



# 31st National Conference

September 29-October 2, 2021 Hyatt Regency Hill Country Resort & Spa • San Antonio, TX

Celebrating Our Past & Looking Forward to Our Future



## Virtual Program

### Target Audience

The target audience for the 31<sup>st</sup> National Conference includes registered nurses and advanced practice nurses practicing in pain management, as well as nursing faculty and nursing students with an interest in pain management.

### Conference Goals

- Discuss clinical options for the treatment of patients who require pain management nursing care.
- Analyze clinical, research, sociocultural, and legal developments in the field of pain management.
- Advocate for the provision of comprehensive, evidence-based, quality care of individuals and their families experiencing problems related to persistent pain conditions.
- Network with nurses and other health care professionals who focus on pain management in their practice.

### Program Objectives

Learning objectives for each session will be posted on the ASPMN® Conference webpage at a later date.

### ASPMN® Conference Planning Committee

#### Program Chair

Kathy Baule, DNP, RN, APN-ACNS-BC, CCRN, CNRN, RNFA

#### Committee Members

Debra Bruene, RN, MA, Co-Chair

Laurie Holmes, RN-BC, BSN

Tamara Wilkins, DNP, APN, FNP-BC

Pamela Bolyanatz, RN, MSN, FNP, APRN-BC

Michelle Lavelle-Henry, APRN

Megan Filoramo, RN, MSN, APN-C

Jenine Graham, MSN, AGNP, BC

Michelle Czarnecki, MSN, RN-BC, CPNP

Sharon Wrona, DNP, PNP, PMHS, AP-PMN, FAAN

Ann Schreier, PhD

### Accreditation

The Greater Kansas City Chapter of the American Society for Pain Management Nursing is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering has been submitted for contact hours applicable for RN, LPN, LMHT relicensure and pharmacology hours for APN relicensure. Kansas State Board of Nursing provider number LT0279-0412.

### Networking

The opportunity to develop and continue relationships with your colleagues through networking is one of the key benefits of attending the ASPMN® National Conference. Networking offers many tangible benefits to conference participants, including, but not limited to, validating your experience in providing nursing care and developing a better understanding of your practice and your role in care delivery by learning from others who are dealing with similar circumstances, solving the same problems, and confronting the same issues. Take advantage of this national gathering of pain management nurses to learn more about national issues and trends.

# Thursday, September 30, 2021

All education content will be recorded. You may watch the sessions on-demand if you are unable to participate in the live sessions.

Time (CENTRAL)	Presentation/Event	Presenter(s)
9:00 a.m. – 9:30 a.m.	<b>Welcome &amp; Opening Remarks</b>	
9:30 a.m. – 10:30 a.m. <i>1.2 Contact Hours*</i>	<b>KEYNOTE ADDRESS - Pain Management - Appreciating the Past and Peering into the Future</b> This presentation will cover the following aspects of pain management: <ul style="list-style-type: none"><li>• Brief history of Pain Management</li><li>• Examples of Major Changes in Pain Management<ul style="list-style-type: none"><li>○ Introduction of imaging for procedures</li><li>○ The Role of Opioids in Pain Management</li></ul></li><li>• Lessons Learned during My Career in Pain Management<ul style="list-style-type: none"><li>○ The Issue of Treatment Expectations</li></ul></li><li>• Barriers to be Overcome in Pain Management<ul style="list-style-type: none"><li>○ Objective Measures of Pain</li><li>○ Acceptance of Behavioral Therapy in Pain Management</li></ul></li><li>• Key Tools for the Future of Pain Management</li></ul>	Benjamin Johnson, MD, MBA, DABPM, FIPP, CIME, Medical Director, Spine and Orthopedic Specialists of Tennessee, Nashville, TN
10:45 a.m. - 12:15 p.m. <i>1.2 Contact Hours*</i>	<b>When Pain and Substance Use Disorder Coexist: Pearls for Improving Pain Management</b> Treatment of pain in patients of all ages with substance use disorders is complex and challenging. This jam-packed session will feature three outstanding speakers who will provide clarification around commonly misunderstood terms such as opioid use disorder, substance misuse and addiction, will provide pearls for management of acute pain in patients undergoing therapy for substance misuse and will discuss management of pain in patients admitted after trauma who have misused substances. This session will provide valuable information for the novice to experienced clinicians.	Barbara St. Marie, PhD, AGPCNP, FAANP, FAAN, Assistant Professor, College of Nursing, University of Iowa; Kathleen Broglio, DNP, ANP-BC, ACHPN, CPE, FPCN, Palliative Care Nurse Practitioner, Associate Professor of Medicine, Dartmouth-Hitchcock, Lebanon, NH; Jason Sawyer, RN-EC, NP-C, BSc.N, MN, (BC), AP-PMN, Nurse Practitioner, Acute Pain Service, Sunnybrook Health Sciences Center, Toronto, ON Canada

