

THE CONTENT OF A SELF-MANAGEMENT SUPPORT TOOL FOR PAIN MEDICINES MANAGEMENT AND RELATED NAUSEA, CONSTIPATION & DROWSINESS

SELF-MANAGEMENT SUPPORT IN RELATION TO MEDICINES

Our study focuses on self-management of the opioid medicines for pain (and the related side-effects of nausea, constipation and drowsiness).

SLIDES 1&2

We want to know what the things are that you have to do to put supportive pain management into practice so that it can be systematised, whilst also tailored to individuals.

- **If you think about a patient you've looked after in the last 2 weeks, what did you do to help them manage their pain and any side effects?**
 - What are the things that you do for patients to help them stay in control?
 - How do you help patients make everyday decisions regarding their medicines?

SLIDE 3

Patients say there are particular practical issues for them around: getting prescriptions, obtaining medicines, understanding, organising, storing, scheduling, remembering, administering.

- **What are the things that you do to help patients cope with these issues?**

SLIDE 4

PROFESSIONAL ROLES IN SELF-MANAGEMENT SUPPORT

It is argued that there are 8 professional roles in relation to supported self-management. We have sought to define these for supported self-management of pain medicines.

Could you give us examples of things that you've done within these roles to promote self-management of opioids?

- What are the conversations or behaviours that you use within these roles with regards to pain management?
- Which of these roles can be difficult?
- What are the things that patients and carers often struggle with?

What would be helpful to improve supportive self-management practice in this area?

- Is there anything you wish you had?
- What resources would help you systematise your practice?

We have some examples of previous interventions that have been shown to be useful. We would like to see what you think of them and what might be helpful.

Let's look at the details of the previously used interventions. We have these summarised on A3 sheets.

- What are the elements that you like in any of the interventions?
- What are the elements that you don't like? Why?
- Some of these interventions involve various types of information - what is helpful to most patients?
 - Verbal?
 - Written? Content and form – leaflets or booklets?
 - Visual?
- Would the PRO-SELF schedule fit with your practice?
 - Intervention for 4-6 weeks?
 - Contact every week – alternating face to face and telephone

Thank you so much we've had a really useful discussion based on all of your expertise helping patients' self-manage medicines for pain and related side-effects. We will take the information you have provided to blend current best practice, the best parts of previous research and information from patients and carers to tailor the toolkit to meet professional, patient and carer needs.

Is there anything that you would like to add as final points that you feel has not been discussed already?