



# Is Compassionate Pain Management Measurable?

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## Background

In a 500 bed Community Hospital, a team of nurse educators and the Pain Management Resource Nurse developed a competency surrounding RN pain management communication skills. Because pain is a unique symptom that is often associated with fear, anxiety, suffering, and emotions, we wanted to ensure that nurses were delivering pain management care with emphasis on *compassion*. One of our greatest challenges was in designing a method to “measure” RN behavior. Compassion is difficult to measure; it is often regarded as intangible or indefinable. The team created a tool outlining specific criteria that nurses were required to complete during their simulation; numeric values were placed on each criteria (behavior), then the sum total was translated into a pass/fail grade. Other materials included several pre-workshop materials to review, a quiz, and a post workshop evaluation tool. This poster describes the tools and methods utilized.

“I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.” – Maya Angelou

## Project Description

- The team created a pre-workshop educational packet for nurse review prior to the mandatory competency check-off. The packet included the following:
  - Exercises in Compassion: Power Point presentation titled “Compassionate Communication” outlined the importance of creating a safe environment conducive to therapeutic presence and conversation (Arnstein, 2010). It included methods and examples of active listening skills and scripting examples of compassionate statements related to pain and comfort.
  - Article Review: Brady, A. 2010: “COMMUNICATION CHALLENGES: Pain: For the patient, it’s more than just another four-letter word.”
  - Pain Assessment and Documentation Basics: Utilizing the “WILDA” approach to pain assessment (Fink, 2000), nurses reviewed pain assessment fundamentals defining five assessment components essential to a comprehensive pain assessment. They were also provided a short Power Point presentation outlining basic pain intervention documentation based on the hospital’s policy.
- In a simulation lab, RN’s were required to demonstrate a comprehensive, compassionate pain assessment, and communicate with the (simulated) patient in a manner that relayed empathy, concern and compassion. Additionally, they were asked to perform both a pharmacologic and non-pharmacologic pain intervention, demonstrate appropriate documentation surrounding their assessments and interventions, and update the patient’s communication board accordingly.
- Instructors then utilized the Tool in the following table to evaluate the participants in a tangible, objective manner. Participants also completed a written quiz.

## Evaluation Tool

The following table represents the tool used for scoring:

Check Off Requirements	Points
Uses Appropriate Pain Rating Scale	2
Patient’s Stated Comfort Goal	2
Compassionate Communication (measured by instructor utilizing objective criteria in pre-workshop material)	14 total points
1) Active Listening (did RN demonstrate verbal and non-verbal listening skills?)	2
2) Expresses Compassion When Communicating with Patient (did RN express at least one compassionate statement that did NOT place entire focus on pain rating?)	5
3) Acknowledges Patient’s Pain Experience (after patient reported their pain, did RN briefly pause and demonstrate “presence” before pursuing intervention or documentation?)	2
4) Makes Eye Contact with Patient	5
Pain Intervention	5 total points
1) Administers Appropriate Pain Medications (chosen from PRN medication list)	3
2) Offers Alternative Non-Pharmacologic Intervention(s)	5
Documentation (per hospital policy)	10
Updates Communication Board	2
Passing Score = ≥90% (45-50 points) <90% = Remediation Required	

## Conclusions/Limitations

Four hundred and ten Registered Nurses completed the competency throughout the year of 2014. Less than 10% of participants required remediation. Utilizing these tools made it possible to evaluate compassionate behaviour in a simulation environment; further evaluation will be required to translate this exercise’s impact on bedside care and patient satisfaction scores.

**References**

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