ANCC
AMERICAN NURSES CREDENTIALING CENTER
CERTIFICATION

2012

Pain Management Nursing

Role Delineation Study

National Survey Results

SEPTEMBER 2013

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About this Report

This report pertaining to the practice of pain management nursing was based on the results of a 2012 national study of pain management nursing practice.

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We also would like to thank the ANCC staff who also spent numerous hours working to make this study possible:

Finally, we would like to thank the ANCC-certified pain management nurses who supported this study by completing the survey questionnaire.

The contributions that all of these people made to the study were essential to its success.

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Background

The American Nurses Credentialing Center (ANCC), which was incorporated in 1991 as a subsidiary of the American Nurses Association, is the largest nursing credentialing organization in the United States. Its vision is to drive nursing excellence, quality care and improved outcomes. Currently, ANCC offers 25 examinations at various levels including diploma and associate degree, baccalaureate, and advanced practice for nurse practitioners, clinical nurse specialists, and other disciplines. More than 19,000 candidates took an ANCC certification examination in 2012. In addition to certification, ANCC provides services such as the Magnet and Pathways to Excellence recognition programs for hospitals and other facilities that demonstrate excellence in nursing services, accreditation of continuing education programs, education and consultation services, and outreach to nursing organizations around the globe.

Role Delineation Study Overview

Role delineation or job analysis studies are typically carried out at the national level with the goal of describing current practice expectations, performance requirements, and environments. ANCC has a current goal of conducting a study of each specialty approximately every three years in order to capture changes in work activities and the knowledge and skill areas required to perform those activities. The findings are used to update the content of its respective certification examinations.

The 2012 Pain Management Nursing Role Delineation Study involved two sets of processes or activities that ran more or less concurrently: a national web-based survey and a linking activity. The national survey was designed to collect information on the work activities pain management nurses actually perform in practice, while the linking activity identifies the major knowledge and skill areas required to perform the work activities listed in the survey. The results of both of these processes were used in the updating of the test content outlines for each examination contained within the study.

Updated Test Content Outlines

The results of this role delineation study were used in developing or updating the test content outline for each examination contained within the study. Examination forms produced based on the Pain Management Nursing Test Content Outline developed through this study are scheduled to go into effect June 9, 2014. A copy of the test content outline is available on the American Nurses Credentialing Center website.

Role of the Content Expert Panels

Throughout the study, ANCC invited professionals in practice and educators who teach courses relevant to pain management nursing to serve on content expert panels for this study. They developed the work activities and demographic items for the survey, linked knowledge and skill areas to the work activities list, and finalized the test content outlines for the certification examination. All of the content experts serving on the panels were certified by ANCC in Pain Management Nursing and were invited to serve on the panel based upon their expertise in the specialty.

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Survey Methodology

The purpose of the development and administration of the national survey was to collect information on the work activities pain management nurses actually perform in practice. The role delineation study panel met for three days April 25-27, 2012 to draft a pilot version of the survey and to construct the initial map of knowledge and skill areas relevant to the work activities included in the survey.

Survey Chronology

The survey development and administration timeline was as follows:

April – June 2012
- The role delineation study panel along with staff from ANCC drafted the survey
- The survey was pilot tested and revised.

July - August 2012
- The final survey was administered on the web.

September – November 2012
- The survey activity results were analyzed, and activity weights were determined.
- The panel met to review the survey results and activity weights.

Sample Selection

On April 16, 2012, there were a total of 1,549 actively certified ANCC pain management nurses with US mailing addresses. One hundred of these nurses were selected via a stratified random sample based on region to participate in the pilot survey and all other ANCC certified pain management nurses were invited to participate in the national survey. Table 1 presents the ANCC certified pain management nurses selected to participate in the national survey from each region.

Table 1. Number of ANCC-certified Pain Management Nurses selected per Geographic Region

Geographic Region	Number of Selected ANCC Certified	Percent of Total Population
Northeast – NY, CT, MA, NJ, ME, PA, NH, VT, RI	341	23.53
South – TN, MS, TX, FL, LA, AL, GA, AR, OK, VA, MD, SC, DC, NC, WV, DE, KY	406	28.02
Midwest – IA, NE, KS, OH, MO, MN, SD, ND, MI, IL, IN, WI	432	29.81
West – WA, AZ, CA, OR, CO, AK, ID, NM, UT, HI, NV, WY, MT	270	18.63
Other – AE, AP, APO	0	0.00
Total	1,449	99.99*

*Total sums to 99.99 vs. 100.00 due to rounding

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Survey Development and Measures

On April 25-27, 2012 the role delineation study panel met in Silver Spring, MD in order to draft the national *Pain Management Nursing Role Delineation Study Survey* for the 2012 role delineation study. The panel members reviewed the work activities which had been used in the ANCC's 2008 *Role Delineation Survey of Pain Management Nurses* as well as The American Nurses Association's *Nursing Pain Management Nursing: Scope and Standards of Practice* (2005) and discussed any additions, deletions, and changes they would make to update the 2012 work activity list to reflect current practice of pain management nursing. As a result of this meeting, the panel reached consensus on a list of 63 work activities to be used in the 2012 survey. These work activities were divided into six domains: Assessment, Monitoring, Evaluation of Pain; Pharmacologic Management; Non-Pharmacological Pain Management; Therapeutic Communication and Counseling; Patient/Family Teaching; and Collaborative/Organizational Activity/Professional Education; . The complete text of the work activities list is presented in **Appendix A**. The workgroup also identified and finalized a set of 12 demographic questions. (See **Appendix B**).

During the same meeting, the panel reviewed and approved three scales that respondents would use to rate the work activities listed in the survey — Frequency (the frequency with which a work activity is performed), Performance Expectation (how soon on the job the performance of an activity is expected), and Consequence (the consequence of performing an activity incorrectly). The performance expectation scale was specifically designed to distinguish entry-level skills. These three questions and the instructions for answering them are presented in Table 2.

Table 2. Survey Questions for Rating Work Activity Statements

Please respond to each activity with three separate responses, one response in each category. When considering a response for one category, do not consider the other categories. For example: when considering the consequences of incorrect performance of an activity, do not worry about how frequently the activity is performed or whether it is expected to be performed. The possibility exists that an activity has severe consequences, even if it is rarely performed.

Performance Expectation: When is the nurse newly certified in pain management nursing first expected to perform this activity?
-- Within the first 6 months of certification.
-- After the first 6 months of certification.
-- Never expected to perform this activity.

