Pain and the Older Adult: 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 ***Assessing Patient Preferences and Treatment Options***
   Access at:
   https://hsmedia.ucdmc.ucdavis.edu/nursing/MACY/031717/Pain%20and%20the%20Older%20Adult%20-%20Presenter%20output/presentation_html5.html
C. Handout I
D. Handout II
E. Simulated Patient and Son Background
F. Power Point
G. Session Evaluation

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UC DAVIS HEALTH
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Promoting Interprofessional Collaboration through the Prism of Chronic Pain Care

Pain and the Older Adult

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Facilitator Overview

Promoting Interprofessional Collaboration through the Prism of Chronic Pain Care

Pain and the Older Adult

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 ***Culture and Pain Management*** and ***Cancer Pain and Treatment Options***.

Competencies Addressed in the Module

Pain Competencies:

1. Assess patient preferences and values to determine pain-related goals and priorities.
2. 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.

Interprofessional Collaborative Practice Competencies:

1. 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.
2. Engage other health professional appropriate to the specific care situation in shared patient-centered 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) for small group discussions. Ideally, the learners will be at similar levels (e.g., 2nd year nurse practitioners, with 3rd or 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
- Note pad for patient & family interview
- Area for a simulated patient encounter

Resources / Material:

Resource Title	Description
Independent Learning Module (Appendix A)	(see below)
Learning Module Quiz	Please see Facilitator Guide, Attachment D
Optional reading material for learners	**Brief Pain Inventory**[3-4], **(PHQ-9): Questionnaire for Depression Scoring and Interpretation Guide**[5-6] and the **Mini-Mental State Examination**[7].
Handout I (Appendix C)	Competencies, goals and learning objectives
Handout II (Appendix D)	Quick Reference Guide: Overview of case for discussion
Simulated Patient materials (Appendix E1-2)	Simulated patient material is provided for both Hannah Baker and her son Blair Baker. Information is provided about history, relationship, dress, demeanor, and general responses.
Power Point (Appendix F)	The presentation 'Final Discussion and Recap for Pain and the Older Adult' consists of 4 slides and prompts discussion about Hannah's case.
Session evaluation (Appendix G)	One page evaluation based on the ***Pain Knowledge and Belief Questionnaire***[8], 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 modules, facilitator guide, appendix items, simulated patient/actor background, and recommended resources.

Preparing Learners for the Session: Independent Learning Module

To optimize the learning experience, a 15-minute web-based presentation on ***Assessing Patient Preferences (Appendix B)*** is included as a resource for learners to complete prior to the in-person session. This independent

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

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.

Pain and the Older Adult: Hannah Baker Learning Experience

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

Pain Competencies[1]:

1. Pain Competency 2.3: Assess patient preferences and values to determine pain-related goals and priorities.
2. Pain Competency 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.

Interprofessional Collaborative Practice Competencies[2]:

1. Interprofessional Practice Competency 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.
2. Interprofessional Practice Competency TT3: Engage other health professional appropriate to the specific care situation in shared patient-centered care.

TT = Team and Teamwork Competencies

Goals

1. Illustrate how to assess patient preferences and values to determine pain-related goals and priorities.
2. Demonstrate how to 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.
3. Illustrate the importance of using respectful communication
4. Demonstrate how one's own experiences and expertise impacts interpersonal relationships and communication.

Learning Objectives

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

1. Demonstrate communication techniques to assess patient preferences and values for pain treatment.
2. Identify strategies to manage the challenges to effective shared decision-making.
3. Articulate how cognitive impairment may change the approach to care, the assessment tools used, and choice of pain treatment options and pain management.
4. Communicate with other health professionals in a responsive and responsible manner that supports a team approach to care.

