Pain and Culture: 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.

Appendix Items:

A. Facilitator Guide
B. Independent Learning Module on ***Pain and Culture***
(Access at:
https://hsmedia.ucdmc.ucdavis.edu/nursing/tmp/Articulate/Pain%20and%20Culture%20Presentation%20v.3ppt%20-%20Presenter%20output/presentation.html)
C. Handout I
D. Handout II (Patient and Learner Versions)
E. Power Point
F. Session Evaluation

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UC DAVIS HEALTH
Center for Advancing Pain Relief

Promoting Interprofessional Collaboration through the Prism of Chronic Pain Care

Culture and Pain Management

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Facilitator Overview

Promoting Interprofessional Collaboration through the Prism of Chronic Pain Care

Culture and Pain Management

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 ***Cancer Pain and Treatment Options***.

Competencies Addressed in the Module

Pain Competencies:

1. Explain how cultural, institutional, societal and regulatory influences affect assessment and management of pain.
2. Describe the role, scope of practice, and potential contributions of different professions within a pain management care team.

Interprofessional Collaborative Practice Competencies:

1. Embrace the cultural diversity and individual differences that characterize patients, populations and the healthcare team.
2. Explain the roles and responsibilities of other care providers and how the team works together to provide care.

Interprofessional Education (IPE)

One of the goals of this session 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 could 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 is 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.

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
- Computer with LCD projector and speakers so that the embedded audio in presentation can be heard by students

Resources / Material:

Resource Title	Description
Independent Learning Module (Appendix B)	(see below)
Learning Module Quiz	Please see Facilitator Guide, Attachment D
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 D1 and D2)	Overview of case for discussion
Power Point Parts I and II (Appendix E)	The Power Point is divided into Part I and Part II. Part I consists of 9 slides, each **with audio of Rick Perez** as he describes his pain experiences. Part II consists of five slides and has Rick's medication list and return appointment with audio.
Session evaluation (Appendix F)	One page evaluation based on the ***Pain Knowledge and Belief Questionnaire***[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 independent learning module, facilitator guide, Attachment items, and recommended resources.

Preparing Learners for the Session: Independent Learning

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

- 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[3-4],
- (PHQ-9): Questionnaire for Depression Scoring and Interpretation Guide[5-6].

Culture and Pain Management:

Rick Perez Learning Experience

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

Pain Competencies:

1. Pain Competency 1.1: Explain how cultural, institutional, societal and regulatory influences affect assessment and management of pain.
2. Pain Competency 4.3: Describe the role, scope of practice, and potential contributions of different professions within a pain management care team.

Interprofessional Collaborative Practice Competencies:

1. Interprofessional Practice Competency VE3: Embrace the cultural diversity and individual differences that characterize patients, populations and the healthcare team.
2. Interprofessional Practice Competency RR4: Explain the roles and responsibilities of other care providers and how the team works together to provide care.

Goals

1. Illustrate how cultural, institutional, societal, and regulatory influences affect assessment and management of pain.
2. Provide opportunities for students to learn about the role, scope of practice, and contribution of the different professions within an interprofessional pain management care team.

Learning Objectives

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

1. Identify how cultural, institutional, societal, regulatory influences and biases can affect assessment and management of pain.
2. Describe how personal attitudes or beliefs about opiates/addiction/legal concerns can interfere with providing clinically objective and appropriate care.
3. Demonstrate how to work effectively in an interprofessional team.
4. Understand how the different roles and contributions of an interprofessional team can mitigate biases in a care plan.
5. Communicate with other health professionals in a responsive and responsible manner that supports a team approach to care.

Learning Module At a Glance*

	Activity	Minutes	Resources
Facilitator Planning	Review facilitator's guide, independent learning activities and resources	30 minutes	Web-based modules on "Culture and Pain" and "Interprofessional education"; facilitator guide; handouts I, II & III; presentation, evaluation; and resources
	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	Culture and Pain quiz (Attachment D)
Learners: Pre-session activities**	Learners: Complete independent learning on: "Culture and Pain" and complete anonymous quiz		
In-person session (120 minutes)	Ice breaker	15 minutes	
	Orientation for Rick Experience	10 minutes	Handouts I & II
	Independent Learning Review: Quiz	5 minutes	Quiz (Attachment D)
	Quick Reference – Rick: Review Handout II	10 minutes	Handout II**
	Power Point Case of Rick – Part I	5 minutes	Power Point
	Pair Share/Group Share	10 minutes	
	Implicit Bias Discussion – Part I	20 minutes	Power Point
	Power Point Case of Rick – Part II	5 minutes	Power Point
	Implicit Bias Discussion – Part II	15 minutes	Power Point
	Care Plan Development	15 minutes	
	Session Recap	10 minutes	Power Point
Post-session activity	Session Evaluation	<5 minutes	Session evaluation

*If this module is used in combination with the Interprofessional Pain Management Learning Modules on ***Pain and the Older Adult*** and/or ***Cancer Pain and Treatment Options,*** 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 2-hours in length and can be run simultaneously.

**The learner version of handout II provides minimal clinical information on the patient; however, a more detailed version has been included for facilitators (Handout II – Facilitator) to use as a resource for questions from students.

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

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 case discussion.

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 Rick experience: Handouts I & II

10 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. Facilitators will pay particular attention to creating safety and will ask the learners to share honestly their ideas and opinions.

***Facilitator Instructions*: Share Handout I (Competencies and Learning Objectives) and explain that during this two-part session learners will review the case of Rick. 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 Review

5 minutes

Activity Overview: Prior to the session, the students will have completed an Independent Learning Module on racial/ethnic disparities in the assessment and treatment of pain. The point of this interactive discussion is to establish the knowledge context and evidence base in which the discussion of Rick will unfold. A brief quiz is included (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. **Please note:** facilitators should also consider requiring students view the Interprofessional Education overview available at the University of Washington:

Facilitator Instructions: **Ask learners if they have any questions regarding the independent learning module(s). It is recommended that facilitators review 1-2 questions that multiple learners answered incorrectly, if relevant.**

Discussion- Review of Handout II – Quick Reference

10 minutes

Activity Overview: Students independently review Rick's chief complaints (Handout II – Learner Version). A facilitator version of Handout II is also available as a resource. However, the facilitator(s) should attempt to focus the discussion on the competencies and learning objectives of the module (e.g., cultural, institutional, societal and regulatory influences on care; contributions of different professions within a pain management care team) rather than the complex clinical nature of the case.