Frequency: Considering your setting, how often does the nurse newly certified in pain management nursing perform this activity?
-- Not performed (The nurse newly certified in pain management nursing never performs this activity)
-- Seldom (The nurse newly certified in pain management nursing performs this activity a few times a year)
-- Monthly (The nurse newly certified in pain management nursing performs this activity approximately once a month)
-- Weekly (The nurse newly certified in pain management nursing performs this activity approximately once or twice a week)
-- Daily (The nurse newly certified in pain management nursing performs this activity approximately every day or multiple times a day)

Consequences: Incorrect performance of this activity could cause the patient:
-- Little or no physical or psychological harm.
-- Moderate physical or psychological harm.
-- Severe physical or psychological harm.

The study design included combining each respondent's responses to each of the three rating scales in a hierarchical manner into one overall ranking of criticality. To select a procedure for combining the three scales, importance of each scale to the performance of the work activity was considered. Performance expectation scale was determined to be regarded as more critical than the other two scales for representing entry-level practice. The consequence scale was then regarded as more critical than the frequency scale. Therefore, the scales were combined so that a particular value on the performance expectation scale would outweigh or outrank all values on

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the consequence and frequency scales. This hierarchical scheme emphasized the work activities that are required of newly certified specialists and have the greatest impact on public health or safety. Thus this scheme was selected as the organizing mechanism for combining the responses from the three survey scales into an overall measure of criticality.

Data Collection

Pilot Testing. Using the same procedures intended for administering the national data collection, the survey was piloted in May and June 2012. One hundred ANCC certified pain management nurses were randomly selected from across the nation to take the pilot survey. Overall, 35 of the pain management nurses invited to take the pilot survey responded.

The respondents of the pilot test in general indicated that the work activities were appropriate and reflective of the job of the pain management nurses.

National Survey. In July and August 2012, the 1,449 ANCC-certified pain management nurses selected to take the national web-based survey were sent three notifications via the United States Postal Service: an alert letter, and two follow-up reminders. The alert letter explained the purpose and importance of the study, the eligibility criteria of the study, and stated how to access the survey via the internet. The letter indicated that the participant's responses would be kept confidential.

The letter also notified that respondents completing the survey receive a five hour reduction of their continuing education requirement for their ANCC recertification.

The first follow-up reminder letter was sent approximately two-weeks after the alert letter. It thanked recipients if they had already submitted their completed survey and encouraged them to do so if they had not already.

The final follow-up reminder letter was sent out only to those who had not yet responded to the survey and was sent out approximately two-weeks prior to the end of the survey.

Data Analysis

The three rating scales were combined into a single measure of overall criticality using a hierarchical method. As agreed by the initial study workgroup, the three rating scales were combined into a single measure in such a manner that a particular value on the performance expectation scale would outweigh or outrank all values on the consequence and frequency scales, and that a particular value on the consequence scale would outweigh or outrank all values on the frequency scale.

Table 3 displays how the values of the overall criticality rating were constructed according to all the possible survey response patterns that might be given to rate an individual work activity by its frequency, performance expectation, and consequence. For example, if a respondent indicated that a particular work activity was expected to be performed within the first six months of certification as a pain management nurse, could cause severe physical or psychological harm if it was performed incorrectly, and is performed monthly, the overall criticality rating for that response pattern would be 29. A score of 22 suggests that a work activity is generally expected to be performed within the first six months of certification as a pain management nurse and could cause moderate physical or psychological if incorrectly performed. Therefore, work activities with scores of 22 or higher on the overall criticality variable may be considered as highly critical. When a work activity was rated as *never expected* on the performance expectation scale, it would receive an overall criticality score of 1 as the bottom row in Table 3 indicates.

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Table 3. Construction of the Overall Criticality Variable

Survey Response Options			Overall Criticality Ranking
Performance Expectations	**Consequences**	**Frequency**	
Within the First 6 Months of Certification	Severe Physical or Psychological Harm	Daily	31
		Weekly	30
		Monthly	29
		Seldom	28
		Not Performed	27
	Moderate Physical or Psychological Harm	Daily	26
		Weekly	25
		Monthly	24
		Seldom	23
		Not Performed	22
	Little or no Physical or Psychological Harm	Daily	21
		Weekly	20
		Monthly	19
		Seldom	18
		Not Performed	17
After the First 6 Months of Certification	Severe Physical or Psychological Harm	Daily	16
		Weekly	15
		Monthly	14
		Seldom	13
		Not Performed	12
	Moderate Physical or Psychological Harm	Daily	11
		Weekly	10
		Monthly	9
		Seldom	8
		Not Performed	7
	Little or no Physical or Psychological Harm	Daily	6
		Weekly	5
		Monthly	4
		Seldom	3
		Not Performed	2
Never Expected to Perform this Activity			1

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Survey Results

The total sample size of the national survey included 1,449 ANCC certified pain management nurses. A total of 587 valid surveys were returned for an overall response rate of 41 percent and a total usable response rate of 41 percent.

Table 4 shows the percent of surveys per population returned in each geographic region compared to the number of ANCC certified pain management nurses selected within the region.

Table 4. Number of Surveys Returned per Geographic Region

Geographic Region	Number Selected (Percent of total pop.)	Number Return (percent of total pop.)
Northeast – NY, CT, MA, NJ, ME, PA, NH, VT, RI	341 (25.53)	147 (25.04)
South – TN, MS, TX, FL, LA, AL, GA, AR, OK, VA, MD, SC, DC, NC, WV, DE, KY	406 (28.02)	148 (25.21)
Midwest – IA, NE, KS, OH, MO, MN, SD, ND, MI, IL, IN, WI	432 (29.81)	203 (34.58)
West – WA, AZ, CA, OR, CO, AK, ID, NM, UT, HI, NV, WY, MT	270 (18.63)	89 (15.16)
Other – AE, AP, APO	0 (0.00)	0 (0.00)
Total	1,449 (100.00)	587 (100.00)

Demographic Information

Appendix B details the pain management nurse survey responses to the 12 demographic questions which included inquiry on the respondent's background and practice setting.

Demographic Background

Ninety-five percent of the respondents were female and 88 percent reported to be white. Seventy-three percent of the overall sample fell into the age group of 45 to 64 years of age.

