

Cancer Pain Treatment and Management: an Interprofessional Learning Module for Prelicensure Health Professional Students

This learning module uses chronic pain care as the context through which students can learn interprofessional, team-based, person-centered approaches to delivery of care. Using the facilitator's guide, handouts, and other materials developed for this project, this learning module can be delivered as an in-person training session (approximately 120 minutes) for small groups of learners (teams of 8-12 students drawn from multiple health care professions or schools). Pre-learning materials and post-session activities are included that can enhance the experience.

Attachments

- A. Facilitator Guide
- B. Independent Learning Module on *Cancer Pain and Treatment Options*

(access at:

https://hsmedia.ucdmc.ucdavis.edu/nursing/MACY/031717/Cancer%20Pain%20and%20Treatment%20Options%20-%20Presenter%20output/presentation_html5.html)

- C. Handout I
- D. Handout II
- E. Power Point
- F. Session Evaluation

For more information, please email hs-capr@ucdavis.edu

Promoting Interprofessional Collaboration through the Prism of Chronic Pain Care

Facilitator Guide

Cancer Pain and Treatment Options

Contributors:

Scott M. Fishman, M.D.
Professor, Anesthesiology and Pain Medicine
Chief, Division of Pain Medicine
Director, Center for Advancing Pain Relief at UC Davis
Vice Chair, Department of Anesthesiology
UC Davis School of Medicine

Heather M. Young, Ph.D., R.N., F.A.A.N.
Dignity Health Dean's Chair for Nursing Leadership
Associate Vice Chancellor for Nursing; Dean and
Professor
Betty Irene Moore School of Nursing at UC Davis

David Copenhaver, M.D., M.P.H.
Assistant Professor
Director, UC Davis Cancer Pain Management and
Supportive Care
UC Davis School of Medicine

Tim Cutler, Pharm.D., C.G.P.
Professor of Clinical Pharmacy
Divine Family Chair in Clinical Pharmacy
Director, UC Davis-Sacramento Experiential Program

Virginia Hass, D.N.P., R.N., F.N.P.-C., P.A.-C., M.S.N.
Assistant Clinical Professor
Betty Irene Moore School of Nursing at UC Davis

Shelly Henderson, Ph.D.
Assistant Clinical Professor
Betty Irene Moore School of Nursing at UC Davis

Zachary Holt, M.D.
Assistant Professor
Primary Care Program Director
UC Davis School of Medicine

Maritza Madrigal, M.S., M.S.W.
Pain Management Specialist in Palliative Care
Social Worker, Gerontologist
Supportive Care Snowline Hospice and Palliative Care
Services

Jennifer M. Mongoven, M.P.H.
Administrative Director
UC Davis Center for Advancing Pain Relief

Joanne Natale, M.D., Ph.D.
Medical Director, UC Davis Children's Hospital PICU
Professor
UC Davis School of Medicine

Samir Sheth, M.D.
Assistant Professor
Co-Director of Neuromodulation
UC Davis School of Medicine

Mark Servis, M.D.
Professor of Psychiatry and Behavioral Sciences
Senior Associate Dean for Medical Education
UC Davis School of Medicine

Jon Siiteri Ph.D., P.A.-C
Assistant Clinical Professor
Betty Irene Moore School of Nursing at UC Davis

Deborah Ward, Ph.D., R.N., F.A.A.N.
Clinical Professor
Betty Irene Moore School of Nursing at UC Davis

Brenda Zierler, Ph.D., R.N., R.V.T.
Professor, Department of Biobehavioral Nursing and
Health Systems, School of Nursing
Associate Director, Institute for Simulation and
Interprofessional Studies (ISIS)
University of Washington

August 2016

For more information, please contact (916) 734-2145

Use of material: This facilitator guide may be reproduced, distributed, publicly displayed and modified provided that attribution to UC Davis School of Medicine and Betty Irene Moore School of Nursing is clearly stated and it is used for non-commercial purposes only. Please contact hs-capr@ucdavis.edu for permission for other use.

Please note: the presentation material provided as a resource in the independent learning module and for the in-class learning includes copyright protected material. The photos and other copyright protected material (as noted in the documents) cannot be copied and reused for other purposes, including development of other educational material. Please review the restrictions on use that are included on each resource.

This module was developed with funding from the Josiah Macy, Jr. Foundation, the Mayday Fund, and the Milbank Foundation



Facilitator Overview

Promoting Interprofessional Collaboration through the Prism of Chronic Pain Care

Cancer Pain and Treatment Options

In this module, chronic pain management serves as the prism through which students can learn interprofessional, team-based, person-centered pain care. The module targets two nationally recognized competencies: the ***Core Competencies in Pain Management for Prelicensure Clinical Education***¹ (Attachment A) and the ***Core Competencies for Interprofessional Practice***² (Attachment B). This module can be used independently, or in combination with the Interprofessional Pain Management Learning Modules on ***Pain and the Older Adult*** and ***Culture and Pain Management***.