# Thursday, September 30, 2021 *continued*

Time (CENTRAL)	Presentation/Event	Presenter(s)
12:15 p.m. – 12:45 p.m.	Break/Visit Exhibits	
12:45 p.m. – 1:45 p.m. <i>1.2 Contact Hours*</i>	<b>When Pain and Substance Use Disorder Coexist: Ethics, Stigma, and Compassion</b> This session will begin with a nationally recognized speaker outlining ethical considerations related to pain management in patients undergoing treatment for substance use disorder. A second dynamic speaker will share case studies taken from her clinical practice to further illustrate how nurses can apply ethics in providing compassionate care to decrease stigma and improve pain management in this often marginalized group of patients.	Esther I. Bernhofer, PhD, MA, RN, PMGT-BC, Associate Professor, Frances Payne Bolton School of Nursing, Case Western Reserve University, Cleveland, OH; Ann Quinlan-Colwell, PhD, RN, PMGT-BC, Independent Pain Educator & Consultant, AQC Integrative Pain Management Education and Consultation, Wilmington, NC
2:00 p.m. - 3:00 p.m. <i>1.2 Contact Hours*</i>	<b>Jean Guveyan Lecture: Bridging Pain Science and Care - Is Your Practice Evidence-Based?</b>	Rosemary Polomano, PhD, RN, FAAN, Associate Dean for Practice, Professor of Pain Practice, School of Nursing; Professor of Anesthesiology and Critical Care, Perelman School of Medicine, University of Pennsylvania, Philadelphia, PA
3:15 p.m. - 4:15 p.m. <i>1.2 Contact Hours*</i>	<b>Nurses as the Patients and Burnout as the Condition: Self Care to Improve Patient Care</b> Thirty one percent of nurses reported leaving their jobs due to burnout and greater than 60% of nurses have reported some symptoms of burnout. While these pre-pandemic numbers are staggering, nurse stressors have only increased. In addition, caring for pain patients may be an additional risk factor for burnout. While burnout can result in a lower level of patient care and can impact the mental health and wellness of the individual nurse, it is not untreatable or unavoidable. By building resilience through the strategies discussed, we, as nurses, can give ourselves some of the amazing care we give our patients.	Megan Filoramo, APN-C, AP-PMN, APHN, Nurse Practitioner, New Jersey Pain Consultants/Altair Health, Hillsborough, NJ
4:30 p.m. – 5:30 p.m. <i>1.2 Contact Hours*</i>	<b>Lassoing Your Top Pain Management Topics - Case Studies</b>	Case Study Discussion Leaders

# Friday, October 1, 2021

Time (CENTRAL)	Presentation/Event	Presenter(s)
9:00 a.m. - 10:00 a.m. <i>1.2 Contact Hours*</i>	<b><i>Pain Management Practices Around Opioids: Finding the Safe Patients in Practice, Myth or Legend?</i></b> The presenters will examine the evidence regarding identifying “safe” opioid responses within the area of acute care nursing. The presenters will highlight patients at risk for adverse effects beyond the published stratification and questions the notion that a “safe response” to an opioid analgesic is possible. Embracing the reality that all responses to opioids are not created equal and diversity in patient primary responses to opioids needs to be acknowledged, this presentation serves to integrate bodies of research such as the guidelines, adverse event data, opioid risk stratification, and experiences of expert clinicians in practice.	Danielle Dunwoody, BSc, BScN, MS, PhD, RN, Assistant Professor, York University, Burlington, ON, Canada; Carla Jungquist, PhD, ANP-BC, FAAN, Associate Professor, University at Buffalo, Buffalo, NY
10:00 a.m. – 10:30 a.m.	Break/Visit Exhibits	
10:30 a.m. - 11:30 a.m. <i>1.2 Contact Hours*</i>	<b><i>Developing a Post COVID Care Clinic at an Academic Medical Center</i></b> This presentation describes the development of the Post COVID Care Clinic (PCOCC), rapidly developed at a large medical center to provide treatment for patients experiencing post-COVID syndrome. Given the impact of PCS, an expert interdisciplinary health care team within General Internal Medicine convened to meet the needs of this population. Patients who were >6 weeks out from COVID-19 diagnosis were referred to the PCOCC for treatment of their post-COVID pain, fatigue, and orthostatic intolerance, among other symptoms. PCOCC includes telehealth rehabilitation program for those impacted by PCS. We will share lessons learned as well as future plans and global implications.	Connie Luedtke, PMGT-BC, MA, RN, Nurse Manager, Mayo Clinic, Rochester, MN; Danielle Carlson, APRN, AGCNS-BC, MS, RN, Clinical Nurse Specialist, Mayo Clinic, Elgin, MN
11:30 p.m. - 12:15 p.m.	<b><i>Awards Ceremony</i></b>	
12:45 p.m. - 1:45 p.m. <i>1.2 Contact Hours*</i>	<b><i>Music for Management of Pain and Promotion of Sleep and Relaxation</i></b> The purpose of this fun and interactive presentation is to provide nurses with information that will allow them to feel confident providing and teaching patients how to self-administer music for the management of pain, sleep and to promote relaxation. All information is based upon a current review of the research evidence available on this easy to use and inexpensive intervention that has the potential to pay big dividends for patients.	Sandra Siedlecki, PhD, RN, APRN-CNS, FAAN, Cleveland Clinic, Cleveland, OH
<b>Moderator – Debra Bruene</b>		
2:00 p.m. - 3:00 p.m. <i>1.2 Contact Hours*</i>	<b><i>Celebrating Progress and Advocating for the Future: Federal and State Policy</i></b> The presenters will examine recent policy activity that could affect people with pain and the professionals who treat them, assess how COVID-19 has affected pain care policy, and specify changes in federal policy that could occur over the next 12 months.	Wade Delk, Government Affairs Director, ASPMN®, Washington, D.C.; Michael Barnes, JD, Chairman, Center for U.S. Policy; Principal Attorney, Sequel Health Law, Washington, D.C.
5:00 p.m. – 6:00 p.m.	<b>ASPMN Happy Hour</b> <b>Show off your best Texas attire!</b>	