***Facilitator Instructions*: Pose the following questions and briefly record the responses on the white board.**

1. *What do you (learners) need to know to be meaningfully involved in Rick's case?*
2. *Why do learners want this information?*

***Facilitators Instructions:* Facilitators review with students the similarities and differences in how students of various professional backgrounds prioritize issues.**

PowerPoint Case of Rick – Part I
5 minutes

Activity Overview: The case of Rick (Part I) is introduced via PowerPoint with **Voice Over**.

Pair Share/ Group Share
10 minutes

Activity Overview: Students will break off into assigned pairs; if possible students should be paired with someone in a different profession. After discussing the question below as a pair for 5 MINUTES, all learners come back together to report out on their discussion as part of a larger group share for 5 MINUTES.

***Facilitator Instructions*: Pose the question:**

What might some of Rick's greatest challenges be?

Implicit Bias Discussion
Pair Share/Group Share
20 minutes (10 minutes to discuss in pairs / 10 minutes to discuss with whole group)

Activity Overview: In this activity, the learners begin to discuss their own experiences. It is recommended that students remain in the same pairs as in previous activity. Pairs should discuss the three questions below for 10 MINUTES. The pairs should come back together and report out on their discussion as part of the full group for 10 MINUTES. **Note:** questions 1 & 2 require an environment in which learners are comfortable expressing themselves. Facilitators should discuss safety at the beginning.

***Facilitator Activity*: Ask the students to consider the following questions:**

1. *Drawing from your personal experiences (what you've read, witnessed in others, etc.) what are some immediate reactions that providers may have to Rick?*
2. *How comfortable are you sharing your own immediate reactions to Rick? (Discuss the difficulty of sharing biases to others). Why is it important to discuss this as providers?*
3. *How might our biases influence our assessment and care of patients in general, and in particular, Rick's case?*

PowerPoint Case of Rick – Part II
5 minutes

Activity Overview: Show Rick – Part II to group **with audio**. At this point additional clinical information is provided for Rick. Note that the description of Rick and his medical concerns is designed to give the learners just enough "red flags" that their own fears/beliefs/values are elicited. Facilitators will continue to guide the discussion back to the competencies, rather than dissecting the specifics of the case.

Implicit Bias Part II
Pair Share/ Group Share
15 minutes (7 minutes to discuss in pairs / 8 minutes to discuss with whole group)

***Facilitator Instructions*: Direct students into new pairs; if possible students should be paired with someone new from a different profession.**

Facilitators ask the pairs:

1. *Rick feels judged about his medications. Does this actually happen in practice?*
    - 7 minutes to discuss in pairs
    - 8 minutes to discuss with the whole group

Care Plan Development
15 minutes

Activity Overview: Each group will spend **10 minutes** on their own and then come together to discuss their care plans as a whole group for **5 minutes**. Here we are hoping that the learners will express their concerns about the current management of Rick and to say what they would like to have happen and identify the barriers and resources to achieving such goals.

***Facilitator Instructions:* Split the learners into 2-3 predetermined interprofessional groups. Ask learners how they would go about addressing Rick's concerns.**

Have students consider the following questions:

1. *What are the patient's goals for care and how can he be brought into the care team?*
2. *What can we do to improve Rick's experience as a team (include his concerns about provider bias)?*
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 Led Summary and Conclusion
10 minutes

Facilitator Instructions: **Summarize events of the learning experience. Impression they had of the collaborative efforts and quality of reflection and discussion**.

- *Reflection question to students: Think about (or state if there is time) one take away point that you have about working as part of an interprofessional team.*

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 Competencies[1]

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
Clinical Conditions: 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 Competencies[2]

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

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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 climate

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
- Ask 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 Module Quiz

1. Which of the following are examples of culture-based barriers to effective communications of pain (select all that are true)?
    a. The provider believes that the patient overly complains about his pain due to his sexual orientation. [correct]
    b. The patient is given a higher dose of opiate pain medicine because he has developed tolerance to the current dose.
    c. The provider cannot understand the patient due to lack of appropriate interpreter services at the clinic. [correct]
    d. The patient wished for her pain to be treated with a spiritual ceremony.

2. Which of the following items is true about implicit bias (select all that are true)?
    a. Only non-minority providers have implicit bias.
    b. Implicit biases may negatively affect your perception of your patient's concerns. [correct]
    c. Being aware of situations when your implicit biases may have significant impact can help you be less influenced by them. [correct]
    d. Implicit bias is more likely to have an impact when providers experience uncertainty. [correct]
    e. Most providers will be able to eliminate implicit bias by attending cultural competence training.

3. Identify the situation in which implicit bias is most likely to impact your clinical decision making:
    a. You are using a trained interpreter to interview a patient with limited English proficiency.
    b. You are presenting your patient's case to a multidisciplinary team of clinicians.
    c. You are aware of having negative stereotypes about your current patient.
    d. You must quickly decide how to manage a patient's acute pain crisis with little knowledge of the patient's history. [correct]

4. True or False: The experience, understanding and expression of pain may be influenced by one's culture. [true]

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 ***Pain and Culture (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 Pain and Culture:

https://hsmedia.ucdmc.ucdavis.edu/nursing/tmp/Articulate/Pain%20and%20Culture%20Presentation%20v.3ppt%20-%20Presenter%20output/presentation.html

Interprofessional Pain Management Learning Module

Rick Perez

Pain Competencies[1]:

1. Pain Competency 1.1: Explain how cultural, institutional, societal and regulatory influences affect assessment and management of pain.
2. Pain Competency 4.3: Describe the role, scope of practice, and potential contributions of different professions within a pain management care team.