Forty percent of the pain management nurses indicated that they held a Masters in Nursing as their highest nursing degree. Thirty-four percent indicated having a Baccalaureate in Nursing and 15 percent reported having Associate degree in Nursing as their highest degrees. Eight percent indicated having a Nursing Diploma and two percent indicated having either a Ph.D. in Nursing or a Doctor of Nursing Practice.

The average number of years of experience the pain management nurses had as an RN was 25 years. The respondents also reported on average 14 years of experience working within the specialty.

Practice Settings

Seventy-six percent of the respondents indicated they spend greater than 50% of their practice focused on some aspect (e.g., clinical, education, research) of pain management. This

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broke down into sixty percent reporting more than 75% of their practice focused on pain management and sixteen percent reporting spending 50% - 74% of their time on pain management. The primary pain category that was most representative was postoperative/procedural/trauma, with 45 percent of the respondents reporting this category representing most of their patients. Another thirty-four percent of the respondents indicated most of their patients were being treated for nonmalignant pain.

In terms of practice setting, the highest percentage of pain management nurse respondents indicated that they practice in an In-patient hospital setting (51.72 percent), while thirty-four percent practice in an outpatient setting.

Practice Descriptions

Descriptive statistics (means, standard deviations, and medians) for the three ratings of all 63 work activities—performance expectation, consequence, and frequency—and mean overall criticality are listed in **Appendix C**. The scales were highly reliable. Cronbach's coefficient alpha estimates for the performance expectation, consequence, and frequency scales when applied to all the data were 0.9334, 0.9752, and 0.9510, respectively. (Cronbach's coefficient alpha, a measure of internal stability, ranges in value between 0 and 1.)

In **Appendix D**, the overall criticality statistics are presented in rank order of criticality. As indicated in Table 5, 28 work activity statements were rated by the 587 respondents as highly critical (with a mean overall criticality rank of 22 or above). Eighty-two percent of these work activities fell into one of the following three domains: *Assessment, Monitoring, and Evaluation of Pain; Pharmacologic Management; and Patient/Family Teaching*.

Table 5. Number of Work Activities by Mean Overall Criticality Range for Pain Management Nursing

	Mean Overall Criticality Score						
	27.0 and above	**Between 22.0 and 26.9**	**Between 17.0 and 21.9**	**Between 12.0 and 16.9**	**Between 7.0 and 11.9**	**6.9 and under**	**Total number above 22.0**
Number of Work Activities	1	27	23	11	1	0	**28**

Table 6 and 7 displays the 20 highest-ranked and the 20 lowest-ranked work activities by mean overall criticality respectively. The highest ranked task *(#9 Assesses for side effects/adverse events following an intervention*) received a criticality rank of 27.02. This work activity highlighted in Table 6 is listed under the domain *I. Assessment, Monitoring and Evaluation of Pain.*

The lowest ranked work activity *(#58 Engages in community-related activities related to pain management*) received a criticality ranking of 8.66 and is highlighted in Table 7. This work activity is found within domain *VI. Collaborative/Organizational Activity/Professional Education.*

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Table 6. Top 20 Work Activities Ranked by Mean Overall Criticality

Work Activity Number and Name		Overall Criticality Mean	Overall Criticality Standard Deviation
9	Assesses for side effects/adverse events following an intervention	27.02	5.12
17	Manages side effects of opioid analgesics (e.g. sedation, respiratory depression, constipation, nausea/vomiting, urinary retention)	26.83	6.37
51	Educates the patient and family about potential side effects/complications of pain medications	26.82	4.80
15	Administers analgesics according to patient assessment and reassessment within parameters or range orders	26.23	7.15
48	Educates the patient and family on opioid safety (e.g., adherence to prescribed dosing, interactions, storage of medications, appropriate cessation of medications, disposal)	26.20	6.24
1	Conducts an initial or on-going pain assessment in a patient who is able to provide self-report	25.46	3.97
49	Educates the patient and family on the safe and effective use of non-opioid/adjuvant analgesics	25.41	5.78
45	Teaches the patient and family how and when to report pain	25.14	4.41
10	Assesses patient to determine if he/she is opioid naïve or tolerant	25.03	7.89
54	Advocates for patients with pain	24.98	6.21
16	Implements prevention strategies (e.g., pre-medication, bowel regimen, sedation monitoring) to minimize side effects and complications associated with analgesic therapy	24.78	7.28
8	Re-assesses pain and function following intervention based on pre-established comfort/function goals	24.53	5.53
52	Educates the patient and family about the benefits of controlled pain and consequences of uncontrolled pain	24.32	5.68
3	Assesses patient's perception of pain	24.22	4.98
4	Assesses functional ability as it relates to pain	23.93	5.77
47	Educates the patient and family regarding the plan of care for pain management	23.89	5.40
6	Identifies previous pain interventions and response/outcomes	23.82	5.42
2	Conducts initial or on-going pain assessment in a patient who is unable to provide self-report	23.70	7.49
35	Empowers patient and family to communicate pain	23.54	5.52
22	Manages side effects related to non-opioid/adjuvant analgesics (e.g., GI bleed, sedation)	23.52	9.29

Table 7. Bottom 20 Work Activities Ranked by Mean Overall Criticality

Work Activity Number and Name		Overall Criticality Mean	Overall Criticality Standard Deviation
43	Identifies barriers to effective pain management using therapeutic communication techniques	19.37	8.52
32	Promotes the use of external devices (e.g., heat-cold, braces, TENS) to reduce pain	18.98	8.04
24	Manages pain in a patient receiving sedation therapy	18.72	10.62
63	Facilitates continuity of care between colleagues and multi-disciplinary team	18.63	9.24
29	Promotes spiritual practices (e.g., prayer, meditation) to reduce pain	18.03	8.21
59	Initiates referrals for patient services (e.g., community support, social services, pastoral care, pain service)	17.72	9.17
62	Coordinates with other disciplines regarding pain management treatment options	17.66	9.17
31	Promotes the use of psychosocial therapies to reduce pain (e.g., humor, music, play, animal assisted activity)	17.55	8.00
44	Manages patient and family in crisis situations	16.77	9.50
42	Counsels patient and family about the impact of pain (e.g., psychological, financial, social, developmental, physical)	15.84	9.22
30	Promotes the use of complementary therapies to reduce pain (e.g., bio-feedback, acupuncture, hypnosis, healing touch, massage, guided imagery)	15.40	8.93
25	Monitors urine drug screen testing	15.36	10.43
40	Provides pain management counseling to patient and family who have special needs (e.g., sensory, emotional, developmental, or cognitive impairment)	15.22	9.23
41	Explores the patient's spirituality in the context of pain	14.56	9.19
56	Advocates for evidence-based practice changes related to pain management	14.27	9.09
61	Serves as a pain management resource within organization	14.21	8.94
60	Promotes reintegration into work, family, school and community for patients with pain	12.81	9.77
55	Participates in the quality improvement process and/or research activities related to pain initiatives	12.80	8.85
57	Provides input into the development of policies and procedures related to pain management	12.26	8.46
58	Engages in community-based activities related to pain management	8.66	8.03