Learning Module at a Glance

	Activity	Time	Resources
Facilitator Planning	Review facilitator guide, independent learning activities and resources	30 minutes	Web-based module on "Assessing patient preferences and values"; facilitator guide; handouts I, II; 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	
	Review simulated patient/actor material; Identify and train standardized patients or volunteer actors	30 minutes	Simulated patient/ actor overviews for patient and son
	Send link to independent learning activities 1-week prior to session	5 minutes	
	Review independent learning activity quiz (Attachment D) results	10 minutes	Assessing patient preferences and values quiz (Attachment D)
Learners: Pre-session activities	Learners: Complete independent learning on : "Assessing Patient Preferences and Values" and complete anonymous quiz		
In-person session (120 minutes)	Ice breaker	15 minutes	
	Orientation for Hannah Experience	10 minutes	Handout I
	Independent Learning Review: "Assessing Patient Preferences and Values"	10 minutes	Quiz
	Quick Reference – Hannah	5 minutes	Handout II
	Simulated Patient Experience	25 minutes	Simulated patient prep material provided
	Facilitator led de-brief	10 minutes	
	Student preparation of pain management plan for Hannah	20 minutes	
	Groups present their treatment plans and discuss	15 minutes	
	Facilitator led discussion (PowerPoint)	5 minutes	PowerPoint
	Facilitator Recap	5 minutes	
Post-session activity	Session Evaluation	<5 minutes	Session evaluation

*If this module is used in combination with the Interprofessional Pain Management Learning Modules on ***Cancer Pain and Treatment Options*** 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. Consider asking the students to sit next to a person from outside of their profession at the start of the session.

Orientation for Hannah 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 (e.g., use of simulated patients/actors). Facilitator(s) should explain that the roles and responsibilities (handout II) is to be used as a resource during the activities.

***Facilitator Instructions*: Share Handout I (Competencies and Learning Objectives) and explain that during this two-part session learners will participate in a simulated patient encounter and work as a team to identify components of a patient-centered treatment plan. Handout II is an optional resource on team roles and responsibilities for students to use during the session.**

Independent Learning Review

10 minutes

Activity Overview: Prior to the session, the students will be asked to complete the independent learning module on pain and the older adult and assessing patient preferences. This independent learning module provides learners with foundational knowledge that is tied to the group activities and discussions. A brief quiz is included at the end of the modules (Appendix D) to identify areas that may require additional discussion during this session. It is recommended that this anonymous quiz be administered through an online survey program with the results sent directly to the facilitator(s) prior to the in-person training.

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

Review Information on Hannah Baker: HANDOUT II – Quick Reference

5 minutes

Facilitator Instructions**: Answer any questions the students might have about the information presented in the handout without opening a discussion about clinical aspects of the case.**

Simulated Patient Experience: 25 minutes (10 minutes to prepare, 15 minutes to interview)

Activity Overview: In this session students will participate in a simulated patient encounter. **Ask for a volunteer or an interprofessional pair of volunteers to be the "lead" interviewer(s).** Students who are not interviewing should observe and take notes. Student will have 15 minutes to interview the patient. Faculty and non-interviewing students will observe the assessment. Facilitator should stress that there is not a single correct treatment choice. The group will debrief the experience after the encounter is over (see debrief prompts).

Instructions for the interviewing student(s): Inform the students that they are meeting Hannah, a patient, and her son for the first time and the goal is to gather as much information as possible about Hannah's current symptoms as well as her hopes for treatment and follow-up care (e.g., what are her values and preferences). Student does not need to develop a plan in the room with the patient, but can explain that they will return later to discuss treatment.

Instructions for observers: For observing students, remind them to look for the communication skills, family dynamics and opportunities for shared decision making that were outlined in the independent learning readings.

***Facilitator Activity*: Ask for a volunteer or a pair of volunteers to serve in the role as lead interviewer(s). Explain the interview & observer roles and interview process as described in the activity overview above.**

Facilitator recommended questions to help prepare students for interview activity:

- *How do they want to approach Hannah and her son?*
- *What information do they want to gather? What questions might they ask?*
- *What do they want to accomplish in this 15-minute visit?*

NOTE: Background information for Hannah and her son is provided for the standardized patients (SPs)/actors. It is recommended that the SPs/actors review the material closely and that facilitators review the key points with the SPs/actors prior to the in-class exercise.

Facilitator-led debrief:

10 minutes

When the simulated encounter is finished, the interviewing student(s) joins the rest of the group to debrief.

Consider the following prompts:

- *Begin with the interviewer reflecting on the experience.*
- *Ask the group to identify tools and skills used by the interviewer and provide their observations.*
- *Ask the group to summarize what they have learned about the preferences and values held by Hannah and her son. Were there any questions that they would have asked?*

Student preparation of pain management plan for Hannah:

20 minutes

Activity Overview: Break students into 2-3 interprofessional groups to identify patient priorities and values to begin development of a treatment plan. Facilitators remind learners that there is not a single correct treatment choice but that the group should consider and incorporate the components of a biopsychosocial model to develop a list of priority actions. It's ok to be general about any medications/dosages recommended.

