

# PEDIATRIC PAIN PRN COURSE DIRECTOR GUIDE

*Pediatric Pain PRN  
Curriculum*

 Ann & Robert H. Lurie  
Children's Hospital of Chicago

The  
**MAYDAY**  
Fund



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# Foreword

*My 11-month-old daughter underwent open heart surgery without analgesia. I was alarmed by the lack of sensitivity, recognition, and priority her intelligent and caring healthcare providers gave to her postoperative pain and suffering. I have since dedicated my career to improving pediatric pain care. I have learned that knowledge and attitudes regarding pediatric pain assessment and management improve with educational programs. However, these improvements are not translated into clinical practice; and are not retained in the bureaucracy of healthcare. Despite ever improving resources for pain assessment and management, preventable and treatable pain remains prevalent in pediatric healthcare services, including health maintenance, illness, and procedural care.*

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## History of PRN program:

In 1992, Drs. Betty Ferrell & Marcia Grant at the City of Hope National Medicine Center created the first Pain Resource Nurses (PRN) training course. This course was designed to empower nurses providing direct patient care with both the knowledge and skills to improve pain management (Ferrell, Grant, Ritchey, Ropchan, & Rivera, 1993).

I had the privilege to attend their course in 1998.

With support from the Mayday Fund, a toolkit was created in 2008 to assist hospital educators in implementing PRN training programs as a means of improving the quality of their hospital's pain care management. These educators then held national "train-the-trainer" sessions to facilitate and standardize dissemination and use of the toolkit (Dahl, Gordon, Paice, Stevenson, Skemp, Curtiss & Brant, 2012).



Renee & Brittany Manworren, 1985



# Foreword

The theory of bureaucratic caring illustrates that learned evidence-based pain care knowledge is difficult to translate into pediatric patient care clinical practices. Thus, optimal pediatric pain care remains elusive.

Given significant variation in clinical practice assessing and managing pain of neonates, children, and adolescents, pediatric pain management specialist from across the USA & Canada partnered with Ann & Robert H. Lurie Children's Hospital of Chicago and I to create the first Pediatric Pain PRN Curriculum.

With support from the Mayday Fund, we present our free, open access, downloadable curriculum. Our curriculum goal is to break down institutional barriers and empower pediatric healthcare professionals to champion a healthcare culture sensitive to children's pain.

Won't you join us?

*Renee CB Manworren, PhD, APRN, FAAN*



© 2010 Manworren, *Pediatric nurses' journeys to relieve children's post-operative pain*



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# Introduction

*The Pediatric Pain PRN Curriculum is the first free, open-access, downloadable, flipped learning classroom curriculum designed to engage healthcare professionals to learn and work together to improve pediatric pain care. The curriculum is designed for delivery in a live interactive group format.*

The Pediatric Pain PRN curriculum has been:

- Developed and reviewed by pediatric pain care experts in the United States and Canada to acknowledge regional preferences and care routines (only available in English).
- Tested by interdisciplinary teams in 8 different healthcare systems. Of these, 3 systems are now accredited by Childkind International.
- Tested by pediatric nurses in more than 20% of states in the USA.
- Inspired over 50 pediatric pain care project proposals, including pediatric PRN programs in 3 states.
- Funded by a generous grant from the Mayday Fund.

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The curriculum addresses the pain care knowledge-to-clinical practice gap by providing:

1. **Foundational knowledge** of evidence-based pediatric pain care, and
2. **Scripted learning activities** to teach, practice, and develop the change competencies required to plan, promote, implement, measure and improve pediatric clinical pain practice outcomes.

The Pediatric Pain PRN curriculum provides shared learning experiences to unify teams, define teamwork goals and activities, and successfully **launch and sustain Pediatric Pain PRN programs**.

The **goal** of the Pediatric Pain PRN Curriculum is to empower healthcare professionals who provide direct patient care to transform the culture of pain care in their organization, region, and nationally.

The **desired outcome** is a healthcare culture that is sensitive to children's pain.

The **means to achieve this outcome** is by partnering with patients, parents, and interdisciplinary healthcare team members to promote effective organizational change to improve the quality of pain care and provide optimal pain management for all children, from neonates to young adults.

The **curriculum progression** guides interdisciplinary teams and pediatric healthcare professionals to identify staff and organization-related challenges to optimal pediatric pain care and develop effective strategies to overcome these challenges.

*To start a Pediatric Pain PRN program and develop interdisciplinary teams that improve pediatric pain care in your healthcare organization, READ ON...*



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# Chapter 1:

## The Pediatric Pain PRN Program & Curriculum Overview



### **Pain is biopsychosocial:**

Pain varies based on individual experiences and personal expression; and pain management is culturally complex

Over 20 years of research indicates knowledge and attitudes regarding pain improve with education; but given the barriers of bureaucratic caring, improvements are not translated into clinical practice and improvements are not retained.

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The Pediatric PRN Program and Curriculum advance both organizational pain management knowledge and provide competencies for change in complex systems to address the knowledge to clinical pain care practice gap.

### **Purpose of the Pediatric Pain PRN Program**

The purpose of the Pediatric Pain PRN Program is to promote a decentralized, cost-effective, evidence-based, and unified approach to implement high quality pain management.

The Pediatric Pain PRN program acknowledges that direct care providers are in the best position to transform healthcare systems and ensure all patients receive the highest quality pain care. Teams that work side-by-side in daily care of patients have the potential to make extraordinary changes in the way pain is managed within an organization.

The Pediatric Pain PRN program and its mission are sustained through interdisciplinary support, continuing professional development activities, and administrative commitment to the program and pain management.

### **Pediatric Pain PRN Role**

Acting as both a role model and change agent, the Pediatric Pain PRN is a peer resource who facilitates quality pain management by collaborating with healthcare team members and disseminating evidence to improve pain assessment, pain-relieving interventions, and thus improve direct patient pain care (Ferrell, Grant, Ritchey, Ropchan, & Rivera, 1993). Pediatric healthcare providers have an essential role to assess, prevent, and manage children's pain. This role is necessary to direct care of patients and to advocate for ethical and humane care of children's pain across healthcare systems and nations. Quality pain management requires an interdisciplinary approach which combines the talents and dedication of every member of the healthcare team. The Pediatric Pain PRN receives specialized education from the nationally recognized Pediatric Pain PRN Curriculum to prepare and support their PRN role.



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# Chapter 1

## Purpose of the Pediatric Pain PRN Curriculum

The **purpose of the Pediatric Pain PRN Curriculum** is to help train and empower local experts to improve pediatric pain care. Pediatric Pain PRNs need knowledge, pain sensitive attitudes, clinical and leadership skills to provide evidence-based pain care. Pediatric Pain PRNs also need the tools, provided in this curriculum, to improve pain management by balancing the advantages of standardized, system-based approaches while being sensitive to individual patient care experiences, treatment choices, and pain care needs.



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To ensure evidence-based Pediatric Pain PRN training, the Curriculum is based upon up-to-date scientific references. The Pediatric Pain PRN Program Curriculum addresses the knowledge to clinical practice gap by using a **flipped learning model**. This adult learning strategy engages practicing healthcare professionals to focus on common challenges to clinical translation of evidence-based pain care and attainable pain care improvements. Keeping with this philosophy of experiential learning, course faculty act as facilitators of curriculum content while participants engage in a variety of live, interactive learning activities. Curriculum designers have identified essential core content to be included in every Pediatric Pain PRN Curriculum program and have provided special topic content that can be included in a tailored fashion to meet the varied needs of different pediatric healthcare organizations.

The Pediatric PRN Curriculum aligns with recommendations from the National Academy of Medicine, formerly the Institute of Medicine (IOM), to provide evidence-based guidelines for dismantling barriers to adequate pain care, individualizing pain management strategies, providing healthcare professionals with a broadened educational platform for understanding pain, and promoting interdisciplinary collaboration (IOM, 2011). While healthcare organizations have implemented pediatric-based pain programs within their various institutions, the Pediatric Pain PRN Curriculum is unique in that it strives to transform and standardize pain assessment techniques and promote evidence-based pain management for pediatric patients throughout the nation. The essence of the curriculum is to develop leaders who will use this scientific evidence to promote change in pediatric clinical pain care in all clinical environments.



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# Chapter 1

## The Pediatric Pain PRN Curriculum Course Director

The **Course Director** is a healthcare system educator who coordinates and implements the educational aspects of the Pediatric Pain PRN Program. The Course Director may also be a clinician with knowledge of direct care routines, including commonly painful aspects of care. The qualities required for the Course Director include:

- good communication skills
- flexibility
- administrative competence to implement an interdisciplinary training program.
- timekeeper aptitude to both engage adult learners to reflect on their experiences and redirect learners if they stray from the content objectives or course curriculum.

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The Pediatric Pain PRN Curriculum Course Director does **NOT** have to be an expert in pediatric pain care!

Program partnership with key pain care experts and opinion leaders is recommended, but the experiential nature of the content delivery methods requires the Course Director to have demonstrated mastery in facilitating adult learning. The primary resources to support the course director in this role are this Pediatric Pain PRN Curriculum Course Director Guide (**CD Guide**), content specialists, and the central education department of the healthcare institution hosting the Pediatric Pain PRN Program and providing the Pediatric Pain PRN Curriculum Training Course.

### Introduction to the Pediatric Pain PRN Curriculum Course Director Guide (CD Guide)

This **Pediatric Pain PRN Curriculum Course Director Guide (CD Guide)** is designed to assist clinicians and healthcare system educators to coordinate and implement both the Pediatric Pain PRN Curriculum and the Pediatric Pain PRN Program. This **CD Guide** includes a philosophy of learning, teaching strategies, learning objectives, and desired program outcomes; as well as sample proposals, course agendas, and planning and reporting documents. The **objective** of this **CD Guide** is to provide practical advice to deliver essential Pediatric Pain PRN curriculum, develop and implement a Pediatric Pain PRN Program, engage and support Pediatric Pain PRNs, and communicate Pediatric Pain PRN Program needs and outcomes to health system leaders. Examples of materials included in this **CD Guide** are:

#### Pediatric Pain PRN Program

- Program proposal
- PRN applications
- PRN acceptance letters
- PRN job descriptions
- Budget templates
- Project templates, and
- Policies to define & re-privilege PRN(s)

#### Pediatric Pain PRN Curriculum

- PRN Curriculum content
- Training Agendas
- CE planning checklists
- Course evaluations



## Chapter 2: Pediatric Pain PRN Content & Learning Objectives

*A comprehensive set of Pediatric Pain PRN Curriculum Content and educational materials is available at [luriechildrens.org/PRNpain](http://luriechildrens.org/PRNpain) as a free, open access, downloadable flipped learning classroom curriculum. Content and educational materials are developed by experts of instructional design and pediatric pain care with PRN Program experience. Content is categorized into three areas:*

- (1) Core Subject Content*
- (2) Role Implementation, and*
- (3) Specialty Subjects.*

*The Pediatric Pain PRN Curriculum is designed for flexible delivery.*

**The Pediatric Pain PRN Curriculum** provides standardized course materials that allow facilitators to deliver the essential curriculum. Participants are provided with referenced evidence-based content to assure a common knowledge based on up-to-date pain science. Learning activities are designed to encourage participants to practice skills and craft evidence-based practice and quality improvement projects to meet the physical, social, and emotional needs of pediatric patients experiencing pain.

- We recommend acceptance to the Pediatric Pain PRN Curriculum Training Course and Program through an application and selection process (*See Chapter 3 materials*).
- In our experience, PRNs who are passionate about improving at least one aspect of pediatric pain care are more successful than PRNs who are assigned to the role and a project to improve a pain-related metric.
- We recommend dedicating 1-2 education days after PRN selection to focus on Core subject content and Implementation of the PRN role.





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# Chapter 2

## Pediatric Pain PRN Curriculum Learning Objectives

Content for the Pediatric Pain PRN Curriculum flows directly from the course objectives. This design helps maintain curriculum integrity (Keating, 2011). The overall **objectives** of this curriculum are:

1. Discuss strategies for pediatric pain assessment and management.
2. Return demonstration of pain and role skills.
3. Apply leadership skills to promote change, communicate with and educate patients, parents, families, healthcare professionals and the public to improve pediatric pain care.
4. Draft at least 2 pain management project proposals to be implemented in the clinical practice environment within a month and a year of attending initial Pediatric Pain PRN training.

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### Core Content:

The focus of this content is core knowledge of pediatric pain care for knowledge translation into clinical practice. Given the lack of uniform education regarding pain in schools that prepare entry level healthcare professionals, and differences in regional pediatric pain care practices, this essential content provides well-referenced core knowledge of pediatric pain care to facilitate shared understanding of evidence-based pediatric pain care. Core subjects include pain assessment and management methods.

### Role Implementation Content:

The focus of this content is the Pediatric Pain PRN Roles of change agent, project manager, educator, and advocate. Pediatric pain management examples are included, but the content and tools provided teach skills to effectively teach and promote essential knowledge translation skills. While intended for the PRN role, this content may be valuable for teaching more general direct care leadership development skills. To promote change in pediatric clinical environments along with plans to develop, promote, implement and evaluate pain management improvement projects.

### Specialty Subjects Content:

The focus of this content is pain experienced in special pediatric populations. This material builds on the other foundational pediatric acute, chronic, procedural, general, and disease specific pain assessment and management content in this curriculum. Please reference other content for developmentally appropriate pain assessments and treatments. Specialty subjects can be used to supplement PRN education during regularly scheduled (typically monthly) pediatric PRN meetings.



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# Chapter 2

## Pediatric Pain PRN Content, Classes, and Learning Objectives:

The Curriculum is designed for flexible delivery. Therefore, the **Course Director** is encouraged to modify the agenda based upon an assessment of learning needs, time, organizational resources, and other opportunities and constraints.

The following tables outline the courses and classes as: (1) Core, (2) Role Implementation, and (3) Specialty Subjects. The tables include course objectives, content download references, class times, and adult learning activities.



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## Pediatric Pain PRN Curriculum Organization

The curriculum is organized into 16 courses with 20 classes of 30-60 minutes. For each course at least 3 items should be downloaded (*these are also batched by course for faster download*) from [luriechildrens.org/PRNpain](http://luriechildrens.org/PRNpain)

### Participant Guides (pdf)

These pre-class reading materials can also serve as the participants' handouts and references. We recommend these guides be provided to participants at least 1-2 weeks prior to class.