Interprofessional Education (IPE)

One of the goals of this module is to discuss the interprofessional team experience and to reflect on interprofessional collaborative care. Many learners will have already worked with other healthcare professionals in their clinical experiences, but may not have been part of interprofessional collaborative teams. As an IPE facilitator, your job is to guide the discussion and have learners reflect on their interprofessional experiences both prior to and during this exercise.

A frequent comment by students participating in interprofessional education and practice activities is "We don't really see this in 'real practice'." This activity is designed to allow students to participate in a "think tank" to determine what the barriers to widespread adoption of interprofessional collaborative practice are and what the solutions might be. It is designed to empower students to think of themselves as the future of health care and change agents for this movement.

For more information on interprofessional education, please see Attachment C.

Recommended Implementation Strategies and Learner Levels

It is recommended that this module be part of an interprofessional learning experience with teams of 8-12 students from multiple professions (e.g., dentistry, medicine, nursing, pharmacy, social work). Ideally, the learners will be at similar levels (e.g., 2nd year nurse practitioners, with 3rd and 4th year medical students). However, since the experience does not target clinical skills but rather competencies that address assessing patient preferences, integrating diverse perspectives into care plan, and working as an interprofessional team, there is flexibility on the level of learners chosen to participate.

Competencies Addressed in the Module

Pain Competencies:

1. Identify pain treatment options that can be used in a comprehensive pain management plan.
2. Monitor effects of pain management approaches to adjust the plan of care as needed.

Interprofessional Collaborative Practice Competencies:

1. Use the full scope of knowledge, skills, and abilities of available health professionals and healthcare workers to provide care that is safe, timely, efficient, effective, and equitable.
2. Communicate with team members to clarify each member's responsibility in executing components of a treatment plan.

Supplies:

- 2-3 easel pads (learners will work in small groups for part of the exercise; each group should have an easel pad for taking notes).
- Variety of flip chart markers

Resources / Materials:

Resource Title	Description
Independent Learning Module (Appendix B)	See below for more information
Learning Module Quiz	Facilitator Guide, Attachment D, page 18
Optional reading material for learners	Brief Pain Inventory ³⁻⁴ , and the (PHQ-9): Questionnaire for Depression Scoring and Interpretation Guide ⁵⁻⁶
Handout I (Appendix C)	Competencies, goals, and learning objectives
Handout II (Appendix D)	Overview of case for discussion
Power Point (Appendix E)	The Power Point is divided into 3 sections: Gerald's Return Visit, slides 1-4; Final Discussion, slides 5-6; and the Session Recap, slides 7-8.
Session evaluation (Appendix F)	One page evaluation based on the <i>Pain Knowledge and Belief Questionnaire</i> ⁷ , developed by an interprofessional faculty team at the University of Toronto to assess interprofessional undergraduate pain curricula.

Facilitator Planning

Ideally this module will be facilitated by an interprofessional team of faculty; however, it can be led by a single facilitator. To prepare for the in-person session, facilitators should review all of the material, including the independent learning module, facilitator guide, Attachment items, patient information, and recommended resources.

Preparing Learners for the Session: Independent Learning Module

To optimize the learning experience, a 15-minute web-based presentation on ***Cancer Pain***

Management (Appendix B) is included as a resource for learners to complete prior to the in-person session. This independent learning module provides learners with foundational knowledge that is tied to the group activities and discussions. A brief quiz is included (Facilitator Guide, Attachment D) to identify areas that may require additional discussion during the "*Independent Learning Review*" session. It is recommended that this

anonymous quiz is administered through an online survey program of your choice with the results sent directly to the facilitator prior to the in-person training. Facilitators may consider requiring prelearning activities on other topics, such as interprofessional education (IPE), the brief pain inventory, and the PHQ-9. Select examples of additional resources are listed in the box above.

Additional Resources

- University of Washington IPE resources: http://www.wish.washington.edu/services/ipe_faculty_resources.
- University of Texas IPE Competency Video Series: <https://www.youtube.com/channel/UCvpF6R6-q7wLenkqE8qWHLg>
- Brief Pain Inventory³⁻⁴,
- (PHQ-9): Questionnaire for Depression Scoring and Interpretation Guide⁵⁻⁶.

Cancer Pain and Treatment Options: Gerald Dubois Learning Experience

Competencies Addressed *(Please see Attachments A and B for more information)*

Pain Management Core Competencies¹:

1. Pain Competency 3.2: Identify pain treatment options that can be used in a comprehensive pain management plan.
2. Pain Competency 3.5: Monitor effects of pain management approaches to adjust the plan of care as needed.

Interprofessional Collaborative Practice Competencies (ICPC)²:

1. Interprofessional Practice Competency RR5: Use the full scope of knowledge, skills, and abilities of available health professionals and healthcare workers to provide care that is safe, timely, efficient, effective, and equitable.
2. Interprofessional Practice Competency RR6: Communicate with team members to clarify each member's responsibility in executing components of a treatment plan.

Goals

1. Illustrate how a range of pharmacological and non-pharmacological pain treatment options should be considered during patient assessment and evaluation, and how treatment decisions can be incorporated into a comprehensive pain management plan.
2. Teach students ways to effectively monitor patient progress toward agreed-upon functional goals, and how to adjust the plan of care as needed.
3. Illustrate to learners the importance and benefit of including other professions in care planning to inform care decisions and provide quality care, while respecting the patient's values and preferences.

