

**Facilitator's Guide for Break-Out Sessions**  
**3<sup>rd</sup> Year Medical Student Forum**

**University of Connecticut School of Medicine**  
**UMass Macy Membership Program**  
**Communication Skills for Pain Assessment and Management**

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**A) Pain Assessment**

1) **Show HPI/PMH summary (Video: “Pain Assessment with Summary”). Press Pause immediately before Sara introduces the visual pain scale to the patient.**

2) **Prompt: What additional questions need to be asked?**

*Pain scale, pertinent family history, relevant social history*

What specific components of a social history would be relevant for this patient?

*Sleep, mood, screen for depression (anhedonia? Feel sad or depressed?), ADL impairment, work, relationships (including intimacy/impact on sexual activity), coping, support systems (friends, family, home aid?), financial situation (can he afford medications and/or professional help for his wife?), appetite, exercise (previous activity compared to present)*

3) **Show social history (resume video by pressing pause again and play through the end of this segment).**

*Consider pausing video at zoom-in on patient's hand to note arthritic changes.*

4) **Discussion, to include the following points/topics:**

a) Importance of open-ended inquiries before specific questions

b) Utility of various pain scales

*faces(especially for those with low literacy skills, those who are challenged numerically and children), visual analog, anchored – handouts to be discussed*

c) Importance of good documentation

*Strong documentation: “What do you mean by sad?”*

*Weak documentation: Failure to explore specific responsibilities involved in taking care of wife.*

*Unanswered questions: What is the nature of his relationship with her right now? What are his specific care-taking responsibilities? How specifically does his pain create barriers with regard to this relationship and his care-taking responsibilities? Also: What is he doing when he wakes up in the middle of the night?*

d) Why is substance abuse history relevant in this scenario?

*Potential for addiction; previous addictive behaviors predict future addictions*

*From the AMA Pain Management Online Series:*

*“Although some proponents of long-term opioid therapy for persistent nonmalignant pain view a history of addiction as a relative contraindication, opioids may be an effective and realistic treatment option. **When opioids are required as a component of persistent pain treatment in persons in recovery from addiction, care in structuring and monitoring of treatment is essential for safety, and co-management by an addiction professional is beneficial. Patients who are actively abusing drugs or alcohol are generally not good candidates for opioid therapy for persistent nonmalignant pain until they can be actively engaged in addiction treatment.**”*

*Also from the AMA Website:*

*“**Individuals with addictive disorders or substance abuse problems are at increased risk of receiving inadequate pain management.**”*

*Factors contributing to this under treatment include:*

- \*physicians' inadequate training in pain management and addiction medicine*
- \*fear of contributing to addiction through the use of opioid medications*
- \*lack of knowledge (i.e., confusion between addiction, tolerance, and*
  - \*societal prejudices against persons with addictive disorders*
- \*fear of regulatory sanctions.<sup>3</sup>*

e) Expressing Empathy

**NURS** – Patient Emotions: Name, Understand, Respect, Support

## **B) Pain Management Negotiation**

1) Prompts:

a) How will the information obtained above influence decisions regarding management?

*Responsibilities to wife may preclude surgery due to length of rehab and lack of finances to pay for home aid during rehab process. Also, if you decide that opioids are indicated, patient will require much counseling and reassurance regarding addictive potential of such meds.*

- b) What are the treatment options for this patient?  
*Surgery, opioids, non-opioids, acupuncture, other CAM modalities*
- c) How would you proceed at this point? Specifically, how would you initiate the conversation regarding treatment?  
*Important first step = Find out patient's goals for treatment?*

2) Trigger Tapes

a) **“Model” tape, Part I**

- i) What are the patient's goals? Did the clinician elicit all of them? Are they reasonable? If they had not been reasonable, how would you have negotiated in order to agree upon more realistic aims?
- ii) Knowing these goals, how would you proceed with treatment recommendations?

b) **“You Don't Want Surgery”**

- i) How did the student do with her approach to treatment?  
*Student respected patient autonomy but did not explore how or why patient came to his decision that surgery was not for him. Therefore, not certain that this is truly an informed decision on his part. Automatically discounted what could be a good option for him.*
- ii) Why doesn't the patient want surgery?  
*We don't know.*

c) **“You Should Have Surgery”**

- i) Discussion regarding the significance of nonverbal communication cues

d) **“Tylenol with Codeine”**

- i) What was good about the student's approach?  
*· Student listened to concerns about addiction and attempted to re-assure the patient.*
- ii) What specifically was lacking?  
*· Reassurance regarding addiction was superficial and brief*  
*· No significant exploration of patient's concerns*  
*· Safety/Home Assessment*  
*· Possible involvement of social worker for him and his wife*
- iii) Adherence issues: How likely is the patient to take his meds?  
*Very unlikely.*

e) **“Model” tape, Part II**

Did clinician elicit all of the treatment options that the patient was considering.

*Yes anything else was asked until there was no more information*

- i) Discussion surrounding skills/stylistic techniques employed by the student, to include the following:  
*· Possible need to give information in shorter chunks than demonstrated in the video; tendency of third year medical students to tell the patient all they know about a given topic → usefulness of pt handouts and writing out*

- patient instructions regarding treatment.*
- *Acknowledging vs. Endorsing pt's concern about addiction → fine line*
  - *Exploration of patient goals and preferences regarding treatment*
  - *Management of expectations*
  - *Patient education*
  - *Openness to CAM*
  - *Explicit recognition of and support for patient emotions*
  - *Pain medication issues (including side effects and addiction issues)*
  - *Patient--centered approach*
  - *Final plan is mutual*
  - *Follow-up is clearly delineated*