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Appendix A
Work Activities Statements

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Task List for Final Survey

I. Assessment, Monitoring, Evaluation of Pain

1. Conducts an initial or on-going pain assessment in a patient who is able to provide self-report
2. Conducts initial or on-going pain assessment in a patient who is unable to provide self-report
3. Assesses patient's perception of pain
4. Assesses functional ability as it relates to pain
5. Evaluates patient's previous experience with pain
6. Identifies previous pain interventions and response/outcomes
7. Performs a physical assessment related to pain
8. Re-assesses pain and function following intervention based on pre-established comfort/function goals
9. Assesses for side effects/adverse events following an intervention
10. Assesses patient to determine if he/she is opioid naïve or tolerant
11. Assesses for negative social and emotional effects of chronic pain and chronic opioid therapy (e.g., depression, suicidal ideation, sexual dysfunction)
12. Assesses for history or presence of substance misuse, abuse, addiction, or diversion.
13. Integrates pain assessment data to make treatment decisions
14. Modifies plan of care based on continued pain assessment

II. Pharmacologic Management

15. Administers analgesics according to patient assessment and reassessment within parameters or range orders
16. Implements prevention strategies (e.g., pre-medication, bowel regimen, sedation monitoring) to minimize side effects and complications associated with analgesic therapy
17. Manages side effects of opioid analgesics (e.g. sedation, respiratory depression, constipation, nausea/vomiting, urinary retention)
18. Manages pain therapy infusion devices (e.g., set up, programming, changing and trouble shooting)
19. Assesses for complications (e.g., epidural hematoma, hemodynamic instability) in patients receiving neuraxial or regional analgesia
20. Implements pre-medication strategies when a procedure or activity is likely to produce pain
21. Monitors renal/hepatic lab studies for a patient receiving opioid analgesics, non-opioid analgesics and/or adjuvant analgesics
22. Manages side effects related to non-opioid/adjuvant analgesics (e.g., GI bleed, sedation)
23. Monitors patient receiving chronic opioid analgesic therapy (e.g., medication usage, aberrant behaviors and polypharmacy)
24. Manages pain in a patient receiving sedation therapy
25. Monitors urine drug screen testing

III. Non-Pharmacological Pain Management

26. Promotes sleep and rest to restore patient's sense of well-being
27. Manages environment (e.g., temperature, noise, lighting) to promote optimal comfort and relaxation
28. Implements simple relaxation techniques (e.g., therapeutic breathing, progressive muscle relaxation, positioning, back rub) to reduce pain
29. Promotes spiritual practices (e.g., prayer, meditation) to reduce pain
30. Promotes the use of complementary therapies to reduce pain (e.g., bio-feedback, acupuncture, hypnosis, healing touch, massage, guided imagery)
31. Promotes the use of psychosocial therapies to reduce pain (e.g., humor, music, play, animal assisted activity)
32. Promotes the use of external devices (e.g., heat-cold, braces, TENS) to reduce pain
33. Promotes healthy behaviors to reduce pain (e.g., weight reduction, smoking cessation, exercise, alcohol reduction)
34. Mobilizes patient to reduce pain and prevent pain-related complications

IV. Therapeutic Communication and Counseling

35. Empowers patient and family to communicate pain
36. Communicates with the patient and family to develop an individualized plan of care (e.g., set goals, identify treatment options, prioritize activities)

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37. Identifies patient's coping strategies using therapeutic communication techniques
38. Reinforces patient's healthy coping strategies
39. Facilitates patient and family's verbalization of the emotional impact of pain
40. Provides pain management counseling to patient and family who have special needs (e.g., sensory, emotional, developmental, or cognitive impairment)
41. Explores the patient's spirituality in the context of pain
42. Counsels patient and family about the impact of pain (e.g., psychological, financial, social, developmental, physical)
43. Identifies barriers to effective pain management using therapeutic communication techniques
44. Manages patient and family in crisis situations

V. Patient/Family Teaching

45. Teaches the patient and family how and when to report pain
46. Teaches the patient and family about pain as it relates to disease process
47. Educates the patient and family regarding the plan of care for pain management
48. Educates the patient and family on opioid safety (e.g., adherence to prescribed dosing, interactions, storage of medications, appropriate cessation of medications, disposal)
49. Educates the patient and family on the safe and effective use of non-opioid/adjuvant analgesics
50. Educates the patient and family on the safe and effective use of non-pharmacologic pain management modalities
51. Educates the patient and family about potential side effects/complications of pain medications
52. Educates the patient and family about the benefits of controlled pain and consequences of uncontrolled pain
53. Educates the patient and family about changes to the plan of care

VI. Collaborative/Organizational Activity/Professional Education

54. Advocates for patients with pain
55. Participates in the quality improvement process and/or research activities related to pain initiatives
56. Advocates for evidence-based practice changes related to pain management
57. Provides input into the development of policies and procedures related to pain management
58. Engages in community-based activities related to pain management
59. Initiates referrals for patient services (e.g., community support, social services, pastoral care, pain service)
60. Promotes reintegration into work, family, school and community for patients with pain
61. Serves as a pain management resource within organization
62. Coordinates with other disciplines regarding pain management treatment options
63. Facilitates continuity of care between colleagues and multi-disciplinary team

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Appendix B
Demographic Data Summary

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1.Primary place of work

	Recruited (Percent of total pop.)	Respondents (percent of total pop.)
Northeast	341 (25.53)	147 (25.04)
South	406 (28.02)	148 (25.21)
Midwest	432 (29.81)	203 (34.58)
West	270 (18.63)	89 (15.16)
Other	0 (0.00)	0 (0.00)
Total	1,449 (100,00)	587 (100.00)

2. What is your gender?

	Count	Percent
Female	551	95.00
Male	29	5.00
Total	580	100.00
Missing	7	

3. What is your age?

	Count	Percent
Under 25 years old	1	0.17
25 - 34 years old	28	4.81
35 - 44 years old	107	18.38
45 - 54 years old	209	35.91
55 - 64 years old	215	36.94
65 and older	22	3.78
Total	582	100.00
Missing	5	

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4. What is your race/ethnic background?