Learning Objectives

After completing this case-study learning experience, participants should be able to:

1. Construct a problem list and treatment plan for initial management of a complex pain case presentation.
2. Use the biopsychosocial model to create an effective patient-centered pain management plan.
3. In the context of an interprofessional team, adjust a plan of care in light of feedback gained during ongoing assessment of pain, function, and overall systems.
4. Recognize the benefits of patient-centered, team-based care.
5. Communicate with other health professionals in a responsive and responsible manner that supports a team approach to care.

Activity Schedule at a Glance*

	Activity	Time	Resources
Facilitator Planning	Review facilitator guide, independent learning activities, handouts and resources	30 minutes	Appendices A-G
	If multiple individuals will be facilitating session, meet as a group to review material and identify point person for each module activity	45 minutes	
	Send link to independent learning activities 1-week prior to session	5 minutes	
	Review independent learning activity quiz results	10 minutes	Attachment D: Cancer Pain Management quiz
Learners: Pre-session activities**	Learners: Complete independent learning on “Cancer Pain Treatment and Management” and complete anonymous quiz		Appendix B (module) and Attachment D (quiz)
In-person session (120 minutes)	Introduction for Case & Interprofessional Ice Breaker	15 minutes	
	Orientation for Gerald Experience: Competencies & Roles	5 minutes	Appendix C: Handout I
	Independent Learning Review	10 minutes	
	Quick Reference – Gerald	5 minutes	Appendix D: Handout II
	1 -2 -4 Activity	10 minutes	
	Facilitator led de-brief	15 minutes	
	Student preparation of problem list and treatment plan	15 minutes	
	Groups present their treatment plans and discuss	15 minutes	
	Gerald – Part II	5 minutes	Appendix E. Presentation
	Student preparation of treatment plan adjustment	10 minutes	
	Facilitator-led student discussion	10 minutes	Appendix E. Presentation
	Facilitator Recap	5 minutes	Appendix E. Presentation
	Post-session activity	Session Evaluation	<5 minutes

*If this module is used in combination with the Interprofessional Pain Management Learning Modules on ***Pain and the Older Adult*** and/or ***Culture and Pain Management***, it is recommended that all learners begin the session in a large group with a 30-minute introduction and discussion on interprofessional collaboration before breaking into case-specific discussions, and end with a 30-minute large group debrief on their experiences. Each module is the same length and can be run simultaneously.

Alternate agenda when holding multiple modules:

Activity	Description	Time
Welcome	Provide overview of the day	10 minutes
Icebreaker	Large group icebreaker with all learners	15-30 minutes (depending on size of group)
In-person session	Hold sessions in separate rooms No case-specific “ice breaker activity” required	105 minutes
Post-session discussion	Bring all learners and facilitators back together to discuss the sessions, feedback on the interprofessional learning experience, etc.	30 minutes
Post-session activity	Session Evaluation	5 minutes

Total time: 165-180 minutes

Facilitator Instructions

Throughout the guide, textual formatting will appear to cue you to suggested actions and script for that section of the presentation. These visual cues, defined below, are intended to quickly guide you through the presentation of information and activities within the simulation.

Discussion questions are written like this

Instructions for the facilitator to DO are written like this

New activities will look like this

Introductions and Interprofessional Ice Breaker

15 minutes

Activity Overview: Welcome group and open with an ice-breaker activity geared towards having learners share something about their professions. One option is to have students introduce themselves with their school and academic year and one thing they find most enjoyable about their profession and why.

Orientation for Gerald experience: (Handout I)

5 minutes

Activity Overview: During this activity the facilitators will provide an overview of the session, including a review of the learning goals and competencies; as well as a review of the structure of the sessions.

Facilitator Instructions: Share Handout I (Competencies and Learning Objectives) and explain that during this two-part session learners will review the case of Gerald. They will be asked to work in interprofessional pairs, groups, and as a large group to discuss the various influences on his care and how each of their professions contributes. Handout II is an optional resource on team roles and responsibilities for students to use during the session.

Independent Learning Module Review: Cancer Pain and Treatment Options The Biopsychosocial Model

10 minutes

Prior to the session, the students will have completed a web-based Independent Learning Module on cancer pain management and the biopsychosocial model as it pertains to chronic pain. A brief quiz is included at the end of the guide (Attachment D) to identify areas that may require additional discussion during this session. It is recommended that this anonymous quiz is administered through an online survey program with the results sent directly to the facilitator(s) prior to the in-person training.

Quick Reference – Gerald: Handout II

5 minutes

Activity Overview: Students independently review Gerald's case (Handout II).

Facilitator Instructions: Give students an opportunity to ask questions about the vitals and history information. Discuss how different professions may play a role in his care.

1 – 2 – 4 Activity:

10 minutes

Activity Overview: Students will reflect on the question for:

- 1 minute individually
- 2 minutes to discuss in pairs
- 4 minutes to discuss in groups of 4

Facilitator Instructions: Explain the 1 – 2 – 4 Activity and pose the following question to the students:

What might some of Gerald's greatest challenges be?