Groups present their treatment plans and discuss:

15 minutes

Activity Overview: One student is chosen to present the plan to the group for discussion. The whole group responds to the plan and assesses it for clinical accuracy/ appropriateness, completeness, and inclusion of multiple perspectives and patient values and preferences. Each group presents one at a time; it may be beneficial to have subsequent groups add to the plan the first group presents.

***Facilitator Activity*: Recruit one student to present the plan for group discussion**

Facilitator led discussion and Recap (PowerPoint)

10 minutes

Activity Overview: Review one or both slides to recap 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. Folstein MF, Folstein SE, McHugh PR: "Mini-mental state: A practical method for grading the cognitive state of patients for the clinician." J Psychiatr Res 1975;12:189-198.
8. 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

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 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 Quiz

1. True or False: People with cognitive impairment cannot provide meaningful information about pain so clinicians must rely on other informants for this information. [false]

2. True or False: Shared decision making requires that patients read research articles to determine the best approach to treatment. [false]

3. Choose which of the following statements might be relevant beliefs, preferences, or experiences to consider in developing a plan of care:
    a. I think that narcotics cause drug addiction so I cannot ever take them
    b. My neighbor died because he took a drug for his pain and he had an allergic reaction
    c. I think that people who talk about their pain are weak
    d. It is important to me to be able to get out and walk every day
    e. All of the above [correct]

4. True or False: The Verbal Descriptor Scale provides both word choices to describe pain and a "thermometer" to indicate severity of pain. [true]

5. True or False: Research on shared decision making has shown that it increases patient involvement, patient satisfaction with care, knowledge, yet increases clinician liability. [false]

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 the Older Adult: Assessing Patient Preferences and Treatment Options (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 the Older Adult: Assessing Patient Preferences and Treatment Options

https://hsmedia.ucdmc.ucdavis.edu/nursing/MACY/031717/Pain%20and%20the%20Older%20Adult%20-%20Presenter%20output/presentation_html5.html

Interprofessional Pain Management Learning Module

Hannah

Pain Competencies[1]:

1. Pain Competency 2.3: Assess patient preferences and values to determine pain-related goals and priorities.
2. Pain Competency 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.

Interprofessional Collaborative Practice Competencies[2]:

1. Interprofessional Practice Competency 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.
2. Interprofessional Practice Competency TT3: Engage other health professional appropriate to the specific care situation in shared patient-centered care.

TT = Team and Teamwork Competencies

Learning Objectives:

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

1. Demonstrate communication techniques to assess patient preferences and values for pain treatment.
2. Identify strategies to manage the challenges to effective shared decision-making.
3. Articulate how cognitive impairment may change the approach to care, the assessment tools used, and choice of pain treatment options and pain management.
4. 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: Hannah Baker

Age: 72-years old
Gender: Female
Race/Ethnicity: Caucasian
Social Status: Widowed, living alone; Her son, Blair, visits frequently
Occupation: Retired, Retail Sales Associate
Chief Complaint: Upon admission to skilled nursing facility, deep aching pain in right hip

Assessment	Resources / Reference Information
Pain score: moderate	Verbal Descriptor Scale – Pain Thermometer Score range: "No pain" to "Pain as bad as can be" Score interpretation: Often preferred by older adults, and demonstrating good psychometric properties in older adults with considerable cognitive impairment. This scale requires either verbal ability or the ability to point to the descriptor on the thermometer most closely representing their pain.
Depression screen score (PHQ-9): 11/27	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
Mental status assessment score (MMSE): 18/30	Mini Mental Status Exam (MMSE) Score range: 0-30 Score interpretation: Educational level and age normalized brief assessment of cognitive impairment 24-30: normal cognition 19-23: mild cognitive impairment 10-18: moderate cognitive impairment ≤ 9: severe cognitive impairment

