

Interdisciplinary Pain Education: Moving From Discipline-Specific to Collaborative Practice

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Background: Pain is a common symptom reported by hospitalized patients with cancer. Cancer pain management requires an interdisciplinary approach for quality patient care. Although the literature suggests that most cancer pain can be managed with available treatments, many patients continue to experience pain even with opioid prescriptions. Implementation of evidence-based guidelines, such as the National Comprehensive Cancer Network's guidelines for adult cancer pain, promotes collaboration across disciplines and enhances patient care.

Objectives: This article reports the development, implementation, and evaluation of an interdisciplinary pain education program, Oncology Provider Pain Training (OPPT), to improve clinician knowledge and promote collaborative practice.

Methods: The Kirkpatrick Model was used to design the OPPT program. A multifaceted training approach was used to accommodate the various needs of potential participants. Interdisciplinary educational sessions were held during a one-month period. Knowledge gained, learner reaction, and satisfaction were evaluated using predetermined benchmarks one month following program completion.

Findings: Satisfaction benchmarks for content, teaching materials, and presenter were met. Although the knowledge gained benchmark was not met, substantial progress toward achievement was made. Additional modifications include increasing discipline-specific content and focus on pain pathophysiology and addressing time constraints. Inconsistent technology adoption across disciplines may have a negative effect on interdisciplinary educational efforts.

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All healthcare providers strive to provide quality patient care, and the need to collaborate across disciplines is widely recognized. The push for interdisciplinary education and collaborative practice stems from the ever-changing complexity of patient care in the United States (Mitchell et al., 2012). Pain is one of the most common symptoms reported by hospitalized adult patients with cancer (Goldberg & Morrison, 2007; Rocque et al., 2013). Despite advances in understanding pain pathophysiology and treatment options, studies suggest that undertreatment of pain in the United States continues to be a problem (Fairchild, 2010; Ferrell & Griffith, 1994; Fisch et al., 2012; Goldberg & Morrison, 2007; Greco

et al., 2014; Mercadante, 2012). Current literature indicates that most cancer pain can be managed with available therapies (Portenoy, 2011; Ripamonti, Santini, Maranzano, Berti, & Roila, 2012). However, a significant number of patients continue to experience pain when opioids are prescribed (Deandrea, Montanari, Moja, & Apolone, 2008; Mercadante, 2012; Nersesyan & Slavin, 2007; Paice & Von Roenn, 2014; Schug & Chandrasena, 2015). Because multiple disciplines are involved in pain management, a strong need exists to develop interdisciplinary pain education programs to address common goals. In addition, given the magnitude of the cancer pain problem, healthcare providers must move from their discipline-specific practice silos to collaborative practice.