



UCSF Named as an NIH Center of Excellence in Pain Education

Mark Schumacher, PhD, MD

We will use this newsletter format as one vehicle through which to keep you abreast of new developments at the UCSF CoEPE. Future topics and sections might include: journal club corner, controversial topics pro and con, non-pharmacological management of pain, opioid sparing strategies for pain management, effective methods of education on pain management, REMS programs, clinical content related to pain management, a safety section, as well as updates to this project.

Editorial and content oversight provided by: M. Schumacher, M. Rollins, A. Abramson, S. Van Osdol, C. Miaskowski, J. Levine. We welcome any comments or suggestions. Contact us at: ucsfoepe@anesthesia.ucsf.edu.

Dear Colleagues at UCSF and across the country, the management of pain is ubiquitous across all health care disciplines. Recognizing this, the Institute of Medicine published its June 2011 report, "Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research," which outlined an action plan to formally address the problem of pain. In response, the National Institutes of Health (NIH) Pain Consortium, in partnership with the Altarum Institute and Palladian Partners, issued a call for proposals for institutions to "develop Centers of Excellence in Pain Education" (CoEPEs), whose purpose would be to serve as national leaders to "develop and disseminate pain management curriculum resources for health care professionals and to provide leadership for change in pain management education."

As the project manager, it is my pleasure to announce to you that UCSF has been named as one of only 12 other NIH Centers of Excellence in Pain Education in the nation, and as the only Center in California. This is an interprofessional group comprised of pain management and curricular content experts from across all of the UCSF professional schools and Medical Center. We have received broad support from across the UCSF campus to develop and expand our pain curriculum. A list of primary contributors to the CoEPE project/proposal is found on the last page.

This newsletter serves as an introduction of this project to the health care community and provides a background of the progress we have made as an institution in the area of pain management as well as upcoming events. Topics discussed in this edition include: development of interprofessional pain competencies and highlights from the 2011 UCSF Pain Summit. Future newsletter editions will focus on clinical content related to pain management as well as updates to this project.

Other awardees include: the University of Washington, Seattle; the University of Pennsylvania Perelman School of Medicine, Philadelphia; Southern Illinois University, Edwardsville; the University of Rochester, NY; the University of New Mexico, Albuquerque; the Harvard School of Dental Medicine, Boston; the University of Alabama at Birmingham; the Thomas Jefferson University School of Medicine, Philadelphia; the University of Maryland, Baltimore; Johns Hopkins University in Baltimore; and the University of Pittsburgh.



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> SAVE THE DATE FOR THE MAY 16, 2013 PAIN SUMMIT

Interprofessional Development of Pain Education Competencies

ROAD MAP

We will survey the extent of post-graduate educational activities (e.g., seminars, grand rounds) at UCSF devoted to the area of pain medicine with the intention of coordinating themes and ensuring a balanced exposure of content and topics. A major objective is to improve the quality, safety, and effectiveness of pain management by UCSF trainees and practicing health professionals. We will focus primarily on the Schools of Medicine and Pharmacy but to a lesser extent the Schools of Nursing and Dentistry will be included where possible. This assessment will include whether there is an established educational venue appropriate for using adult learning theory to expand provider knowledge of pain assessment and management strategies. Further, we plan to characterize the current learning assessment strategies in place.

PAIN COMPETENCIES

We will explore the establishment of pain assessment and treatment competencies based on guidelines available through the American Pain Society and the International Association for the Study of Pain and align them with fundamental pain management concepts including, but not limited to: pain physiology and classification, assessment of pain, non-pharmacologic pain management, pharmacologic modalities of managing pain including multi-modal analgesia, and regulatory pressures associated with use of controlled substances.

TRANSFORMATION OF LECTURES

We will leverage the use and dissemination of the pain cases developed through this proposal for undergraduate and post-graduate education. Initially, four core cases will be developed, with a potential of nine total cases. Cases transformed into interactive web based modules and video prompted small group session will be included into the section of anesthesia residency training devoted to pain management. Other opportunities will be explored including simulation sessions based on their success at the undergraduate level and participation in pain summits (*see article at right*). These opportunities may eventually take the form of GME teaching modules.

INTERPROFESSIONAL ASSESSMENT

Structured educational seminars and/or simulated sessions which include physicians, nurses, and pharmacists improve bedside collaboration and on-the-job training. Structured educational setting includes palliative care service lectures and department grand rounds. The majority of non-structured education takes place during inter-service and inter-professional interactions. At a minimum, the benefits of such interactions may include: Nurses enhance physician and pharmacist bedside pain assessment; Pharmacists can improve nursing understanding of medication timing and interactions that lead to enhanced pain management or compounding side effects and Physicians can work with nurses to develop patient centric pain-plans to decrease fluctuations in pain in a predictable situation such as in the post-operative period.

As a starting point, there will be three principle touch points for interprofessional pain education and assessment at the post graduate level:

1. Pain summits
2. Inter-service Pain Grand Rounds
3. An interprofessional case study utilizing the Simulation Center and including students from the SOM, SOP, SON and Physical Therapy.