# Saturday, October 2, 2021

Time	Presentation/Event	Presenter(s)
9:30 a.m. – 10:00 a.m.	<b>Yoga Session</b>	
10:00 a.m. - 11:00 a.m. <i>1.2 Contact Hours*</i>	<b>Pharmacology and Pain Management</b> At the end of this session, participants will be able to: <ul style="list-style-type: none"><li>• Distinguish drug properties of buprenorphine and how they affect analgesia.</li><li>• Select appropriate patient for buprenorphine trial.</li><li>• Manage prescriptions to initiate and maintain buprenorphine for chronic pain.</li></ul>	Jennifer Hiemenz, PharmD, Centracare Health, St. Cloud, MN
11:15 a.m. - 12:15 p.m. <i>1.2 Contact Hours*</i>	<b>The Unlikely Addict: One Nurse’s Story through Addiction and Into Recovery</b> The speaker will share her engaging, personal journey as a practicing nurse suffering from substance use disorder (SUD). She will share her struggle with diversion, addiction, and stigma, as well as her support, treatment, and recovery. Her story will provide an inspiring, humanistic lens to clinicians working with patients and co-workers suffering from SUD. <b>Purpose:</b> This presentation aims to raise awareness and reduce the stigma associated with substance use disorder (SUD) in nurses. It is an issue that requires a multifaceted approach to realize its scope, to detect diversion early, to prevent diversion from happening, and to help those with SUD before they cause irreparable harm to themselves and others. <b>Evidence:</b> I am a nurse with SUD. I have been in recovery for 16 years now. I want to share my experience to raise awareness, help others learn how to recognize an impaired coworker, decrease stigma, and show that recovery is possible. There are at least 41 states that have alternative to discipline programs for nurses with SUD. These programs promote public protection by using evidence-based treatment for nurses with SUD. Not enough practicing nurses know about these programs. I went through such a program in Wisconsin, and it saved my career, maybe even my life. The American Nurses Association estimates that six to eight percent of nurses use alcohol or drugs to an extent that is sufficient to impair professional performance. Others estimate that nurses generally misuse drugs and alcohol at nearly the same rate (10 to 15 percent) as the rest of the population. I was one of those nurses. It is hard to talk about it, but we need to talk about it. By raising awareness and decreasing stigma, we can identify and help those struggling find the help they need to practice safely.	Kristin Waite-Labott, RN, BSN, CARN, Clinical Nurse Educator, Rogers Behavioral Health, Hales Corners, WI
12:15 p.m. - 12:30 p.m.	<b>Closing Remarks / Adjourn</b>	Maureen Cooney, DNP, FNP-BC, PMGT-BC, AP-PMN, ACHPN, Westchester Medical Center, Valhalla, NY, ASPMN President

# ON-DEMAND CONTENT (INCLUDED WITH REGISTRATION FEE)

1.0 Contact Hours\*

## Poster Presentations

## Poster Presenters

Acute Pain, CAM, Adult,  
Advanced Beginner  
1.0 Contact Hours\*

### ***Pain Management in Burn Patients***

This session will begin by describing the pathophysiology behind pain and burn injuries, differentiating pain types, and highlighting the effects of mismanaged pain. After establishing a foundation, the most recent literature regarding pain management in burn populations will be discussed while summarizing general pharmacology principles pertaining to various pain medications. By the end of this session, attendees will be equipped with knowledge to recognize safe and effective treatment regimens for managing burn pain and understand the need for further research.