Facilitator led de-brief:**15 minutes**

Facilitator Instructions: When the students are finished with the 1 – 2 – 4 activity, come back together as a large group and ask each group to report on what they viewed as Gerry’s greatest challenge.

Student preparation of problem list and treatment plan for Gerald:**15 minutes**

Activity Overview: In 2-3 interprofessional groups of 4-5, students create a problem list and a treatment plan using the biopsychosocial model (overview of the biopsychosocial model provided in the independent learning).

Facilitator Instructions: Remind learners of the treatment options covered in the independent learning and ask them to refer to the interprofessional scope of work diagram. It should be stressed that there is not a single correct treatment choice but that the group should consider and incorporate: components of the biopsychosocial model, pain treatment options, and resources of all professions.

Groups present their treatment plans and discuss:**15 minutes**

Facilitator Instructions: Allow each of the groups to present their treatment plans to the group. Discuss any variances between the groups’ treatment plans.

Gerald – Part II: PowerPoint (Please see Power Point “Gerald Return Visit and Recap”)**5 minutes**

Note: The description of Gerald’s follow-up appointment is intentionally vague so that it fits with whatever kinds of treatment plan the students developed.

Facilitator Instructions: Present slides 1-4 in the *Gerald Return Visit and Recap* presentation.

Student preparation of treatment plan adjustment:**10 minutes**

Facilitator Instructions: Ask students to work in 2-3 interprofessional groups and pose the question below. Have students present adjustments made, or rationale for why no adjustments are recommended at this time, to the treatment plan.

“Based on what we know about Gerald and the new information presented in his six-week follow-up visit, how would you adjust the care plan?”

Facilitator-led student discussion: PowerPoint (slide 5)**10 minutes**

Activity Overview: The description of Gerald’s follow-up appointment is intentionally vague so that it fits with whatever kinds of treatment plan the students developed. Students should be able to articulate what they’ve learned about the role of each profession as it pertains to the management of Gerald’s plan.

Facilitator Instructions: Prompt students to consider gaps in their care plans and how those gaps may be addressed by working interprofessionally.

As a large group discuss:

1. *Are there other pharmacological or non-pharmacological choices outside of those presented here?*
2. *How do you integrate the patient and family members in the care team?*
3. *How can your colleagues help with the concerns identified?*
4. *Who is missing from this group that would be involved in developing a care plan?*

Facilitator Recap: PowerPoint (slide 6)

5 minutes

Facilitator Instructions: Summarize events of the learning experience. Ask their impression of the collaborative efforts and quality of reflection and discussion.

References

1. Fishman SM, Young HM, Lucas Arwood E, et al. Core competencies for pain management: results of an interprofessional consensus summit. *Pain Med.* Jul 2013;14(7):971-981. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3752937/>
2. Interprofessional Education Collaborative Expert Panel. (2011). Core competencies for interprofessional collaborative practice: Report of an expert panel. Washington, D.C.: Interprofessional Education Collaborative. <https://ipecollaborative.org/uploads/IPEC-Core-Competencies.pdf>
3. Cleeland CS. Measurement of pain by subjective report. In: Chapman CR, Loeser JD, editors. *Advances in Pain Research and Therapy*, Volume 12: Issues in Pain Measurement. New York: Raven Press; 1989. pp. 391-403.
4. Keller S, Bann CM, Dodd SL, Schein J, Mendoza TR, Cleeland CS. Validity of the Brief Pain Inventory for use in documenting the outcomes of patients with noncancer pain. *Clin J Pain* 20(5): 309-318, 2004.
5. Kroenke K, Spitzer R L, Williams J B (2001). The PHQ-9: validity of a brief depression severity measure. *Journal of General Internal Medicine*, 16(9): 606-613.
6. UMHS Depression Guideline. "PHQ-9* Questionnaire for Depression Scoring and Interpretation Guide." (2011): 23. <http://www.med.umich.edu/1info/FHP/practiceguides/depress/score.pdf>
7. Hunter J., et al. "An Interfaculty Pain Curriculum: Lessons Learned from Six Years Experience." *Pain* 140.1 (2008): 74-86.

Attachment A: Pain Management Core Competencies¹

PAIN MANAGEMENT CORE COMPETENCIES

The core competencies and supporting core values and principles were developed by an interprofessional expert group comprised of leaders from multiple health professions, including: dentistry, medicine, nursing, pharmacy, physical therapy, psychology, social work, acupuncture, and veterinary medicine. The domains are aligned with the outline categories of the International Association for the Study of Pain curricula.

CORE VALUES and PRINCIPLES

The following core values and principles are integral to and embedded within all domains and competencies and are related to many of the nursing essentials. To deliver the highest quality of care, health professionals must be able to determine and address the needs of patients from a variety of cultures and socio-economic backgrounds; advocate for patients on individual, system and policy levels; and communicate effectively with patients, families and professionals. These principles transcend any single domain and reflect the need for evidence-based comprehensive pain care that is patient centered and is delivered in a collaborative, team-based environment.