	Count	Percent
American Indian and Alaska Native	4	0.69
Asian	32	5.53
Black or African American	16	2.76
Hispanic or Latino	11	1.90
Middle Eastern	1	0.17
Native Hawaiian and other Pacific Islander	0	0.00
White	507	87.56
Other	8	1.38
Total	579	100.00
Missing	8	

5. How many years have you been:

	RN in the USA		Participating in a Nursing Role that Focuses on Aspects of Pain Management		ANCC-Certified in Pain Management Nursing	
	Count	Percent	Count	Percent	Count	Percent
Less than 1 year	1	0.17	2	0.35	14	2.47
1 to 9	47	8.13	206	35.83	539	95.06
10 to 19	140	24.22	234	40.70	14	2.47
20 to 29	162	28.03	96	16.70	0	0.00
30 to 39	187	32.35	33	5.74	0	0.00
40 to 49	41	7.09	3	0.52	0	0.00
50 or over	0	0.00	1	0.17	0	0.00
Total	578	100.00	575	100.00	567	100.00
Invalid	2		4		7	
Missing	7		8		13	
Mean	24.90		13.70		4.22	

6. Do you hold any other certifications?

	Count	Percent
Yes	333	57.12
No	250	42.88
Total	583	100.00
Missing	4	

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7. What is the highest degree in nursing you have been awarded?

	Count	Percent
Associate in Nursing	89	15.27
Nursing Diploma	46	7.89
Baccalaureate in Nursing	199	34.13
Master's in Nursing	235	40.31
Ph.D. in Nursing	7	1.20
Doctor of Nursing (DNS/DSN/DNSc)	0	0.00
Doctor of Nursing Practice (DNP)	7	1.20
Total	583	100.00
Missing	4	

8. What percent of your current practice is spent focused in aspects of pain management (e.g., clinical, education, research, etc.)?

Percent of Practice	Count	Percent
0% - 24%	53	9.03
25% - 49%	87	14.82
50% - 74%	94	16.01
75% - 100%	353	60.14
Total	587	100.00

9. Which primary pain category represents most of the patients you see?

	Count	Percent
Postoperative/procedural/trauma	264	45.28
Malignant	54	9.26
Nonmalignant	200	34.31
Palliative	65	11.15
Total	583	100.00
Missing	4	

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10. Which best describes your current primary employment setting?

	Count	Percent
Academic	12	2.06
Home health	3	0.52
Hospice	14	2.41
Inpatient hospital	301	51.72
Long-term care	5	0.86
Outpatient	198	34.02
Other	49	8.42
Total	582	100.00
Missing	5	

11. Which of the following best describe your role (s)? (You may pick more than one)

	Count	Percent
Administrator/manager	61	10.39
Case manager	33	5.62
Clinical nurse specialist	97	16.52
Educator	110	18.74
Nurse anesthetist	0	0.00
Nurse midwife	0	0.00
Nurse practitioner	118	20.10
Researcher	16	2.73
Staff nurse	270	46.00
Other	94	16.01

*The percentage is computed using the total N=587

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12. What percent of time do you spend working with each type of patient?

	Infant (Birth to 11 months)		Child (1 year to 12 years)		Adolescent (13 years to 17 years)		Adult (19 years to 64 years)		Older Adult (65 years and older)	
Percent of Time	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
0%	502	85.52	444	75.64	283	48.21	10	1.70	28	4.77
1% to 19%	71	12.10	120	20.44	269	45.83	35	5.96	42	7.16
20% to 39%	14	2.39	12	2.04	24	4.09	70	11.93	161	27.43
40% to 59%	0	0.00	8	1.36	9	1.53	284	48.38	253	43.10
60% to 79%	0	0.00	3	0.51	1	0.17	142	24.19	77	13.12
80% to 100%	0	0.00	0	0.00	1	0.17	46	7.84	26	4.43
Total	587	100.00	587	100.00	587	100.00	587	100.00	587	100.00

	Infant (Birth to 11 months)	Child (1 year to 12 years)	Adolescent (13 years to 17 years)	Adult (19 years to 64 years)	Older Adult (65 years and older)
Mean percent spent working with each type of patient	1.13	2.43	4.46	50.13	41.16

Appendix C
Work Activities Descriptive Statistics

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Pain Management Nursing

Survey Order

			Performance Expectation			Consequence			Frequency			Overall Rank	
		N	Mean	Std Dev	Median	Mean	Std Dev	Median	Mean	Std Dev	Median	Mean	Std Dev
1	Conducts an initial or on-going pain assessment in a patient who is able to provide self-report	587	1.98	0.14	2	0.97	0.67	1	3.86	0.49	4	25.46	3.97
2	Conducts initial or on-going pain assessment in a patient who is unable to provide self-report	587	1.82	0.47	2	1.18	0.68	1	3.12	1.17	4	23.7	7.49
3	Assesses patient's perception of pain	587	1.94	0.25	2	0.84	0.60	1	3.81	0.61	4	24.22	4.98
4	Assesses functional ability as it relates to pain	587	1.90	0.34	2	0.91	0.63	1	3.72	0.70	4	23.93	5.77
5	Evaluates patient's previous experience with pain	587	1.92	0.30	2	0.72	0.60	1	3.56	0.81	4	23.04	5.42
6	Identifies previous pain interventions and response/outcomes	587	1.91	0.31	2	0.88	0.62	1	3.63	0.73	4	23.82	5.42
7	Performs a physical assessment related to pain	587	1.69	0.62	2	0.96	0.66	1	3.30	1.26	4	21.58	8.86
8	Re-assesses pain and function following intervention based on pre-established comfort/function goals	587	1.91	0.32	2	1.01	0.60	1	3.72	0.71	4	24.53	5.53
9	Assesses for side effects/adverse events following an intervention	587	1.94	0.25	2	1.40	0.67	2	3.80	0.60	4	27.02	5.12
10	Assesses patient to determine if he/she is opioid naïve or tolerant	587	1.79	0.49	2	1.46	0.66	2	3.45	1.03	4	25.03	7.89
11	Assesses for negative social and emotional effects of chronic pain and chronic opioid therapy (e.g., depression, suicidal ideation, sexual dysfunction)	587	1.66	0.54	2	1.27	0.67	1	3.20	1.08	4	21.76	8.58
12	Assesses for history or presence of substance misuse, abuse, addiction, or diversion.	587	1.63	0.57	2	1.36	0.67	1	3.20	1.11	4	21.95	8.91
13	Integrates pain assessment data to make treatment decisions	587	1.59	0.63	2	1.10	0.63	1	3.31	1.23	4	20.43	9.28
14	Modifies plan of care based on continued pain assessment	587	1.70	0.55	2	1.06	0.60	1	3.44	1.04	4	21.64	8.39
15	Administers analgesics according to patient assessment and reassessment within parameters or range orders	587	1.87	0.46	2	1.42	0.67	2	3.54	1.11	4	26.23	7.15