### Class Presentations (ppt or pptx)

These PowerPoint® slide sets are formatted for projection during the live classes. Slide sets reinforce points of emphasis for the interactive activities. Points of emphasis topics and activities are chosen because they are the most common challenges faced when translating evidence-based knowledge-to-clinical practice. Some slide set modifications will be required by the continuing education provider (*for example, conflict of interest disclosures and local continuing education requirements*) or to address resources available at the organization (*for example, acute pain teams, chronic pain clinics, or massage therapy services*). We ask that other content, (for example, content that conflicts with current organizational policies), be kept intact to prompt discussion of current organizational policies, practices, and resources.

### Facilitator guides (pdf)

These are the class scripts for the facilitator. Standardized language is used for easy recognition of prompts, such as **READ:** which prompts the facilitator to read the content after the prompt; or **ASK:** which prompts the facilitator to ask the question listed after the prompt.



# Chapter 2:

# Core Curriculum

Subject Class (Time)	Core Subject Course Objectives Curriculum Download Titles	Adult Learning Activities
<b>Pain Theories</b> <b>(30 minutes)</b>	1. Describe theories that inform our understanding of pain 2. Explain the biopsychosocial model of pain <b>Content Downloads</b> <b>Participant Guide:</b> <i>Prn-theories-participant-guide-June19.pdf</i> <b>Class Presentation PowerPoint® Slides:</b> <i>Prn-theories-slides-June19.pptx</i> <b>Facilitator Guide:</b> <i>Prn-theories-script-June19.pdf</i>	<u>Pair &amp; Share:</u> <ul style="list-style-type: none"> <li>Recall and share personal experiences with pain</li> <li>Recall and share a clinical experience when a child's report of pain was disproportionate to observed tissue damage</li> <li>Discuss how a theory of pain explains the mechanism of action for a pain treatment</li> <li>Identify a treatment that you think works well despite lack of mechanism of action evidence</li> </ul>
<b>Reorientation</b> <b>(Varies by organization)</b>	Discuss content and delivery method of pain care and pain policies orientation provided to healthcare professionals new to the organization	<u>Common Ground:</u> The goal is to gain a shared understanding by reorienting Pediatric Pain PRNs to what new healthcare providers are taught about pain care and pain policies during organizational orientation
<b>Pediatric Chronic Pain</b> <b>(45 minutes)</b>	1. Describe the prevalence and costs of chronic pain experienced by children and adolescents. 2. Explain the differences between acute and chronic pain management plans, including the unique challenges of managing chronic pain. 3. Outline at least 5 realistic treatment goals and different corresponding treatments to help achieve those goals. <b>Content Downloads</b> <b>Participant Guide:</b> <i>Prn-chronic-pain-participant-guide-June19-compressed.pdf</i> <b>Class Presentation PowerPoint® Slides:</b> <i>Prn-chronic-pain-slides-June19.pptx</i> <b>Facilitator Guide:</b> <i>Prn-chronic-pain-script-June19.pdf</i>	<u>Pair &amp; Share:</u> <ul style="list-style-type: none"> <li>Discuss barriers to optimal chronic pain care for children</li> <li>Recall how type of pain dictates treatments</li> <li>Outline treatment goals and different treatments to help achieve these goals</li> <li>Describe elements of pharmacotherapy agreement</li> </ul> <u>Case Studies:</u> The multimodal approach: Discuss more than one "right way" to manage pain



## Chapter 2:

## Core Curriculum

Subject Class (Time)	Core Subject Course Objectives Curriculum Download Titles	Adult Learning Activities
<b>Assessment (45 minutes)</b>	<ol style="list-style-type: none"> <li>1. Critically evaluate pain assessment tools for reliability, validity, feasibility, and utility for communicating pediatric patients' pain experiences</li> <li>2. Formulate processes and policies to ensure the organization's pain assessment and care planning for pediatric patients is sensitive to children's pain and acknowledges the sensory, cognitive, and affective experience of pain as well as behavioral responses influenced by social, cultural, spiritual and regulatory context.</li> <li>3. Engage in pain assessment to demonstrate evidence-based processes, modeling assessment principles, and how to use valid and reliable tools appropriate to the developmental level, cognitive ability, language, and care needs of pediatric patients in your clinical area.</li> </ol> <p><b><u>Content Downloads</u></b></p> <p><b>Participant Guide:</b>  <i>Prn-assessment-participant-guide-June19-compressed.pdf</i></p> <p><b>Class Presentation PowerPoint® Slides:</b> <i>Prn-assessment-slides-June19.pptx</i></p> <p><b>Facilitator Guide:</b> <i>Prn-assessment-script-June19.pdf</i></p>	<p><u>Case Studies:</u></p> <ul style="list-style-type: none"> <li>• Assess pain in conditions not associated with tissue injury; for example, headache or chronic abdominal pain.</li> <li>• Discuss factors that influence pain and whether the child is believed, or pain is attended to by healthcare providers.</li> </ul> <p><u>Policy R&amp;R:</u>            What policy changes are needed at your organization?</p> <p><u>Self-assessment:</u></p> <ul style="list-style-type: none"> <li>• What you know</li> <li>• What your team needs</li> <li>• Next Steps</li> </ul>



# Chapter 2:

# Core Curriculum

Subject Class (Time)	Core Subject Course Objectives Curriculum Download Titles	Adult Learning Activities
<b>Analgesics</b> <i>(60 minutes)</i>	<ol style="list-style-type: none"> <li>1. Explain principles for treating children's pain with pharmacologic therapies.</li> <li>2. Describe how developmental differences influence use of non-opioids, opioids, co-analgesics, and adjuvant medications in pediatric pain treatment plans</li> <li>3. Develop pediatric multimodal pain treatment plans that demonstrate knowledge of age-related considerations, mechanism of action, indications, route, contraindications, and adverse effects of pharmacological therapies</li> </ol> <p><b><u>Content Downloads</u></b></p> <p><b>Participant Guide:</b>  <i>Prn-analgesics-participant-guide-June19-compressed.pdf</i></p> <p><b>Class Presentation PowerPoint® Slides:</b>  <i>Prn-analgesics-slides-June19.pptx</i></p> <p><b>Facilitator Guide:</b>  <i>Prn-analgesics-script-June19.pdf</i></p>	<p><u>Practical Peer Advice:</u>            What do you do if...?            For example, the child will not take the bad tasting oral analgesic, or calculate dose if the child is obese</p> <p><u>Case Studies:</u>            The multimodal approach: Discuss that there is more than one "right way" to manage pain</p> <p><u>Ready, set, go:</u>            Analgesic recall challenge</p> <p><u>Evidence appraisal:</u>            Evaluate scientific literature for best evidence from what is reported by mainstream media, traditional clinical risk/benefit analysis</p> <p><u>Self-test:</u>            Take online Pediatric Healthcare Provider Knowledge and Attitude Survey regarding Pain</p>



# Chapter 2:

# Core Curriculum

Subject Class (Time)	Core Subject Course Objectives Curriculum Download Titles	Adult Learning Activities
<b>Opioid REMS Risk, Evaluation, &amp; Mitigation Strategies</b> <i>(45 minutes)</i>	<ol style="list-style-type: none"> <li>1. Define substance misuse, abuse, addiction, tolerance, physical dependence, and pseudo-addiction.</li> <li>2. Develop a plan of care for patients requiring opioids as a medication in their multimodal pain treatment plans, include risk assessment, monitoring for misuse, adverse effects, and safe methods of discontinuing opioids if ineffective for treating pain or abuse identified.</li> <li>3. Educate healthcare providers, patients, parents/guardians and the public on methods to secure, monitor &amp; dispose of opioids.</li> </ol> <p><b>Content Downloads</b></p> <p><b>Participant Guide:</b>  <i>Prn-opioids-participant-guide-June19-compressed.pdf</i></p> <p><b>Class Presentation PowerPoint® Slides:</b>  <i>Prn-opioids-slides-June10.pptx</i></p> <p><b>Facilitator Guide:</b> <i>Prn-opioids-script-June19.pdf</i></p>	<p><u>Differentiating Definitions:</u></p> <ul style="list-style-type: none"> <li>• Language is important. What is the difference in meaning of addiction and substance use disorder? <u>prescribed or diverted?</u></li> <li>• Interpret Urine Drug Test (UDT) results and address limitations</li> </ul> <p><u>Game of Phones:</u></p> <ul style="list-style-type: none"> <li>• Find services for referrals in area</li> </ul> <p><u>Self-assessment:</u></p> <ul style="list-style-type: none"> <li>• What you know</li> <li>• What your team needs</li> <li>• Next Steps</li> </ul>
<b>Biobehavioral Strategies</b> <i>(120 minutes)</i>	<ol style="list-style-type: none"> <li>1. Explain the mechanism of action and potential outcomes of a variety of biobehavioral strategies used to manage children's pain</li> <li>2. Select biobehavioral strategies based on type and characteristics of pain as well as patient's developmental level, characteristics, and condition to help manage children's pain or help children cope with pain</li> <li>3. Demonstrate at least 4 different comfort, cognitive, and physical biobehavioral strategies for pediatric pain management</li> <li>4. Return demonstration is the most effective way to verify learning – so you will actively return demonstrate biobehavioral strategies during this session.</li> </ol> <p><b>Content Downloads</b></p> <p><b>Participant Guide:</b> <i>Prn-biobehavioral-participant-guide-June19-compressed.pdf</i></p> <p><b>Class Presentation PowerPoint® Slides:</b> <i>Prn-biobehavioral-slides-June19.pptx</i></p> <p><b>Facilitator Guide:</b> <i>Prn-biobehavioral-script-June19.pdf</i></p>	<p><u>See one, Do one, Teach one:</u></p> <ul style="list-style-type: none"> <li>• Learn a biobehavioral strategy.</li> <li>• Demonstrate strategy.</li> <li>• Teach strategy</li> </ul>



# Chapter 2:

# Core Curriculum

Subject Class (Time)	Core Subject Course Objectives Curriculum Download Titles	Adult Learning Activities
<b>Procedural Pain</b> <i>(45 minutes)</i>	<ol style="list-style-type: none"> <li>1. Compare your organization's approach to painful medical procedures performed on pediatric patients against the guidelines established by national professional societies, such as the American Academy of Pediatrics, American Society for Pain Management Nursing, and others.</li> <li>2. Formulate processes and policies to ensure that the organization's approach to painful medical procedures acknowledges the need to be sensitive to children's pain and to optimize pain and anxiety treatment with the first and every procedure.</li> <li>3. Engage in developmentally appropriate evidence-based strategies to ease anxiety and pain of common medical procedures performed on pediatric patients.</li> </ol> <p><b>Content Downloads</b>  <b>Participant Guide:</b> <i>Prn-procedural-participant-guide-june19-compressed.pdf</i>  <b>Class Presentation PowerPoint® Slides:</b> <i>Prn-procedural-slides-June19.pptx</i>  <b>Facilitator Guide:</b> <i>Prn-procedural-script-June19.pdf</i></p>	<p><u>Pair &amp; Share:</u>  Recall common procedures performed and barriers to preventing or treating the pain of the procedures.</p> <p><u>Roles &amp; Responsibilities:</u>  Teach roles and responsibilities for procedural comfort by healthcare professionals and other caregivers.</p> <p><u>Procedural Plans:</u>  Develop a procedural plan with care team; choose a procedure and developmental level.</p>
<b>Acute Pain Management</b> <i>(45 minutes)</i>	<ol style="list-style-type: none"> <li>1. Explore the diversity of acute pain experienced by children using at least 5 examples acquired from your clinical and personal experiences.</li> <li>2. Compare the efficacy and risk of different methods of managing children's acute pain in hospitals, including: patient-controlled analgesia, nurse-controlled analgesia, authorized agent controlled analgesia, epidural analgesia, patient controlled epidural analgesia, continuous nerve blocks and other forms of regional analgesia.</li> <li>3. Synthesize knowledge of pediatric acute pain assessment and management to formulate care plans appropriate for all developmental levels and at least three different cases of acute pain experienced by children.</li> </ol> <p><b>Content Downloads</b>  <b>Participant Guide:</b> <i>Prn-acute-participant-guide-June19-compressed.pdf</i>  <b>Class Presentation PowerPoint® Slides:</b> <i>Prn-acute-slides-June19.pptx</i>  <b>Facilitator Guide:</b> <i>Prn-acute-script-June19.pdf</i></p>	<p><u>Your Case, Other Approaches:</u>  Use cases provided in PRN applications to discuss more than one "right way" to manage pain</p> <p><u>Raise the Bar:</u>  Explore acute pain expectations and barriers to complete pain relief. Raise the bar by debating risk/benefit of pain and treatments.</p> <p><u>Self-test:</u>  Take online Pediatric Healthcare Provider Knowledge and Attitude Survey regarding Pain</p>



## Chapter 2:

## Role Implementation

Class Topics (Time)	Implementation Subject Course Objectives Curriculum Download Titles	Adult Learning Activities
<b>Role</b> <i>5 classes:</i> <b>1. Welcome,</b> <b>2. Change,</b> <b>3. Data to Inform,</b> <b>4. Education, &amp;</b> <b>5. Advocate</b> <i>(Time Varies)</i>	<ol style="list-style-type: none"> <li>1. Engage patients, families, leaders, and the interdisciplinary healthcare teams to identify opportunities and develop an action plan to improve sensitivity to children's pain and clinical care provided.</li> <li>2. Assess your unit, specialty, organization, and community for opportunities to successfully educate patients/families and/or the interdisciplinary health care team, conduct evidence-based practice, research, and/or quality improvement projects that will facilitate optimal pain management and systemize optimal pain care.</li> <li>3. Analyze your potential for success in the PRN role based on your qualifications and your evaluation of your institution's leadership commitment, interdisciplinary teamwork, and resources to address staff/organization related challenges and barriers to optimal pain care.</li> <li>4. Evaluate how your goals for the PRN role align with the outlined PRN responsibilities and the care priorities of your institution.</li> </ol> <p><b><u>Content Downloads</u></b></p> <p><b>Participant Guide:</b> <i>Prn-role-participant-guide-June19-compressed.pdf</i></p>	Pain Rounds <i>See Individual Classes for Activities</i>

*If you are conducting classes during meals, refer to instructions later in this course director guide.*