Lacey Brinegar, PharmD, MPH, Pharmacist,  
Bradenton, FL

Acute Pain, All Patients,  
Proficient  
1.0 Contact Hours\*

### ***Implementing a Risk-Based Approach to Capnography Monitoring for Patients Admitted to Medical Surgical Units***

This EBP translation project sought to identify solutions to known barriers related to continuous capnography monitoring for patients at risk for opioid induced hypoventilation on medical surgical units. The project involved 3 steps including: creation of a best practice advisory harnessing patient level risk factors from the electronic medical record to trigger orders, pilot of capnography monitoring on two units and system-wide deployment of the process.

Mary Beth Chambers, DNP, RN, ACNS, PMGT-BC,  
Pain Management CNS, UCLA Health, Santa  
Clarita, CA

Acute Pain, All Patients,  
Competent  
1.0 Contact Hours\*

### ***ASPMN® Position Paper Update: RNs Caring for Patients Receiving Analgesia by Catheter - Ascertain Standard of Practice***

The Task Force reviewing and updating the ASPMN® “Registered Nurse Management and Monitoring of Analgesia by Catheter Techniques: Position Paper” (2007) will present survey results designed to ascertain if there is a standard of care of patients receiving medications via catheter. Literature and statements from state Boards of Nursing will be reviewed and recommended updates to the ASPMN position paper will be discussed.

Teresa Reyburn-Orne, MSN, PMGT-BC, PPCNP-BC/CPNP-  
AC, AP-PMN, Advanced Practice Nurse-Instructor,  
University of Colorado, School of Medicine, Department  
of Anesthesia, Aurora, CO; Margaret Fischer, MSN, PMGT-  
BC, ANP-BC, Nurse Practitioner, Stony Brook University  
Hospital, Stony Brook, NY; Ann Quinlan-Colwell, PhD, RN,  
PMGT-BC, Consultant and Educator, AQC Pain  
Management Consultation and Education, Wilmington,  
NC; Janette E. Elliott, PMGT-BC, MSN, AOCN, Clinical  
Nurse Specialist, Sunnyvale, CA; Kathy Meloche, BSN, RN,  
PMGT-BC, Pain Management Coordinator, Detroit Medical  
Center Harper University Hospital, Detroit, MI

Acute Pain, Adult, Advanced  
Beginner  
1.0 Contact Hours\*

### ***Procedural Sedation: Moderate and Deep Sedation Medications***

This presentation is Part 1 of a 2 part presentation regarding procedural sedation. This session will review the medications required for procedural sedation: moderate and deep sedation. Mechanism of action, dosing, adjuvant medications and reversal agents will be reviewed.

Laura Habighorst, BSN, RN, CAPA, CGRN, Surgical  
Services Clinical Nurse Educator, North Kansas  
City Hospital, Kansas City, MO

Acute Pain, Adult, Advanced  
Beginner  
1.0 Contact Hours\*

### ***Procedural Sedation: Standards, Assessment, and Quality Improvement***

This is Part 2 of a two part session regarding procedural sedation. This session will review various standards of care, the assessment and implementation of a quality improvement plan for moderate and deep sedation.

Laura Habighorst, BSN, RN, CAPA, CGRN, Surgical  
Services Clinical Nurse Educator, North Kansas  
City Hospital, Kansas City, MO

## ON-DEMAND CONTENT *continued*

Acute Pain, Pediatric,  
Competent  
*1.0 Contact Hours\**

### ***When Too Much Is Too Much: Reducing Opioid Use through Multimodal Pain Management for Children with Sickle Cell Disease***

The presenter will discuss alternative modality options for patients with sickle cell disease, discuss the possible etiologies in this unique disease population, and how different modalities often lead to optimizing functionality.

James DeMasi, APRN, CPNP-AC/PC, Pediatric Nurse Practitioner, Children's Health of Dallas, Dallas, TX

CAM, All Patients, Advanced  
Beginner  
*1.0 Contact Hours\**

### ***Trance-forming Pain: The Power of Hypnotic Relief***

Clinical hypnosis is a powerful complementary modality that can be a valuable addition to your nonpharmacological pain management toolbox! Hypnosis can influence the mind/body connection to facilitate healing, decrease pain, and enhance medical care compliance. Join our speaker, a pain management nurse practitioner and certified clinical hypnotherapist as she shares current and relevant research on this exciting topic. Explore the process and experience a group hypnotic session to enhance your own well-being and walk away with a brief and powerful intervention you can share with your patients when you return to your practice setting on Monday!