Performance expectation response options: 0 = never, 1 = after first 6 months of certification, 2 = within the first 6 months of certification; Consequences response option: 0 = little or no physical or psychological harm, 1 = moderate physical or psychological harm, 2 = severe physical or psychological harm; Frequency response options: 0 = not performed, 1 = seldom, 2 = monthly, 3 = weekly, 4 = daily

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Pain Management Nursing

Survey Order

			Performance Expectation			Consequence			Frequency			Overall Rank	
		N	Mean	Std Dev	Median	Mean	Std Dev	Median	Mean	Std Dev	Median	Mean	Std Dev
16	Implements prevention strategies (e.g., pre-medication, bowel regimen, sedation monitoring) to minimize side effects and complications associated with analgesic therapy	587	1.84	0.43	2	1.27	0.67	1	3.60	0.94	4	24.78	7.28
17	Manages side effects of opioid analgesics (e.g. sedation, respiratory depression, constipation, nausea/vomiting, urinary retention)	587	1.88	0.37	2	1.55	0.61	2	3.66	0.85	4	26.83	6.37
18	Manages pain therapy infusion devices (e.g., set up, programming, changing and trouble shooting)	587	1.56	0.67	2	1.61	0.65	2	2.89	1.40	3	22.35	10.04
19	Assesses for complications (e.g., epidural hematoma, hemodynamic instability) in patients receiving neuraxial or regional analgesia	587	1.48	0.68	2	1.65	0.66	2	2.67	1.48	3	21.16	10.33
20	Implements pre-medication strategies when a procedure or activity is likely to produce pain	587	1.80	0.49	2	1.05	0.59	1	3.18	1.17	4	22.88	7.43
21	Monitors renal/hepatic lab studies for a patient receiving opioid analgesics, non-opioid analgesics and/or adjuvant analgesics	587	1.55	0.67	2	1.33	0.67	1	2.80	1.40	3	20.57	10.02
22	Manages side effects related to non-opioid/adjuvant analgesics (e.g., GI bleed, sedation)	587	1.70	0.60	2	1.46	0.67	2	3.09	1.30	4	23.52	9.29
23	Monitors patient receiving chronic opioid analgesic therapy (e.g., medication usage, aberrant behaviors and polypharmacy)	587	1.55	0.59	2	1.29	0.65	1	3.00	1.23	3	20.26	9.25
24	Manages pain in a patient receiving sedation therapy	587	1.38	0.74	2	1.44	0.71	2	2.35	1.55	3	18.72	10.62
25	Monitors urine drug screen testing	587	1.32	0.83	2	0.78	0.68	1	1.92	1.54	2	15.36	10.43
26	Promotes sleep and rest to restore patient's sense of well-being	587	1.88	0.40	2	0.68	0.61	1	3.48	0.99	4	22.42	6.15
27	Manages environment (e.g., temperature, noise, lighting) to promote optimal comfort and relaxation	587	1.91	0.38	2	0.51	0.57	0	3.52	1.08	4	22.22	5.48
28	Implements simple relaxation techniques (e.g., therapeutic breathing, progressive muscle relaxation, positioning, back rub) to reduce pain	587	1.82	0.45	2	0.45	0.55	0	3.30	1.12	4	20.28	6.92

Performance expectation response options: 0 = never, 1 = after first 6 months of certification, 2 = within the first 6 months of certification; Consequences response option: 0 = little or no physical or psychological harm, 1 = moderate physical or psychological harm, 2 = severe physical or psychological harm; Frequency response options: 0 = not performed, 1 = seldom, 2 = monthly, 3 = weekly, 4 = daily

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Pain Management Nursing

Survey Order

			Performance Expectation			Consequence			Frequency			Overall Rank	
		N	Mean	Std Dev	Median	Mean	Std Dev	Median	Mean	Std Dev	Median	Mean	Std Dev
29	Promotes spiritual practices (e.g., prayer, meditation) to reduce pain	587	1.68	0.61	2	0.39	0.53	0	2.71	1.41	3	18.03	8.21
30	Promotes the use of complementary therapies to reduce pain (e.g., bio-feedback, acupuncture, hypnosis, healing touch, massage, guided imagery)	587	1.51	0.66	2	0.41	0.53	0	2.53	1.42	3	15.4	8.93
31	Promotes the use of psychosocial therapies to reduce pain (e.g., humor, music, play, animal assisted activity)	587	1.68	0.58	2	0.34	0.51	0	2.76	1.36	3	17.55	8.00
32	Promotes the use of external devices (e.g., heat-cold, braces, TENS) to reduce pain	587	1.70	0.55	2	0.57	0.56	1	2.93	1.24	3	18.98	8.04
33	Promotes healthy behaviors to reduce pain (e.g., weight reduction, smoking cessation, exercise, alcohol reduction)	587	1.81	0.46	2	0.63	0.60	1	3.03	1.21	4	20.75	7.04
34	Mobilizes patient to reduce pain and prevent pain-related complications	587	1.84	0.48	2	0.88	0.65	1	3.33	1.19	4	22.92	7.18
35	Empowers patient and family to communicate pain	587	1.91	0.29	2	0.81	0.64	1	3.74	0.63	4	23.54	5.52
36	Communicates with the patient and family to develop an individualized plan of care (e.g., set goals, identify treatment options, prioritize activities)	587	1.79	0.45	2	0.76	0.60	1	3.50	0.92	4	21.43	7.32
37	Identifies patient's coping strategies using therapeutic communication techniques	587	1.69	0.52	2	0.70	0.61	1	3.30	1.08	4	19.41	8.30
38	Reinforces patient's healthy coping strategies	587	1.81	0.39	2	0.63	0.56	1	3.47	0.88	4	20.85	6.82
39	Facilitates patient and family's verbalization of the emotional impact of pain	587	1.72	0.48	2	0.69	0.60	1	3.21	1.07	4	19.55	7.91
40	Provides pain management counseling to patient and family who have special needs (e.g., sensory, emotional, developmental, or cognitive impairment)	587	1.37	0.65	1	0.84	0.64	1	2.36	1.37	3	15.22	9.23
41	Explores the patient's spirituality in the context of pain	587	1.42	0.70	2	0.50	0.57	0	2.22	1.42	2	14.56	9.19
42	Counsels patient and family about the impact of pain (e.g., psychological, financial, social, developmental, physical)	587	1.45	0.64	2	0.71	0.62	1	2.53	1.32	3	15.84	9.22