- Advocacy
- Collaboration
- Communication
- Compassion
- Comprehensive Care
- Cultural Inclusiveness
- Empathy
- Ethical Treatment
- Evidence-Based Practice
- Health Disparities Reduction
- Interprofessional Teamwork
- Patient-Centered Care

DOMAINS

The pain management core competencies are categorized within four domains: multidimensional nature of pain, pain assessment and measurement; management of pain, and context of pain management. The competencies address the fundamental concepts and complexity of pain; how pain is observed; collaborative approaches to treatment options; and application of competencies in the context of various settings, populations and care teams.

Domain One

Multidimensional Nature of Pain: What is Pain?

This domain focuses on the fundamental concepts of pain including the science, nomenclature, experience of pain, and pain's impact on the individual and society.

- 1.1. Explain the complex, multidimensional and individual-specific nature of pain.
- 1.2. Present theories and science for understanding pain.
- 1.3. Define terminology for describing pain and associated conditions.
- 1.4. Describe the impact of pain on society.
- 1.5. Explain how cultural, institutional, societal and regulatory influences affect assessment and management of pain.

Domain Two

Pain Assessment and Measurement: How is Pain Recognized?

This domain relates to how pain is assessed, quantified, and communicated, in addition to how the individual, the health system, and society affect these activities.

- 2.1. Use valid and reliable tools for measuring pain and associated symptoms to assess and reassess related outcomes as appropriate for the clinical context and population.
- 2.2. Describe patient, provider and system factors that can facilitate or interfere with effective pain assessment and management.
- 2.3. Assess patient preferences and values to determine pain-related goals and priorities.
- 2.4. Demonstrate empathic and compassionate communication during pain assessment.

Domain Three

Management of Pain: How is Pain Relieved?

This domain focuses on collaborative approaches to decision making, diversity of treatment options, the importance of patient agency, risk management, flexibility in care, and treatment based on appropriate understanding of the clinical condition.

- 3.1. Demonstrate the inclusion of patient and others, as appropriate, in the education and shared decision-making process for pain care.
- 3.2. Identify pain treatment options that can be accessed in a comprehensive pain management plan.
- 3.3. Explain how health promotion and self-management strategies are important to the management of pain.
- 3.4. Develop a pain treatment plan based on benefits and risks of available treatments.
- 3.5. Monitor effects of pain management approaches to adjust the plan of care as needed.
- 3.6. Differentiate physical dependence, substance use disorder, misuse, tolerance, addiction, and non-adherence.
- 3.7. Develop a treatment plan that takes into account the differences between acute pain, acute-on-chronic pain, chronic/persistent pain, and pain at the end of life.

Domain Four

How Does Context Influence Pain Management?

This domain focuses on the role of the clinician in the application of the competencies developed in Domains 1-3 and in the context of varied patient populations, settings, and care teams.

- 4.1. Describe the unique pain assessment and management needs of special populations.
- 4.2. Explain how to assess and manage pain across settings and transitions of care.
- 4.3. Describe the role, scope of practice and contribution of the different professions within a pain management care team.
- 4.4. Implement an individualized pain management plan that integrates the perspectives of patients, their social support systems and health care providers in the context of available resources.
- 4.5. Describe the role of the clinician as an advocate in assisting patients to meet treatment goals.

Attachment B: Interprofessional Collaborative Practice Competencies²

Competency Domain 1: Values/Ethics for Interprofessional Practice

Work with individuals of other professions to maintain a climate of mutual respect and shared values.

- VE1. Place the interests of patients and populations at the center of interprofessional health care delivery.
- VE2. Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of team-based care.
- VE3. Embrace the cultural diversity and individual differences that characterize patients, populations, and the health care team.
- VE4. Respect the unique cultures, values, roles/responsibilities, and expertise of other health professions.
- VE5. Work in cooperation with those who receive care, those who provide care, and others who contribute to or support the delivery of prevention and health services.
- VE6. Develop a trusting relationship with patients, families, and other team members (CIHC, 2010).
- VE7. Demonstrate high standards of ethical conduct and quality of care in one's contributions to team-based care.
- VE8. Manage ethical dilemmas specific to interprofessional patient/population centered care situations.
- VE9. Act with honesty and integrity in relationships with patients, families, and other team members.
- VE10. Maintain competence in one's own profession appropriate to scope of practice.

Competency Domain 2: Roles/Responsibilities

Use the knowledge of one's own role and those of other professions to appropriately assess and address the healthcare needs of the patients and populations served.

- RR1. Communicate one's roles and responsibilities clearly to patients, families, and other professionals.
- RR2. Recognize one's limitations in skills, knowledge, and abilities.
- RR3. Engage diverse healthcare professionals who complement one's own professional expertise, as well as associated resources, to develop strategies to meet specific patient care needs.
- RR4. Explain the roles and responsibilities of other care providers and how the team works together to provide care.
- RR5. Use the full scope of knowledge, skills, and abilities of available health professionals and healthcare workers to provide care that is safe, timely, efficient, effective, and equitable.
- RR6. Communicate with team members to clarify each member's responsibility in executing components of a treatment plan or public health intervention.
- RR7. Forge interdependent relationships with other professions to improve care and advance learning.
- RR8. Engage in continuous professional and interprofessional development to enhance team performance.
- RR9. Use unique and complementary abilities of all members of the team to optimize patient care.