Marie O'Brien, DNP, ANP-C, PMGT-BC, CCRN, Mather Hospital Northwell Health, Port Jefferson, NY

CAM, Adult, Proficient  
*0.5 Contact Hours\**

### ***Qualitative Content Analysis of a Virtually Delivered Auricular Point Acupressure Intervention for Self-Managing Chronic Pain***

This is part of a larger pilot study supported by grants (Dr. Chao Hsing Yeh) from the National Institute on Aging (Award Number R01AG056587), Sigma Theta Tau International, Under Armour Women's Health & Breast Cancer Innovation Grant, and Johns Hopkins Medicine. Funding sources were not involved in the preparation of this abstract. This study involved an interdisciplinary collaborative team, led by nursing, engaging students toward building research capacity in advancing pain science. Findings are valuable in working toward improving pain management. An opportunity to present study findings in an oral venue is well appreciated and significant in pain care.

Jennifer Kawi, PhD, MSN, APRN, FNP-BC, CNE, Associate Professor, University of Nevada, Las Vegas, School of Nursing, Las Vegas, NV; Chao Hsing Yeh, PhD, MSN, RN, FAAN, Associate Professor, Johns Hopkins School of Nursing, Baltimore, MD

CAM, Adult, Advanced  
Beginner  
*0.5 Contact Hours\**

### ***Influences on Non-Pharmacological Pain Management Decision-Making***

This session reports on interviews with adults prescribed opioids for persistent pain who were asked about their perceptions on a variety of non-pharmacological pain management options.

Marian Wilson, PhD, MPH, RN, PMGT-BC, Associate Professor, Washington State University, Spokane, WA

Cancer Pain, Adult,  
Competent  
*1.0 Contact Hours\**

### ***Factors that Affect Adequate Analgesia in African Americans with Cancer Pain***

A majority of the literature demonstrates disparities between African Americans and Caucasians regarding pain management in cancer, but there is less understanding as to why these disparities exist. This study examined patient factors (age, gender, employment status, education, presence of a caregiver, cancer metastasis, perceived control over pain, pain-related distress, pain intensity) of African Americans with cancer pain to see which contributed to receiving adequate analgesia in managing cancer pain.

Navdeep Singh, PhD, AGACNP-BC, CCRN, Nurse Practitioner, Anesthesia Associates of Ann Arbor, Ann Arbor, MI

## ON-DEMAND CONTENT *continued*

Cancer Pain, Geriatric,  
Competent  
*0.5 Contact Hours\**

### ***Talking Pain: Personal Experiences of Older Women with Breast Cancer***

Breast cancer is now the most predominant form of cancer worldwide, and the majority of its victims are age 65 or older. The population of older adults is predicted to reach 70 million by 2030, making optimization of their quality of life paramount. This study aims to apply the conceptual framework of female self-advocacy in cancer to a cohort of older women treated for breast cancer to identify barriers to optimal pain management, including opioid stigma. Interviews with older women treated for breast cancer are being conducted to determine the barriers these women encounter to self-advocating for optimal pain management.

Karen E. Alsbrook, BSN, RN, OCN, Predoctoral Fellow/PhD Student, University of Pittsburgh, Pittsburgh, PA

Misc., All Patients,  
Competent  
*1.0 Contact Hours\**

### ***Encouraging a Paradigm Shift: Approaching Chronic Pain from an Integrative Public Health Perspective***

This innovative presentation will discuss the importance and feasibility of implementing primary, secondary, and tertiary prevention approaches to first avoid the development of chronic pain; optimize function when chronic pain exists and promote comfort as appropriate. Appropriate integrative interventions will be discussed for use throughout the prevention spectrum.

Ann Quinlan-Colwell, PhD, RN, PMGT-BC, Independent Pain Educator & Consultant, AQC Integrative Pain Management Education and Consultation, Wilmington, NC

Misc., All Patients, Advanced  
Beginner  
*1.0 Contact Hours\**

### ***The Interaction between Sleep and Pain: How Nurses Can Improve Patient Outcomes***

There is a close inter-dependent relationship between sleep and pain. Patients in pain are more likely to have fragmented sleep and altered breathing during sleep. Patients with sleep disorders are more likely to have decreased tolerance to pain and increased incidence of negative outcomes related to interventions for pain. This presentation will include the most recent research on the underlying physiologic reasons for the relationship, the potential negative patient outcomes, and ways that nurses can assess and manage sleep problems in patients with acute and chronic pain.

Carla R. Jungquist, PhD, ANP-BC, FAAN, Adult/Gerontology Program Coordinator; Associate Professor, School of Nursing, University at Buffalo, Buffalo, NY

Misc., All Patients,  
Competent  
*1.0 Contact Hours\**

### ***Reviewer Pearls: A Presentation to Enhance Skills in the Peer Review Process***

The purpose of this presentation is to increase the knowledge, skill, and expertise of nurses who are current or future peer-reviewers for Pain Management Nursing (PMN). This presentation is appropriate for all levels of reviewers.

Cecile B. Evans, PhD, RN, Board Member, McCall College, Boise, ID; Elaine T. Miller, PhD, RN, CRRN, FAAN, Professor of Nursing and Editor, PMN, University of Cincinnati, Cincinnati, OH

Objectives:

- To become familiar with the online resources for reviewers provided by our Publisher, Elsevier.
- To gain an understanding of the process to write a comprehensive peer review.
- To gain an understanding of the essential elements of an excellent peer review.

