Tool #1: Developing Pain Mentors

**Purpose/Rationale:**
Having a Pain Mentor, someone who is able to provide bedside nurses with state-of-the-art evidence to best manage patients in pain, can be a helpful project to improve the nursing staff's ability to manage pain.

*Read the following article:*
From the Bedside: Curbing Patients’ Pain
By K. Kelly Hancock, MSN, RN, NE-BC, Executive Chief Nursing Officer, Cleveland Clinic (Originally published in Consult QD, an open, online forum from Cleveland Clinic's Zielony Nursing Institute)

In May, a patient on an in-patient unit at Cleveland Clinic's main campus who was upset about his pain management began to verbally abuse the nursing staff. Fearing a physical confrontation, they called a crisis intervention team to assist with the agitated patient. When the unit's clinical nurse specialist reviewed the prescribed pain regimen, she discovered the patient was receiving 30 percent less medication via the patient-controlled analgesia (PCA) pump compared to what he gets at home from his oral medication.

The CNS knew where to find the equianalgesic conversion between intravenous and oral medication delivery because of training she received in Cleveland Clinic's pain mentor program and convinced the physician to increase the dosage. Once the dose was increased, the nursing staff had no more incidences with the patient.

“The mission of pain mentors is to provide bedside nurses with state-of-the-art evidence to best manage patients in pain,” says Catherine Skowronsky, MSN, RN, ACNS, CMSRN, a clinical nurses specialist and pain mentor coordinator. The mentors are frontline nurses who have been on their units for at least one year and have attended a full-day class on pain management. They serve as resources to their colleagues. “If a nurse is having a particularly difficult time managing a patient’s pain, he or she can consult the mentor on the unit,” says Skowronsky. “The mentor offers suggestions to nurses and physicians and can intervene directly with the patient.”

Esther Bernhofer, PhD, RN-BC, a nurse researcher at Cleveland Clinic, teaches the pain mentor training classes quarterly. She covers basic pain physiology, pain
assessments and information on acute, chronic and recurring acute pain. She also discusses pharmacologic and non-pharmacologic treatments and the needs of special patient populations, such as children, older adults and people with addiction and substance abuse issues.

“When nurses become more knowledgeable about pain, its implications, treatments and resource options, they are better able to manage their patients’ pain,” says Bernhofer. “Providing a pain mentor on a unit who is able to go into more depth regarding current pain management issues provides a ready resource in the form of a go-to expert for all nurses.”

Aside from the class, pain mentors also participate in monthly meetings where they receive further education. They might learn about a policy change in the way analgesic orders can be entered by physicians or hear a Reiki instructor talk about how this type of massage can help alleviate pain. But the best part of the meetings is when pain mentors share experiences and ideas. For instance, a bedside nurse in the ICU shared rounding sheets she developed that indicate the patient’s pain regimen and non-pharmacologic intervention options, plus has room for comments. Nurses in the cardiovascular stepdown units adopted the rounding sheets.

Ultimately, pain mentors benefit patients. “Mentors can sit down with patients, develop a plan to manage the pain and offer alternative therapies aside from medication,” says Kelly Haight, MSN, RN, ACNS-BC, a clinical nurse specialist in Cleveland Clinic’s Heart & Vascular Institute (HVI) and a pain mentor coordinator. This, in turn, helps staff nurses. “So much effort can go into managing a single patient’s pain, and that has repercussions for all my other patients,” says Jennifer Colwill, MSN, RN, CCNS, PCCN, who is also a clinical nurse specialist in the HVI and a pain mentor coordinator. “Having someone else there to help out is very important.”

In 2013, pain mentors rounded on 1,694 patients in 11 HVI units and the surgical ICU at Cleveland Clinic’s main campus. “Eliminating pain is very rarely a reasonable goal. But how low can you go? Nurses really struggle with this gray area,” says Skowronsky. “Pain mentors can educate nurses and help them feel confident to establish a mutually agreed upon acceptable pain level with the patient.”

**Method:**
1. Select one or two individuals on your team to train and serve as Pain Mentors.
2. Support these individuals in providing training, including both initial and ongoing classes on pain management.
3. Encourage your mentors to provide feedback on what they have learned with others on the staff on a regular basis.
4. Encourage staff to utilize the mentors when they have questions or to help in educating patients.
Two HTHU courses have been made available to begin this process for your selected **Pain Mentors**. The links to these courses have been included on your Participant Dashboard for access.

They include:

1. **Pain Management - Treating Pain**
   Description: The management of pain is an important issue for all healthcare providers and the patients that they serve. This course is intended to provide an overview of the theoretical and practical issues of managing pain, with specific attention given to methods for treating pain.