Competency Domain 3: Interprofessional Communication

Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease.

- CC1. Choose effective communication tools and techniques, including information systems and communication technologies, to facilitate discussions and interactions that enhance team function.
- CC2. Organize and communicate information with patients, families, and healthcare team members in a form that is understandable, avoiding discipline-specific terminology when possible.
- CC3. Express one's knowledge and opinions to team members involved in patient care with confidence, clarity, and respect, working to ensure common understanding of information and treatment and care decisions.
- CC4. Listen actively, and encourage ideas and opinions of other team members.
- CC5. Give timely, sensitive, instructive feedback to others about their performance on the team, responding respectfully as a team member to feedback from others.

CC6. Use respectful language appropriate for a given difficult situation, crucial conversation, or interprofessional conflict.

CC7. Recognize how one's own uniqueness, including experience level, expertise, culture, power, and hierarchy within the healthcare team, contributes to effective communication, conflict resolution, and positive interprofessional working relationships (University of Toronto, 2008).

CC8. Communicate consistently the importance of teamwork in patient-centered and community-focused care

Competency Domain 4: Teams and Teamwork

Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient-/population-centered care that is safe, timely, efficient, effective, and equitable.

TT1. Describe the process of team development and the roles and practices of effective teams.

TT2. Develop consensus on the ethical principles to guide all aspects of patient care and team work.

TT3. Engage other health professionals—appropriate to the specific care situation—in shared patient-centered problem-solving.

TT4. Integrate the knowledge and experience of other professions—appropriate to the specific care situation—to inform care decisions, while respecting patient and community values and priorities/preferences for care.

TT5. Apply leadership practices that support collaborative practice and team effectiveness.

TT6. Engage self and others to constructively manage disagreements about values, roles, goals, and actions that arise among healthcare professionals and with patients and families.

TT7. Share accountability with other professions, patients, and communities for outcomes relevant to prevention and health care.

TT8. Reflect on individual and team performance for individual, as well as team, performance improvement.

TT9. Use process improvement strategies to increase the effectiveness of interprofessional teamwork and team-based care.

TT10. Use available evidence to inform effective teamwork and team-based practices.

TT11. Perform effectively on teams and in different team roles in a variety of settings.

References:

Canadian Interprofessional Health Collaborative. (2010, February). A national interprofessional competency framework. Retrieved July 20, 2015 from http://www.cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf

University of Toronto. (2008). Advancing the interprofessional education curriculum 2009. Curriculum overview. Competency framework. Toronto: University of Toronto, Office of Interprofessional Education. Retrieved July 20, 2016 from http://www.ipe.utoronto.ca/sites/default/files/1.1.%20Core%20Competencies%20Diagram_1.pdf

Attachment C: General points about IPE Facilitation

Howkins & Bray (2008) surveyed experienced interprofessional facilitators to elicit their views on the skills and knowledge needed to promote effective IPE. A number of common areas emerged:

- 1) Be aware of self (e.g., facilitator should recognize how behaviors, bias, and beliefs influence the group);
- 2) Recognize and address conflicts (e.g., explore differences and commonalities; challenge views and not the person expressing them);
- 3) Establish foundation for successful group process (e.g., set clear objectives; explore interprofessional relationships; encourage feedback and active participation); and
- 4) Acknowledge and address power dynamics (e.g., create a safe space for discussions, understand that power relations can be linked with stereotyped roles; and acknowledge the power dynamic between learner and facilitator).

Establishing the learning environment:

The IPE facilitator can foster a positive and effective learning environment by:

- Welcoming the learners when beginning the session; have them introduce themselves to the group and identify their profession.
- Making the goals, objectives, and format of the session clear to the participants
- Asking for commitment from learners to be respectful, collaborative, and open to new perspectives
- Addressing the learners by their preferred names, when possible.
- Encouraging active participation by all learners.
- Clarifying confusion around profession-specific terminology.
- Recognizing that learners may not have a clear understanding of different professions' roles/responsibilities.
- Creating a safe environment where all questions are valid and welcomed.
- Sharing your own experiences of collaborative practice (positive, negative, humorous).
- Encouraging and creating conditions for reciprocal feedback.
- Recognizing and appreciating individual differences among learners.

References:

Howkins E, Bray J. Preparing for Interprofessional Teaching. New York: Radcliffe Press. 2008.