Misc., All Patients,  
Competent  
*1.0 Contact Hours\**

### ***Avoiding Love Notes from Your Biller: Matching Charting to Billing***

Billing is not covered in advanced practice RN training and can be a daunting task. It is difficult to understand and do correctly without some direct education on the topic. Pain management is not well reimbursed and so to keep pain management programs viable, correct billing must be implemented. In our inpatient practice we have implemented documentation templates which have improved our billing and receivables. Inpatient billing and outpatient billing are similar but different and both will be covered in this session.

Teresa Reyburn-Orne, MSN, PMGT-BC, PPCNP-BC/CPNP-AC, AP-PMN, Advanced Practice Nurse-Instructor, University of Colorado, School of Medicine, Department of Anesthesia, Aurora, CO; Janet Pennella-Vaughan, MS, NP, Senior Nurse Practitioner, Pain Services, University of Rochester Medical Center, Rochester, NY

## ON-DEMAND CONTENT *continued*

Misc., All Patients, Expert  
0.5 Contact Hours\*

### ***Showcase Your APRN Expertise: Steps to Achieve Advanced Practice Pain Management Nurse (AP-PMN) Recognition***

This session will promote professional advancement of APRNs by providing a fast paced tutorial on how to document your pain management accomplishments to create a successful AP-PRN Recognition portfolio. Tips to avoid common pitfalls and review of successful application examples will de-stress your application process.

Pamela Bolyanatz, MS, APRN, FNP-BC, AP-PMN, PMGT-BC, Oncology Nurse Practitioner, University of California San Francisco, San Francisco, CA; Mary Lyons, MSN, APRN, AGCNS-BC, AP-PMN, PMGT-BC, Inpatient Palliative Care PARN, Edward Hospital, Naperville, IL

Misc., All Patients, Proficient  
1.0 Contact Hours\*

### ***Managing Pain from the Head and Heart***

Contemporary definitions of pain invite a frame of reference including patient experience and increased attention to more comprehensive approaches to pain management. Clinicians are practicing in environments with scarce resources and more stringent legal and regulatory requirements. This may lead to burnout in practitioners and depersonalization of those who are in need of care. This session proposes a model for patient centered pain management incorporating Individualized Dose Selection, Mind-Body Syndrome and Caring Science<sup>®</sup> that can serve as a conceptual framework for the pain management nurse. Engaging both the head and heart can result in improved pain management.

Victoria Boyce, MSN, RN, AHN-BC, Caritas Coach<sup>®</sup>, Clinical Nurse Specialist, Ascension St. John Hospital, Detroit, MI

Misc., All Patients, Proficient  
0.5 Contact Hours\*

### ***The Missing Link in Chronic Pain Management: A Pain Nurse Navigator***

Can utilizing a nurse navigator in non-cancer chronic pain management therapy settings improve adult patient outcomes and the patient experience? These expert nurses can follow patients through the hurdles and successes of pain management through the application of evidence-based and patient-centered practices to coordinate, advocate, and enhance patient outcomes and satisfaction scores. Utilizing population-adapted behavioral change modalities, the nurse navigator can assist patients in maximizing prescribed treatments all while helping them find relief through continued touchpoints of compassionate, innovative care.

Lisa M. Gale, RN, BSN, OCN, PMGT-BC, Pain Nurse Navigator, OSF Health Central Illinois Pain Center, Peoria, IL

Persistent Pain, All Patients, Proficient  
1.0 Contact Hours\*

### ***Does Skin Still Matter in 2021? An Overview of Topical Treatments for Chronic Neuropathic Pain***

This session will focus on treatment of peripheral neuropathic pain using topical therapies. It will review skin physiology and why this allows for topical therapies, especially in the light of the recent skin sensitivity data. The session will present data on treatment of skin sensitivity in the setting of neuropathic pain and will review the literature on this topic. It will discuss current available approaches, their benefits and risks and review the current research. Recommendations for applying topical therapies in clinical practice through the use of case studies will be presented for interactive audience discussions.

John F. Peppin, DO, FACP, Clinical Professor, Pikeville University, College of Osteopathic Medicine, Lexington, KY

## ON-DEMAND CONTENT *continued*

Persistent Pain, Pediatric,  
Competent

*1.0 Contact Hours\**

### ***Making Persistent Pain for Pediatric Patients the Past and Improving Future Function***

Persistent pain in children and adolescents impacts 20-35% of children and should be a significant concern for our society. Children and teens with persistent pain have a multitude of adverse outcomes, including physical and mental health problems as well as difficulty in functioning, including school challenges that can drastically impact their future. This presentation will share the current literature for improving the future for children and adolescents with persistent pain, a triage process that was created to help with developing an individualized pain treatment plans for patient, types of programs for treating persistent pain, and outcomes with the triage process.