Interprofessional Collaborative Practice Competencies[2]:

1. Interprofessional Competency VE3: Embrace the cultural diversity and individual differences that characterize patients, populations and the healthcare team.
2. Interprofessional Competency RR4: Explain the roles and responsibilities of other care providers and how the team works together to provide care.

   VE= Values and ethics for interprofessional practice
   RR=Roles and responsibilities

Learning Objectives:

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

1. Identify how cultural, institutional, societal, regulatory influences and biases can affect assessment and management of pain.
2. Describe how personal attitudes or beliefs about opiates/addiction/legal concerns can interfere with providing clinically objective and appropriate care.
3. Demonstrate how to work effectively in an interprofessional team.
4. Understand how the different roles and contributions of an interprofessional team can mitigate biases in a care plan.
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: Rick Perez

Age: 59
Gender: Male
Race/Ethnicity: Hispanic
Marital Status: Widowed, living alone
Occupation: Bakery Owner

Chief Complaint:
Intense burning pain in his right foot, right knee, right hip, and lower back that is not being relieved by daily doses of "his pain meds" (he can't remember the name). He says the pain gets worse if he elevates his foot, and feels better if he hangs his feet over the edge of a chair.

History of Presenting Illness:
In 1986 Rick suffered a simple 5th metatarsal fracture of right foot, healed without incident, but pain persisted despite Hydrocodone/acetaminophen 5mg/500mg.

Assessment/Vitals	Resources
Pain score: 8/10	Brief Pain Inventory (BPI) Score range: "0 = No pain to 10 = Pain as bad as you can imagine it" *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.*
Depression screen score (PHQ-9): 14/27	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: 74	60 to 100 beats per minute
Blood pressure: 154/92	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: 98.7 (F) / 37.1 (C)	97.8 - 99.1 degrees Fahrenheit [36.6 – 37.3 degrees Celsius]
Oxygen saturation: 93%	90-100%
Respiratory rate: 14	12-18 breaths per minute
Co-morbid conditions and relevant symptoms	
Type 2 diabetes; resting tremor; depression; nicotine addiction; chronic right lower extremity pain s/p metatarsal fracture	
Mild edema and erythema of right foot and ankle	
Medications:	**Medication Use**
Hydrocodone/acetaminophen 5mg/500mg (Vicodin) PRN pain, up to 6-8 tablets/day	A schedule II narcotic and analgesic/antipyretic combination used to relieve mild to moderately severe pain.
Cyclobenzaprine (Flexeril) 10mg TID prn	A skeletal muscle relaxant structurally similar to amitriptyline with properties similar to tricyclic antidepressants, thus providing some benefit in neuropathic pain.
Carisoprodol (Soma) 250 mg QID prn	A centrally acting muscle relaxant. Its active metabolite, meprobamate, is a schedule IV controlled substance with barbiturate-like properties. Thus, carisoprodol has potential for abuse.
Gabapentin (Neurontin) 400 mg TID	Anti-epileptic medication, also called an anticonvulsant. It affects chemicals and nerves in the body that are involved in the cause of seizures and some types of pain.

Handout III

Name: Rick Perez

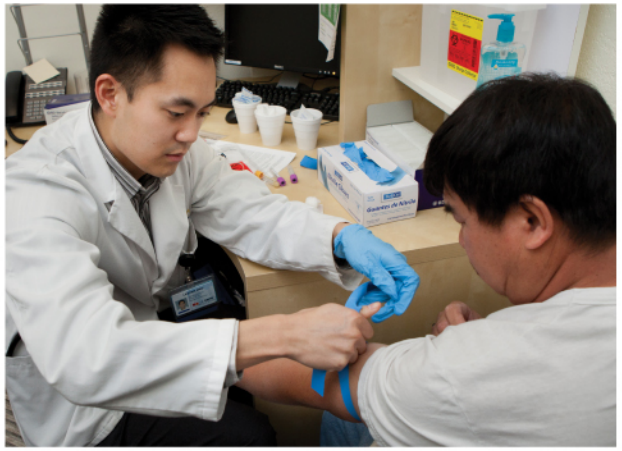
Age: 59
Gender: Male
Race/Ethnicity: Hispanic
Marital Status: Widowed, living alone
Occupation: Bakery Owner

Chief Complaint:
Intense burning pain in his right foot, right knee, right hip, and lower back that is not being relieved by daily doses of ”his pain meds” (he can’t remember the name). He says the pain gets worse if he elevates his foot, and feels better if he hangs his feet over the edge of a chair.

History of Presenting Illness:
In 1986 Rick suffered a simple 5th metatarsal fracture of right foot, healed without incident, but pain persisted despite Hydrocodone/acetaminophen 5mg/500mg.

