is supported by Department of Anesthesiology, Pain Services, University of Rochester Medical Center.

1E.3. Risk for Overeating to Cope with Pain among Obese Adults with Chronic Pain

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INTRODUCTION

Obesity and chronic pain are related (Zdziarski, Wasser, & Vincent, 2015). Pain intensity and pain-related disability increase as body mass index (BMI) increases (Fowler-Brown et al., 2013; Messier et al., 2013). The relationship between obesity and pain is unclear; a potential contributor may be overeating to soothe discomfort (Janke & Kozak, 2012). Co-occurring pain and obesity is complex; research is needed for clinicians to address both simultaneously.

METHOD

Adults with a self-reported pain condition were recruited from physicians' offices to complete surveys. An author-created item asked whether participants eat less, eat more to feel better, or do not change eating habits when in pain. Participants provided height and weight from which BMI was calculated. Chi-square analyses were conducted to compute relative risk ratios.

RESULTS/IMPLICATIONS

In total, 233 participant data were analyzed. Adults classified as obese were three times more likely to report increased eating as compared to adults with normal weight (RR = 3.75, 95% CI = 0.98, 11.00, p 0.05). When comparing adults with obesity versus overweight, obese adults had a 19% greater risk of reporting overeating when in pain (RR=1.19, 95%CI= 0.55, 2.55, p <0.05). Despite large confidence intervals, this study supports that adults with chronic pain and obesity may overeat in response to pain which could contribute to obese status and further exacerbate pain symptoms. Clinicians should inform clients of this risk and recommend dietary self-management techniques when indicated.

1F A Taste of MI: Motivational Interviewing and Brief Action Planning for Pain Management Nurses

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Patients with chronic pain often engage in unhealthy behaviors that contribute to poor health outcomes. Chronic pain and associated symptoms can be improved by active patient involvement. Nurses have the opportunity to raise patient awareness of health risks through motivational interviewing and brief treatment plans. This session will introduce motivational interviewing and brief action planning and allow a brief opportunity to practice skills necessary for delivery in the context of comprehensive pain management.

OBJECTIVES

Describe the foundational components of Motivational Interviewing. Discuss the components of Brief Action Planning. Apply Motivational Interviewing Skills in a Pain Management Framework.

2A Overdose Education and Naloxone Distribution Part 2: Data from Attendees of a Pain Rehabilitation Program

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This presentation is intended to be the second part of two presentations on the development of an Overdose Education and Naloxone Distribution (OEND) training program within an interdisciplinary pain rehabilitation program. This presentation will focus on quality data that was used to evaluate the development of the OEND program for friends/family members. The Mayo Clinic Pain Rehabilitation Center (PRC) is based on a Cognitive-behavioral approach to improve functioning and quality of life and to decrease dependence on healthcare services. Patients are tapered off of all pain related medications and practice a wide variety of pain coping strategies. There are known risks of patients returning to medication use during times of pain flares, even though multiple steps are put in place (destroying pain medications, establishing relapse prevention plans, contacting previous prescribers). In recognition of the opioid epidemic in the USA, the OEND training provided in Family Group helps individuals increase the likelihood that they will administer naloxone to save another person's life in the event they encounter anyone who has overdosed on opioids. Pilot data revealed that of 69% of family/friends completed OEND training with 2.5% reporting a level of concern that their patient was likely/very likely to overdose (p = .000); 8% expressed mild worry about overdose and 3.5% expressed that they were worried/extremely worried about overdose (p = .000) Confidence levels of "knowing what to do in case of opioid overdose" and in their "ability to administer naloxone" were measured, demonstrating p = .000 level change pre to post training for both items. After training Naloxone kits are given out via prescription. Next steps are to proceed to a full, IRB study of the impact of training on PRC patients and those who participate in the training.

2B Making "Scents" of Aromatherapy and Use of Essential Oils: Journey to Implementation

Andrea Lee RN, CCA, LAc, Dipl.Ac. *Nationwide Children's Hospital*
Lynn M. Anson RN-BC. *Children's Mercy Hospital*

AIM

Patients and families are requesting aromatherapy and use of essential oils as non-pharmacologic options for comfort management. Not currently regulated by the FDA, it is imperative for institutions to establish policies and procedures to ensure safe use.

