Improving Cancer Pain Management Project – The challenge of changing the clinical behaviour of junior medical staff.

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“Learn from the mistakes of others. You’ll never live long enough to make them all yourself”

Unknown
NICS-VQC Fellowship

- 'The National Institute of Clinical Studies (NICS) is an institute of the National Health and Medical Research Council (NHMRC), Australia's peak body for supporting health and medical research. As part of the NHMRC, NICS works to improve health care by getting health and medical research into practice.'

Cancer Pain – An inconvenient truth


- Pooled prevalence of pain all disease stages, 53% (CI 43% to 63%) in all cancer types

- Subgroups of patients:
  - after curative treatment, 33%
  - having anticancer treatment: 59%
  - patients characterised as advanced disease 64%

- Of the patients with pain more than one-third graded their pain as moderate or severe.

Despite clear World Health Organisation recommendations (over 20 years ago), cancer pain still is a major problem.
Pain at Peter Mac – A history

- Pain as a fifth vital sign,
- Near peer facilitators
- Participation in the NICS pain management improvement program
- Development of a handbook on cancer pain management for use by resident medical officers (RMOs) 2005.

The target group - RMOs

- Coal face workers
- Malleable
- Dissemination
Knowledge to Action loop


The plan

- Raise visibility of pain
- Improve medical documentation of pain
- Improve prescribing of analgesia.
### Barriers and Enablers

<table>
<thead>
<tr>
<th>Health System</th>
<th>Barrier</th>
<th>Enabler</th>
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<tbody>
<tr>
<td>RMO</td>
<td>Knowledge/Teaching</td>
<td>Teaching/Lectures</td>
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<td></td>
<td>Attitudes/Insight</td>
<td>Patient expectations</td>
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<td>Access/Time + Priorities</td>
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<td>Information overload</td>
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<td>Senior support/interest</td>
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<td>Bedside resources</td>
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<td>Professional Territory issues</td>
<td>Specialist pain units for teaching</td>
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<td>Priority/Visibility</td>
<td>and reminders</td>
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<td>High staff turnover</td>
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<td>No expectation of competency</td>
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<td>Palliative Care Unit resources</td>
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<td>Organisation</td>
<td>Blood pressures</td>
<td>Mandatory training of palliative</td>
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<td>No Continuing Professional Development</td>
<td>care registrars in oncology.</td>
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<td>expectation of competency in pain management.</td>
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<td>No mandatory training in symptom control</td>
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<td>for advanced trainees in the Haematology/Oncology field</td>
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Interventions to promote behavioral change among health professionals – Bero et al. 1998.

Interventions

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<thead>
<tr>
<th>Rotation</th>
<th>Rotation 1 (Pilot)</th>
<th>Rotation 2</th>
<th>Rotation 3</th>
<th>Rotation 4</th>
<th>Rotation 5</th>
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<td>RMO Intervention</td>
<td>• Orientation</td>
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<td>• Guideline dissemination</td>
<td>• Feedback to RMO committee</td>
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<td>• PCU ward round for bedside teaching</td>
<td>• Guideline dissemination</td>
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<td>• Principles of pain management posters</td>
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<td>• PCU staff as reminders</td>
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Interventions

- Educational outreach visits
- Reminders
- Multifaceted interventions
- Interactive educational meetings
- Audit and feedback
  - The use of local opinion leaders
  - Local consensus processes
  - Patient mediated interventions
- Educational materials
  - Didactic educational meetings
## Resources

### Organisational interventions

| General               | • Pain Steering Committee  
|                       | • VQC APMMT  
|                       | • Publicity - Grand Rounds, Newsletter, World Pain Day/ National Palliative Care Week |
| Administration        | • Clinical governance presentation  
|                       | • Development of an integrated pain service with staff for sustainable practice change  
|                       | • Highlighted need for pain KPIs |
| Pharmacy staff        | • KABE survey  
|                       | • Pharmacy education  
|                       | • Top 5 Cancer Pain tips developed for Pharmacy  
|                       | • Lanyard cards to Pharmacy staff |
| Nursing Staff         | • NUM Focus group  
|                       | • Feedback of nursing documentation  
|                       | • VQC APMMT  
|                       | • APOP project  
|                       | • Lanyard cards to Clinical Nurse Co-ordinators |
| Other Medical Staff   | • APOP project  
|                       | • Lanyard cards, posters and CPM lecture to Registrars |
Lessons learnt

- Develop Key Messages
- Understanding local context
- Plan for sustainability and “stickability” for change
- Understand your target group

What now?

- Engage those who that impact on residents
  - senior medical staff
  - Administrators
  - postgraduate teaching bodies
- Innovative or interactive education programs
- Significant incentives for further learning
  - mandatory competencies
  - remuneration or qualification
  - enforced protected time
Thanks

- NICS/NHMRC
- VQC
- Dr Odette Spruyt
- Dr David Hillis
- Dr Judy Greaves
- Palliative Care team
- Pain Steering Committee