A HEALTHIER WORLD THROUGH BOLD INNOVATION





UCDAVIS
HEALTH SYSTEM

Culture and Pain:
Rick Perez

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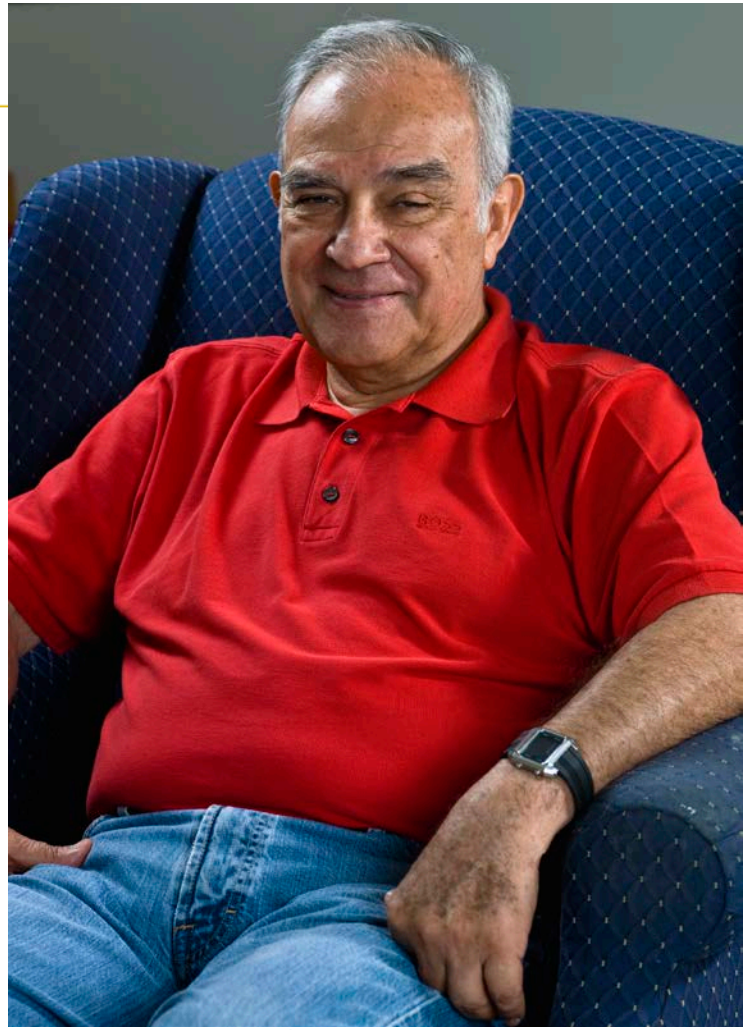
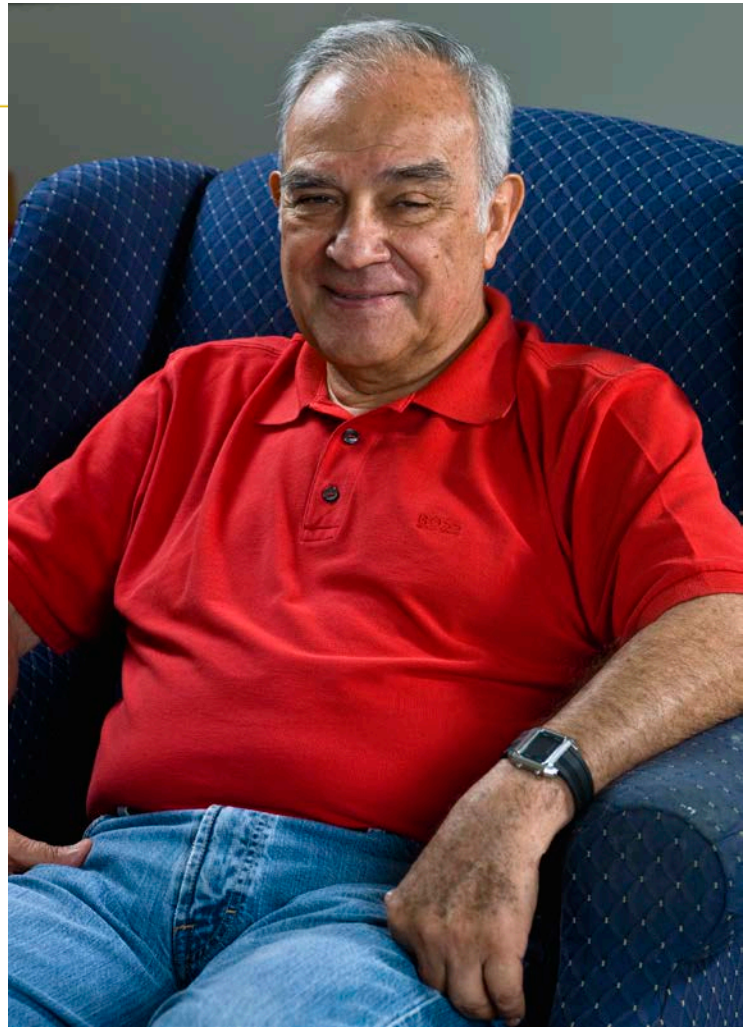
Rick – Part I

"I am fifty-nine years old. I came to the U.S. in 1975 from Guadalupe, a small city in Mexico. My wife is gone now and I live alone, but I still have my 2 sons. And my church. "



Rick – Part I

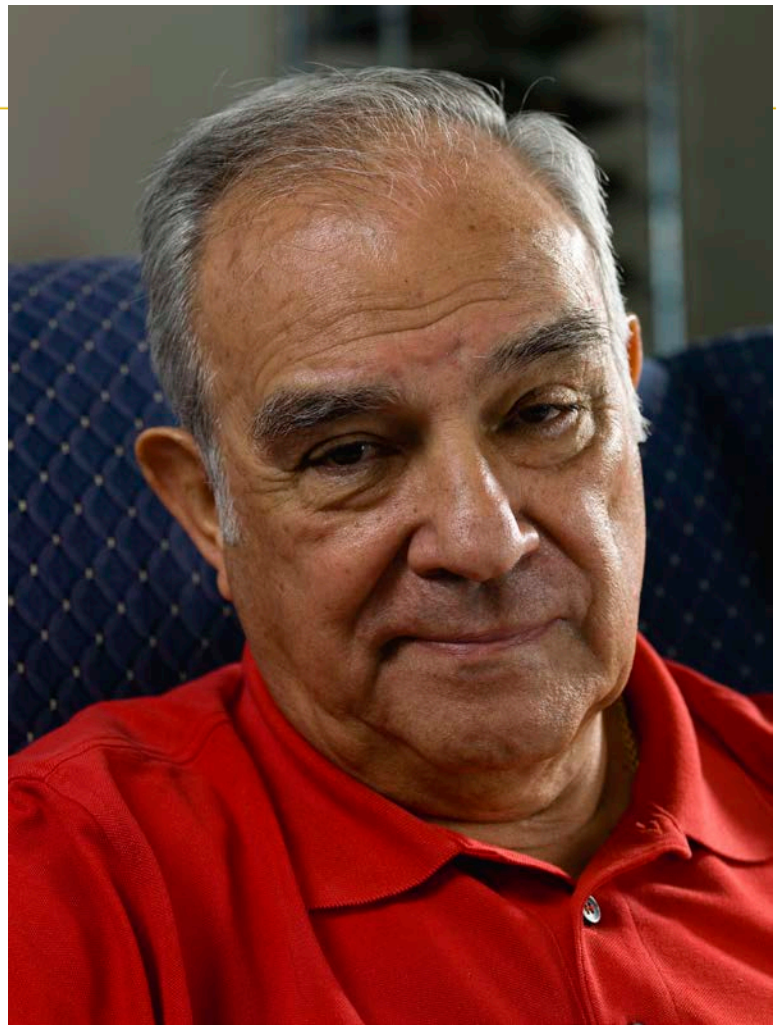
"I own a bakery, but I mostly leave it now to my sons and the young people to run. It is too hard to work like I used to with my pain."



