How to Talk to Doctors about Pain Management

Discussion Questions and Teaching Guide

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

1. Why are many nurses frustrated when they talk to doctors about pain management?
   - May feel physicians don’t listen to them or that their recommendations are not valued (however it might be a problem with the way the message is communicated).
   - Encourage the group to discuss their common frustrations, yet be careful not to let the discussion deteriorate into a complaint session. Be realistic about physician barriers such as inadequate knowledge and fear of over-treatment.
   - Turn the situation around and ask them to think about the kind of information they would want if someone approached them about a patient in pain. Practice a role-play.

2. List the key principles to consider when telephoning a doctor about pain management:
   - Do your “homework” before contacting the physician so you have the answers to questions that may arise during the conversation such as availability and cost of any changes you may recommend.
   - Identify yourself in a professional manner
   - Be organized and concise.
   - Understand the rationale behind any recommendations you make
   - Be flexible and willing to negotiate.
   - Remember you are part of the team and need to understand the perspectives of other team members.

3. What information should you convey when discussing pain management with a physician?
   - Be specific about why you are calling and what you want from the physician
   - Be sure to include a summary of the pain assessment including the impact of current interventions
   - Remind the physician of the patient and family goals for pain relief and how close or far away the patient is from achieving those goals
   - If possible, give specific recommendations.

4. Discuss the options for solving communication problems with physicians within your agency:
   - What is the role of the agency’s nursing or medical director in problem situations?
   - Are there tools such as organized fax forms that can be updated or developed to help with communication and care of patients with pain?

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Teaching Guide - Role Play

Discussion leader: make copies of the case and roles 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 assessment should take 5-10 minutes, and the critique by the observer should take about 5 minutes. About 8 minutes or so after they start, remind the group that the assessment interview should wrap up within 2 more minutes. At 10 minutes, instruct them to begin the critique if they have not already done so.

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

1. Do you think that most nurses would be able to communicate effectively with most physicians about pain problems? What are the barriers to effective communication?
   - Nurses may feel insecure about their own knowledge. It may help to use a form to guide a complete pain assessment, and to consult with the pharmacist or another team member to help formulate possible approaches before calling the doctor.
   - Some physicians may be concerned about the regulatory implications of prescribing opioids - a risk that is more perceived than real. A physician can legally prescribe pain medications as long as there is appropriate documentation and follow-up – a nurse can help greatly with that.

2. If a physician refuses to consider a change in the plan of care for a patient with unrelieved pain, what can a nurse do?
   - Provide ongoing follow-up information about the patient's lack of pain relief.
   - Send the physician guidelines that give the scientific basis for changing the plan of care (i.e., the AHCPR cancer or acute pain guideline, or the American Pain Society's handbook or policy statement on opioid use in chronic pain.)
   - Request support/intervention from your agency's medical director.

Observer

Did the nurse communicate the following?

- His/her name in a professional manner
- Reason for calling
- Concise summary of pain assessment
- Effect of current treatment interventions
- Patient's target goal for pain relief
- Initial recommendations
- A clear request for action on the part of the physician
- Rationale for recommendation (rebuttal)
- A compromise or negotiated plan to change the treatment plan

Nurse

Mr. Wilson is a 67-year-old male who underwent arthroscopy for a medial meniscus tear yesterday. This morning when you visited him he reported unsatisfactory pain control. He describes pain at the incision site as constant, achy, 4/10 at rest but up to 8/10 with any activity. He has been taking 2 tablets of acetaminophen with codeine every 4 hours with only minimal relief. He was unable to eat breakfast due to nausea. The patient's goal is to reduce his pain to ≤ 4 with activity.

The patient has tolerated other opioids after past operations. Your job is to telephone Dr. Jones to request a change in analgesic treatment. (The physician will suggest Darvocet, which you will decline because it is a weak opioid, and can produce CNS toxicity in the elderly).

Physician

The nurse is calling to request a stronger opioid order on a 67-year-old male who underwent arthroscopy for a medial meniscus tear yesterday. This morning when you visited him he reported unsatisfactory pain control. He describes pain at the incision site as constant, achy, 4/10 at rest but up to 8/10 with any activity. He has been taking 2 tablets of acetaminophen with codeine every 4 hours with only minimal relief. He was unable to eat breakfast due to nausea. The patient's goal is to reduce his pain to ≤ 4 with activity.

The patient has tolerated other opioids after past operations. Your job is to telephone Dr. Jones to request a change in analgesic treatment. (The physician will suggest Darvocet, which you will decline because it is a weak opioid, and can produce CNS toxicity in the elderly). You are reluctant to increase or change the dose of analgesics because in your experience acetaminophen with codeine works just fine after this surgery. You are willing to consider adding Darvocet to his regimen.

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Post-test Questions

1. The nurse’s professional responsibility in pain management includes
   a. performing a complete pain assessment
   b. communicating the results of the pain assessment to the physician
   c. making recommendations based on the assessment
   d. all of the above

2. When communicating with a physician about a patient’s pain problem, the nurse should
   a. report the location, quality, intensity and severity of the pain
   b. describe the current pain management regimen
   c. report the patient’s goal for pain relief
   d. be specific about requests for action on the physician’s part
   e. all of the above

3. Which of the following is a factor in formulating a recommendation for pain management?
   a. Most opioid analgesic preparations are readily available in most pharmacies
   b. Cost is not an issue as most analgesics are inexpensive and covered by insurance
   c. Consider both pharmacologic and non-pharmacologic interventions
   d. Most clinicians have a good knowledge base about analgesic prescribing and use.

4. All but one of the following are important when interacting with physicians about pain:
   a. Do your homework and understand a few possible care options before calling
   b. Be insistent about using the plan you have formulated
   c. Be clear, specific, and to the point
   d. Communicate your assessment in a concise and professional manner

5. Before calling the physician, it may be helpful to discuss care options with the
   a. patient
   b. family
   c. pharmacist
   d. all of the above