Vitals:	Normal Range
Heart rate: 88	60 to 100 beats per minute.
Blood pressure: 156/88	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: 99.3 (F) / 37.4 (C)	97.8 - 99.1 degrees Fahrenheit [36.6 – 37.3 degrees Celsius
Oxygen saturation: 92%	90-100%
Respiratory rate: 18	12-18 breaths per minute
Past Medical History	
Surgery to repair right hip fracture 7 days ago.	
Right lateral upper thigh has a post-surgical incision with sutures intact. There is a minimal amount of serosanguinous drainage on the dressing but no redness of the site or purulent drainage.	
EXT ROM is normal for age in upper extremities and in left leg. There is mild to moderate pain (Pain Thermometer) with any movement of the right leg.	EXT = Extension; ROM = Range of Motion
Medications:	**Medication Use**
Acetaminophen 500mg 1 tablet q 6 hrs for mild to moderate pain, not to exceed 3 g in 24 hours	Analgesia for mild pain
Acetaminophen/hydrocodone 7.5/325 1 tablet q 4 hrs for moderate to severe pain, not to exceed 3 g acetaminophen in 24 hours	Analgesia for moderate pain
Lisinopril 10mg 1 tab daily for hypertension	ACE inhibitor to treat hypertension
Calcium carbonate 500 mg 1 tab tid	Dietary supplement to provide extra calcium
Vitamin D31,000 IU 1 tablet daily	Help prevent bone loss
Risedronate 35mg 1 tablet once per week before breakfast, sit upright for 30 minutes after taking	Used to strengthen bones

Simulated Patient: Hannah Baker

Set up

Setting/location
A bed in the skilled nursing facility (SNF) in which Hannah Baker is recovering from surgery to repair a fracture in her right hip. Her primary care clinician is visiting for a follow-up of her surgical wound, and her son, Blair, has come with her (see separate information sheet for Blair).

Patient characteristics
Hannah moves slowly and carefully, favoring her right side/hip/leg

Hannah's mood is mildly irritated. She believes she is ready to go home, but her son does not. In addition, Blair has been pressuring her to tell the doctor "the truth" about the amount of pain she is in—pain which, she maintains, is "not so bad."

Since her surgery and admission to the SNF, Hannah's care team has prescribed a number of new medications and implemented what seems to be a complex medication regime. She's not sure she needs all these medications and worries about "addiction."

Wardrobe
Comfortable clothing, nightgown, or hospital gown. In this scenario, the assumption is that she has already been examined, with vitals taken, and this information has been given to the students prior to the clinical encounter.

Equipment/supplies
Hospital bed with pillow, sheets, and blanket
Bed-side table
Blood pressure cuff
Standard hospital room materials

Hannah backstory

Hannah is a 72-year-old Caucasian woman. Her husband died of an ischemic stroke five years ago, and now her son Blair, who lives nearby, looks after her. (Hannah's daughter lives in another part of the country and, thus, is less involved with her care.)

Hannah has been living independently in the home she shared with her husband, and fiercely desires to return there as soon as possible. Hannah retired 7 years ago after working twenty years as a sales associate at Macys.

Although she has always been quick-witted and articulate, in recent years she has had increasing difficulty with word-finding, often pausing in mid-sentence as she searches for a name or word that's "right on the tip of her tongue." She views these memory lapses as completely normal, although Blair finds them worrisome. She has always loved to crochet and has been working, slowly, on a blanket for a grandniece for more than a year now, but doesn't have the same energy or motivation to finish the project.

Hannah is strongly opinionated, and always has been. She likes to believe she is a woman of reason and enjoys a good debate, although she can also become defensive and somewhat brittle when her opinions are challenged. She believes strongly that much of Western medicine is misguided, overly invasive, overly reliant on "pills for everything" and not attentive enough to alternative practices. She avoids medications as much as possible, preferring to "let nature heal" whenever possible.

Until the stumble that led to her hip fracture, Hannah was moderately active, although not athletic. She enjoyed gardening and taking walks around her neighborhood, although she is also very fond of reading and spends long hours doing so.

Hannah describes her typical day before the fall and surgery as follows: "I would get up around 7am, have breakfast, get dressed, and get on with my day. Sometimes that meant a walk or reading. By the afternoon I'd sit down to work on the baby blanket and usually fall asleep. Sometimes I get sad in the evening, missing my husband – he hasn't been gone that long – but then I'd watch TV and try to distract myself. Eventually, I'd wander off to bed around 9."

Hannah's son sees it differently: "There were days I'd come over around noon and she was still sitting at the breakfast table in her nightgown with half eaten toast and surrounded by random newspaper clippings – coupons for things she doesn't need and is never going to use. It breaks my heart to hear her say she misses dad, but the truth is he's been gone for 5 years. Since the fall, I'm starting to wonder how safe it is for her at home, both physically and emotionally. She doesn't have a lot of friends

anymore and she just seems to be stuck in the past and not able to really take care of herself on a day-to-day basis.