Attachment D: Independent Learning Quiz

1. Which is not an ethical imperative of health care?
 - a. Maximize revenue [correct]
 - b. Sustain life
 - c. Restore health
 - d. Relieve suffering
 - e. Provide comfort

2. Pain is seen in what percentage of patients with advanced cancer?
 - a. Less than 10%
 - b. 10 - 34%
 - c. 35 - 59%
 - d. 60 - 85% [correct]
 - e. Greater 85%

3. Breakthrough pain is pain that:
 - a. is intermittent
 - b. is constant but changing
 - c. spikes through constant pain [correct]
 - d. frequently rises and falls in intensity

4. A frequent side effect of cancer pain treatment is:
 - a. Seizures from anticonvulsants
 - b. Kidney failure from NSAIDs
 - c. Constipation from opioids [correct]
 - d. Liver toxicity from acetaminophen
 - e. Serotonin syndrome from antidepressants

Appendix B: Independent Learning Module (Optional)

Preparing Learners for the Session: Independent Learning Module

To optimize the learning experience, a 15-minute web-based presentation on **Cancer Pain Management (Appendix B)** is included as a resource for learners to complete prior to the in-person session. This independent learning module provides learners with foundational knowledge that is tied to the group activities and discussions. A brief quiz is included (Facilitator Guide, Attachment D) to identify areas that may require additional discussion during the “*Independent Learning Review*” session. It is recommended that this anonymous quiz is administered through an online survey program of your choice with the results sent directly to the facilitator prior to the in-person training. Facilitators may consider requiring prelearning activities on other topics, such as interprofessional education (IPE), the brief pain inventory, and the PHQ-9. Select examples of additional resources are listed in the box above.

Additional Resources

- University of Washington IPE resources: http://www.wish.washington.edu/services/ipe_faculty_resources.
- University of Texas IPE Competency Video Series: <https://www.youtube.com/channel/UCvpF6R6-q7wLenkqE8qWHLg>
- Brief Pain Inventory
- (PHQ-9): Questionnaire for Depression Scoring and Interpretation Guide

To access Cancer Pain and Treatment Options:

https://hsmedia.ucdmc.ucdavis.edu/nursing/MACY/031717/Cancer%20Pain%20and%20Treatment%20Options%20-%20Presenter%20output/presentation_html5.html

Interprofessional Pain Management Learning Module

Gerald Dubois

Pain Management Core Competencies¹:

1. **Pain Competency 3.2:** Identify pain treatment options that can be used in a comprehensive pain management plan.
2. **Pain Competency 3.5:** Monitor effects of pain management approaches to adjust the plan of care as needed.

Interprofessional Collaborative Practice Competencies (ICPC)²:

1. **Interprofessional Practice Competency RR5:** Use the full scope of knowledge, skills, and abilities of available health professionals and healthcare workers to provide care that is safe, timely, efficient, effective, and equitable.
2. **Interprofessional Practice Competency RR6:** Communicate with team members to clarify each member's responsibility in executing components of a treatment plan.

RR=Roles and responsibilities

Learning Objectives:

After completing this case-study learning experience, participants should be able to:

1. Construct a problem list and treatment plan for initial management of a complex pain case presentation.
2. Use the biopsychosocial model to create an effective patient-centered pain management plan.
3. In the context of an interprofessional team, adjust a plan of care in light of feedback gained during ongoing assessment of pain, function, and overall systems.
4. Recognize the benefits of patient-centered, team-based care.
5. Communicate with other health professionals in a responsive and responsible manner that supports a team approach to care.

1. Fishman SM, Young HM, Lucas Arwood E, et al. Core competencies for pain management: results of an interprofessional consensus summit. *Pain Med.* Jul 2013;14(7):971-981. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3752937/>
2. Interprofessional Education Collaborative Expert Panel. (2011). Core competencies for interprofessional collaborative practice: Report of an expert panel. Washington, D.C.: Interprofessional Education Collaborative. <https://ipecollaborative.org/uploads/IPEC-Core-Competencies.pdf>

Handout III – Quick Reference

Name: Gerald (Gerry) Dubois

Age: 77-years old

Gender: Male

Race/Ethnicity: African American

Marital Status: Married

Occupation: Retired Large Animal Veterinarian

Chief Complaint:

Breakthrough pain is occurring despite the Acetaminophen/Codeine he was prescribed, which has also resulted in constipation. He takes 1-2, two times per day.

History of Presenting Illness:

Gerald was diagnosed with metastatic prostate cancer 17 years ago, but the cancer has been held in check by a novel chemotherapeutic agent. Now, however, he has severe axial lumbar breakthrough pain that, he is told, is due to osteoblastic lesions on his lower spine. He describes that he was an athlete in college and continued to be an active adult who enjoyed golf, long walks, and gardening. Because of the pain, he can't play golf or do any of his former activities and is depressed about that, in addition to being tired from disrupted sleep. The constipation, he says, "just makes everything worse. I can't go on like this." His wife is with him and shares that he rarely goes out anymore because he "doesn't want to be seen." She is struggling with keeping up with what she needs to do and still care for her family.