Rick – Part I

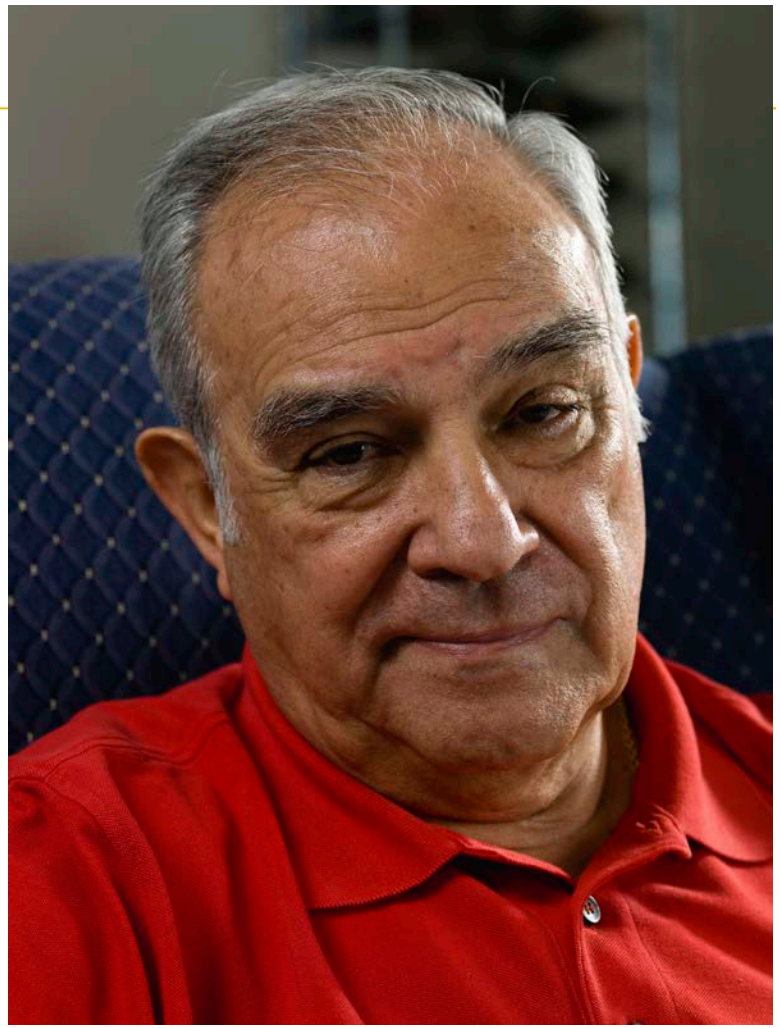
Rick arrives late to your clinic for his appointment. He explains to the receptionist that he missed the bus because he over slept.

"Sometimes, the pain keeps me up until I finally fall asleep around 4am."



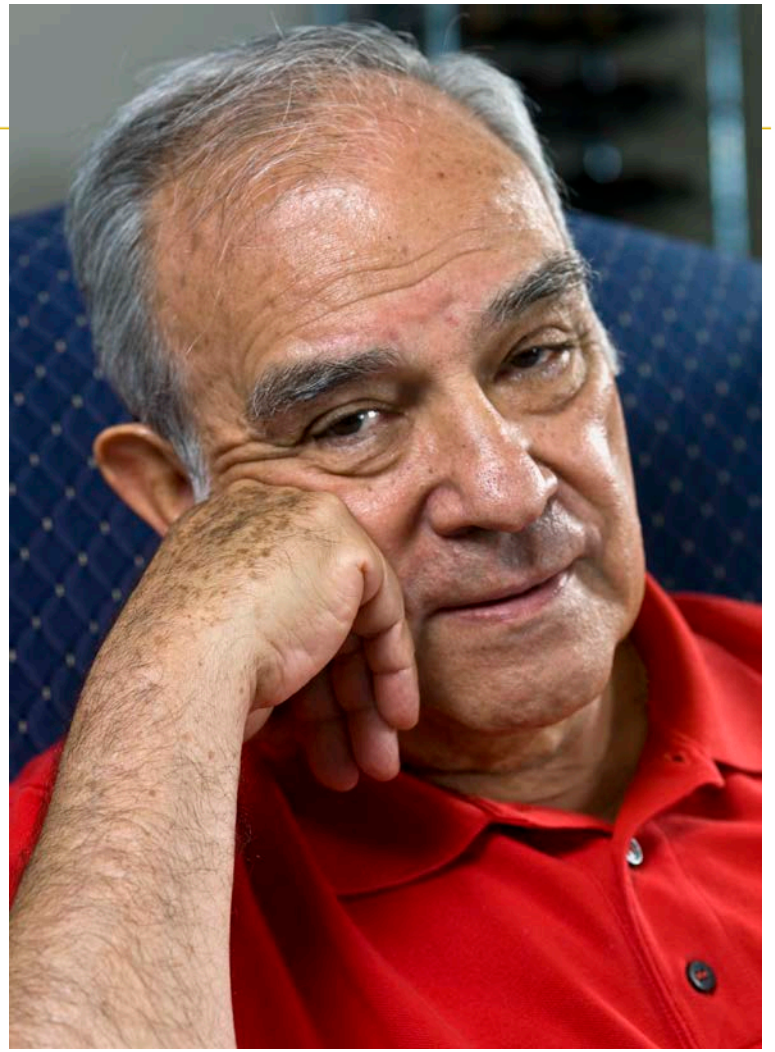
Rick – Part I

"I am here because I have burning pain in my foot…my right foot. And my knee too, and my hip."