Sharon Wrona, DNP, PMGT-BC, PNP, PMHS, AP-PMN, FAAN, Director Comprehensive Pain and Palliative Care, Nationwide Children's Hospital, Columbus, OH; Lauren Renner, MS, PMGT-BC, PNP, Clinical Leader Comprehensive Pain Service, Nationwide Children's Hospital, Columbus, OH

Persistent Pain, All Patients,  
Competent

*1.0 Contact Hours\**

### ***Catastrophizing and Pain: The Problem May be Everywhere, but an Answer's in Your Head***

Catastrophizing is a common maladaptive pattern of thinking in pain patients of all ages. These patients are less likely to actively participate in treatment which in turn contributes to poor overall outcomes. In addition to the behavioral effects of catastrophic thinking, neuroplastic changes and changes to the endogenous mechanisms of pain modulation may occur. Through identification of these patients and appropriate treatment with behavioral therapies, the adverse effects of catastrophizing can be minimized and even reversed. Nurses are in a key position to facilitate these behaviors and decrease patient suffering through patient identification, education in self-management techniques, support and coaching.

Megan Filoramo, RN, APN-C, AP-PMN, APHN-BC, Nurse Practitioner, Altair Health/New Jersey Pain Consultants, Morristown, NJ

Persistent Pain, Adult,  
Advanced Beginner

*1.0 Contact Hours\**

### ***Pain Coping Skills Training: A Nurse Practitioner Delivered Telehealth Intervention to Enhance Self-Efficacy***

The COVID-19 pandemic has impeded the epidemic of chronic pain and its associated management. Current guidelines and evidence-based literature continue to endorse nonpharmacologic biopsychosocial approaches that have historically been provided in-person. The COVID pandemic resulted in limited access to care due to social isolation and procedure cancelation. Join our speaker as she shares her Doctor of Nursing Practice EBP project results that addressed this disparity via a telehealth pain coping skills training program. This presentation will explore implementing this intervention and provide an overview of the supportive data and positive patient outcome measures that validated the project's success.

Marie O'Brien, DNP, ANP-C, PMGT-BC, CCRN, Integrative Pain Management Coordinator, Mather Hospital Northwell Health, Port Jefferson, NY

Persistent Pain, Adult,  
Proficient

*0.5 Contact Hours\**

### ***Self-efficacy Is Inversely Associated with Pain Rumination and Pain Severity in Chronic Low Back Pain***

Self-efficacy is an important element of self-management of chronic pain and our study revealed that self-efficacy is associated with lower pain severity, lower rumination, and greater resilience in patients with chronic low back pain. Assessing a patient's level of self-efficacy and reducing pain rumination as part of a comprehensive pain management program may benefit patients with chronic low back pain. Strengthening self-efficacy through interventions such as education, mind-body therapies, and building social support systems may improve pain management, reduce symptom burden, and enhance quality of life.

Anitha Saravanan, PhD, RN, ANP-BC, Assistant Professor, Northern Illinois University, DeKalb, IL

## ON-DEMAND CONTENT *continued*

Persistent Pain, All Patients,  
Proficient

*1.0 Contact Hours\**

### ***When It's Time to Come Down: Weaning Opioids with Compassion***

"Pain as the 5th Vital sign" had us waging war against pain by titrating opioids "to efficacy." Fast forward and now many chronic pain patients are now in a difficult position. Evidence does not support long term use of high dose opioids and the CDC guidelines and insurance restrictions have made it near impossible to continue their current doses of medications. How do we best help these patients now? With the increasing stigma of opioid use, patients are torn between their fear of increased pain and their desire to come off of medications. How do we compassionately, and successfully, wean?

Megan Filoramo, RN, APN-C, AP-PMN, APHN-BC,  
Nurse Practitioner, Altair Health/New Jersey Pain  
Consultants, Morristown, NJ

Persistent Pain, Adult,  
Competent

*0.5 Contact Hours\**

### ***Experiences of Pain in Adults Receiving Methadone for Opioid Use Disorder***

A qualitative descriptive study investigated pain-related data from adults receiving daily methadone for opioid use disorder.

Marian Wilson, PhD, MPH, RN, PMGT-BC,  
Associate Professor, Washington State University,  
Carewood, ID

Persistent Pain, Adult,  
Proficient

*1.0 Contact Hours\**

### ***Challenges in Managing Chronic Pain in Veterans***

Managing chronic pain in veterans present a particular challenges not always seen in patients with chronic pain. These include the source of the pain (battlefield injuries), initial management of the pain, and psychological injuries such a PTSD. This presentation will discuss the history of the VHA; identify sources of chronic pain in veterans; describe the history of chronic pain management in veterans; discuss how the VHA is currently chronic pain; and describe today's challenges and resources available related to managing chronic pain in veterans.