METHODS

Two Children's hospitals implemented aromatherapy/essential oils programs and will share their journey. Hospital policy development is necessary to ensure the best clinical evidence is placed into practice. Staff need to have specialized training on the basic knowledge of essential oils and their approved indications for each of the specific oils as well as contraindications for specific patient populations. This presentation will share important information that healthcare providers need to know for safe use of aromatherapy in the medical setting. There are a variety of methods used to deliver aromatherapy however, some delivery modes may not be safe in the healthcare setting. Safe options for delivering aromatherapy will be reviewed. The development of patient and family education on the safe use of aromatherapy is essential to ensure safety. All treatment options for pain management must be documented for use and patient outcomes. The teams will share their journey with aromatherapy documentation and how to use this information to help with looking at quality improvement with use and outcomes.

RESULTS

Aromatherapy programs can be successfully implemented in a hospital setting however, it is essential to ensure proper education and procedures are put into place to safeguard patient and staff safety. This session will share the implementation of aromatherapy programs at 2 different institutions.

CONCLUSION

Aromatherapy programs can be successfully implement in a hospital setting however, in doing so healthcare organizations need to monitor safe use and help with publishing data for others to use.

2C Using a Pain Tracking App in an Adult Oncology Pain Clinic

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AIM OF INVESTIGATION

To determine if adult patients of an oncology pain clinic who self-report high pain scores (>4 on pain numeric rating scale) that use a smartphone pain tracking application (app) have improved pain and self-efficacy scores in 60 days compared to the baseline.

METHODS

This was an IRB approved study to recruit patients who met inclusion criteria at their usual follow-up appointment. A self-administered pain self-efficacy questionnaire (PSEQ) was completed after consenting. The

pain-tracking app was downloaded onto the patient's phone and demonstrated, where the patient could teach-back use of the app. Patient-provider reviewed the data together at each visit, 30 and 60 days, explored pain symptoms and home strategies of self-efficacy, and determined the treatment plan. The PSEQ was repeated at the 60-day appointment. Descriptive and paired t-test analysis were performed for pre-post intervention pain scores and PSEQ scores.

RESULTS

Fifty percent of patients who met criteria volunteered to participate. There was no significant effect for t-test of PSEQ scores: mean pre-PSEQ and post-PSEQ score = 27.25, SD = 14.28 and 31.13, SD 14.54, respectively ($p=0.434$), nor significant effect for t-test of pain scores at 0 to 30 days ($p=0.448$) and 0 to 60 days ($p=0.468$), however there was significant effect at 30-60 days ($p=0.025$).

DISCUSSION

Where 50% of patients' self-report moderate-high pain scores, treating cancer pain for patients who reside in different states is challenging. Participants reported that using the pain-tracking app helped them identify "more good days than bad", lower pain scores at home than expected, pain that was manageable, insight to how pain effected their mood, and the ability to look at pain in a concrete way. This study identifies further investigational needs for engaging oncology patients to full awareness of the pain experience and the meaning of pain self-efficacy.

2D Can Compassion for Patients with Chronic Pain and Substance Use Disorder Be Taught to Clinicians?

Ann Quinlan-Colwell PhD, RN-BC. *New Hanover Regional Medical Center*

This presentation will explore how health care providers may react to patients with chronic pain and substance use disorder. The concept of compassion will be explored and recent research about compassion will be presented including how it affects both patients and clinicians. Ways to either develop or rekindle will be discussed. At the conclusion of this presentation the participants will be able to: 1)Identify at least two barriers to clinicians being compassionate to Patients with Chronic Pain and Substance Use Disorder 2)Describe how compassion affects patients 3) Describe how compassion affects clinicians 4)Identify at least two ways compassion may be developed or re-kindled.

2E.1. Geriatric Pain Intervention Pilot (G-PIP) Program: A Geriatric Resource Nurse-led Pain Intervention Educational Initiative

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Andrea D.M. Nolan MSN, MHA, RN, CRRN. *MedStar National Rehabilitation Hospital*

PURPOSE

The purpose of this quality improvement project was to assess the feasibility of Geriatric Resource Nurse-led voluntary peer education initiative focused on geriatric pain interventions and its impact on pain experience scores in a in 10-hospital system.

