nurse?

- Begin by asking the patient what he/she currently understands about the pain and its treatment?
- Offer the patient a variety of ways to receive the information?
- Present content in order of greatest priority for the patient?
- Take into consideration the patient’s cultural background?
- Assess the individual’s ability to read?
- Ask the patient to recount the information he/she received before ending the session?

What information did you think should have been covered in this brief session that was not?

Patient:

You are 45 years old, with both neuropathic and somatic pain related to AIDS. You need to know how to manage constipation. You are not concerned about addiction, and have a good understanding of what is causing your pain and how to use your scheduled and prn opioids. You have written information about side effect management from the hospital, but are reluctant to take any additional medication unless necessary and are concerned because you have intermittent bouts of diarrhea. Although your appetite is poor, you enjoy cooking and maintain a vegetarian diet. You are also not sure whom to contact for questions or problems.

Nurse:

The patient is 45 years old with both neuropathic and somatic pain related to AIDS. This is your first visit and you want to reinforce the instructions provided in the hospital prior to the patient’s discharge. The patient’s medications orders include gabapentin 900 mg TID, fentanyl patch 75 µg Q 3 days, and oral morphine 10-30 mg q2-3h prn.
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Post-test Questions

1. In order to help patients and families take an active role in pain management, nurses need to teach them how to
   a. Report pain
   b. Use the prescribed analgesics and non-pharmacologic interventions
   c. Report and manage side effects
   d. Set and achieve realistic pain goals
   e. All of the above

2. Which of the following is true about pain management patient education
   a. It is important to give each patient comprehensive, in depth information about pain management in the first visit.
   b. Consider a variety of teaching methods when preparing a teaching plan
   c. Giving printed material is the best single method of education, since most adults in the US have good reading skills.
   d. Pharmacists and physicians should play only minor roles in patient education.

3. Possible content areas for teaching patients and families about pain management include all but which of the following?
   a. How to use a pain rating scale
   b. How to handle prescription renewals
   c. How to use analgesics as sparingly as possible
   d. Who and when to call when pain is not relieved.

4. Key teaching points about addiction and physical dependence include
   a. Withdrawal is the cardinal sign of addiction
   b. Addiction is best controlled by using opioids sparingly for pain relief
   c. Persons who take opioids on a regular basis for moderate to severe chronic pain will usually get addicted
   d. Physical dependence is a normal, expected consequence of taking opioids on a regular basis, and does not signify addiction

5. When teaching patients about pain management issues that involve attitudes and beliefs, such as the risk of addiction with opioids
   a. Come with a prepared set of instructions and stick with it
   b. Start with a careful assessment of and open listening to the patients preexisting attitudes and beliefs
   c. Be prepared to readdress these issues over time
   d. b and c
   e. All of the above