Evaluation of a Cancer Pain Education Module

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Key Points . . .
➤ Appropriate pain assessment and management will be endured if education is provided during professional training.
➤ Cancer pain education should focus on appropriate medication for specific types of pain, equianaglesic dosing, and pain with addiction.
➤ Pain content can be integrated into existing courses during professional education.

cancer pain. Nurse and physician researchers have developed, implemented, and evaluated cancer pain education programs for practicing professionals (Weissman & Dahl, 1995; Weissman, Dahl, & Beasley, 1993). These programs have tried to improve pain management through institutional, quality-assurance, observeship, case-based role-model workshop, community-based, multidisciplinary integrated, and CD-ROM multimedia approaches (Breitbart, Rosenfeld, & Passik, 1998; Elliott, Murray, Oken, et al., 1995; Miaskowski, 1994; Weissman & Dahl; Weissman et al.). Their focus has been on improving the knowledge and attitude deficits of experienced nurses, doctors, and pharmacists (Janjan et al., 1996; Thompson, Savidge, Fulper-Smith, & Strode, 1999). Lasch, Wilkes, Lee, and Blanchard (2000) reported that didactic workshops were as effective as hands-on experience in improving nurses’ knowledge and attitudes concerning pain management across the care continuum—home, hospital, and hospice.

These results confirm a clear link between educational exposure to pain management principles and improved kno-

A number of initiatives have been implemented to improve healthcare professionals’ knowledge of and attitudes toward cancer pain management and assessment. Among these are the clinical practice guidelines developed by the World Health Organization (1990, 1996), the American Pain Society (1987), American Society of Anesthesiologists (Task Force on Pain Management, 1996), and the Agency for Health Care Policy and Research (Jacox, Carr, & Payne, 1994; Jacox et al., 1994). These guidelines offer comprehensive recommendations for physicians, nurses, and other medical personnel about the assessment and treatment of cancer-related pain. Little evidence exists, however, that these guidelines have been used in clinical practice or, if they are used, whether adherence to the guidelines produces significant changes in clinical outcomes (Carr, 2003; Sternman, Gauker, & Krieger, 2003; Worrall, Chaulk, & Freake, 1997).

Just as the literature reports an increasing number of cancer pain educational interventions, it also continues to report the undertreatment and inappropriate treatment and assessment of cancer pain.