Renee Holleran, FNP-BC, RN-BC, PhD, FAEN,  
APRN Anesthesia Chronic Pain, George E. Whalen  
VHA, Salt Lake City, UT

Persistent Pain, Adult,  
Proficient

*0.5 Contact Hours\**

### ***We Did IT Together: Implementing a Strategy to Safely Manage Patients with Implanted Intrathecal Pumps***

This presentation discusses work by an interdisciplinary group including the Acute Pain Service (APS), Physical Medicine and Rehabilitation (PM&R), Pharmacy, Radiology, and EHR team at a Level I trauma center to develop and implement a collaborative strategy to safely manage patients admitted with implanted intrathecal (IT) pumps. The process begins at patient admission and can be initiated by the patients RN, admitting MD, or pharmacist.

Barbara L. Vanderveer, MSN, RN, PGMT-BC,  
Enterprise Acute Pain Nurse Manager,  
UKHealthcare, Lexington, KY; Kathryn Ruf,  
PharmD, MBA, Pharmacy Director Associate,  
UKHealthcare, Lexington, KY

Persistent Pain, All Patients,  
Advanced Beginner

*1.0 Contact Hours\**

### ***Creative Solutions to Pain Management***

Chronic pain requires a creative approach to engages patients to become part of their own solution. Drama therapy is an active and experiential approach that supports patients in finding their own stories, setting their own goals, and solving their own problems. Through a creative lens, patients engage in activities that reduce fear avoidance and enhance mindful movement. This program explores drama therapy integrated into a pain coping skills training program. This fun and interactive presentation will demonstrate techniques used by a Certified Drama Therapist and Pain Management Nurse Practitioner to engage chronic pain support groups and improve pain self-efficacy.

Marie O'Brien, DNP, ANP-C, PMGT-BC, CCRN,  
Nurse Practitioner, Imagine Well, Coram, NY;  
Jennifer Brown Montgomery, Certified Drama  
Therapist, Lightkeeper Productions, New York, NY

Persistent Pain, Adult,  
Proficient

*1.0 Contact Hours\**

### ***Development of an Opioid Use Disorder (OUD) Predictive Model***

This session will explore Dr. Nelson' predictive analytical process applied to the development of a predictive model to Improve Recovery from OUD. The model applies a hunch considering the relationship of the concept of the "trusted other" to improve sustained recovery from OUD. Attend this session to learn more about predictive analytics and the OUD model.

Tara Nichols, DNP, ARNP, CCNS, AGCNS, PMGT-BC, Program Director, RN-BSN Program, Waldorf University, Forest City, IA; John W. Nelson, PhD, MS, RN, President/Data Scientist, Healthcare Environment, International Association of Human Caring, Grand Rapids, MI

# ON-DEMAND CONTENT *continued*

1.0 Contact Hours\*

## ***Acupuncture for Pain: A Feasibility Study for the Integrative Pain Service (ASPMN® RESEARCH GRANT RECIPIENT)***

Marie O'Brien, DNP, ANP-C, PMGT-BC, CCRN, Integrative Pain Management Coordinator, Mather Hospital Northwell Health, Port Jefferson, NY; Patricia Dodd, MSN, ANP-C, PMGT-BC, LaC, Nurse Practitioner, Integrative Pain Management, Mather Hospital Northwell Health, Port Jefferson, NY

Persistent Pain, Adult, Proficient

2.0 Contact Hours\*

## ***Therapeutic Competencies for Pain and Comfort Management***

Have you ever wondered what minimal competencies for pain and comfort management are? Have you ever wondered what therapeutic competencies should drive pain and comfort management? Attend this session to engage in an experiential review of the development of minimal competencies for pain and comfort management guided by caritas and mindfulness practices. The analysis discovered a gap in several well-established competencies and led to expanding pain competencies to include the knowledge, skills, and attitudes (KSA) for integration of therapeutic competencies. The presentation will consist of three parts. The first part will be a review of the background on the influence of theories on competency development. The second part will engage the audience in application of the competencies, caritas, and mindfulness practices to a case study. The session will conclude with reflections from participants.

Tara Nichols, DNP, ARNP, CCNS, AGCNS, PMGT-BC, Program Director, RN-BSN Program, Waldorf University, Forest City, IA; Maria Gatto, MA, MHS.B, APRN, ACHPN, APHN-BC, Palliative Care Consultant, Peace Health System, Novi, MI; Dan Markos MSN, RN, AGCNS-BC, PMGT-BC, Clinical Nurse Specialist, St. Joseph Mercy Hospital, Ann Arbor, MI

*\*Subject to change based upon approval*

*Total number of contact hours applied for is 55.9 (46.6 for the regular conference plus 9.3 for the full-day workshops or 4.5 for a half-day workshop )*