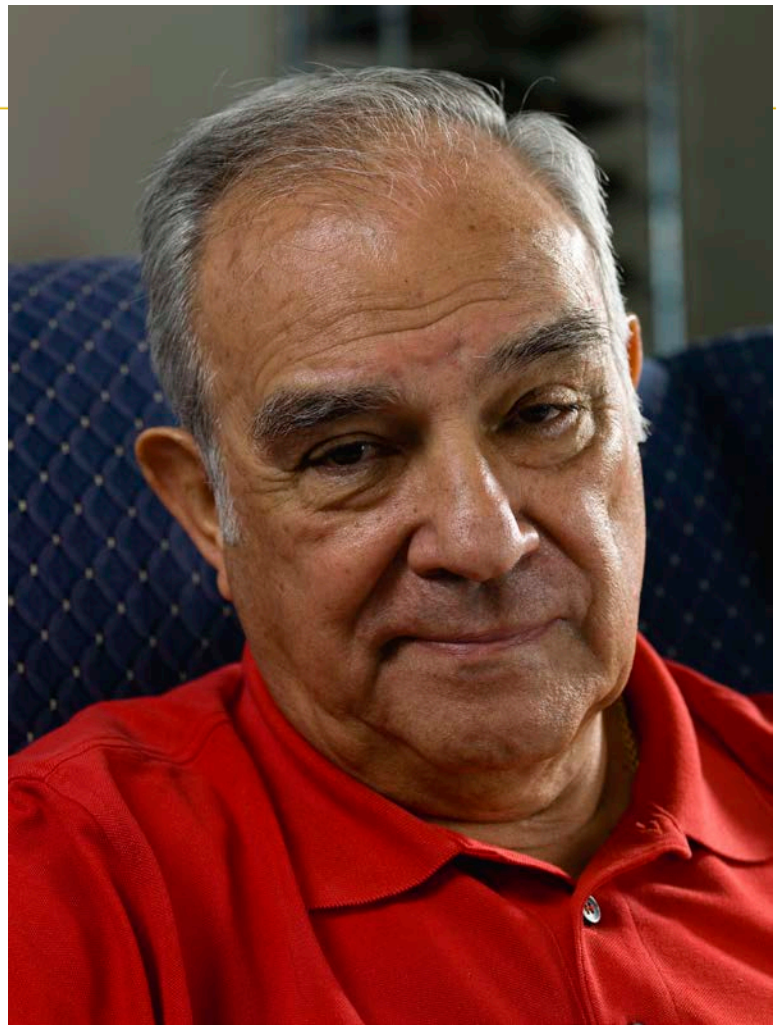
Rick – Part I

"The pain gets worse if I lift my foot. It feels better to just hang my feet over the edge of a bench or chair."



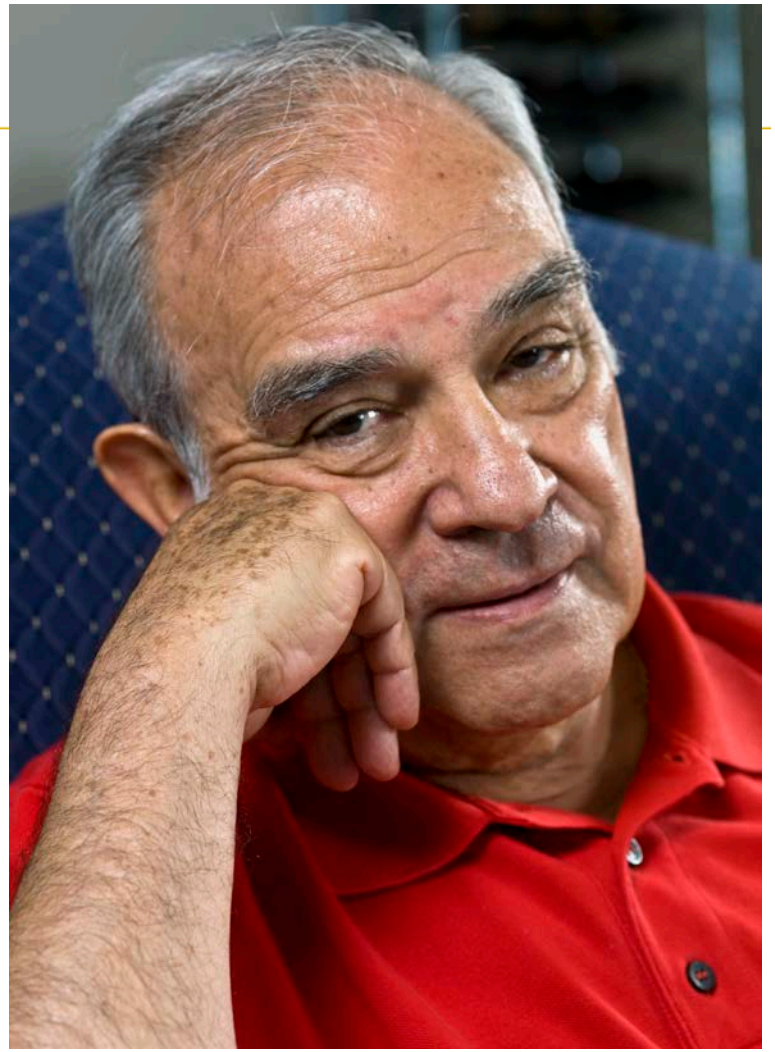
Rick – Part I

"I have pills for pain…no, I don't know the names…but they do not help me much. The pain is bad…I cannot walk far or stand a long time, and my sleeping is bad from it. I want to be able to work in the bakery more."



