Integrating Chronic Pain Assessment and Management into NP Education

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Overview

- Provide a brief summary of the national NP study.
- Describe how NP faculty developed and integrated chronic pain content into three NP educational tracks.
- Discuss educational content for chronic pain.
- Discuss sample content from the modules, teaching strategies and evaluation methods.

Project Objectives

- Assess nurse practitioners (NPs) knowledge and practice patterns regarding assessment and management of chronic pain in primary care.
- Assess the prevalence of chronic pain among the general primary care NP patient population.
- Identify gaps in NP educational preparation regarding assessment and management of chronic pain.
- Develop educational programs that address these identified gaps.
Significance/Need

- Common Complaint
- Expensive
- Complex to manage
- Research focus on medical providers and little on NPs

Methods

- Internet Survey
  - 31-item
  - Distribution 2,500
- National Sample
  - n = 227; 49 states
  - Education
    - Doctoral (8%), Masters (89%), Bachelor (3%)
  - Certification
    - FNP (71%), ANP (24%), Gero (1%), Other (4%)

Methods cont’d

- Sample (n=227)
  - Years of advanced practice
    - 6+ yrs (62%), 3-5 yrs (15%), ≤ 2 yrs (23%)
  - Practice Settings
    - Family, Internal Medicine, LTC, Other
  - Hours of clinical practice per week
    - 30+ hrs/wk (70%)
  - Number of chronic patients per week
    - 0-5 (37%), 6-10 (26%), 11-15+ (26%)
Results

- **Knowledge**
  - Preparation in original NP program
    - Not at All (15%); Minimally to Poorly (56%)
    - Moderately Well (26%); Well to Very Well (4%)
  - Knowledge of Pain pathways and mechanisms
    - Low (21%); Moderate (50%)
    - High (20%); Very High (8%)
- **Assessment**
  - 71% no use of standardized tools

Results (cont)

- **Management**
  - 84% comfortable with mild to moderate
  - 71% comfortable with moderate to severe
  - 61% do not use standard approach
  - Interventions varied widely
- **Concerns**
  - Knowledge deficit
  - Opioid meds (risk and side effects; misuse, abuse, dependency; liability and regulatory issues)

Results (cont)

- **Continuing Education preferences**
  - Self-study module (65%)
  - In-person program, workshops (56%)
  - Webinars (24%)
  - Practice improvement projects (21%)
Implications

- CE programs to include pain physiology, assessment tools, and EBP approaches
- Content for NP curricula
- Policy implications to standardize management and regulation issues

Development of Modules

- Literature update
- Survey results informed topic selection for modules
  - Pathophysiology of pain
  - Assessment of pain across lifespan
  - Integrating chronic pain management in primary care
- NP faculty teams developed content
- Conferred with pain expert, revisions made

Integrating into NP Curricula

- Teaching strategies
  - Piloted module content via didactic faculty lectures
  - FNP, PNP, and FPMHNP programs
  - Assessment course
  - Primary care management courses
Sample Content: Module 1

• Chronic Pain in Primary Care: Overview and Pathophysiology
  – Impact of chronic pain in primary care
  – Barriers to optimal chronic pain management
  – Define different types of pain
  – Describe pathophysiology of pain

Sample Content: Module 2

• Chronic Pain in Primary Care: Assessment Across of Lifespan
  – Factors that affect chronic pain assessment
  – Components of comprehensive assessment
  – Valid and reliable pain assessment tools appropriate for primary care

Sample Content: Module 3

• Chronic Pain in Primary Care: Designing and Implementing a Management Plan
  – Elements of a comprehensive treatment plan for chronic pain in primary care
  – Appropriate documentation of the chronic pain treatment plan
  – Resources for management of chronic pain
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Evaluation Methods

• Feedback from students and other faculty
• Quiz
• End of program post-test

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Dissemination

• Survey results at AAN
• Overview of project at NONPF
• Modules available on AANP CE Center

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