## Chapter 2:

## Role Implementation

Class Topics (Time)	Implementation Subject Course Objectives Curriculum Download Titles	Adult Learning Activities
<b>Role</b> <b>Welcome class</b> <i>(1-2 minutes per PRN. For example, if there are 20 PRNs, the class will take 20-40 minutes)</i>	<p>Introduce course objectives, goals, and format. Also introduce participants' goals and barriers to optimal pain management.</p> <p><b><u>Content Downloads</u></b></p> <p><b>Participant Guide:</b>  <i>Prn-role-participant-guide-June19-compressed.pdf</i></p> <p><b>Class Presentation PowerPoint® Slides:</b>  <i>Prn-role-welcome-slides-June19.pptx</i></p> <p><b>Facilitator Guide:</b> <i>Prn-role-welcome-script-June19.pdf</i></p> <p><i>Modify PowerPoint® Slides to meet CE requirements for disclosures, schedules, and other organizational course specific information.</i></p>	<p><u>Introductions &amp; Goal Setting:</u></p> <ul style="list-style-type: none"> <li>• Explore why PRNs are taking this course.</li> <li>• Set goals for improving pain management by the end of the week and the end of the year.</li> </ul>
<b>Role</b> <b>Change class</b> <i>(45-60 minutes with LUNCH)</i>	<p><i>If you are conducting classes during meals, refer to instructions later in this course director guide.</i></p> <p><b><u>Content Downloads</u></b></p> <p><b>Participant Guide:</b>  <i>Prn-role-participant-guide-June19-compressed.pdf</i>  <i>Participant Guide –pages 4, 34-43, 57, 76-78</i></p> <p><b>Class Presentation PowerPoint® Slides:</b>  <i>Prn-role-change-slides-June19.pptx</i></p> <p><b>Facilitator Guide:</b> <i>Prn-role-change-script-June19.pdf</i></p>	<p><u>First Focus, First Team, Champion Change:</u></p> <ul style="list-style-type: none"> <li>• Present your change idea for quickest win and biggest reward; identify team, including nay-sayers</li> <li>• Role play approach to team members, nay-sayers, and leaders.</li> </ul>

*If you are conducting classes during meals, refer to instructions later in this course director guide.*



## Chapter 2:

## Role Implementation

Class Topics (Time)	Implementation Subject Course Objectives Curriculum Download Titles	Adult Learning Activities
<b>Role</b> <b>Data to inform</b> <i>(45 minutes)</i>	<b><u>Content Downloads</u></b> <b>Participant Guide:</b> <i>Prn-role-participant-guide-June19-compressed.pdf</i> <i>Participant Guide –pages 47-56, 58-63</i> <b>Class Presentation PowerPoint® Slides:</b> <i>Prn-role-data-slides-June19.pptx</i> <b>Facilitator Guide:</b> <i>Prn-role-data-script-June19.pdf</i>	<u>Get SMART:</u> <ul style="list-style-type: none"> <li>• Change ideas into SMART goals</li> <li>• Define process and outcome measures.</li> </ul> <u>Measure Twice, Change Once:</u> Document pain improvement project plan with SMART goal, process and outcome measures, and potential team members.
<b>Role</b> <b>Education Class</b> <i>(60 minutes)</i>	<b><u>Content Downloads</u></b> <b>Participant Guide:</b> <i>Prn-role-participant-guide-June19-compressed.pdf</i> <i>Participant Guide –pages 15, 16, 43-47, 65-74</i> <b>Class Presentation PowerPoint® Slides:</b> <i>Prn-role-education-slides-June19.pptx</i> <b>Facilitator Guide:</b> <i>Prn-role-education-script-June19.pdf</i>	<u>Course Critique:</u> Debate flipped learning activities used during this course as well as their effectiveness for adult learning <u>Fast FIX:</u> In 30 minutes, assemble team, go to clinical area, teach something learned in course, and bring back evidence of learning.
<b>Role</b> <b>Advocate Class</b> <i>(60 minutes)</i>	<b><u>Content Downloads</u></b> <b>Participant Guide:</b> <i>Prn-role-participant-guide-June19-compressed.pdf</i> <i>Participant Guide –pages 25-32</i> <b>Class Presentation PowerPoint® Slides:</b> <i>Prn-role-advocate-slides-June19.pptx</i> <b>Facilitator Guide:</b> <i>Prn-role-advocate-script-June19.pdf</i>	<u>Words Matter:</u> Explore differences in meaning by word choice <u>Advocate &amp; Influence:</u> <ul style="list-style-type: none"> <li>• Role play requests for resources from leadership for your pain management improvement project.</li> <li>• Brand your project.</li> </ul> <u>Measure Twice, Change Once:</u> Revise documented pain improvement project plan.

*If you are conducting classes during meals, refer to instructions later in this course director guide.*



## Chapter 2:

## Specialty Subjects

Class Topics (Time)	Special Subject Course Objectives Curriculum Download Titles	Adult Learning Activities
<b>Pain with Sickle Cell Disease</b> <i>(45 minutes)</i>	<ol style="list-style-type: none"> <li>1. Apply a multimodal approach to care for children experiencing pain from Sickle Cell Disease</li> <li>2. Describe age-specific pain assessment practices, diagnostic tools, and treatment strategies for pain related to Sickle Cell Disease</li> <li>3. Involve the patient, family, and interdisciplinary care team in the management of pain from Sickle Cell Disease</li> </ol> <p><b>Content Downloads</b></p> <p><b>Participant Guide:</b> <i>Prn-scd-participant-guide-June19-compressed.pdf</i></p> <p><b>Class Presentation PowerPoint® Slides:</b> <i>Prn-scd-slides-June19.pptx</i></p> <p><b>Facilitator Guide:</b> <i>Prn-scd-script-June19.pdf</i></p>	<p><u>Pair &amp; Share:</u> Discuss how your personal experiences, beliefs, and attitudes influence your pain care for patients with SCD.</p> <p><u>Case Studies:</u> The multimodal approach: Discuss more than one "right way" to manage pain</p> <p><u>Game of Phones:</u> Find services for referrals in area</p> <p><u>Self-assessment:</u> Explore your personal bias and how it may impact pain care.</p>
<b>Pain with Pediatric Cancer</b> <i>(45 minutes)</i>	<ol style="list-style-type: none"> <li>1. Recognize the variety of reasons for pain and barriers to optimal pain management for children with cancer.</li> <li>2. Develop evidence-based multimodal and interdisciplinary individualized plans of care to treat children with pain and cancer.</li> </ol> <p><b>Content Downloads</b></p> <p><b>Participant Guide:</b> <i>Prn-cancer-participant-guide-June19-compressed.pdf</i></p> <p><b>Class Presentation PowerPoint® Slides:</b> <i>Prn-cancer-slides-June19.pptx</i></p> <p><b>Facilitator Guide:</b> <i>Prn-cancer-script-June19.pdf</i></p>	<p><u>Case Studies:</u></p> <ul style="list-style-type: none"> <li>• What assessment data is needed for an initial assessment of a child with cancer?</li> <li>• What pharmacologic and biobehavioral treatments are used to relieve pain associated with cancer?</li> </ul>



## Chapter 2:

## Specialty Subjects

Class Topics (Time)	Special Subject Course Objectives Curriculum Download Titles	Adult Learning Activities
<b>Neonatal Pain</b> <i>(45 minutes)</i>	<ol style="list-style-type: none"> <li>1. Explain the significance of fetal neurodevelopment on nociception in preterm and term neonates</li> <li>2. Describe the prevalence of pain in preterm and term neonates</li> <li>3. Identify pain assessment and management challenges in preterm and term neonates</li> <li>4. Explain the potential long-term impact of poorly controlled neonatal pain and current pain management strategies used to treat pain experienced by pre-term and term neonates</li> </ol> <p><b><u>Content Downloads</u></b></p> <p><b>Participant Guide:</b>  <i>Prn-neonatal-participant-guide-June19-compressed.pdf</i></p> <p><b>Class Presentation PowerPoint® Slides:</b>  <i>Prn-neonatal-slides-June19.pptx</i></p> <p><b>Facilitator Guide:</b> <i>Prn-neonatal-script-June19.pdf</i></p>	<p><u>Pair &amp; Share:</u></p> <ul style="list-style-type: none"> <li>• Discuss myths about neonatal pain that need to be dispelled.</li> <li>• Name commonly painful procedures.</li> </ul> <p><u>Case Studies:</u></p> <p>Neonatal pain assessment: How is neonatal pain assessed?</p> <p><u>The Power of Breastfeeding:</u></p> <p>Watch the video of a neonatal procedure. Focus on the baby's facial expression for indicators of pain.</p> <p><u>Get SMART:</u></p> <p>Write your name and your most important SMART goal on 3 index cards. Keep 1 card and send the other 2.</p> <p><u>Self-test:</u></p> <p>Consider taking the online test</p>
<b>Critical Care</b> <i>(45 minutes)</i>	<ol style="list-style-type: none"> <li>1. Describe the prevalence of pain in PICU</li> <li>2. Identify pain assessment and management challenges in PICU</li> <li>3. Differentiate pain, agitation, delirium, and iatrogenic withdrawal</li> <li>4. Describe strategies to assess and manage pain and non-pain related distress in critically ill children</li> </ol> <p><b><u>Content Downloads</u></b></p> <p><b>Participant Guide:</b>  <i>Prn-picu-participant-guide-June19-compressed.pdf</i></p> <p><b>Class Presentation PowerPoint® Slides:</b>  <i>Prn-picu-slides-June19.pptx</i></p> <p><b>Facilitator Guide:</b> <i>Prn-picu-script-June19.pdf</i></p>	<p><u>Pair &amp; Share:</u></p> <ul style="list-style-type: none"> <li>• Discuss patient and unit related barriers to effective pain management in critical care</li> <li>• List unique pain management strategies that are contraindicated in critical care.</li> </ul> <p><u>Case Studies:</u></p> <ul style="list-style-type: none"> <li>• How is pain assessed in critical care?</li> <li>• What pain treatments are used in critical care?</li> <li>• What impact do sedatives and neuromuscular blockades have on assessment strategies?</li> </ul>



## Chapter 2:

## Specialty Subjects

Class Topics (Time)	Special Subject Course Objectives Curriculum Download Titles	Adult Learning Activities
<b>Chronic Gastrointestinal Pain</b>  <b>(45 minutes)</b>	<ol style="list-style-type: none"> <li>1. Differentiate patterns of pain and other symptoms common to children with inflammatory bowel disease (IBD) as compared to children with functional gastrointestinal disorders.</li> <li>2. Develop a multimodal plan of care for pediatric abdominal pain prevention and treatment.</li> <li>3. Describe the unique aspects of pain assessment and management for children with functional gastrointestinal disorders.</li> </ol> <p><b>Content Downloads</b></p> <p><b>Participant Guide:</b>  <i>Prn-GI-participant-guide-June19-compressed.pdf</i></p> <p><b>Class Presentation PowerPoint® Slides:</b> <i>Prn-GI-slides-June19.pptx</i></p> <p><b>Facilitator Guide:</b> <i>Prn-GI-script-June19.pdf</i></p>	<p><u>Case Studies:</u></p> <ul style="list-style-type: none"> <li>• What pharmacologic and biobehavioral treatments are used to relieve acute abdominal pain of unknown origin?</li> <li>• How does treatment of chronic abdominal pain differ from treatment of ulcerative colitis, IBD, and abdominal pain of unknown origin?</li> </ul>
<b>Children's Headache</b>  <b>(45 minutes)</b>	<ol style="list-style-type: none"> <li>1. Identify the common types of headache and factors to consider in evaluating a pediatric patient presenting with headache.</li> <li>2. Describe the different types of migraine and the different approaches to treatment of acute migraine and status migrainous.</li> <li>3. Describe the features of other primary and secondary headache disorders.</li> </ol> <p><b>Content Downloads</b></p> <p><b>Participant Guide:</b>  <i>Prn-headache-participant-guide-June19-compressed.pdf</i></p> <p><b>Class Presentation PowerPoint® Slides:</b>  <i>Prn-headache-slides-June19.pptx</i></p> <p><b>Facilitator Guide:</b> <i>Prn-headache-script-June19.pdf</i></p>	<p><u>Case Studies:</u></p> <ul style="list-style-type: none"> <li>• How do you assess patients with headaches?</li> <li>• What are triggers and how do you coach patients to manage them?</li> </ul> <p><u>Egg Headache Video:</u>  <a href="http://www.youtube.com/watch?v=JrCdyuDsg6c">www.youtube.com/watch?v=JrCdyuDsg6c</a></p> <p><u>Symptom Science:</u>            Differentiate headaches by symptom patterns.</p>



## Chapter 2:

## Specialty Subjects

Class Topics (Time)	Special Subject Course Objectives Curriculum Download Titles	Adult Learning Activities
<b>Introduction to Pediatric Palliative Care</b> <b>(45 minutes)</b>	<ol style="list-style-type: none"> <li>1. Describe different populations of children who benefit from pediatric palliative care</li> <li>2. Explain the benefits of pediatric palliative care for children and their families when the child suffers from serious, life-limiting, or life-threatening illness.</li> <li>3. Discuss palliative care pain and symptom management strategies beneficial to children with serious illness or children who are at end of life.</li> </ol> <p><b><u>Content Downloads</u></b></p> <p><b>Participant Guide:</b>  <i>Prn-palliative-participant-guide-Jan20.pdf</i></p> <p><b>Class Presentation PowerPoint® Slides:</b>  <i>Prn-palliative-slides-Jan20.pptx</i></p> <p><b>Facilitator Guide:</b> <i>Prn-palliative-script-Jan20.pdf</i></p>	<p><b><u>Pair and Share:</u></b></p> <ul style="list-style-type: none"> <li>• Discuss care versus cure</li> <li>• When should you consult a palliative care specialist or team?</li> </ul> <p><b><u>Differentiating Definitions:</u></b>          Explore differences in meaning by word choice</p> <p><b><u>Case Studies:</u></b></p> <ul style="list-style-type: none"> <li>• When you would recommend a palliative care consult or referral</li> <li>• What barriers to a palliative care consult would you anticipate?</li> <li>• What goals of palliative care do you think might be important for this case?</li> </ul>



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## Chapter 3: Adult Learning Principles



The Pediatric Pain PRN curriculum and associated curriculum activities is guided by the theoretical framework of adult learning. Adults have unique needs, including the timely need to know and learn. Their learning self-concept relies heavily on the experiences they bring with them to the learning environment, as well as their readiness to learn, their orientation to learn, and their motivation (Berman, 2010). The pediatric pain PRN curriculum is designed for direct care providers such as pediatric staff nurses, physicians, pharmacists, dentists, child-life specialists, psychologists, physical and occupational therapists, and others who are motivated to improve pediatric pain care. Potential participants' motivations can be evaluated through the application process (See sample applications). The application includes questions designed to evaluate the experiences PRN candidates bring with them to the learning environment. Based on identified gaps in pediatric pain care, the curriculum allows key knowledge brokers to come together, share their experiences, and use evidence-based teaching strategies to translate their knowledge into clinical practice. The teaching strategies outlined in the facilitator's guide support knowledge attainment and clinical translation.



