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(240) Pain research team training using significant learning experiences

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This presentation focuses on addressing the IOM recommendation for improving pain care through training future pain researchers. During the implementation of an NIH funded R-15 grant, an important focus was on training future pain researchers. The training course was designed using course design principles which create significant learning experiences. We'll review the steps for building the initial phase of the training course, and discuss Fink's Taxonomy of Significant Learning[1] as we applied them to our course for training researchers. We set up class content using an online course management system (Blackboard) to deliver foundational knowledge. Future pain researchers were able to participate in NIH Training, complete HRSA Cultural Competency Modules, and participate in the Nurse Oncology Education Program continuing education modules on pain management. They were also able to review information about the basics of the medical translation process, and engage in asynchronous and synchronous discussions with students from another university who were translating the intervention. Weekly reflection logs posted in the course emphasize the importance of working in teams both from a training and patient-care perspective. Onsite training with the developer of the intervention gave future researchers a chance to see the intervention being role-played, as well as understand the historical background of the theory underlying the intervention. We provided an educational foundation for our research team using course design principles for creating significant learning experiences. Assessment using reflective postings and evaluation of competencies during the intervention show the effectiveness of the training. (1. Fink, LD. Creating significant learning experiences. An integrated approach to designing college courses. Wiley, John, and Sons Publishers, 2003.) This project is supported by award #R15NR012190 from the National Institute of Nursing Research. The content is solely the responsibility of the authors and does not necessarily represent the official view of the NINR or NIH.

(241) Anesthesiology faculty and resident perspectives on evaluation and management of acute and chronic pain patients

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Anesthesiology faculty and resident physicians often evaluate and treat acute and chronic pain very differently. Our study involved a one page questionnaire with 15 questions regarding evaluation and management of acute and chronic pain patients. Faculty and resident physicians from our Department of Anesthesiology were asked to fill out this questionnaire after written consent. The survey included questions grouped into sections regarding treatment of acute and chronic pain, reliability of specific patient complaints, and the decision for the clinician to refer to a Pain Physician. The answer choices for each question were all defined in the survey and included: postoperative pain, acute pain, chronic pain, and cancer pain. Each question was multiple choice and requested only one of the above answers per question. 67 surveys were returned and these were then separated into those that were in-training (residents and fellows) and faculty. Our study primarily focused upon similarities and differences in thought processes between Anesthesiology faculty and those that were in-training regarding acute and chronic pain patients. 16 of the 67 surveys were returned from faculty physicians, while the remaining 51 surveys were returned from residents and fellows. Based upon survey data analysis, most faculty and in-training physicians from our Department of Anesthesiology felt more comfortable treating postoperative and acute pain. Both groups felt that chronic pain patients were more difficult to interact with and treat. Faculty physicians tended to use more objective data such as vital signs and activity level for treating chronic pain patients when compared to residents and fellows. In summary, there were more similarities than differences in medical thought processes between faculty and in-training physicians regarding evaluation and management of acute and chronic pain patients. Improving education and maturation of medical decision-making for these patients may ultimately lead to better patient care and significant quality improvements.

(242) An innovative, case-based, inter-professional approach to pain

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Evidence suggests that healthcare professionals lack sufficient knowledge, skills and confidence to adequately manage pain. Inter-professional education is essential to overcoming these barriers and promoting high-quality team-based care. The primary objective of this project is to develop a module-based course to facilitate inter-professional education among physicians, nurses, pharmacists, social workers, psychologists and dentists. Schools and colleges within Southern Illinois University Edwardsville, Southern Illinois University School of Medicine, and St. Louis University are collaborating to develop and integrate the course either as an elective or for integration into currently offered courses. Professional students enrolled in the course will initially matriculate through the course together (approximately seven weeks) with content exposure that is relevant to all represented professions (e.g., pain assessment, barriers to treatment, pathogenesis of pain, ethics and disparities in care, etc.). The second part of the course will also focus on common topics (e.g., non-pharmacologic/pharmacologic approaches to management, acute/chronic pain, cancer pain, etc.); however, profession-specific issues will be addressed and learning will take place independently. However, the course will still be running concurrently with the other professions using case-based methodology. In this way, each of the students will be working with the same patient case but different learning objectives that are discipline-specific. To conclude the course, students will be assigned to multi-disciplinary teams to work through a complex patient case. This team will collectively discuss all aspects of patient care and develop an appropriate treatment plan. The materials and content will serve as a model to other educational settings in which inter-professional collaboration among all associated healthcare professionals is possible with the aim to positively impact team-based care in pain management. The Southern Illinois University Edwardsville / St. Louis University Center of Excellence in Pain Education is supported by a contract award from the NIH Pain Consortium.

(243) Development of a federally mandated risk evaluation and mitigation strategy (REMS) for transmucosal immediate-release fentanyl products

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Opioid analgesics, including transmucosal immediate-release fentanyl (TIRF) products, are associated with serious risks of abuse, addiction, and overdose. In 2007, Congress passed the Food and Drug Administration Amendments Act (FDAAA), requiring manufacturers to implement a Risk Evaluation and Mitigation Strategy (REMS) for opioid distribution. In 2009, recommendations for "Elements to Assure Safe Use" (ETASU) were released. In March 2012, a shared TIRF-REMS program (http://www.tirfremsaccess.com) was implemented; the shared TIRF-REMS was modeled in part on a separate REMS program for sublingual TIRF tablets. The goals of the shared TIRF-REMS program are to "mitigate the risk of misuse, abuse, addiction, overdose and serious complications due to medication errors." These goals were designed to limit dispensing to appropriate patients, prevent inappropriate conversion between fentanyl products, avoid accidental exposure, and educate about risks. The shared TIRF-REMS program is controlled by a limited-access distribution system that mandates enrollment and certification of prescribers, pharmacies, distributors, and patients. Clinicians who prescribe TIRF products to outpatients must meet several ETASU requirements, including reviewing educational materials and completing a Prescriber Knowledge Assessment (https://www.tirfremsaccess.com/TirfUI/rems/education.action) and Prescriber Enrollment Form (https://www.tirfremsaccess.com/TirfUI/rems/pdf/prescriber-enrollment-form.pdf). A Patient-Prescriber Agreement Form (https://www.tirfremsaccess.com/TirfUI/rems/pdf/ppaf-form.pdf) must be submitted within 10 days from prescription processing; only 3 prescriptions can be written until the form is received. Form renewals are required every 2 years. Pharmacies distributing TIRF products must meet specific guidelines, including designating a pharmacist to be responsible for a pharmacy management system that supports communication with the TIRF-REMS program; however, pharmacies dispensing TIRF products solely to inpatients only need to be certified. Although the shared TIRF-REMS program is an important step toward the FDAAA goals, it is likely that additional measures will be needed, including procedures to control non-prescription opioid misuse and abuse. Supported by ProStrakan.