METHODS

Educational brief and puzzle documents were distributed weekly on the pilot units with content derived from two geriatric pain management guidelines. An advanced practice nurse coordinated the system-wide effort via weekly WebEx® sessions to assist the GRNs who publicized the program, distributed and collected puzzles, answered questions regarding content, drew a weekly prize winner from among participating RNs, recorded number of puzzles weekly, and number of days puzzles were in circulation.

RESULTS

The weekly average of number of puzzles completed per unit was 8.8 with a target of 10. Impact was measured by comparing pilot unit older adults' average pain experience scores with the overall MSH scores for this population. The target was to meet or exceed the Magnet hospital average for the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) question "During this hospital stay, how often did the staff do everything they could to help you with your pain?". The average pilot unit group scores for Q1, Q2, Q3 and Q4, respectively, were 75.5, 77.2, 68.4, and 79.8. The MSH overall scores were 82.1, 75.3, 75.0, and 80.5. The Magnet average scores were 80.3, 80.2, 80.4, and 80.4.

CONCLUSION

In FY 17, the highest pilot unit group quarterly score was post-implementation while the highest MSH overall quarterly score was pre-implementation. Although the pilot unit group did not achieve the Magnet average, this group's 11.4% increase in Q4 compared with Q3 was 6.4% more than in MSH overall group in the same period. The program will be expanded to 39 additional MSH older adult units in FY 18.

2E.2. The Experiences, Perceptions and Teaching Practices of Nursing Faculty Teaching Pain Management to Baccalaureate Students

Eileen Campbell EdD, APRN. *Western Connecticut State University*

Pain management education is often threaded into various courses in pre-licensure nursing programs but the perspective of faculty teaching pain management, especially in the context of the current opioid epidemic, is relatively unexplored in the nursing literature. Pain management is a complex process and requires critical thinking and clinical reasoning. The changing paradigm of pain management and the current opioid crisis are of concern to nursing. In light of these factors, the major aim for the study was to discover through description and analyses, the experiences, perceptions and teaching practices of nursing faculty about teaching pain management content in pre-licensure nursing programs. The significance of exploring nursing faculty perspectives is related to evidence in the current professional literature that indicates a need to improve pain management education in pre-licensure nursing curricula. The qualitative descriptive approach allowed for a rich, detailed exploration of faculty perspectives. Content analysis indicated the need to approach pain management education from a perspective of relieving suffering and preventing harm to patients rather than focusing on the opioid crisis. Participants in this study viewed the opioid crisis as distinct from the legitimate use of pain medication. The findings indicate that participants teach the basics of pain management due to time and content constraints in nursing curricula. Participants' teaching practice was based on experiential learning rather than formal education and often was heavily influenced by a seminal event in their own nursing practice.

2E.3. Coaching to Increase Engagement in Online Pain Self-Management Program

Teresa L. Bigand RN, MSN, CNL, CMSRN. *Washington State University*

Aims of Investigation Online pain self-management programs (OPMPs) provide internet-based interventions designed to help people manage their pain and related symptoms. Despite efforts to improve pain management among adults with persistent pain, engaging clients in OPMPs remains challenging. Health coaching has improved engagement in face-to-face pain management programs. This pilot investigation aims to explore what types of coaching strategies could enhance participant engagement in an OPMP. Methods A small feasibility study was conducted in a large urban pain clinic in Eastern Washington. Pain clinic personnel partnered with research staff from a local university to recruit participants from the clinic. Eligibility criteria included: age 18 years or more, enrolled at least 3 months as a patient at the partnering clinic with a current chronic pain diagnosis, email capability, and ability to speak, read, and write in English. Consenting participants met with a health coach and indicated preference for weekly communication method over the 8-weeks of the study: in-person, text, or phone. Weekly communication with health coach consisted of encouragement to engage in OPMP. Results Out of 35 referrals, 8 participants enrolled in the study (6 female, 2 male). Among participants, 5 completed at least some of the OPMP content. On average, participants responded to coaching communications for 5 of 8 weeks. The majority of participants engaged in fewer than 50% of the OPMP activities. The participants who completed the most OPMP activities were those who attended the most face-to-face sessions with their coach. Clinical Implications In this sample, structured in-person coaching sessions to review