# Chapter 3:

## *Based on the work of Malcolm S. Knowles*



### **Autonomous and self-directed → Adults need to take responsibility.**

By definition, adult learners have a self concept of being in charge of their own lives and being responsible for their own decisions, and a need to be seen and treated as being capable of taking responsibility.

### **Adults bring experience to learning → Accumulated foundation of experience and knowledge.**

That experience is a resource for themselves and for other learners and gives richer meaning to new ideas and skills. Experience is a source of an adult's self-identify. Experience is both a plus and a minus.

- + It is a plus because it is a vast resource.
- It is a minus because it can lead to bias and presuppositions.

Because adults define themselves by their experiences, respect and value that experience.

### **Goal-oriented → Adults are ready to learn when the need arises.**

Adults learn when they to choose to learn and commit to learn. That desire to learn usually coincides with the transition from one developmental stage to another and is related to developmental tasks, such as acquiring job competencies and improving job performance.

### **Relevancy Oriented → Adults want to know why they should learn.**

Adults are motivated to put time and energy into learning if they know the benefits of learning and the costs of not learning.

### **Practical → Adults are task-oriented.**

Education is subject-centered, but adult training should be task-centered. For example, a child in a school composition class learns grammar, then sentence and paragraph construction. An adult in a composition training program learns how to write a business letter, a marketing plan, etc.

- Organize content around tasks, not subjects. Provide opportunities to practice.
- The difference between information and instruction is the feedback loop.

### **Adults need to be shown respect.**

When an adult learner has control over the nature, timing, and direction of the learning process, the entire experience is facilitated. Ultimately, adults learn best by doing. Active participation, which can take many different forms, is the cornerstone for both the style of learning and the principles of adult education. Active learning results in longer-term recall, synthesis, and problem-solving skills than learning with verbal instruction only.



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# Flipped Classroom

The Pediatric Pain PRN Curriculum teaching strategies integrate with the overarching educational approach of the **Flipped Classroom Model**. This model of learning is **interactive** and **student-centered**.

Learners bear the onus of pre-reading so that classroom time and activities can focus on discussion, problem solving, role-play, or other guided learning activities (National Research Council, 2015).

Faculty act as learning-facilitators. While faculty may have valuable and unparalleled pediatric pain management experience, the curriculum is designed for interactive learning and group discovery that pain can often be managed in several “right” ways. Faculty are **strongly discouraged** from going off-script or providing additional content for course delivery. Even faculty with very limited knowledge of pediatric pain assessment, management, and pain science can successfully facilitate learning because the role of the course facilitator is to guide the participants in learning, to foster rich discussion, and to encourage critical thinking through experiential learning rather than to lecture in a one-sided fashion.

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In a traditional classroom model, the teacher presents the content and then the students' complete homework outside of the classroom.

**Flipping the classroom** uses face-to-face time for inquiry, application, and assessment. In this model, participants study the content outside of the classroom by accessing readings, completing reflection activities, and accessing resources to learn more. During the class time the facilitators focus on activities to help the participants apply the content. This is an opportunity to share ideas, reinforce key messages, and check for understanding.

There are numerous ways to flip your class. In the PRN curriculum, participants are provided with a guide prior to the workshop that covers core content. During the workshop, the facilitator uses the case studies and reflection questions from the participant guide as a vehicle to apply the content, making it less theoretical and more practical as well as personal.

*The basic premise of adult learning is to let the learners lead and learn from each other.*



A brief video explanation of Flipped Learning (1 min)

<https://videos.td.org/detail/videos/atd-highlights/video/5559487313001/what-is-flipped-learning?autoStart=true>

*Flipped Learning: Maximizing Facetime* article/podcast

<https://www.td.org/Publications/Magazines/TD/TD-Archive/2014/02/Flipped-Learning-Maximizing-Face-Time>

EDUCAUSE: Flipped Classroom resources

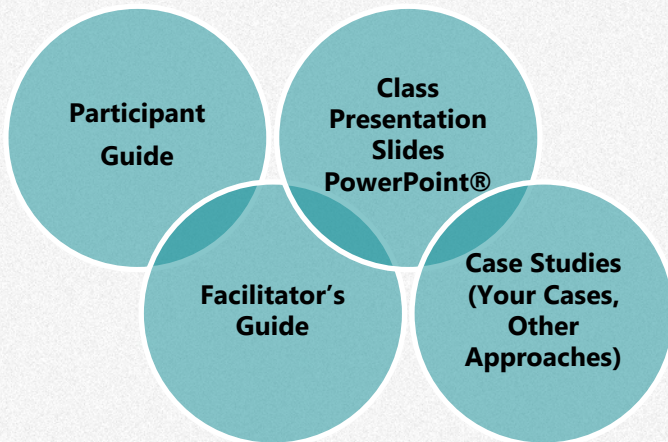
<https://library.educause.edu/topics/teaching-and-learning/flipped-classroom>

University of Washington Center for Teaching and Learning

<http://www.washington.edu/teaching/teaching-resources/engaging-students-in-learning/flipping-the-classroom/>



# Pediatric Pain PRN Teaching Strategies



## Participant Guides

- Pre-reading
- A learner-centered activity before class
- Allows learners to discover key concepts and acquire foundational knowledge, thus preparing them to engage in active learning *(National Research Council, 2015)*.
- *Used in ALL classes*

## Facilitators' Guides

- Use PRN Curriculum scripts to facilitate interactive learning activities and reinforce critical material.
- Facilitator's engage adults to actively learn relevant content they need or want to know using activities that captures learners' attention extending their knowledge and experiences to build their confidence to lead change. Lecture is limited to reinforcing critical material.
- *Used in ALL classes*

## Class Presentation Slides

- While content should not be changed, format allows for site specific additions
- Visual supplements enhance learning by emphasizing key points of pre-reading material, thus decreasing the burden of notetaking. Slides designed with clear outlines and headings make learning more effective *(Davis, 2009)*.
- *Used in ALL classes*

## Case Studies

- Use of cases from applications is encouraged but standardized cases are also provided.
- Presents real-life or hypothetical cases for group analysis, prompting participants to describe the cases, compare them to prior experiences, explore and debate different assessment or treatment options, and discover that there is more than one "right way" to manage pain. Case studies assess higher learning *(Oermann & Gaberson, 2014)*.
- *Used in* Assessment, Analgesics, Acute Pain, Chronic Pain, Pain with Sickle Cell Disease, Neonatal, Critical Care, Pediatric Cancer Pain, Chronic GI Pain, Pediatric Headache, & Intro to Palliative Care Classes



# Pediatric Pain PRN Teaching Strategies



## Common Ground

- Provide current pain orientation material to encourage common pain knowledge throughout the organization
- The goal is to gain a shared understanding through reorientation of Pediatric Pain PRNs to what new healthcare providers are being taught about pain care and pain policies.
- Recommendations to modify content and teaching methods are encouraged.
- *Used in reorientation class*

## Course Critique

- Evaluate course teaching strategies
- Debate flipped learning activities used during this course and their effectiveness for adult learning as compared to more traditional learning approaches.
- *Used in Role: Educator class*

## Differing Definitions (Words Matter)

- Compare & contrast terms
- Language is important, and medical terms can often have common and more exact definitions.
- *Used in:* Role: Advocate, Opioid REMS, and Intro to Palliative Care Classes

## Evidence Appraisal

- Use articles to explore organizational analgesic controversies.
- Evaluate scientific literature for best evidence and clinical risk-benefit analysis. May use listed references about topical anesthetics.
- *Used in Analgesics Class*

## Fast FIX

- The course is designed for quick clinical translation. In 30 minutes, assemble team, go to clinical area, teach something learned in course, and bring back evidence of learning. Critique effort and modify plan.
- In this experiential learning activity, participants promptly use and disseminate new knowledge by taking on the PRN role in an interactive manner with clinical staff. Before completing the core training course, participants begin to dismantle barriers, problem solve, and encourage staff to identify pain management as a priority.
- *Used in Role: Educator Class*

## Goal Setting

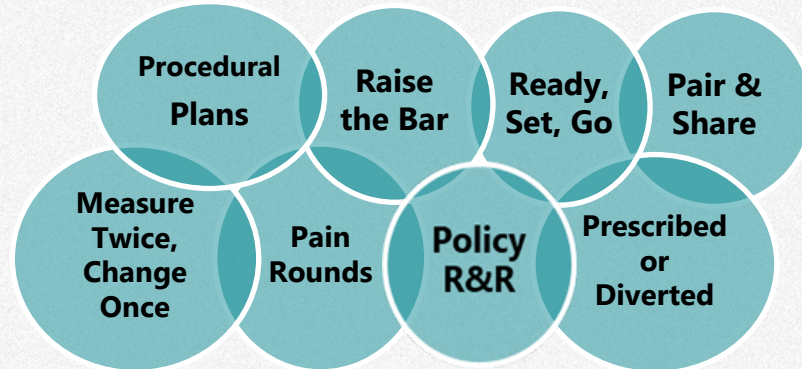
- Set SMART goals to guide work 1 week-month & 1 year after PRN course
- Explore why PRNs are taking course and assist them in setting SMART goals to progressively improve pediatric pain care. Encourage participants to reassess their progress on a regular basis.
- *Used in:* Role: Welcome, Role: Data to Inform, and Neonatal Pain classes

## Game of Phones

- Mobile service and phone required
- A race to find services for patient referrals in the area
- *Used in:* Opioid REMS & Pain with SCD classes



# Pediatric Pain PRN Teaching Strategies



## Measure Twice, Change Once

- Create, revise, and finalize project plan.
- Document pain improvement project plan with SMART goal, process, and outcome measures, potential team members, leaders, and nay-sayers.
- *Used in:* Role: Data to Inform & Advocate classes

## Pain Rounds

- Arrange for learners to accompany pain care specialists on patient care rounds to demonstrate that there is more than one right way to treat pain.
- Patient-centered rounding enhances interprofessional relationships by contributing to a team-based collaborative model and facilitating discussion about pain care improvement needs (*Sharma & Klocke, 2014*).
- *Used in Role classes*

## Pair & Share

- Participants pair-up and share their reflections of sensitive subjects like disparity in pain care or personal attitudes regarding pain.
- Using probing and open-ended questions, participants pair up & share reflections and critical thinking to justify their answers. This activity promotes analysis, synthesis, problem solving, and judgement skills to reach the optimal answer (*Boswell, 2010; Gaberson & Oermann, 2010*).
- *Used in* Pain Theories, Procedural Pain, Chronic Pain, Pain with SCD, Neonatal, Critical Care, & Intro to Palliative Care classes

## Prescribed or Diverted?

- Interpret results and address testing limitations
- Use hypothetical Urine Drug Test results to reinforce drug metabolism pathways and opioid monitoring
- *Used in Opioid REMS class*

## Procedural Plans

- Collaborate with care team to develop a procedural plan.
- Explore developmental needs, interventions, and healthcare providers roles for optimizing comfort during common procedures
- *Used in Procedural Pain class*

## Policy R&R

- Requires access to organizational policies
- Review and recommend policy changes based on Pediatric Pain PRN Curriculum knowledge gained
- *Used in Assessment class*

## Raise the Bar

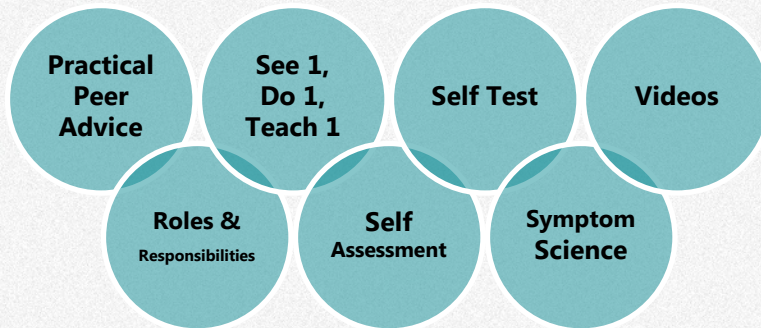
- Explore acute pain expectations
- Raise the bar by debating risks and benefit of pain and pain treatments as barriers to complete pain relief.
- *Used in Acute Pain class*

## Ready, Set, Go

- Recall of analgesic mechanism
- *Used in Analgesics class*



# Pediatric Pain PRN Teaching Strategies



## See 1, Do 1, Teach 1

- Hands on-return demonstration and simulated teaching
- Experiential learning increases knowledge and skill acquisition by building on previous competencies and involves cognitive, affective, and psychomotor learning domains (*DeLaune, 2010*). This activity allows learners to practice, demonstrate, and teach newly acquired skills to develop competence and self-confidence for rapid translation into patient care (*Ulloth & Purtee, 2010*).
- *Used in Biobehavioral Strategies class*

## Symptom Science

- Use symptom patterns to differentiate types of headaches.
- *Used in Chronic Headaches class*

## Roles and Responsibilities

*(1st Focus, 1st Team, Champion Change, Advocate & Influence)*

- Role play and simulation
- Identify team members, leaders, and nay-sayers for a quick win PRN project. Role play approach. Brand your project. Simulate roles during procedures to optimize comfort provided by healthcare professionals and other caregivers.
- *Used in:* Role: Change, Role: Advocate, and Procedural Pain classes

## Practical Peer Advice

- Prompts to encourage discussion of practical advice with PRN peers
- Children can be unpredictable and there may not be evidence-based guidance for all clinical situations. This activity encourages participants to develop camaraderie and share experiences.
- *Used in Analgesics class*

## Self Assessment

- Explore your personal beliefs and biases
- Develop next steps to impact pain care. 1) What you know, 2) What your team needs, 3) Next steps
- *Used in:* Assessment, Opioid REMS, and Pain with SCD classes

## Self Test

- Online Pediatric Healthcare Provider Knowledge & Attitude Survey regarding Pain
- Recommended as a pre-test, post-test, and self-assessment method
- *Used in:* Analgesics, Acute Pain, and Neonatal classes.