Performance expectation response options: 0 = never, 1 = after first 6 months of certification, 2 = within the first 6 months of certification; Consequences response option: 0 = little or no physical or psychological harm, 1 = moderate physical or psychological harm, 2 = severe physical or psychological harm; Frequency response options: 0 = not performed, 1 = seldom, 2 = monthly, 3 = weekly, 4 = daily

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Pain Management Nursing

Survey Order

			Performance Expectation			Consequence			Frequency			Overall Rank	
		N	Mean	Std Dev	Median	Mean	Std Dev	Median	Mean	Std Dev	Median	Mean	Std Dev
43	Identifies barriers to effective pain management using therapeutic communication techniques	587	1.66	0.55	2	0.79	0.59	1	3.06	1.18	3	19.37	8.52
44	Manages patient and family in crisis situations	587	1.34	0.64	1	1.35	0.71	1	2.15	1.34	2	16.77	9.50
45	Teaches the patient and family how and when to report pain	587	1.97	0.19	2	0.96	0.65	1	3.80	0.55	4	25.14	4.41
46	Teaches the patient and family about pain as it relates to disease process	587	1.82	0.41	2	0.82	0.60	1	3.52	0.87	4	22.06	6.76
47	Educates the patient and family regarding the plan of care for pain management	587	1.92	0.29	2	0.87	0.61	1	3.67	0.72	4	23.89	5.40
48	Educates the patient and family on opioid safety (e.g., adherence to prescribed dosing, interactions, storage of medications, appropriate cessation of medications, disposal)	587	1.89	0.34	2	1.43	0.67	2	3.58	0.84	4	26.2	6.24
49	Educates the patient and family on the safe and effective use of non-opioid/adjuvant analgesics	587	1.91	0.30	2	1.21	0.67	1	3.62	0.74	4	25.41	5.78
50	Educates the patient and family on the safe and effective use of non-pharmacologic pain management modalities	587	1.85	0.37	2	0.73	0.63	1	3.47	0.86	4	21.95	6.72
51	Educates the patient and family about potential side effects/complications of pain medications	587	1.95	0.22	2	1.35	0.66	1	3.75	0.62	4	26.82	4.80
52	Educates the patient and family about the benefits of controlled pain and consequences of uncontrolled pain	587	1.91	0.30	2	1.01	0.64	1	3.60	0.76	4	24.32	5.68
53	Educates the patient and family about changes to the plan of care	587	1.90	0.34	2	0.86	0.62	1	3.50	0.88	4	23.44	5.99
54	Advocates for patients with pain	587	1.90	0.30	2	1.14	0.71	1	3.68	0.68	4	24.98	6.21
55	Participates in the quality improvement process and/or research activities related to pain initiatives	587	1.35	0.55	1	0.61	0.60	1	2.10	1.06	2	12.8	8.85
56	Advocates for evidence-based practice changes related to pain management	587	1.40	0.54	1	0.76	0.63	1	2.22	1.15	2	14.27	9.09
57	Provides input into the development of policies and procedures related to pain management	587	1.29	0.53	1	0.72	0.60	1	1.87	0.98	2	12.26	8.46

Performance expectation response options: 0 = never, 1 = after first 6 months of certification, 2 = within the first 6 months of certification; Consequences response option: 0 = little or no physical or psychological harm, 1 = moderate physical or psychological harm, 2 = severe physical or psychological harm; Frequency response options: 0 = not performed, 1 = seldom, 2 = monthly, 3 = weekly, 4 = daily

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Pain Management Nursing

Survey Order

			Performance Expectation			Consequence			Frequency			Overall Rank	
		N	Mean	Std Dev	Median	Mean	Std Dev	Median	Mean	Std Dev	Median	Mean	Std Dev
58	Engages in community-based activities related to pain management	587	1.09	0.66	1	0.37	0.52	0	1.19	0.97	1	8.66	8.03
59	Initiates referrals for patient services (e.g., community support, social services, pastoral care, pain service)	587	1.60	0.59	2	0.72	0.60	1	2.46	1.24	3	17.72	9.17
60	Promotes reintegration into work, family, school and community for patients with pain	587	1.25	0.72	1	0.63	0.62	1	1.90	1.42	2	12.81	9.77
61	Serves as a pain management resource within organization	587	1.35	0.54	1	0.76	0.65	1	2.71	1.31	3	14.21	8.94
62	Coordinates with other disciplines regarding pain management treatment options	587	1.55	0.56	2	0.82	0.63	1	2.89	1.19	3	17.66	9.17
63	Facilitates continuity of care between colleagues and multi-disciplinary team	587	1.58	0.56	2	0.87	0.65	1	3.06	1.17	3	18.63	9.24

Performance expectation response options: 0 = never, 1 = after first 6 months of certification, 2 = within the first 6 months of certification; Consequences response option: 0 = little or no physical or psychological harm, 1 = moderate physical or psychological harm, 2 = severe physical or psychological harm; Frequency response options: 0 = not performed, 1 = seldom, 2 = monthly, 3 = weekly, 4 = daily