Scenario events and expected actions

As the student "doctor" enters, Hannah is seated, with Blair standing nearby. Hannah's affect is polite, but mildly irritable and defensive. She doesn't much like doctors, and this comes through nonverbally. She responds appropriately, but may also launch into rambling digressions about the failings of modern medicine or the fact that, in her opinion, the current examination and questions are unnecessary.

When Blair interrupts or contradicts something she says, she responds defensively and with annoyance, although it is a constrained, intellectual annoyance rather than a more emotional or flamboyant annoyance.

Suggested responses for possible questions from the "doctor." Due to cognitive impairment, Hannah's responses may be general or vague.

Potential questions	**Suggested response (may be ad-libbed)**
Initial response to any open-ended question:	I'm doing quite well, thank you. I'm just trying to get strong enough so I can go home. They want me to do these exercises. My hip does hurt sometimes, but it's not really so bad. I think I'll be good enough soon to walk without that darned walker. That thing makes me feel old…
Any other symptoms?	No, not really. I get tired easily, so I take a nap each day.
Does the pain occur at any specific time or with any specific motion?	When I get up from a chair, or get out of bed—that's when I feel it most. If I'm just sitting, I mostly don't feel it.
Is the pain just in your right hip?	Mostly in my right, but sometimes my left hip and leg too…my left leg just aches sometimes.
Do the medications seem to help?	Maybe. I don't like those pills…they make me loopy and they seem to bind me up. I'd really rather not take any pills at all
How has your mood been?	(a little defensively) Well how do you think it would be after all of this? This hasn't been a piece of cake, you know.

	But I'm doing OK, I think…I just want to be better and get back to doing what I want, when I want. I don't need to be coddled by anybody (glancing at Blair).
Before your hospitalization, were you taking herbal supplements or other kinds of alternative therapies?	I see a massage therapist when I can—she's really quite wonderful and I always feel better afterwards. I don't know why more doctors don't suggest massage for patients—relaxation is proven to help your immune system and healing. Sometimes I take some melatonin if I'm having trouble sleeping…and I've used St. John's Wort in the past…I think it's much easier on the body than those antidepressants my previous doctor wanted me to take. Awful things, those pills…made me feel like I had my head stuffed with cotton…
Would you be open to other kinds of pain treatments?	What kinds to you mean? I do use a heating pad sometimes, and that helps. And I'm trying to keep up with the exercises, but, honestly, those sometimes seem to make the pain worse.
What is your financial situation?	I have a small monthly pension and social security. It's enough to pay my rent and expenses. I get by, but I have no savings so I'll be sunk if something major comes up.

Simulated Patient: Hannah Baker's son Blair

Set up

Setting/location
Same skilled nursing facility in which Hannah is located. Blair Baker has come to the initial assessment and check-up of her surgical wound because he's worried that Hannah's pain is more significant than she admits, and because he also thinks her mental state is increasing her risk of falling again or having some other kind of problem.

Blair characteristics
Blair is somewhat anxious about this encounter—he doesn't want to cause a scene with his mother, but he really wants the doctor to hear his own concerns about Hannah. He's not generally comfortable in confrontational situations—he wants to be reasonable, but he has very strong emotions about this, too.

Wardrobe
Blair is wearing comfortable clothes appropriate for a high school art teacher—no jacket or tie, but not sloppy or unkempt either.

Equipment/supplies
N/A

Blair's backstory

Blair is 48, married, with two high-school aged children. He teaches ceramics at the local high school and also creates his own ceramic art for sale in local galleries. His temperament and chosen profession are quite different from his mother. Despite their differences, Hannah has always supported Blair's choices and tries hard to remain interested in his career. For his part, Blair has often, in the past, felt estranged from his mom, but, in the years since his father died suddenly, he has become closer to Hannah.

Blair tries to visit Hannah once a week—they live on opposite sides of a medium-sized city. And since her accident, he has been to the hospital and rehab facility every day.

From his perspective, Hannah is minimizing the pain she is in out of her stubborn convictions about the evils of pills. In addition, Blair has become worried by what he sees as abnormal cognitive decline—memory problems, a tendency to digress in conversations without an ability to "find her way back," and a diminished capacity to multi-task—something that Hannah, previously, had been good at. For instance, lately, if Hannah is cooking, she gets flustered if Blair tries to talk to her at the same time, becoming irritable at the "interruption," and annoyed with her own inability to follow a recipe while still following a conversation.