## Videos

- Videos entertain while reinforcing learning. Focus on facial expressions as indicators of pain
- Egg Headache: [www.youtube.com/watch?v=JrCdyuDsg6c](http://www.youtube.com/watch?v=JrCdyuDsg6c)
- Power of Breastfeeding:
- *Used in:* Chronic Headaches and Neonatal Classes



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## Chapter 4: Pediatric Pain PRN Course Planning

*The course planning timeline presented here starts 3-6 months before the proposed course date(s).*

*Securing rooms, food, content facilitators, and course participants may take longer based on institution resources and other factors.*

*Contact your affiliated education office for their recommended CE course planning timelines.*



The Pediatric Pain PRN curriculum is designed for maximum flexibility in meeting the variety of needs and time constraints of various healthcare organizations.

Many course directors seek to offer continuing education (CE) or contact hours for the Pediatric Pain PRN curriculum content and courses. This free, open-access, downloadable curriculum does not provide CEs for individual courses. Instead, this guide provides a statement of purpose, course objectives, desired learning outcomes, sample agendas, teaching strategies, and content references to assist course directors in completing CE applications for medicine, nursing, pharmacy, physical therapy, and psychology.

Course directors should direct specific CE inquiries to the central education department of an affiliated healthcare organization. These education offices may be able to guide course directors with more specific CE application information and deadlines for the specific proposed course.



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# Pediatric Pain PRN Course Planning Timeline

## 4-6 Months Prior to Course:

- ☐ Contact affiliated education department about Continuing Education application.
- ☐ Assemble planning committee
- ☐ Assess learning needs
- ☐ Select specific content areas from the PRN Curriculum list
- ☐ Develop agenda
- ☐ Contact potential facilitators
- ☐ Discuss possible dates and times for course



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## 3-4 Months Prior to Course:

- ☐ Select specific course(s) and date(s)
- ☐ Confirm room availability and reserve rooms
- ☐ Confirm with facilitators to save the date
- ☐ Review expectations and course objectives
- ☐ Share participant's guide and facilitator's guide for content
- ☐ Emphasize the Flipped Classroom Model
- ☐ Market PRN program and course
- ☐ Upon facilitator & room confirmation, distribute course applications to potential participants via email, fliers, and mailbox notices
- ☐ Review participant selection process with potential supervisors
- ☐ Complete CE application
- ☐ Notify PRN@LurieChildrens.org of course schedule to add organization to online test and provide results for organization.
- ☐ Reserve necessary equipment
  - o Computer with functional internet connection for course links
  - o Projector
  - o Laser pointer
  - o Write-on boards or flip pads
  - o Prizes for recognition
  - o Microphone(s)
  - o Markers
  - o Table items for tactile learners
  - o Biobehavioral Equipment

## 1-2 Months Prior to Course:

- ☐ Select, notify, and confirm Pain PRN participants.
- ☐ Select menu and order food



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# Pediatric Pain PRN

## Course Planning

### Timeline *(Continued)*

#### Class Supply List:

- Laser Pointer
- Microphone(s)
- Markers
- Write-on board of flip pad
- Biobehavioral equipment
- Prizes for recognition
- Table snacks (candy, carrots, granola bars, etc.)
- Table items for tactile learners (stress balls, pens, crayons, modeling clay, sand, etc.)
- Folders for participants containing:
  - ❖ Course Agenda
  - ❖ Project Plans (2)
  - ❖ Case Studies
  - ❖ PRN role description
  - ❖ Biobehavioral and specialty content choice slips (to divide participants if needed)
  - ❖ PRN application (to remind participant of barriers and goals they submitted)

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#### 2-3 Weeks Prior to Course:

- ☐ Prepare CE materials; sign-in, evaluation forms, name tags, certificates
- ☐ Download all course materials from website
- ☐ Sent participants pre-reading material and ask participants to complete online pre-test

#### 1 Week Prior to Course:

- ☐ Confirm parking arrangements for participants and facilitators
- ☐ Obtain or create signage to direct participants to course room(s)
- ☐ Confirm facilitators date and time for course content, transportation, and parking
- ☐ Gather Class Supplies (see class supply list on the right)

#### Day Before Course:

- ☐ Check AV equipment
- ☐ Confirm food and all supplies
- ☐ Contact facilitators with any final information and to address any last-minute concerns
- ☐ Organize Folders

#### Day of Course:

- ☐ Arrange all table items, tables, and chairs
- ☐ Set out sign in and CE requirement materials
- ☐ Set up course signage to direct participants to room(s)
- ☐ Notify key staff of class location(s) (Concierge, security, etc.)

#### After Course:

- ☐ Send copy of sign-in sheet and evaluations to CE coordinators
- ☐ Send "Thank-you" to facilitator
- ☐ Solicit facilitator's feedback
- ☐ Convene planning committee to review course evaluations
- ☐ Send evaluations and feedback to [PRN@luriechildrens.org](mailto:PRN@luriechildrens.org) (optional)
- ☐ [PRN@Luriechildrens.org](mailto:PRN@Luriechildrens.org) will provide pre-test & post-test results in excel® for organization



# Chapter 4: Budget Worksheets

Allotted Working Budget \$ \_\_\_\_\_

Although the Pediatric Pain PRN Curriculum is open access and freely downloadable at [luriechildrens.org/PRNpain](http://luriechildrens.org/PRNpain) donations may be sent to Lurie Children's with the designation to maintain the Mayday Fund Pain PRN curriculum.

This budget worksheet itemizes for course director's common costs of hosting the course.

Individual course and organizational costs will vary. Again, course directors should direct specific inquiries to the central education department of an affiliated healthcare organization. These education offices may be able to guide course directors with more specific budgeting information for the proposed PRN training course.

Item	Budget	Actual Cost	+/- *****	Receipts/Invoices received	Submitted for payment
<b>Pediatric Pain PRN Curriculum</b>	<b>Donations Accepted to maintain curriculum</b>	<b>FREE</b>			
<b>Access to Pediatric Healthcare Provider Knowledge &amp; Attitude Regarding Pain Survey</b>		<b>FREE</b>			
<b>Facilities</b>					
<b>Audio-Visual equipment</b>					
<b>Food</b>					
<b>Handouts</b>					
<b>Supplies (flip charts, pens)</b>					
<b>Table supplies</b>					
<b>Outside Facilitator honorariums</b>					
<b>Outside Facilitator hotel Airfare Ground transportation Parking</b>					
<b>Parking</b>					
<b>CE costs</b>					
<b>Total</b>					

*\*The amount over allotted working budget may be used to determine the cost for participant attendance* 34



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## Chapter 4:

# Pediatric Pain PRN

## Sample Agendas



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The following agenda outlines the content topics for a *2-day course*. The agenda is based on an 8 ½ hour workday, and all lunches are working lunches. Day 1 includes 40 minutes of scheduled breaks and day 2 includes 60 minutes of scheduled breaks.

If paying PRN participants for course time, check with your human resources department for labor management rules.

Clarify that a 60-minute hour is used to calculate continuing education credits with your provider unit.

Times on this agenda can be changed and content rearranged.

Note, however, the role implementation content is over meals to encourage discussion and is timed to progress participant goals, project plans, and demonstrate developed competencies.

Specific recommendations for content delivery during meals are provided later in this Course Director guide.

After this 2-day course, additional specialty content topics can be covered at monthly or quarterly meetings based on organization needs, interests, and priorities.



# 2 Day Agenda

Day 1: Total = 480 Minutes = 8 Hours CE

TIME of DAY	TOPIC	CONTENT	AMOUNT of TIME
0800- 0845	Welcome, Introduction, Review of Goals <i>Continental Breakfast</i>	PRN Role: Welcome	45 Minutes
0845-0930	Re-Orient: Overview of orientation content related to pain and currently available pain care resources	Hospital Orientation related to Pediatric Pain Care	45 Minutes
0930-1000	Pain Theory	Biopsychosocial Theory	30 Minutes
1000-1010	Break		10 Minutes
1010-1040	Assessment of Pediatric Pain	Assessment	30 Minutes
1040-1140	Analgesics	Analgesics	60 Minutes
1140-1150	Break		10 minutes
1150-1235	<i>Working Lunch</i> , Barriers to Pain Management	PRN Role: Change	45 Minutes
1235-1245	Break		10 Minutes
1245-1330	Data to Inform Change	PRN Role: Data	45 Minutes
1330-1530	Biobehavioral breakout Session for Nonpharmacological Pain Management	Biobehavioral Interventions	120 Minutes
1530-1615	Acute Pain Management Case Studies	Acute Pain	45 Minutes
1615-1630	Project Plans and Day 1 Evaluation	Supplemental Materials	15 Minutes



# 2 Day Agenda

**Day 2:** Day 2 total = 450 Minutes = 7.5 Hours CE  
Course Total = 930 Minutes = 15.5 Hours CE

TIME of DAY	TOPIC		CONTENT	AMOUNT of TIME
0800- 0830	Implementing PRN Role: Education <i>Continental Breakfast</i>		PRN Role: Education	30 Minutes
0830-0845	<i>Travel to rounds</i>			15 Minutes
0845-1000	Pain Rounds	<ul style="list-style-type: none"> <li>Assessment &amp; analgesics</li> <li>Acute Pain Management</li> <li>Chronic Pain Management</li> </ul>	<ul style="list-style-type: none"> <li>Procedural Pain Management</li> <li>Palliative Pain Management</li> </ul>	75 Minutes
1000-1015	<i>Travel Break Back</i>			15 Minutes
1015-1100	Procedural Pain Management		Procedural Pain Management	45 Minutes
1100-1145	Opioid Risk Assessment		Opioid REMS	45 Minutes
1145-1155	<i>Break</i>			10 minutes
1155-1225	Fast Check and Fix		PRN Role: Education	30 Minutes
1225-1235	<i>Break</i>			10 Minutes
1235-1335	<i>Working Lunch, Advocate</i>		PRN Role: Advocate	60 Minutes
1335- 1345	<i>Break</i>			10 Minutes
1345-1430	Chronic Pain		Chronic Pain	45 Minutes
1430-1515	Specialty Choice: Based on # of PRN participants, allow selection to attend 1 of 2-3 concurrent sessions of the 7 specialty content areas	<ol style="list-style-type: none"> <li>Pain in SCD</li> <li>Pain in Pediatric Cancer</li> <li>Neonatal Pain</li> <li>Critical Care</li> </ol>	<ol style="list-style-type: none"> <li>Chronic GI Pain</li> <li>Children's Headaches</li> <li>Introduction to Pediatric Palliative Care</li> </ol>	45 Minutes
1515-1600	Post-test. Day 2 Evaluation, & Project Plans		Online & Supplemental Materials	45 Minutes
1600-1630	Case Studies, Post-Test Review, & Project Plans		Supplemental Materials	30 Minutes



# 1.5 Day Agenda

**Day 1 Total= 465 Minutes=7.5 Hours CE**

*The following 1 ½ -day agenda outlines all essential content, including role implementation content. No specialty content is included and several experiential learning experiences, like fast fix and pain rounds, are missing from this agenda.*

TIME of DAY	TOPIC	CONTENT	AMOUNT of TIME
0800- 0830	Welcome, Introduction, Review of Goals <i>Continental Breakfast</i>	PRN Role: Welcome	30 Minutes
0830-0900	Pain Theory	Biopsychosocial Theory	30 Minutes
0900-0930	Assessment of Pediatric Pain	Assessment	30 Minutes
0930-0945	<i>Break</i>		15 Minutes
0945-1045	Analgesics	Analgesics	60 Minutes
1045-1130	Acute Pain Management Case Studies	Acute Pain	45 Minutes
1130-1145	<i>Break</i>		15 Minutes
1145-1230	<i>Working Lunch</i> , Barriers to Pain Management	PRN Role: Change	45 Minutes
1230-1315	Data to Inform Change	PRN Role: Data	45 Minutes
1315-1330	<i>Break</i>		15 Minutes
1330-1530	Biobehavioral breakout Session for Nonpharmacological Pain Management	Biobehavioral Interventions	120 Minutes
1530-1615	Procedural Pain Management	Procedural Pain Management	45 Minutes
1615-1630	Project Plans and Day 1 Evaluation	Supplemental Materials	15 Minutes



# 1.5 Day Agenda

Day 2 Total= 225 Minutes = 3.75 hours CE

Course Total = 690 Minutes = 11.5 Hours CE

TIME of DAY	TOPIC	CONTENT	AMOUNT of TIME
0800- 0830	Implementing PRN Role: Education <i>Continental Breakfast</i>	PRN Role:	30 Minutes
0830-0915	Chronic Pain	Chronic Pain	45 Minutes
0915-1000	Opioid Risk Assessment	Opioid REMS	45 Minutes
1000-1015	<i>Break</i>		15 Minutes
1015-1100	Implementing PRN Role: Advocate & Project Plans	PRN Role: Advocate	45 Minutes
1100-1130	Post-test & Day 2 Evaluation	Online & Evaluation	30 Minutes
1130-1200	Post-test Review & Project Plans	Supplemental Materials	30 minutes



# 1 Day Agenda

**1 Day Total= 435 Minutes= 7.25 Hours CE**

*The following 1-day agenda outlines the course topics for a full day of essential content, including role implementation content. Fast Fix and Case Studies are missing from this agenda and other content has been abbreviated, such as biobehavioral and advocacy.*

TIME of DAY	TOPIC	CONTENT	AMOUNT of TIME
0800- 0830	Welcome, Introduction, Review of Goals <i>Continental Breakfast</i>	PRN Role: Welcome	30 Minutes
0830-0900	Pain Theory	Biopsychosocial Theory	30 Minutes
0900-0930	Assessment of Pediatric Pain	Assessment	30 Minutes
0930-1015	Procedural Pain Management	Procedural Pain Management	45 Minutes
1015-1030	<i>Break</i>		15 Minutes
1030-1130	Analgesics	Analgesics	60 Minutes
1130-1200	Barriers to Pain Management	PRN Role: Change	30 Minutes
1200-1210	<i>Break</i>		10 Minutes
1212-1250	<i>Working Lunch</i> , Data to Inform Change	PRN Role: Data	40 Minutes
1250-1300	<i>Break</i>		10 Minutes`
1300-1340	Biobehavioral breakout Session for Nonpharmacological Pain Management	Biobehavioral Interventions	40 Minutes
1340-1410	Implementing PRN Role: Education	PRN Role	30 Minutes
1410-1455	Opioid Risk Assessment	Opioid REMS	45 Minutes
1455-1505	<i>Break</i>		10 Minutes
1505-1550	Chronic Pain	Chronic Pain	45 Minutes
1550-1610	Implementing PRN Role: Advocate, Project Plans	PRN Role & Supplemental Materials	20 Minutes
1610-1630	Post- test & Day 1 Evaluation	Supplemental Materials	20 Minutes