   LEARNING OUTCOMES: Upon completion of this course, you will be able to:
   - Properly treat pain in patients with differing conditions
   - Clarify addiction and pseudo addiction

2. **Pain Management - Understanding and Evaluating Pain**
   The management of pain is an important issue for all healthcare providers and the patients that they serve. This course is intended to provide an overview of the theoretical and practical issues of managing pain, with specific attention given to methods for evaluating pain.

   LEARNING OUTCOMES: Upon completion of this course, you will be able to:
   - Understand basic pain physiology and types of pain
   - Identify the importance of effective pain management in patient care
   - Identify JCAHO Standards regarding pain management
   - Understand and integrate pain assessment into routine patient care
   - Explain the use of various pain assessment scales to measure patient’s pain intensity

Other resources for the development of Pain Mentors might be found at:
- The American Association for Pain Management Nursing: http://www.aspmn.org/Pages/default.aspx
- Pain Management Nursing: http://www.painmanagementnursing.org/
Tool #2: Staff “Tough Questions” Role Playing – Pain, Empathy, and Compassion

**Purpose/Rationale:**

One study on pain management performed by the Cleveland Clinic analyzed feedback from patients battling pain. They asked patients to describe their experience with pain in the hospital and who they thought was responsible for helping them. After reviewing transcripts of interviewed patients, five major themes emerged:

- Patients felt discredited and misunderstood regarding their pain.
- Patients wanted to dispel the stigma of chronic pain; they didn’t want to be perceived as needy or weak.
- Patients were frustrated with constant pain.
- Patients desired knowledge and understanding from their caregivers.
- Patients viewed nurses as connectors between them and their physicians, who they believed were the caregivers who could truly help with their pain.

Nurses can provide many types of nonpharmacologic interventions to help decrease pain such as providing music, a heat pack or light massage. Patients may believe nurses were not effective because nursing interventions were not offered. The findings of the study also highlight the need for better communication between nurses and patients. Nurses must be understanding and listen to patient pain concerns with empathy and compassion.

Because information alone rarely makes people change their minds, one of the most effective strategies in nurse education is role playing. Role playing transforms the content of education from information into experience and aids in the development of skills such as communication, problem solving, and initiative. Utilize some of the sample questions below in role playing, and encourage staff to focus on responses that address the pain concern while also showing empathy and compassion.

**Method:**

Some tips for implementing role play in training sessions:

1. Be as realistic as possible by having participants in the actual location where the scenario would be likely to take place.
2. If possible, video tape the sessions as it allows participants to view their strengths and weaknesses and can later be used to show improvement.
3. Have participants imitate the scenarios they are most likely to encounter; make it real world! Give one participant a list of objectives and a patient personality profile that the other participant knows nothing about, make it the second participant’s goal to figure out the first participant’s objectives.
4. Debrief at the end of each role playing scenario. Take the time to discuss with the group what went well, what did not, and what could have been done differently.

Sample Tough Questions/Comments and Sample Responses (from “I’m sorry to hear that...”)

Q: I don’t understand why you can’t see me without a referral. Can’t you see I’m in pain?
Sample Responses:
   a. I’m sorry you’re in pain; let me call your doctor’s office immediately.
   b. I’m so sorry. I wish it were different. If we see you without a referral, your insurance company will not cover any of today’s charges. We tell you this because we don’t want you to be surprised when your insurance company rejects your claim and we bill you for the visit.
   c. I’m sorry. We can see you without a referral if you plan to pay the bill yourself. Is that an option for you?

Q: When I visit my mother, she tells me she has to wait a long time for her pain medication.
Sample responses:
   a. I’m very sorry to hear your mother has been waiting for her pain medication. We’ll fix that right away and I will make sure we do a better job next time. Please encourage her to speak up any time we are not meeting her needs. I’ll check back in a little while to make sure the medication is working for her.
   b. I’m sorry. Let’s go talk with your mom together to see how we can help her.
   c. Let me confirm how often the doctor has ordered pain medication for her. Then we’ll talk together and if she wants, we’ll ask her doctor to change the orders.

Q: I’m in pain and nobody cares. / I’m in agony and no one is taking me seriously. / The pain medicine they give me doesn’t work, and they won’t call the doctor to get me more! / No one told me that I would be in this much pain. / The IV insertion was painful—she had to stick me four times. / The doctor doesn’t believe me about my pain.
Sample responses:
   a. I’m sorry to hear you’re in pain. How can I make this better for you right now? Would an ice pack help?
   b. I’m sorry you’re in a lot of pain. I’ll contact your doctor right away. First, please tell me on a scale of 1 to 10, 10 being the worst, how much pain are you feeling right now? OK, I’ll be back with an update for you within five minutes.
c. I’m sorry this is more painful than you expected. Let’s see what needs to be done to bring you relief. I’ll speak with your care team right away and get back to you.

Tough Questions and Response Source: “I’m Sorry to Hear That: Real-Life Responses to Patients’ 101 Most Common Complaints About Health Care”