UCSF Pain Summit 2011

In May of 2011, UCSF held its first Pain Summit. This effort was led by an interprofessional group, including: Adrienne Green, MD, Mark Schumacher, PhD, MD, Adam Cooper, RN, BSN, MSN, Daphne Stannard, RN, PhD, CCRN, Rita Mistry, Alana Robinson, Elaine Law, PharmD, and Eula McKinney, MSHA. It was envisioned as an interprofessional meeting to provide content, review clinical pain cases, discuss critical aspects of pain care in small groups, report out small group findings and identify gaps in providing optimal pain care for patients. Eighty-eight attendees participated throughout the day and represented the following disciplines: medicine, nursing, pharmacy, dentistry, ob/gyn, rehab, gyn-onc, surgery, administration, CEO, neurology, palliative care, oral maxillofacial surgery, anesthesiology – pain, ambulatory medicine, basic science pain research, cardio thoracic, quality and safety and rheumatology. All post-graduate levels were represented such as residents, chief residents, fellow, attending and staff. This Summit was considered a great success as illustrated by the feedback from the 78% of attendees who rated “definitely or highly likely” when polled if they would change their pain practices as a result of the summit. As a result of the CoEPE award, Pain Summits will be continued on an annual basis. Such a venue represents a high impact interprofessional teaching module that is uniquely suited for the advancement of pain education.

2013 Pain Summit

In preparation for the upcoming Pain Summit on May 16, 2013, we are requesting input from the previous participants and recipients of this newsletter. Our aim will be to present the UCSF Medical Center's progress in addressing the four working areas (PCA Safety, Multimodal Analgesia, Assessing Pain on a Continuum, and Managing Chronic Pain Patients). The overall focus will be on the assessment and improved management of patients suffering from chronic painful conditions. Please submit any Pain Summit input to: ucsfcpep@anesthesia.ucsf.edu.

2011 PAIN SUMMIT LECTURES

Mark Schumacher, PhD, MD

The Limits of Pain Management: National and Local Trends of the Increasing Burden of Opioids in Hospitals and the Community – How did we get here?

Howard Fields, MD, PhD

Opioids: Addiction, Tolerance and Hyperalgesia – How are they related?

Chris Pasero, MS, RN-BC, FAAN

Comparison of Best Practices in Pain Management Between National Trends and UCSF: A report of consultation work at UCSF

UCSF MEDICAL CENTER PAIN CASE REVIEWS

Moderator: Daphne Stannard, RN, PhD, CCRN

Six cases that ranged from adult to pediatric were presented highlighting the successes or challenges in quality and/or safety in the management of pain.

TOPIC	GAPS IDENTIFIED	ACTION ITEMS AND FOLLOW-UP
PCA safety	<ul style="list-style-type: none"> ■ Must identify best practices for PCA ■ Standardize ordering and monitoring practices ■ Better educate patients on expectations of pain management with PCA 	<ul style="list-style-type: none"> ■ Standard PCA lockout interval was increased from 6 to 10 minutes on paper ordersets (Fall, 2011) ■ Patient safety bulletin on best practices with PCA was distributed (Fall, 2011) ■ High provider compliance with new lock-out of ten-minutes. No apparent change in pain control with a reduction of opioid availability. ■ Order-sets built into new EMR and CPOE system (Summer, 2012)
Multimodal analgesia	<ul style="list-style-type: none"> ■ Need an interdisciplinary task force to identify barriers to use of multimodal analgesia ■ Inefficient coordination of care during transitions (e.g., peri-op to floor or home) ■ Inconsistent use of adjunctive analgesics (e.g., scheduled acetaminophen) 	<ul style="list-style-type: none"> ■ Introduction of non-opioid multi-modal analgesia for Arthroplasty Service ■ Approval of IV acetaminophen, restricted to Pain Service (Fall, 2011) ■ Pilot low-dose ketamine in acute care settings (Spring, 2012) ■ Re-evaluate use guidelines for IV Acetaminophen
Assessing and managing pain on a continuum	<ul style="list-style-type: none"> ■ Agree on limited # of scales and standardize PACU/floor ■ Triggers from screening form to get 2nd assessment from Pain, RRT High Pain scores; High BMIs ■ Develop more objective pain assessment tools ■ Include non-pharmacological therapies ■ Patient Education 	<ul style="list-style-type: none"> ■ Standardized the sedation scales used between PACU and Acute Care (POSS scale). More specific pain tools built into APeX (UCSF's new EMR). Developed nursing guidelines for using non-pharm therapies.
Management of chronic pain patients	<ul style="list-style-type: none"> ■ Accurate medication reconciliation ■ Consider changes to order sets to eliminate barriers to treating chronic pain. Incorporation of non-pharm therapies. ■ Role of Continuous Monitoring? ■ Improve screen for chronic pain. Develop guidelines for uncontrolled pain. 	<ul style="list-style-type: none"> ■ Recruitment of a new medical director, Dr. Mario De Pinto, for the UCSF Pain Management Center and Chronic Pain Consult Service.

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UCSF CoEPE NEWSLETTER

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UCSF

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