# 4 Hour Agenda

**Total = 230 Minutes = 3.8 Hours CE**

*The material can also be presented as a 4 –hour Specialty course agenda, or in a 3 ½ hour block agenda format. Even shorter presentations of the PRN Curriculum are acceptable but should always include the fundamental topics necessary to convey the essential curriculum. Note that not all essential PRN roles are discussed or practiced. PRN role material could be provided in monthly or quarterly installments to empower PRNs with essential skills to propose, develop, market, pilot, evaluate, modify, implement, re-evaluate, and disseminate their own PRN projects.*

TIME of DAY	TOPIC	CONTENT	AMOUNT of TIME
0800-0830	Welcome, Review of PRN Goals, <i>Continental Breakfast</i>	PRN Role: Welcome	30 Minutes
0830-0900	Assessment of Pediatric Pain	Assessment	30 Minutes
0900-1000	Analgesics	Analgesics	60 Minutes
1000-1010	<i>Break</i>		10 Minutes
1010-1055	Procedural Pain Management	Procedural Pain Management	45 Minutes
1055-1140	Specialty Care	Critical Care	45 Minutes
1140-1200	Implementing the PRN Role, Project Plan Next Steps, & Course Evaluation	PRN Role & Supplemental Material	20 Minutes



# 3.5 Hour Block Agendas

## Block 1

**Total= 195 Minutes= 3.25 Hours CE**

*The following 3 ½ hour block agenda outlines a sequence of courses. This schedule may allow staff to convert their normal 12-hour day to 8 hours of direct patient care followed by 3 ½ hours of course work. Each block contains core content and at least one role implementation topic. Additional specialty blocks should be scheduled based on assessed learning needs. Evaluate course at the end of the 4<sup>th</sup> block but evaluate each block on the day provided.*

TIME of DAY	TOPIC		CONTENT	AMOUNT of TIME
1600-1630	Welcome, Introduction, Review of PRN Goals		PRN Role: Welcome	30 Minutes
1630-1700	Pain Theory		Biopsychosocial Theory	30 Minutes
1700-1730	Assessment of Pediatric Pain		Assessment	30 Minutes
1730-1745	Break			15 Minutes
1745-1830	Procedural Pain Management		Procedural Pain Management	45 Minutes
1830-1915	Specialty Choice: PRN participants are invited to choose to attend 1 of 3-4 concurrent sessions of the 7 specialty content areas	1. Pain with SCD 2. Pediatric Cancer Pain 3. Neonatal Pain 4. Critical Care	5. Chronic GI Pain 6. Children's Headaches 7. Intro to Pediatric Palliative Care	45 Minutes
1915-1930	Course Evaluation		PRN Role & Supplemental Materials	30 Minutes

**4 Blocks for a Course Total= 765 Minutes= 12.75 Hours CE**



## 3.5 Hour Block Agendas

### Block 2

TIME of DAY	TOPIC	CONTENT	AMOUNT of TIME
1600-1630	Welcome, Barriers to Change, Review of PRN Goals	Role: Change Agent, Supplemental Materials	30 Minutes
1630-1730	Analgesics	Analgesics	60 Minutes
1730-1745	<i>Break</i>		15 Minutes
1745-1915	Biobehavioral breakout sessions for nonpharmacological pain management	Biobehavioral Interventions	90 Minutes
1915-1930	Project Planning & Course Evaluation	PRN Role & Supplemental Materials	15 Minutes

### Block 3

1600-1645	Acute Pain Management	Acute Pain	45 Minutes
1645-1730	Chronic Pain	Chronic Pain	45 Minutes
1730-1745	<i>Break</i>		15 Minutes
1745-1830	Case Studies	Acute & Chronic Pain	45 Minutes
1830-1900	Data to Inform Change	PRN Role: Data	30 Minutes
1900-1930	Project Planning & Course Evaluation	PRN Role & Supplemental Material	30 Minutes

### Block 4

1600-1630	Implementing PRN Role: Education	PRN Role	30 Minutes
1630-1715	Opioid Risk Assessment	Opioid REMs	45 Minutes
1715-1745	Implementing PRN Role: Advocate Project Plans	PRN Role & Supplemental Materials	30 Minutes
1745-1800	<i>Break</i>		15 Minutes
1800-1830	Fast Check and Fix	Implementing PRN Role: Education	30 Minutes
1830-1845	<i>Break</i>		15 Minutes
1845-1930	Post-test, Project Planning, Post-test Review, & Course Evaluation	PRN Role & Supplemental Materials	45 Minutes



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## Chapter 5:

## Facilitator Guide

Course Directors may act as facilitators for the course or choose to select faculty with both content expertise and experience conducting adult learning with a flipped classroom model. The Pediatric Pain PRN Curriculum provides standardized course materials that allow facilitators to deliver the essential curriculum. Course faculty are known as facilitators of curriculum content. They facilitate learning while participants engage in a variety of live, interactive educational activities. While faculty may have valuable and unparalleled pediatric pain management expertise and experience, the curriculum is designed for interactive learning and group discovery that pain can often be managed in several “right” ways. **Faculty are strongly discouraged from going off-script or providing additional content** for course delivery other than institutional specifics, such as how to access pain assessment tools or a consult service. Even faculty with very limited knowledge of pediatric pain assessment, management, and pain science can successfully facilitate learning because the role of the course facilitator is to guide the participants in learning, to foster rich discussion, and to encourage critical thinking through experiential learning rather than to lecture.

Class Date & Time	Content/Topic(s)	Site/Room	Facilitator	Contact (Phone, Email)



# Facilitator Guide



*Each live class is 30-60 minutes*

*Plan for interactive activities*

*Use the provided content slides and script slides for your class*

## Preparing for Your Session

### *Participant Guide*

- Provide learners with the participant guide for your session 1-2 weeks before by downloading the pdf from [luriechildrens.org/PRNpain](http://luriechildrens.org/PRNpain). Participants should read and reflect on the material before class.
- You do NOT need to prepare additional handouts. The Participant Guide covers the “knowledge” that the learners need. This is by design so you can use your time in the classroom to practice and coach.

### *Classroom Presentation Powerpoint® Slides*

- Download the slides for your session from [luriechildrens.org/PRNpain](http://luriechildrens.org/PRNpain) in ppt or pptx.
- **Avoid** the temptation to prepare additional slides. In fact, we recommend that you don’t since these slides match the key points in the participant guide.

### *Facilitator Guide (Script)*

- Download the pdf of facilitator guide for your session from [luriechildrens.org/PRNpain](http://luriechildrens.org/PRNpain). This is the script for your session. Print and review to see the timing and key points.
- Materials, room set-up and objectives are on title notes
- Prompts are standardized, for example:
  - **READ:** prompts you to read the following material
  - **ASK:** prompts you to read the question that follows for the learners
  - Instructions in italics such as “*Select participants willing to share their answers to this question.*” provide guidance.
  - Timing reminders are in parenthesis, for example, [Limit to 5 of 45 minutes]

### **Customize the teaching points for your institution**

- In the Facilitator Guide, we provided discussion questions for you to use. Feel free to customize these so they are more targeted to your institution’s needs.
- You may need to customize the case studies, if it does not fit the patient population at your hospital.



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# Facilitating During Meals



*The participants are busy getting food, finding a table, meeting their table mates. Give them an opportunity to catch their breath before you begin!*

1. Display the title slide so the participants know this is a working meal.
2. After everyone is settled (approximately 5 minutes), display the discussion slide. Interrupt to give the participants brief direction:
  - While you're enjoying your meal, take a minute to introduce yourself to the participants at your table if you haven't already.
  - Then discuss the questions from your Participant Guide with your table.
  - In a few minutes, we'll be asking table to report back on their answers to these questions as we further explore how to implement the PRN role.
3. In 10 minutes, bring the group back together. Ask the first question on the slide, and then call on 1-2 tables to report. Summarize their answers but reinforce the key information from the module.

## Tips

- It may be helpful to have a second person manage the microphone if you have a large group.
- Don't pass out handouts. The core information should be in the Participant Guide. Build on this content.
- When you debrief the session, use examples from your own practice to make the content more concrete.
- Remember, you're not presenting but facilitating the discussion. Let the learners lead!



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## Chapter 6: PRN Pain Course Evaluation



*The purpose of evaluating classes and courses is to continuously improve participants' satisfaction and the effectiveness of the curriculum and teaching strategies (Caputi, 2010). Inter-professional education is often evaluated at four levels: reaction, learning, behavior change, and outcomes (IOM, 2015).*

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The initial evaluation should elicit participant feedback regarding their experience and satisfaction (reaction) with the program (class and course evaluation). The evaluation should also include an assessment of knowledge (learning) gain.

Knowledge change is typically measured with a pre-test/post-test, and knowledge retention can be measured longitudinally with the same post-test. This curriculum provides free access to the validated Pediatric Healthcare Provider's Knowledge & Attitude Survey Regarding Pain

©Manworren, RCB , 2014. [Luriechildrens.org/painPRN](http://Luriechildrens.org/painPRN) or <https://redcap.nubic.northwestern.edu/redcap/surveys/?s=WTXJNC3WTC>

This survey takes less than 20 minutes to complete and has been validated for use with pediatric nurses, advanced practice registered nurses (APRN) who can and cannot prescribe, physicians, pharmacists, and child-life specialists. The REDCap™ survey uses branching logic to customize questions by role and scope of practice. For example, the same analgesic question would read "you prescribed" for a prescribing physician or APRN; but would read "... was prescribed" for a nurse, pharmacist, or APRN who does not prescribe.

The REDCap™ platform provides an efficient and secure method of both disseminating the surveys and creating a repository of healthcare professionals and students' knowledge and attitudes regarding pediatric pain. Therefore, this version facilitates surveying diverse healthcare providers and healthcare students within an organization, across organizations, and over time.



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# Pediatric Healthcare Provider's Knowledge & Attitude Survey Regarding Pain

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The Pediatric Healthcare Provider's Knowledge & Attitude Survey Regarding Pain ©Manworren, RCB , 2014 (PHCPKAS, 2014) does not require individual participant identifiers; therefore, the survey link can be distributed, and participants can complete the survey anonymously. To add your organization's or course's name as a site identifier, contact [PRN@Luriechildrens.org](mailto:PRN@Luriechildrens.org)

The demographic section of the PHCPKAS requests information for subgroup analysis, such as 1) discipline, 2) years of experience, 3) years of education, 4) organization/college/practice/course site, 5) sex, 6) ethnicity 7) age, 8) degree, 9) title/position and 10) characteristics of patients served. In addition participants have the option of entering a 6 to 10-digit code as a unique identifier to facilitate test-retest analysis of individuals' knowledge and attitudes regarding pediatric pain across time. Those who contact [PRN@Luriechildrens.org](mailto:PRN@Luriechildrens.org) will be provided site specific data in Excel™ format in an agreed upon time frame. There is no fee to use this version of the surveys or to electronically send results.

Since the first version of this survey was released in 2001, permission for use has been granted to hundreds of organizations in the United States, as well as institutions in the United Kingdom, Ireland, Australia, South Africa, Canada, & New Zealand. The tool has also been translated by researchers in China, Taiwan, Israel, Qatar, Switzerland, Indonesia, Mongolia, Norway, Peru, Philippines, Portugal, Spain, and Italy for use with healthcare professionals in these countries.



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# Chapter 5: Evaluation Planning & Preparation

*Behavior change and outcome evaluations are more challenging to measure.*

We recommend mining the PRN applications to identify barriers to effective interdisciplinary pain assessment and management efforts and potentially measurable behavior changes.



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**Processes** documented in the medical record, like pain assessment, intervention, and treatment evaluation or reassessment, provide indirect measures of behavior changes.

**Healthcare administrative data**, like topical anesthetic use or consult volumes, also provide indirect measures of behavior changes.

**Direct measures** of behavior changes require observations. Time-intensive observations may be cost prohibitive and unless observations are conducted consistently over extended periods of time, observed behaviors may be different than unobserved behaviors.

**Patient outcomes** provide the highest form of a learning outcome and evidence of practice changes (IOM, 2015). Recent studies of patient satisfaction with pain management in the emergency department (ED) and after surgery found satisfaction was associated with pain relief and patients' perceptions of being provided enough pain medication or desire for no more pain medication, staff helpfulness, and patient-family participation in pain treatment decisions (Schwenkglenks, et al, 2014 & Fallon, et al, 2016). Patient-family satisfaction is a commonly used patient outcome measure, but satisfaction with pain treatment tends to be high even in those with substantial pain. Concerns that the opioid-epidemic was the result of increased prescribing to improve patient-family satisfaction have led to the removal of these measures from national surveys (Baker, 2017 & HCAHPS, 2019).

**Instead of patient-family satisfaction, patient outcomes that address participants' pain PRN learning and practice change goals are ideal measures.**

For example, decreased adverse analgesic effects, decreased ED visits or hospital readmission rates for poorly controlled pain, and decreased pain-related complications are both common and important patient outcomes. Validated patient reported outcome measures (PROMIS) and health-related quality of life tools may provide sensitive long-term outcomes of pain management practice change efforts.



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## Chapter 5: PRN Course Evaluation Sample

*Your healthcare organization or CE Coordinator may have a standardized evaluation and feedback template that can be modified for the Pediatric Pain PRN Curriculum (See subsequent slides).*

1. Pediatric PRN Course Objectives: Please use the following scale to evaluate how well this course delivered the objectives:

0= Not at all

1= To a slight degree

2= To a moderate degree

3= To a great degree

---

Based on this course, I am able to: (Circle answer)

Objective #1: Discuss strategies for Pediatric Pain assessment and management

**0**

**1**

**2**

**3**

Objective #2: Provide return demonstration of pain assessment and management skills.

**0**

**1**

**2**

**3**

Objective #3: Apply leadership skills to advocate, educate, and promote change in healthcare professionals' knowledge and pain care practice.

**0**

**1**

**2**

**3**

Objective #4: Draft a project proposal to implement in a pediatric clinical pain care environment.