Appendix D
Work Activities Mean Overall Criticality – Rank Order

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Pain Management Nursing

Rank Order

		Overall Rank		
		N	Mean	Std Dev
9	Assesses for side effects/adverse events following an intervention	587	27.02	5.12
17	Manages side effects of opioid analgesics (e.g. sedation, respiratory depression, constipation, nausea/vomiting, urinary retention)	587	26.83	6.37
51	Educates the patient and family about potential side effects/complications of pain medications	587	26.82	4.80
15	Administers analgesics according to patient assessment and reassessment within parameters or range orders	587	26.23	7.15
48	Educates the patient and family on opioid safety (e.g., adherence to prescribed dosing, interactions, storage of medications, appropriate cessation of medications, disposal)	587	26.20	6.24
1	Conducts an initial or on-going pain assessment in a patient who is able to provide self-report	587	25.46	3.97
49	Educates the patient and family on the safe and effective use of non-opioid/adjuvant analgesics	587	25.41	5.78
45	Teaches the patient and family how and when to report pain	587	25.14	4.41
10	Assesses patient to determine if he/she is opioid naïve or tolerant	587	25.03	7.89
54	Advocates for patients with pain	587	24.98	6.21
16	Implements prevention strategies (e.g., pre-medication, bowel regimen, sedation monitoring) to minimize side effects and complications associated with analgesic therapy	587	24.78	7.28
8	Re-assesses pain and function following intervention based on pre-established comfort/function goals	587	24.53	5.53
52	Educates the patient and family about the benefits of controlled pain and consequences of uncontrolled pain	587	24.32	5.68
3	Assesses patient's perception of pain	587	24.22	4.98
4	Assesses functional ability as it relates to pain	587	23.93	5.77
47	Educates the patient and family regarding the plan of care for pain management	587	23.89	5.40
6	Identifies previous pain interventions and response/outcomes	587	23.82	5.42
2	Conducts initial or on-going pain assessment in a patient who is unable to provide self-report	587	23.70	7.49
35	Empowers patient and family to communicate pain	587	23.54	5.52
22	Manages side effects related to non-opioid/adjuvant analgesics (e.g., GI bleed, sedation)	587	23.52	9.29
53	Educates the patient and family about changes to the	587	23.44	5.99

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Pain Management Nursing

Rank Order

		Overall Rank		
		N	Mean	Std Dev
	plan of care			
5	Evaluates patient's previous experience with pain	587	23.04	5.42
34	Mobilizes patient to reduce pain and prevent pain-related complications	587	22.92	7.18
20	Implements pre-medication strategies when a procedure or activity is likely to produce pain	587	22.88	7.43
26	Promotes sleep and rest to restore patient's sense of well-being	587	22.42	6.15
18	Manages pain therapy infusion devices (e.g., set up, programming, changing and trouble shooting)	587	22.35	10.04
27	Manages environment (e.g., temperature, noise, lighting) to promote optimal comfort and relaxation	587	22.22	5.48
46	Teaches the patient and family about pain as it relates to disease process	587	22.06	6.76
12	Assesses for history or presence of substance misuse, abuse, addiction, or diversion.	587	21.95	8.91
50	Educates the patient and family on the safe and effective use of non-pharmacologic pain management modalities	587	21.95	6.72
11	Assesses for negative social and emotional effects of chronic pain and chronic opioid therapy (e.g. depression, suicidal ideation, sexual dysfunction)	587	21.76	8.58
14	Modifies plan of care based on continued pain assessment	587	21.64	8.39
7	Performs a physical assessment related to pain	587	21.58	8.86
36	Communicates with the patient and family to develop an individualized plan of care (e.g., set goals, identify treatment options, prioritize activities)	587	21.43	7.32
19	Assesses for complications (e.g., epidural hematoma, hemodynamic instability) in patients receiving neuraxial or regional analgesia	587	21.16	10.33
38	Reinforces patient's healthy coping strategies	587	20.85	6.82
33	Promotes healthy behaviors to reduce pain (e.g., weight reduction, smoking cessation, exercise, alcohol reduction)	587	20.75	7.04
21	Monitors renal/hepatic lab studies for a patient receiving opioid analgesics, non-opioid analgesics and/or adjuvant analgesics	587	20.57	10.02
13	Integrates pain assessment data to make treatment decisions	587	20.43	9.28
28	Implements simple relaxation techniques (e.g., therapeutic breathing, progressive muscle relaxation, positioning, back rub) to reduce pain	587	20.28	6.92

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Pain Management Nursing

Rank Order

		Overall Rank		
		N	Mean	Std Dev
23	Monitors patient receiving chronic opioid analgesic therapy (e.g., medication usage, aberrant behaviors and polypharmacy)	587	20.26	9.25
39	Facilitates patient and family's verbalization of the emotional impact of pain	587	19.55	7.91
37	Identifies patient's coping strategies using therapeutic communication techniques	587	19.41	8.30
43	Identifies barriers to effective pain management using therapeutic communication techniques	587	19.37	8.52
32	Promotes the use of external devices (e.g., heat-cold, braces, TENS) to reduce pain	587	18.98	8.04
24	Manages pain in a patient receiving sedation therapy	587	18.72	10.62
63	Facilitates continuity of care between colleagues and multi-disciplinary team	587	18.63	9.24
29	Promotes spiritual practices (e.g., prayer, meditation) to reduce pain	587	18.03	8.21
59	Initiates referrals for patient services (e.g., community support, social services, pastoral care, pain service)	587	17.72	9.17
62	Coordinates with other disciplines regarding pain management treatment options	587	17.66	9.17
31	Promotes the use of psychosocial therapies to reduce pain (e.g., humor, music, play, animal assisted activity)	587	17.55	8.00
44	Manages patient and family in crisis situations	587	16.77	9.50
42	Counsels patient and family about the impact of pain (e.g., psychological, financial, social, developmental, physical)	587	15.84	9.22
30	Promotes the use of complementary therapies to reduce pain (e.g., bio-feedback, acupuncture, hypnosis, healing touch, massage, guided imagery)	587	15.40	8.93
25	Monitors urine drug screen testing	587	15.36	10.43
40	Provides pain management counseling to patient and family who have special needs (e.g., sensory, emotional, developmental, or cognitive impairment)	587	15.22	9.23
41	Explores the patient's spirituality in the context of pain	587	14.56	9.19
56	Advocates for evidence-based practice changes related to pain management	587	14.27	9.09
61	Serves as a pain management resource within organization	587	14.21	8.94
60	Promotes reintegration into work, family, school and community for patients with pain	587	12.81	9.77

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Pain Management Nursing

Rank Order

		Overall Rank		
		N	Mean	Std Dev
55	Participates in the quality improvement process and/or research activities related to pain initiatives	587	12.80	8.85
57	Provides input into the development of policies and procedures related to pain management	587	12.26	8.46
58	Engages in community-based activities related to pain management	587	8.66	8.03

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