Rick – Part I

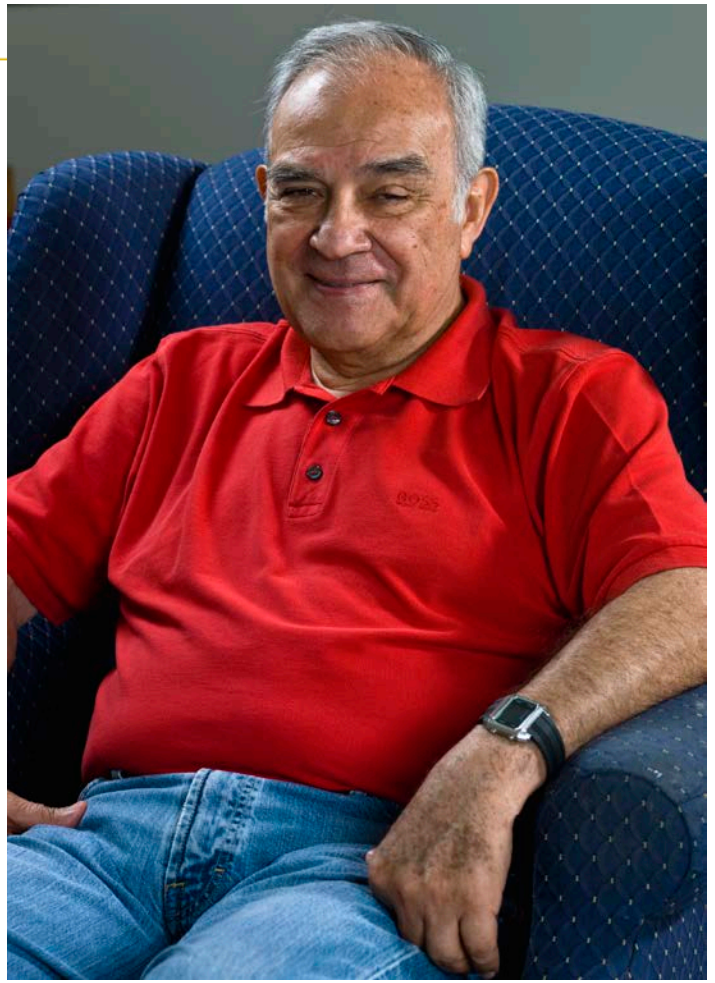
"I try not to complain, especially around my children, but I don't know how much longer I can do this."



End of Part I for Rick Perez

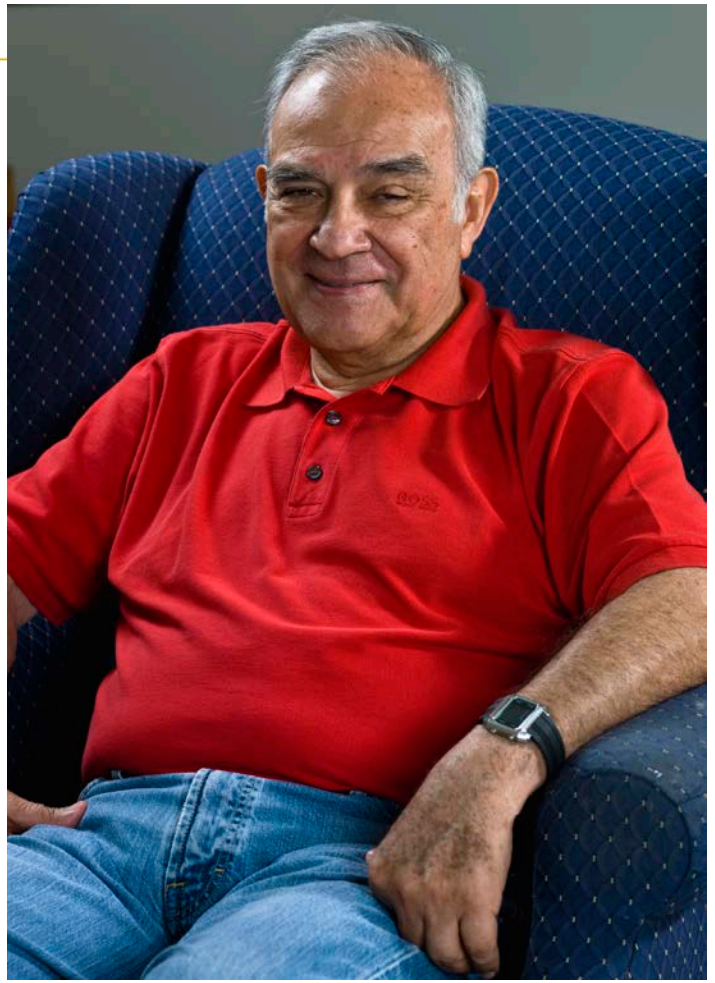
Rick – Part II

- Pain score: 8/10
- Depression score: 14/27 (PHQ-9)
- Mild edema and erythema of right foot and ankle
- Vitals:
  - HR: 74
  - BP: 154/92
  - Temp: 37.1 C
  - O2: 93%
  - RR: 14



