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Chronic Pain Management in a Substance Dependent Patient Population

I have worked in an addiction setting for several years and currently work as a registered nurse for the Centre for Addiction and Mental Health in Toronto. My clinical practice constitutes of caring for patients who have substance dependence and are using medications, including opioids, aberrantly. I have practiced with the scope of addictions to care for such clientele, most of which consists of managing their structured opioid treatment, assessing their urine samples to make sure no other substances they are taking can put them at risk for adverse events, and providing counseling such as motivational interviewing to further support clients in their treatment goals. In my practice I have come to observe that while clients seek treatment for their substance dependence, they also present with underlying chronic pain.

This has led me to become more conscientious that my patients with substance abuse issues do present with pain disorders and that the concurrent management is complicated. Although chronic pain and substance abuse are independently recognized as complex problems growing in scope and severity and that each has its own unique difficulties that contribute to poor outcomes and partial response to treatment, I have recognized that the approach to pain and addiction is somewhat still a dichotomy. There is inadequate training that combines both addiction medicine and pain management, which often leads both the practitioner and the often complex population that the practitioner serves to be disadvantaged. A substantial and very unfortunate number of patients have both these devastating problems and constitute a highly stigmatized and plainly underserved population who would benefit from additional scientific and clinical attention.

In order to enhance my knowledge of the assessment and management of pain, I applied for an Advanced Clinical Practice Fellowship (ACPF) with the RNAO, and was awarded funding to have 450 clinical hours for a self-directed learning experience in this area. Through this fellowship, I was able to spend time at the Wasser Pain Management Centre at Mount Sinai Hospital. While being mentored by clinicians who have expertise in chronic pain assessment and management, I was able to gain clinical skills in this area, enhancing my scope of practice as an addictions specialty nurse. I also was able to transfer this knowledge to my

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colleagues in the Addiction Medicine Service through implementing standardized pain assessments in the clinic and offering pain in-services.

The goal of my RNAO fellowship was to integrate chronic pain treatment modalities to serve those clients who face both pain and chemical dependence issues. With so few practitioners having training in addiction medicine and pain management, I had hoped to become a clinician that would have the ability to integrate my knowledge of substance abuse treatment and pain management and enhance the care of these high-risk patients, improving the care that is delivered and their quality of life. I wanted to learn the art of integrating pain and addiction management, and being able to have an ACPF from the RNAO allowed me to raise the quality of care particularly for the client population with co-occurring substance use and pain and serve as a resource for my colleagues in the assessment and management of pain. The experience of having this fellowship was truly an enriching one.

Bonnie Cheuk
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RNAO ACFP Plan for Sustainability of Learning

This report will provide an updated and detailed plan for how the learnings and outcomes of the RNAO ACFP will be sustained, both for the nurse fellow and for the organization.

Sustainability of Learning for the Fellow

The fellow has officially completed 450 hours of clinical training in the assessment and management of chronic pain. Her learning will continue as follows:

1. Continuing Education and Knowledge Enhancement

The fellow will continue to sustain and enhance her clinical knowledge of pain assessment and management by reviewing current literature on the subject matter. Websites like the Canadian Pain Society and PainEDU.org offer current publications and clinical tools that will allow the fellow to learn more about the current practice of pain assessment and management. The fellow will also seek opportunities to consult with her mentors and colleagues about pain assessment and management. This will provide ongoing dialogue of case-management of pain clients and will allow the fellow to have an interdisciplinary perspective when caring for those clients that do experience chronic pain. Ongoing reflective practice by mentors is an effective strategy for examining the fellow's attitudes, beliefs, and practice behaviors.

2. Knowledge Transfer to Colleagues

As per Recommendation 70 in the RNAO Nursing Best Practice Guideline in the *Assessment and Management of Pain* (2002), it states that "formal mentorship and preceptorship opportunities within an organization contribute to the continuing education of nurses in the clinical practice setting" (pg 76). The fellow, because of her advanced training in pain assessment and management, will act as a resource to her colleagues to support their knowledge around pain. Strategies include providing resources and mentorship to her colleagues through dyadic or team discussions, and training and assisting colleagues in using pain scales and the pain nursing assessment form created by the fellow.

3. Ongoing Patient Care

The fellow will continue to carry out care plans for those clients who are part of the Pain and Chemical Dependency Clinic (PCC) in the Addiction Medicine Service in CAMH. The client population of the PCC is comprised of individuals that are concurrently experiencing chronic pain as well as suspected or actual aberrant use of or dependence on substances. Aberrant use of medications or frank addiction can compromise safe and effective pain management. Because of this clinical fellowship received by the fellow, she is able to use her knowledge of both addiction and pain assessment and management to deliver safe and effective care to this very unique cohort of clients. The fellow will use the pain tools learned in the fellowship to assess client pain outcomes and functioning. The fellow also will be able to suggest non-pharmacological measures to supplement strategies the clients can use to manage their chronic pain.

Sustainability of Learning for the Sponsor Organization

1. RNAO BPSO Working Group on Pain Assessment and Management

CAMH is in the candidacy to become a Best Practice Spotlight Organization through the RNAO, with the implementation of a number of best practice guidelines (BPG), including the *Assessment and Management of Pain* BPG (RNAO, 2002). The fellow is part of a working group that meets regularly with a monthly commitment and will serve as a resource for the organization in the area of supporting the implementation of this BPG.

2. Knowledge Transfer to Other Clinicians CAMH Wide

As per Recommendation 69 in the RNAO Nursing Best Practice Guideline in the *Assessment and Management of Pain* (2002), it states that: “Educational programs should be designed to facilitate change in nurse’s knowledge, skills, attitudes and beliefs about pain assessment and management in order to ensure support for new practices” (pg 75). As a member of the BPSO Pain Assessment and Management working group at CAMH, the fellow will assist in devising strategies to enhance clinicians’ opportunities for learning, such as e-learning, creating a collection of salient literature in pain assessment and management, in-services, and creating supplemental educational material such as pocket cards.

Reference:

Registered Nurses' Association of Ontario (2002). *Assessment and Management of Pain*. Toronto, Canada: RNAO. Available: www.rnao.org/bestpractice