Assessment/Vitals	Resources
Pain score: 9/10	Brief Pain Inventory (BPI) Score range: 0 = No pain to 10 = "Pain as bad as you can imagine it" <i>For information on the Brief Pain Inventory, please see: Tan, G., Jensen, M. P., Thornby, J. I., & Shanti, B. F. (2004). Validation of the Brief Pain Inventory for chronic nonmalignant pain. [Validation Studies]. J Pain, 5(2), 133-137.</i>
Depression screen score (PHQ-9): 19/27	Patient Health Questionnaire (PHQ-9) Score range: 0 to 27 Score interpretation: Brief, self-administered questionnaire for screening, diagnosis, monitoring and measuring severity of depression in clinical practice. 0-4: Minimal 5-9: Mild 10-14: Moderate 15-19: Moderately severe 20-27: Severe
Vitals	Normal Range
Heart rate: 60	60 to 100 beats per minute
Blood pressure: 110/80	90/60 mm/Hg to 120/80 mm/Hg. Blood pressure is variable for individuals and age groups. It may fluctuate and increase with exercise, illness, injury, pain, and emotions.
Temperature: 99.0 (F) / 37.2 (C)	97.8 - 99.1 degrees Fahrenheit [36.6 – 37.3 degrees Celsius]
Oxygen saturation: 100%	90-100%
Respiratory rate: 10	12-18 breaths per minute
Past Medical History	
CAD with CABG 20 years ago; cardiac cath within last year shows no change in coronary artery patency; pulmonary embolism and deep vein thrombosis: 4 months ago, now medicated with Xarelto; hypertension; mild congestive heart failure with paroxysmal atrial fibrillation.	CAD = coronary artery disease. CABG = coronary artery bypass graft
Medications	Medication Use
Metoprolol Succinate – 25 mg, once daily	Beta blocker used to treat angina (chest pain) and hypertension (high blood pressure)
Carvedilol (Coreg) 6.25 mg BID	Beta blocker used to treat heart failure and hypertension (high blood pressure).
Lisinopril 10 mg daily	ACE inhibitor used to treat high blood pressure (hypertension), congestive heart failure, and to improve survival after a heart attack.
Rivaroxaban (Xarelto) 20 mg daily	Anticoagulant used to prevent or treat a type of blood clot called deep vein thrombosis (DVT), which can lead to blood clots in the lungs (pulmonary embolism). Persons with cancer have an increased risk for DVT.
Acetaminophen/Codeine (300/30); 1-2 every 4-6 hours as needed	Schedule II opioid and analgesic/antipyretic combination used to relieve mild to moderately severe pain.



**UC DAVIS
HEALTH**



Cancer Pain and Treatment Options: Gerald Dubois Return Visit

Use of Material

© The Regents of the University of California, Davis campus, 2016. All rights reserved. For information contact hs-capr@ucdavis.edu or (916) 734-2145.

This material may be reproduced, distributed, publicly displayed and modified provided that attribution to UC Davis School of Medicine and Betty Irene Moore School of Nursing is clearly stated and it is used for non-commercial purposes only. Please contact hs-capr@ucdavis.edu for permission for other use.

The photos cannot be copied and reused for other purposes, including development of other educational material.

Six-week follow-up appointment: Gerald's status



Gerald reports that his pain is somewhat improved. His wife says she was glad when he recently made the effort to attend his grandson's birthday party, even though he wanted to leave early.

Gerald's status

Despite this modest improvement in pain, he is still sleeping poorly and says he is still frequently constipated. His wife says that the visit with his grandson was the exception—most of the time Gerald prefers to stay at home reading, watching television, and napping.



Treatment Plan Adjustment

Based on what we know about Gerald and the new information presented in his six-week follow-up visit, how would you adjust the care plan?

Final discussion

Discussion questions

- Are there other pharmacological or non-pharmacological choices outside of those presented here?
- What role does each profession play in the management of Gerald's plan?
- How do you integrate the patient and family members in the care team?
- What are some clinical pearls that you've identified that will help you approach developing a care plan in such a complex case?

Session Recap

Session Recap

- Treatment decisions should be guided by a comprehensive pain management plan that includes perspectives from an interprofessional team, as well as the patient and family.
- A wide range of drug and non-drug options can be deployed to treat/manage chronic pain.
- Monitor patients to assess their progress toward functional goals, and adjust care as needed.

Session Evaluation

Thank you for completing this evaluation of the learning module. Your feedback will be used to guide revisions of the modules and overall program.

About You (circle response that applies):

Profession: NP Pharmacy Student Medical Student Social Work Student

1. Please indicate how much you agree with the following statements by circling your response using the scale provided, where **1 = strongly disagree** and **5 = strongly agree**.

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
a. Clarified relevant areas to be considered in care plan development	1	2	3	4	5
b. Improved my understanding of the key principles of pain management	1	2	3	4	5
c. Increased my knowledge about pain management strategies	1	2	3	4	5
d. Clarified the role of each profession in the management of pain	1	2	3	4	5
e. Increased my awareness of the impact of pain on the patient's quality of life, activity and participation	1	2	3	4	5
f. Highlighted the importance of a management plan tailored to the patient's need	1	2	3	4	5
g. Improved my understanding of the need for interprofessional collaborative communication in pain management	1	2	3	4	5
h. Improved my understanding of the importance of follow-up care	1	2	3	4	5
i. Was effectively facilitated from a "small group" perspective	1	2	3	4	5
j. Was effectively facilitated from an "interprofessional group" perspective	1	2	3	4	5
k. Had sufficient time for questions	1	2	3	4	5
l. Was overall well done	1	2	3	4	5

3. What did you gain from participating in this interprofessional pain management learning module?

4. What suggestions do you have for improving the interprofessional pain management learning module?