He has also witnessed several episodes in the past year of what he thinks is clear depression—times when Hannah becomes pessimistic, humorless, and grim. Although Hannah herself labels these times as simply "being in a funk about the world," Blair thinks there is some kind of neurochemical imbalance going on that might be correctable with an antidepressant—a suggestion that Hannah vehemently opposes.

Scenario events and expected actions

Blair's role in this scenario is reactive—he will interrupt at times when he feels Hannah is either not answering truthfully or when he feels there is more going on than Hannah is letting on. The following are some suggested responses to some of the things that Hannah might say in response to a question from the "doctor." Hannah, in turn may ad-lib some further give-and-take, although both actors should avoid getting into a prolonged argument. The goal is to display to the doctor the obvious differences in their perspectives and to set up the challenge of diagnosing and treating in the context of ambiguous or conflicting information.

Note: Blair should not interrupt after every response—the potential dialogs below can be used when an interruption feels natural in the course of the simulation.

Background information for actor playing Blair

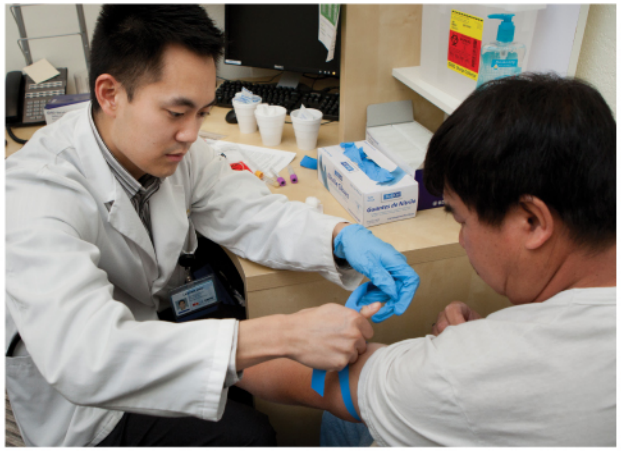
Hannah possible responses to doctor questions	**Potential dialog for Blair**
I'm doing quite well, thank you. I'm just trying to get strong enough so I can go home. They want me to do these exercises. My hip does hurt sometimes, but it's not really so bad. I think I'll be good enough soon to walk without that darned walker. That thing makes me feel old…	But…mom…remember just the other day when you were telling me how bad the pain was? You said you could barely stand up. (to the doctor) I think the pain is actually pretty bad, doctor…

No, not really. I get tired easily, so I take a nap each day.	Well…mom…sorry to interrupt…but there *are* other symptoms going on. Your left leg is really being over-used…you said you had some cramps at night in that leg, remember? And you said several times you felt light-headed when you got up.
When I get up from a chair, or get out of bed—that's when I feel it most. If I'm just sitting, I mostly don't feel it.	And as a result, she's not really participating in the rehabilitation.
(a little defensively) Well how do you think it would be after all of this? This hasn't been a piece of cake, you know. But I'm doing OK, I think…I just want to be better and get back to doing what I want, when I want. I don't need to be coddled by anybody (glancing at Blair).	C'mon Mom…your mood hasn't been very good sometimes. I know you don't agree with me on this, but I really think there's some depression going on here. And I'm not trying to coddle you. It's just that you forget things…important things, and I think you could use some help…more help than I can give you. I don't mean to get into all this now, but (turning to the doctor) she's forgotten to pay some important bills, and things around the house just don't get done…cleaning, laundry. I want to get her some help, but she just refuses.

A HEALTHIER WORLD THROUGH BOLD INNOVATION








UCDAVIS HEALTH SYSTEM

Pain and the Older Adult
Hannah Baker

Final Discussion and Recap

Copyright

Interactive discussion questions

- Hannah's case is typical of chronic pain cases: they often involve comorbidities and complicated psychological/sociological dynamics.
  - What did you learn about other professions in your work together?
  - How does assessing patient or family preferences facilitate good pain management (or care in general?)

Interactive discussion questions

- Pain management plans should address more than strictly medical or pharmacological concerns: they should also integrate and reflect the perspectives of patients, their social support systems, and available resources.
  - What strategies did you learn for enabling a shared decision-making approach?

Interactive discussion questions

- One's own experience/background may affect your interactions with patients and family members.
  - What are some strategies for dealing with tense emotional situations with patients and/or family members?

Thank you!

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?