**0**

**1**

**2**

**3**

---

2. Pediatric PRN Course LEARNER OUTCOMES: Please use the following scale to evaluate the following learner outcomes:

0= Strongly Disagree

1= Disagree

2= Agree

3= Strongly Agree

---

I have new knowledge and have gained skills from taking part in this Pediatric Pain PRN course:

**0**

**1**

**2**

**3**

I will apply newly acquired knowledge and skills to my clinical practice:

**0**

**1**

**2**

**3**

I will change a pediatric pain care practice by using my newly acquired knowledge and skills in my practice environment:

**0**

**1**

**2**

**3**



# Pediatric Pain RN Course Evaluation Sample *(Continued)*

*Include each class in evaluation*

## 3. Pediatric PRN Course Facilitators:

Pain Assessment: (Insert Facilitator's name here)					
Effectiveness of Facilitator:	0 Poor	1 Below Average	2 Average	3 Above Average	4 Excellent
Met Content Objectives:	0 Poor	1 Below Average	2 Average	3 Above Average	4 Excellent
Teaching Strategies:	0 Poor	1 Below Average	2 Average	3 Above Average	4 Excellent
Comments:					

PRN Role: Educator: (Insert Facilitator's name here)					
Effectiveness of Facilitator:	0 Poor	1 Below Average	2 Average	3 Above Average	4 Excellent
Met Content Objectives:	0 Poor	1 Below Average	2 Average	3 Above Average	4 Excellent
Teaching Strategies:	0 Poor	1 Below Average	2 Average	3 Above Average	4 Excellent
Comments:					

Neonatal Pain: (Insert Facilitator's name here)					
Effectiveness of Facilitator:	0 Poor	1 Below Average	2 Average	3 Above Average	4 Excellent
Met Content Objectives:	0 Poor	1 Below Average	2 Average	3 Above Average	4 Excellent
Teaching Strategies:	0 Poor	1 Below Average	2 Average	3 Above Average	4 Excellent
Comments:					



# Pediatric Pain RN Course Evaluation Sample *(Continued)*

*Include each concurrent sessions in evaluation*

Biobehavioral Interventions: (Insert Facilitator's name and Intervention here)					
Expertise of Facilitator:	4 Excellent	3 Above Average	2 Average	1 Below Average	0 Poor
Met Content Objectives:	4 Excellent	3 Above Average	2 Average	1 Below Average	0 Poor
Teaching Strategies:	4 Excellent	3 Above Average	2 Average	1 Below Average	0 Poor
Comments:					

Biobehavioral Interventions: (Insert Facilitator's name and Intervention here)					
Expertise of Facilitator:	4 Excellent	3 Above Average	2 Average	1 Below Average	0 Poor
Met Content Objectives:	4 Excellent	3 Above Average	2 Average	1 Below Average	0 Poor
Teaching Strategies:	4 Excellent	3 Above Average	2 Average	1 Below Average	0 Poor
Comments:					



# Chapter 7: Proposing & Securing a Pediatric Pain PRN Program

## Key Reminders as you meet with groups/ individuals (Cullen et al., 2018):

1. Identify their priorities (mission, vision, goals)
2. Link how the PRN program contributes to those specific priorities
3. Identify possible measures that can demonstrate the PRN program's contribution to those priorities (e.g. Decreased length of stay)
4. Maintain communication, providing regular updates on progress and outcomes

## Key groups to consider as stakeholders or clinician team members:

- Leadership/ Administration
- Interdisciplinary Staff (Pharmacists, Physicians, Therapists, etc.)
- Staff Nurses
- Clinical Educators/ Staff Development Specialists
- Advanced Practice Registered Nurses
- Quality Committee
- Parent Groups
- Patients

*The successful launch and sustainment of a PRN program depends upon the ongoing support of key stakeholders and clinician groups.*

Stakeholders include individuals who are impacted by the PRN program activities, including administrators who will provide resources and funding (Cullen et al., 2018). Prior to implementing a PRN program, it is essential that important stakeholders and clinicians are engaged and informed. Discussions need to occur with multiple individuals and/or committees to negotiate required resources/funding for the program; to identify facilitators, mentors, and participants for the program; and to obtain guidance on the best delivery and priorities of the program for your institution. It is critical to go into discussions prepared with a plan of the actions that would need to occur to implement the PRN program, the resources required, and the anticipated benefits or outcomes

*See BUSINESS PLAN:* Key elements of a plan and example is provided

*See LETTER draft :* A template for reaching out to stakeholders

*See Progress REPORT :* A sample to track implementation & share outcomes





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# Chapter 7: Proposing a Pediatric Pain PRN Program

*The following text is a sample proposal for the Pediatric Pain PRN Program*



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## Children's Medical Center Pediatric Pain PRN Program SAMPLE Proposal

Pain is common in healthcare and the most frequently used nursing diagnosis (American Academy of Pediatrics 2001; Cheng, Foster, & Hester 2003). Estimates indicate that up to 93% of children experience pain during their hospitalization and up to 81% report moderate to severe pain after surgery (Huth & Moore 1998; Kleiber, Suwanraj, Dolan, Berg & Kleese 2007). We believe children have a right to appropriate pain assessment, pain prevention, and optimal pain management (The Joint Commission 2018).

Direct care providers (nurses, pharmacists, physicians, therapists, child life specialists, etc.) have always been key to the successful identification, implementation, and evaluation of opportunities to enhance pain prevention, assessment and management at Children's Medical Center (CMC). While trends indicate improvements in pain management, such as knowledge, awareness, accountability, and regulatory requirements motivating healthcare providers and systems to relieve pain, hospitalized children continue to experience moderate to severe pain (Broome, & Huth 2003; Crandall, Kools, Miaskowski & Savedra 2007; Kleiber, Suwanraj, Dolan, Berg & Kleese 2007; Slaughter, Pasero & Manworren 2002; Vincent & Denyes 2004).

Direct care providers are pivotal to the optimal management of children's pain. Research indicates pediatric nurses caring for surgical patients spend 18% of their time in activities related to children's pain care (Manworren 2010). To understand and alter factors contributing to the continued suboptimal management of pain in children requires shifting the focus to the challenges faced by the healthcare provider closest to the patient. Further efforts to improve pediatric pain management must focus on enhancing pain assessment and management knowledge, as well as advocacy and leadership skills of those who provide direct patient care. Therefore, to enhance our ability to prevent, reduce and eliminate pain at CMC, we propose the creation of a Pediatric Pain PRN Program.



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# Pain PRN Program Alignment with Values & Strategic Goals

*The following text is a sample of an organization's values and alignment with the proposed Pediatric Pain PRN Program*



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**Patient Experience & Family Centered Care:** Direct care providers are uniquely able to identify systems and processes that may be obstacles to meeting the individual needs of patients and their families. By engaging patients, families, and colleagues, PRNs can create and test ideal solutions for their specialty area, enhancing service and care.

**Clinical Quality:** PRNs will be equipped to gather and interpret quality data relevant to pain. Leadership at the bedside translates to motivation to achieve the highest standards of pain management and to be innovative in promoting continuous quality improvement initiatives.

**Workforce:** This program of specialized education and career development opportunities with continuing education units, opportunity for leadership development and presentation will attract and retain top quality professional staff.

**Teamwork & Respect:** PRNs function as both resources and change agents in disseminating information, interfacing with nurses, physicians, other health care providers, patients, and families to facilitate quality pain management.

**Research & Discovery:** This program immerses professional healthcare providers in the knowledge of pain management and organizational improvement. As they identify unique pain control challenges, they will stimulate the need for discovery and knowledge generation. Participation in research and innovation related to pain management will be encouraged; and opportunities to publish and present findings will be supported.



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# Communicating Pain PRN Program Resources & Needs

*The first PRN training course was held in 1992 by the City of Hope National Medical Center in Duarte, California.*

*The vision of the program was to ensure that direct providers can assess and intervene to relieve patients' pain and transform systems to ensure the highest quality of pain care is always available to patients.*

*The effectiveness of this program has been documented over the past 20 years by several institutions, including free-standing Children's hospitals (Ferrell, Grant, Ritchey, Ropchan & Rivera 1993; Manworren 2010; McCleary, Ellis & Rowley 2004). Essential to the program's success is an interdisciplinary and administrative commitment to providing team support and continuing professional development activities.*

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*The following text is a sample of an organization's leadership resources of the proposed Pediatric Pain PRN Program*

**Course Director #1:** Pain Relief Care Coordinator, received training in development, implementation and evaluation of PRN programs in 2008 from the Alliance of State Pain Initiatives and the Mayday Fund. Course Director #1 has been instrumental in development of CMC's institutional commitment to create and maintain an environment sensitive to children's pain and stress associated with medical illness and hospitalization. Through her tenure at CMC, Course Director #1 has mentored nurses and other healthcare providers to accomplish this mission by incorporating ongoing education, protocol and policy development, and increasing public awareness to reduce the burden of pain and stress and provide comfort to children in the CMC community.

**Course Director #2:** Clinical Education Specialist, also received PRN program training from the Alliance of State Pain Initiatives and Mayday Fund in 2008. Demonstrated expertise in principles of continuing education and leadership development are critical for the PRN program's success. Individual PRNs may require assistance navigating the organization and identifying additional professional development resources needed for successful transition and translation of the PRN role.

**Course Director #3:** Clinical Nurse Specialist, received training in the development, implementation, and evaluation of PRN programs in 1998 from the City of Hope National Medical Center. This leader then developed a successful program at another Children's Hospital. Sample materials developed and used for that program are attached for review, including a description of the role, competency assessment tool, and PRN agreement. The greatest success of this multiyear program was the acceptance and presentation of 6 of the PRNs' projects at a national scientific meeting



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# Potential PRN Program

## Costs & Outcomes

*The following text provides a sample of another organization's successful development of healthcare leaders from their Pediatric Pain PRN Program*

### Career Advancement of Participants:

This program also provides participants with the skills to advance their careers in leadership, education, and research. For example:

- The first orthopedic clinic PRN is now the director of clinical informatics at another hospital.
- Two of the PRNs from the emergency department are now educators for that department, and one has achieved a Master's degree in nursing administration.
- A PRN's project led to 2 peer-reviewed Journal publications. She received her PhD in clinical research, even though she did not even have a bachelor's degree when she was accepted into the PRN program. She remains employed at the hospital as the associate director of evidence-based practice and research.

---

### Time Commitments:

Those chosen as PRNs will function as both resources and change agents in disseminating information, interfacing with other health care providers, as well as patients and families to facilitate quality pain management.

### Costs

- 12 hours our of staffing for initial training.
- Educational program administration
- PRN Recognition
- Resource books
- Initial ASPMN membership
- PRN meeting 1 hour/month
- Pain Steering Committee attendance 1-3 hours/quarter
- Project time as negotiated with manager or director of each PRN

### Deliverables

- Increased knowledge of pediatric pain assessment and management as measured by PRNs' post-test achievement on the Pediatric Nurses' Knowledge and Attitude Survey Regarding Pain © Manworren, 1999
- Focused performance improvement as demonstrated by completion and presentation of PRN project
- Professional development as documented by ascension on clinical ladder, presentations, publications and participation in research
- Leadership and advocacy skills as demonstrated by improvement in quality and patient satisfaction data





# Chapter 7:

# Business Plan Example

## Proposed Program: Pediatric Pain PRN Program

**Aim:** To improve the management of children's pain at **[type your organization's name here]** by building local interdisciplinary teams of experts with the necessary clinical and leadership skills to promote evidence-based institutional pain care practices.

**Current State:** Children continue to experience severe pain. Pain is a healthcare system and public health problem impacting patients and families, as well as the quality and safety of care received. PRN programs address these issues and simultaneously improve staff engagement. There is currently no organized approach to address all patients' pain management at **[type your organization's name here]**.

Core Functions	Outcome Measure(s)	Outcome Target	Link to Institutional Goals
Offer advanced training to select staff in order to develop pain expertise across the institution	↑ Knowledge of pediatric pain care as measured on a valid standardized test.	Statistically significant ↑ in post-test scores compared to pre-test scores.	Describe how the program relates to the organization's strategic plan, mission or vision
Provide opportunities for interdisciplinary teams to lead new improvement efforts related to pain care	Improve patient outcomes following implementation of evidence-based practice changes	Give an example of a desired patient outcome. ↓ Length of stay ↓ Needle injuries ↓ Staff needs	<ul style="list-style-type: none"> <li>Professional development</li> <li>High-reliability organization</li> </ul>

## Resources

Facilities	Staff requirements	Equipment/ Supplies	Other Needs
Class/meeting space <i>[List other needs here]</i>	Course Director time <i>[Estimate time]</i>  Team members' time <i>[Estimate hours of training &amp; time for projects]</i>	Printing of training materials  <i>[List other needs here]</i>	<i>[List additional needs for successful program implementation such as facilitators, etc.]</i>



## Chapter 7:

## Business Plan Example

Activities	Performance measures	Performance Target	Recommended Actions
<b>1.</b> Initial training of local interdisciplinary Pain PRN teams	<ul style="list-style-type: none"> <li>Number of teams &amp; number of individuals by discipline</li> <li>Proportion of units/clinical specialties with Pain PRN teams</li> <li>Evidence-based pain knowledge &amp; sensitivity to pediatric pain</li> </ul>	<ul style="list-style-type: none"> <li>At least one team from each unit/specialty area will complete training</li> <li>Increase in post-test knowledge and attitudes scores compared to pre-test scores</li> </ul>	<ul style="list-style-type: none"> <li>Name PRN Course Director to coordinate intensive training for 2 day 8-hour training course.</li> <li>Define communication, application, implementation, and marketing timeline</li> </ul>
<b>2.</b> Monthly meeting with team members with CE programs and coaching to complete Pain PRN projects	<ul style="list-style-type: none"> <li>Number of CE activities provided</li> <li>Number of organizational-wide practice and policy changes</li> <li>Patient outcomes, like patient satisfaction</li> </ul>	<ul style="list-style-type: none"> <li>Increased proportion of board-certified pain management healthcare professionals</li> <li>Childkind International accreditation</li> </ul>	<ul style="list-style-type: none"> <li>Name Pain PRN Program Director to coordinate intensive monthly meetings and support PRNs</li> <li>Define communication, implementation, and marketing timeline</li> </ul>
<b>3.</b> Pain Performance Improvement, Education, Innovation, and Research Projects	<ul style="list-style-type: none"> <li>Number of practice changes that are implemented</li> <li>Each unit with a short-term and long-term pain care improvement project plan</li> <li>Patient outcomes that result</li> </ul>	<ul style="list-style-type: none"> <li>Completion of a pain care project/PRN within a month of training course</li> <li>All annual pain care projects approved by hospital quality council within 3 months of training.</li> <li>Include examples of project outcomes based on needs assessment</li> </ul>	<ul style="list-style-type: none"> <li>Leadership and clinical experts support developing project plans &amp; implementing practice changes</li> <li>PRN representatives to attend hospital quality meeting semi-annually and report progress toward project outcome goals</li> <li>All projects will be supported by Pain PRN Program Director and Course Director</li> </ul>



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## Chapter 7:

## Stakeholder Letter Draft

Dear **[Insert Name]** ,

I am writing to encourage you to support the development of a Pediatric Pain PRN Program here at **[Include Organization Name]**. A Pain PRN is a direct care healthcare provider who functions as both a resource and change agent to facilitate quality pain management within an organization. We plan to implement a Pain PRN Program, providing interdisciplinary unit-based teams with advanced training in pain care, change, and leadership through clinical practice change. We will support interdisciplinary teams to implement evidence-based practice changes in their clinical areas. The program at **[Include Organization Name]** would follow specialized training freely available to us from the nationally recognized Pediatric Pain PRN Curriculum. ([www.Luriechildrens.org/painPRN](http://www.Luriechildrens.org/painPRN))

A Pediatric PRN Program is in direct alignment with our organization's strategic aims to **[include organization's aims or mission/vision that applies]**.

