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.

> 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.

University of California, San Francisco
NIH CENTER OF EXCELLENCE IN PAIN EDUCATION
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.

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<tr>
<th>TOPIC</th>
<th>GAPS IDENTIFIED</th>
<th>ACTION ITEMS AND FOLLOW-UP</th>
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<tr>
<td>PCA safety</td>
<td>Must identify best practices for PCA</td>
<td>■ Standard PCA lockout interval was increased from 6 to 10 minutes on paper ordersets (Fall, 2011)</td>
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<td>Standardize ordering and monitoring practices</td>
<td>■ Patient safety bulletin on best practices with PCA was distributed (Fall, 2011)</td>
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<td>Better educate patients on expectations of pain management with PCA</td>
<td>■ High provider compliance with new lock-out of ten-minutes. No apparent change in pain control with a reduction of opioid availability.</td>
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<td>■ Order-sets built into new EMR and CPOE system (Summer, 2012)</td>
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<td>Multimodal analgesia</td>
<td>Need an interdisciplinary task force to identify barriers to use of multimodal analgesia</td>
<td>■ Introduction of non-opioid multi-modal analgesia for Arthroplasty Service</td>
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<td>Inefficient coordination of care during transitions (e.g., peri-op to floor or home)</td>
<td>■ Approval of IV acetaminophen, restricted to Pain Service (Fall, 2011)</td>
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<td>Inconsistent use of adjunctive analgesics (e.g., scheduled acetaminophen)</td>
<td>■ Pilot low-dose ketamine in acute care settings (Spring, 2012)</td>
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<td>■ Re-evaluate use guidelines for IV Acetaminophen</td>
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<td>Assessing and managing pain on a continuum</td>
<td>Agree on limited # of scales and standardize PACU/floor</td>
<td>■ 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.</td>
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<td>Triggers from screening form to get 2nd assessment from Pain, RRT High Pain scores; High BMIs</td>
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<td>Develop more objective pain assessment tools</td>
<td>■ Incorporation of non-pharm therapies.</td>
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<td>Include non-pharmacological therapies</td>
<td>■ Role of Continuous Monitoring?</td>
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<tr>
<td>Management of chronic pain patients</td>
<td>Accurate medication reconciliation</td>
<td>■ Recruitment of a new medical director, Dr. Mario De Pinto, for the UCSF Pain Management Center and Chronic Pain Consult Service.</td>
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<td>Consider changes to order sets to eliminate barriers to treating chronic pain. Incorporation of non-pharm therapies.</td>
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<td>Role of Continuous Monitoring?</td>
<td>■ Recruitment of a new medical director, Dr. Mario De Pinto, for the UCSF Pain Management Center and Chronic Pain Consult Service.</td>
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<td>Improve screen for chronic pain. Develop guidelines for uncontrolled pain.</td>
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Abbreviations: CPOE computerized provider order entry, EMR electronic medical record, IV intravenous, PCA patient-controlled analgesia
Leadership

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SOM curriculum

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Interprofessional / postgraduate / SOM

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SOP curriculum / interprofessional

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Patricia Rudd, PT
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Shelley Adler, PhD
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Abbreviations: SOD School of Dentistry, SOM School of Medicine,
SON School of Nursing, SOP School of Pharmacy