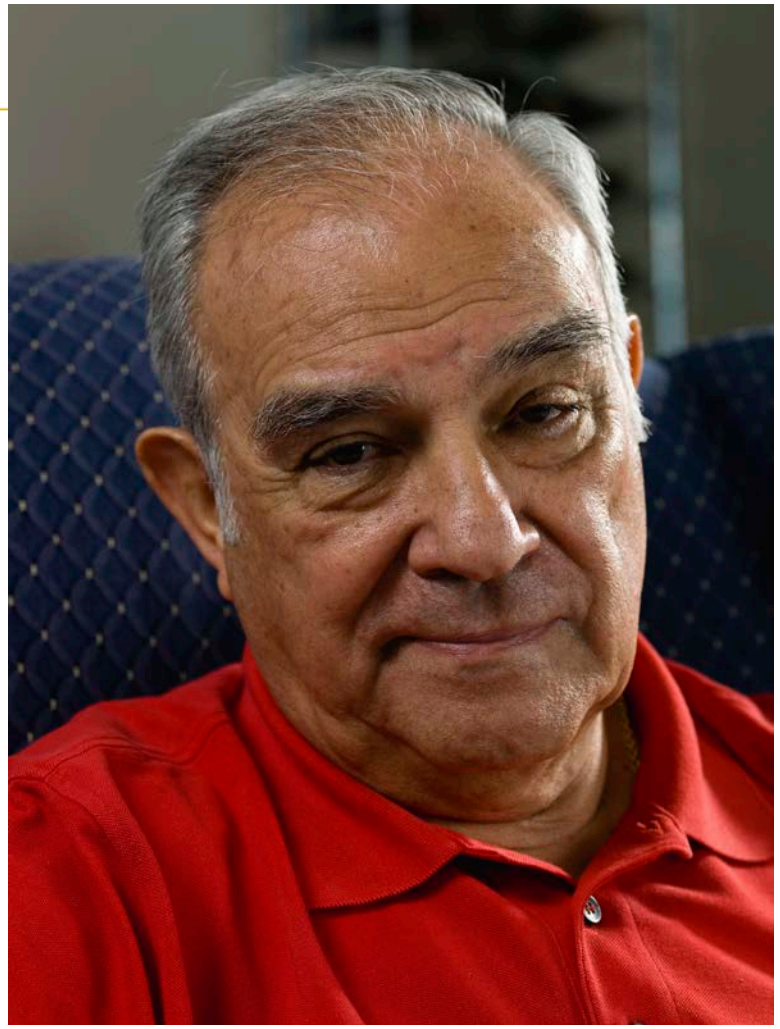
Rick – Part II

- Medications:
  - Hydrocodone/acetaminophen 5mg/500mg (Vicodin) PRN pain, up to 6-8 tablets/day
  - Cyclobenzaprine (Flexeril) 10 mg TID prn
  - Carisoprodol (Soma) 250 mg QID prn
  - Gabapentin (Neurontin) 400 mg TID



Rick – Part II

"I try not taking the pain pills…they are making me fat, and I don't feel like getting off the couch. I cut down 1 or 2 pills each week. But now the pain is worse. I don't know what to do."

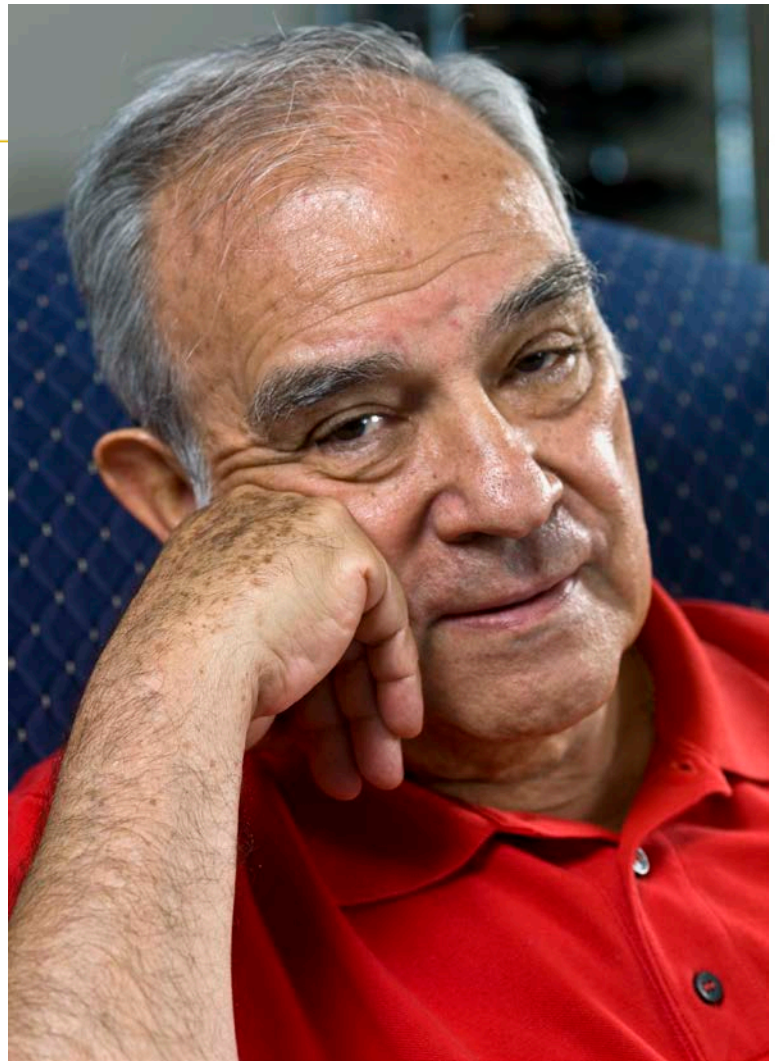


Rick – Part II

- Rick, still in the exam room, describes his attempts over the past year to wean himself off of the Vicodin.
- He is going into the bakery less and less and he was not comfortable doing the books anymore because he gets tired and he thought he might make mistakes.
- He started decreasing his dose by 1-2 pills every week or every other week, but now he's having more pain, which is distressing and interfering with his sleep and daily activities, especially his work at the bakery.

Rick – Part II

"It is difficult to manage the pain. It is complicated and to get the medications, it can be uncomfortable. I feel like when I go to get the medications, they look at me like I am an addict."



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?