I have attached a draft proposal for this program and would like to meet with you at your earliest convenience to further discuss this opportunity.

Sincerely,

**[Sign Here]**



# Chapter 7:

# Examples from Progress Reports

FYQ2 progress report			
Unit – Team	Project	Description- Progress	Needs
<b>NICU Team:</b> <b>Lead:</b> PRN Name <b>PRN Physician Champion-</b> Name  <b>Other key team members:</b> PRN name PRN name Clinical Educator	<b>Neonatal Abstinence Syndrome Management</b>	<ul style="list-style-type: none"> <li>80% of staff educated on the modified Finnegan Score</li> <li>Interrater reliability 96%</li> <li>Poster of non-pharmacologic interventions posted in conference room</li> <li>Hospital length of stay ↓ from Q1 to Q2.</li> <li>Next steps: <ul style="list-style-type: none"> <li>Pilot pharmacologic order set Q3</li> <li>Family/guardian/volunteer grandparent information sheet</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>IM programmer time for order-set construction</li> <li>Marketing &amp; Health Literacy consultant for Family/guardian/volunteer grandparent information sheet</li> <li>Assistance navigating volunteer grandparent program and assignments to educate regarding project.</li> </ul>
<b>Ambulatory PRN Co-Leads</b> PRN Names <b>PRN Physician Champions-</b> Name, Name & Name <b>Other key team members:</b> PRN Pharmacist name PRN Name PRN Name Academic detailer	<b>Topical Anesthetic Use in the Outpatient area</b>	<ul style="list-style-type: none"> <li>EBP Project to improve patient experience through needle pain reduction.</li> <li>Pre-project lab and patient satisfaction data related to needle procedures reviewed from last FY</li> <li>Pilot unit selected</li> <li>Q3 Next steps: 1) Pilot unit focus groups 2) Academic detailing observations 3) Pilot unit workflow analysis</li> </ul>	<ul style="list-style-type: none"> <li>0.2 FTE for academic detailer on pilot unit for Q3</li> <li>Increase in proportion of satisfaction surveys sent to pilot unit families for remainder of FY</li> </ul>
<b>Executive Leaders</b> <b>Board Quality Committee</b> <b>All Pain PRNs</b>	<b>Childkind accreditation</b>	<ul style="list-style-type: none"> <li>Gap analysis completed.</li> <li>Board &amp; Executive Leaders agree to proceed</li> <li>Next steps: <ul style="list-style-type: none"> <li>Preliminary meeting with Childkind Q3</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Support for Childkind identified priorities</li> <li>Communication plan for hospital-wide application.</li> </ul>



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## Chapter 8: Welcome to the Team

*Upon receiving program approval and buy-in from stakeholders, the Pediatric Pain PRN Program team can be put together. The following resources can serve as helpful guides when you begin the process of building your team.*





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# Chapter 8: Pediatric Pain PRN Application (page 1 of 2)

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**Department/Unit:** Click here to enter text.

**Typed Name of Applicant:** Click here to enter text.

**Email:** Click here to enter text.

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*Please answer the following (in less than 100 words for each question):*

**1. What needs to happen on your unit to improve the quality of pain management** Click here to enter text.

**2. What evidence-based practice change will you bring to your unit to advance pain care?** Click here to enter text.

**3. What type of research are you interested in conducting to advance the knowledge of pain care?**

Click here to enter text.

**4. What education should be provided to patients and their families on your unit regarding pain and pain management?** Click here to enter text.

**5. What education does the interdisciplinary staff working on your unit need to better care for patients' pain?**

Click here to enter text.

**6. How do you advocate for better pain care for patients? Please give a patient care example** Click here to enter text.

**7. What do you hope to learn or gain from your participation in this program?** Click here to enter text.

---

Patients have a right to optimal pain assessment and treatment. Our hospital has committed to be sensitive to pediatric pain. To implement this commitment to preventing, reducing, and managing pain, we have created an Interdisciplinary Pain PRN Program. Those chosen to be PRNs for their units/specialties will function as both resource and change agents in disseminating information, interfacing with other health care providers, patients, and families to facilitate quality pain care.

---

## As a Pain PRN, I agree to:

1. Assess personal knowledge and attitudes as they relate to pain management
2. Regularly attend "PRN" monthly meetings
3. Attend 3 quarterly Pain Practices committee meetings per year. Update the committee on unit progress and report to Pain Practices committee the information following "PRN" monthly meeting and project team meetings.
4. Act as a role model by performing and documenting thorough pain assessments, interventions, and outcomes, communicating pain issues in report and rounds, and teaching patients and families about pain care.



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# Chapter 7: Pediatric Pain PRN Application (page 2 of 2)

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## As a Pain PRN, I agree to *(continued)*:

5. Perform an informal needs assessment of clinical unit or clinic practice setting, including a review of staff knowledge and attitudes about pain and general pain management practices to target areas for improvement
6. Disseminate information about pain management through a variety of ways, including coordination of unit in-services, journal article reviews, and development and dissemination of clinical guidelines
7. Facilitate pain quality improvement studies and evidence-based practice projects
8. Identify needs and assist in the development of educational materials for patients and families and updated policies and procedures. Act as a resource for patient/family education.
9. Collaborate with the Managers, Directors, Educators, and others as necessary to evaluate progress, assist in the development of action plans, and to address any training issues.
10. Provide feedback to staff regarding pain management practices
11. Educate and precept new staff in pain assessment, management, documentation, and treatment
12. Advocate for patients experiencing pain and difficulty to manage pain

---

## In return for this commitment, the Pain PRN will benefit from:

- Specialized education and career development opportunities with continuing education units offered
- Participation in evidence-based practice projects, quality improvement, and nursing research related to pain management, with opportunities for presentation and publication of findings
- The opportunity to attend national or other appropriate meetings related to pediatric pain management.

---

## As the Pain PRN's Director, I agree to:

- A. Supervise the Pain PRN and evaluate the effectiveness of the PRN role
- B. Collaborate with the Pain PRN and Interdisciplinary Pain PRN team to develop, plan, implement, and evaluate Pain improvement projects
- C. Provide support for the Pain PRN to attend monthly meetings, operationalize the role, and negotiate time monthly for PRN to complete role requirements

Applicant Signature: \_\_\_\_\_ Unit/Specialty: Click here to enter text. Email: Click here to enter text.

Director Signature: \_\_\_\_\_ Date: Click here to enter text. Email: Click here to enter text. | 64



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# Chapter 8: PRN **Nurse** Acceptance Letter Template

*Send in e-mail and as attachment.*

**[date]**

Dear **[name]:**

Congratulations! You have been chosen to be a **Pediatric Pain PRN** at **[insert organization name]**. In this new role, you will be a recognized resource for disseminating knowledge, implementing evidence-based practice, providing education, and encouraging innovation in the way your clinical team manages children's pain. Your efforts will ensure we provide the best care and experience for the children we serve. Your leadership will facilitate optimal pain management, systemize quality pain care, and promote our culture of sensitivity to children's pain.

We hope you will agree to participate in the **[dates]**, **Pediatric Pain PRN Training Course**. The course will be held at the **[location, address, phone, date, time]**.

The objective of this course is to prepare you for this role. Educational activities will focus on pediatric pain assessment and management, influences and barriers to optimal pediatric pain care, and implementation of the Pediatric Pain PRN role.

To get you started, we would also like you to invite two members of your interdisciplinary team to attend this course with you. One member should be a physician **(or a nurse in Physician letter)** and the other member should be from a different healthcare discipline. Please provide the names, contact information, and completed applications for your team members to **[Insert name]** by **[insert dates]** at **[insert]@...** or **[insert phone number]**.

Participation in this course is by invitation only and space is limited. If you are unable to attend for any reason, please notify **[Insert name]** as soon as you know you cannot attend. They will offer your team's seats to another applicant.

Again, congratulations on your selection. We look forward to your acceptance and attendance.

Sincerely,

**Course Director's Name**

**Email**

**Phone**



---

# Chapter 8: Pain PRN Role & Responsibilities (example job description)

**PURPOSE:** *To provide a common understanding and guidelines for Pediatric Pain PRNs, Managers, and staff in utilizing the role of Pain PRNs*

## **I. Definition of a Pediatric Pain PRN**

A Pediatric Pain PRN is an interdisciplinary team member who functions as both a resource and change agent in disseminating information, collaborating & interfacing with other health care professionals, patients, and families to facilitate quality pain care.

## **II. Benefits for the Pediatric Pain PRN:**

- A. Specialized education and professional career development with continuing education units
- B. Opportunity for leadership development
- C. Participation in performance improvement projects and clinical research related to pain management, with opportunities for presentation and publication of findings
- D. Opportunity to earn attendance at ASPMN annual or ISPP bi-annual meeting or other appropriate area, regional, or national meeting related to the management of pain.
- E. Recognized clinical expertise and leadership

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## **III. Responsibilities of the Pediatric Pain PRN:**

- A. Assesses personal knowledge and attitudes as related to pain care
- B. Attends >80% of scheduled monthly Pediatric Pain PRN meetings & communicates with leadership if has difficulty meeting this commitment.
- C. Attends 2 Hospital Pain Care committee meetings annually. Updates Pain Care committee of progress & reports back at next PRN monthly meeting.
- D. Acts as a role model by performing thorough pain assessments, documenting treatments and outcomes, & communicating pain issues in reports and rounds.
- E. Performs a needs assessment of unit or practice setting, including staff knowledge about pain, general pain care practices & documentation to target areas for improvement
- F. Disseminates pain care information in various ways; coordination of unit in-services, journal articles & dissemination of clinical practice guidelines
- G. Facilitates pain quality assurance studies
- H. Negotiates with leadership for time to complete Pediatric Pain PRN role requirements
- I. Identifies needs and assists in development of education materials for patients and families and updates policies & procedures, as necessary. Acts as a resource for patient and family education.
- J. Collaborates with Manager, Director, Educator & other resources to evaluate progress, develop action plans & address training issues
- K. Provides feedback to staff regarding pain management practices
- L. Educates & precepts new staff in the role of pain assessment & treatment
- M. Advocates for patients experiencing pain
- N. Assists with the coordination of Pain Awareness Week & Pain Management Conferences

## **IV. Responsibilities of the Senior Pediatric Pain PRN:**

- A. First-Line Unit consultant for specific patient needs related to pain
- B. Assists staff in equianalgesic calculations
- C. Mentors new Pediatric Pain PRNs
- D. Coordinates scheduling of unit Pediatric Pain PRN team to maximize coverage for patient care and staff support related to pain management.



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# Pain PRN Role & Responsibilities

*(example job description continued)*

## V. Criteria for Selection:

- A. Minimum of 1-year experience at **[Insert organization name here]**
- B. Demonstrates interest in sharing knowledge through role modeling and teaching
- C. Demonstrates effective interpersonal skills, specifically the ability to collaborate with interdisciplinary team members, including child life specialists, nurses, phlebotomists, physicians, Pain management team and others who may be involved in the child's care.
- D. Expresses interest and a commitment to providing the best pain management available
- E. Demonstrates knowledge and expertise in providing pain care, problem solving, leadership and implementing standards
- F. Demonstrates effective written and verbal communication skills, as evidenced by shift reports, documentation, rounds, and patient teaching



## VI. Preparation of the Pediatric Pain PRN:

- A. Attendance at 12-hour Pediatric Pain PRN training course
- B. Monthly meetings with additional continuing education training

### Preparation of the Senior Pediatric Pain PRN:

- A. Nomination by leadership and interdisciplinary Pediatric Pain PRN team
- B. Attendance and completion of Leadership Academy.

## VII. Responsibilities of the Pain Management Team:

- A. Coordinates and facilitates classroom orientation content
- B. Collaborates with Pediatric Pain PRNs and hospital leadership for on-going role development
- C. Coordinates monthly support and continuing education meetings
- D. Acts as consultants for complex patient care pain management issues.
- E. Coordinates a Regional Pain Management Seminar



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# Chapter 8: Pain PRN Leadership Responsibilities & Sustainability



*June Dahl, PhD & Renee Manworren, PhD, APRN, FAAN, 2017*

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## VIII. Responsibilities of the Manager, Director or Division Chief:

- A. Supports the Pediatric Pain PRN to operationalize role by attending monthly meetings & negotiating time monthly for PRN to complete requirements
- B. Supervises the Pediatric Pain PRN
- C. Collaborates with the Pediatric Pain PRN team & Pain Management Team to develop plans to implement & evaluate Pediatric Pain PRN role
- D. Participates in the evaluation of the Pediatric Pain PRN

## Sustaining the Pediatric Pain PRN role & Program

- Pediatric Pain PRNs meet monthly to obtain advance knowledge (CE credit) and to receive coaching to complete unit, practice, specialty and organization-wide pain care improvement projects
- Provide formal mentoring with Senior Pediatric Pain PRN Role
- Encourage attendance at additional training/professional development activities
- Support attendance at relevant pain management conferences
- Recognize Pain Management Board Certifications.
- Make Pediatric Pain PRN role visible on name badges/websites
- Market Pediatric Pain PRNs with internal communication strategies highlighting progress & outcomes of pain care projects.
- Assure Pediatric Pain PRN Role supports successful promotion
- Provide quarterly or semi-annual progress reports to Leadership.



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