Guideline: Constructing, negotiating and communicating interdisciplinary pain management plans

EPA 4

Description

A core activity in which trainees must be entrusted is that of using the patient's clinical assessment and multidimensional formulation to negotiate, construct and communicate nuanced, comprehensive, interdisciplinary pain management plans rooted in current pain medicine evidence. Patients presenting to specialist pain medicine physicians are unlikely to be responsive to simple biomedical approaches and will consequently require an integrated sociopsychobiomedical approach to therapy delivered by an interdisciplinary team. Comprehensive interdisciplinary pain management plans are negotiated with patients, their families and whānau following an integrated multiaxial formulation informed by the patient assessment which requires the physician to tailor the plan to the patient, considering the patient's unique needs, integrating pharmacologic, non-pharmacologic, and interventional strategies as appropriate.

Training stage to be completed in: Core Training Stage (quarters 2,3 and 4) and Practice Development Stage (Q5)

Details

Between Q2 and Q3 and with supervisor support, trainees move from constructing generic, relatively straightforward management plans to applying multiaxial, sociopsychobiomedical frameworks to the construction of patient management plans. By the end of Q4, trainees negotiate and communicate their management plans informed by the clinical assessment, patient goals and interdisciplinary team, with indirect supervision. By the end of Q5, they consistently and independently engage patients, their families and whānau in constructing, negotiating and communicating nuanced, interdisciplinary management plans for complex pain presentations using the multidimensional formulation to link assessment priorities to management strategies, accounting for patient context, culture, cognition, goals and preferences, incorporating multidisciplinary input, documenting and revising the plan as new information evolves and ensuring follow-up occurs.

A summative entrustment decision does not apply to management plans for patients requiring referral outside the pain management service for comorbid medical or mental health reasons.

Related Graduate Outcomes

Clinician, Communicator, Professional, Scholar

Related roles in practice

Role in Practice	Related Learning Outcome
Clinician role	2.1.15 - Devise a management plan tailored to the individual patient. 2.1.16 - Describe the differences between active and passive modalities of therapy. 2.1.17 - Discuss approaches to treatment that arise out of the sociopsychobiomedical paradigm 2.1.18 - Recognise and respond to the uncertainty inherent in the practice of pain medicine, including but not limited to: accommodating unpredictability, managing risk in complex patient care situations and, varying practice according to contextual and cultural influences. 2.1.19 - Critically discuss the role of these psychological therapies related to pain medicine: cognitive and behavioural therapies, mindfulness-based therapies including acceptance and commitment therapy and, motivational interviewing. 2.1.20 - Recognise the role of other psychological therapies, including but not limited to: narrative therapy, psychodynamic psychotherapy, problem-solving therapy and, family therapy 2.1.28 - Discuss the role of therapies designed to restore physical function, specifically the disciplines of physiotherapy and occupational therapy. 2.1.29 - Discuss the role of procedural treatment modalities related to pain medicine.

	2.1.31 - Differentiate between interdisciplinary and multidisciplinary care in pain management. 2.1.33 - Negotiate a therapeutic alliance with the patient towards implementation of the management plan. 2.1.34 - Supervise and monitor patient progress through ongoing interdisciplinary consultation. 2.1.35 - Demonstrate skills in cognitive and behavioural therapies, motivational interviewing and acceptance and commitment therapy. 2.1.37 - Recognise placebo and nocebo effects in the evolving therapeutic plan.
Communicator role	2.4.9 - Facilitate informed choices with respect to treatment options 2.4.10 - Encourage shared decision-making. 2.4.11 - Respect diversity and difference and the impact these have upon decision-making. 2.4.12 - Provide patients with information regarding model of care, discharge and follow up. 2.4.13 - Explain unanticipated complications to patients, their families and other healthcare providers. 2.4.14 - Assist patients and others to identify and make use of useful information and communication technologies. 2.4.16 - Comprehensively document the assessment and agreed management plan for the individual patient with pain
Manager / Leader role	2.6.3 - Contribute to the processes of quality assurance, quality improvement and accreditation activities within their department/practice. 2.6.4 Use and adapt systems to learn from adverse events and critical incidents.
Scholar role	2.3.2 – Participate in relevant professional and educational development in pain medicine and apply insights in practice 2.3.4 – Demonstrate ability to integrate knowledge in the clinical and social sciences relevant to pain medicine 2.3.5 – Describe the application and limitations of evidence-based medicine 2.3.13 - Contribute to clinical trials and/or research projects
Professional role	2.2.2 - Demonstrate ethical behaviours in relationships and practice with patients and colleagues, including honesty, integrity, commitment, compassion, respect and altruism. 2.2.3 - Demonstrate understanding of principles of confidentiality, including access to, content of, and security of records 2.2.4 - Describe how informed consent for treatment in pain medicine may be affected by the context in which it is obtained 2.2.5 - Demonstrate understanding of the responsibilities involved in continuing care of people with complex pain conditions. 2.2.6 - Recognise limitations of expertise and seek appropriate guidance 2.2.7 - Recognise and respond to ethical issues encountered in practice, including conflict of interest. 2.2.13 – Adhere to the regulatory and legal obligations required of practice in the relevant jurisdiction(s). 2.2.22 - Demonstrate self-reflection to appraise and improve efficiency and effectiveness in the workplace.
Cultural safety role *	2.2.12 - Incorporate health beliefs of the individual/community into management modalities in a culturally sensitive manner.

1. Knowledge expected to be demonstrated

Demonstrate a detailed knowledge of the evidence-based therapeutic options available to patients presenting with complex pain.

Demonstrate a comprehensive understanding of the roles and expertise of members of the interdisciplinary team, enabling differentiation and integration of therapeutic strategies utilised by each healthcare specialist for optimal patient care.

Demonstrate understanding of how the social determinants of health, stigma, cultural beliefs, and previous experience of healthcare, influences the acceptability, feasibility, and adherence to different management options in patients with pain.

Demonstrate understanding of how personal differences including gender and gender-identity, race, religion, cultural beliefs and practices have influenced patients' experiences of healthcare

Demonstrate strategies to adapt evidence-based treatments when evidence is limited or does not directly fit the patient's context while maintaining patient safety and transparency.

2. Skills expected to be demonstrated

Using a sociopsychobiomedical framework, the trainee constructs comprehensive, individualised management plans that integrate findings from the patient's assessment and multiaxial formulation, the patient's goals and preferences, and evidence for relevant treatment modalities. Management plans are rooted in current pain medicine evidence and guidelines and are tailored to the patient's unique physical, functional, psychological and social contributors to their pain experience, integrating pharmacological, non-pharmacological and interventional strategies as appropriate.

Trainees must -

- empower patients to negotiate a management plan that is strengths-based and gives patients agency over their goals
- demonstrate mutuality, facilitating partnership with patients rather than attempting to resolve or fix problems
- use the multiaxial formulation to develop a nuanced, evidence-based, patient-centric management plan integrating an interdisciplinary approach
- structure conversations intentionally
- manage differences of opinion and conflict to negotiate a mutually agreed management plan
- utilise high-level communication skills with patients, their families and carers in an empathetic manner, using appropriate language and other resources tailored to the patient's neurodevelopmental and educational level, to negotiate interdisciplinary management plans
- systematically elicit and explicitly incorporate patient, family and carer goals and preferences into the plan, including where these differ from clinician views, negotiating acceptable compromises.
- explain uncertainty, limits of evidence and potential trade-offs between options in a way that supports shared decision-making and informed consent.
- understand that patients' unique and diverse cultural beliefs may influence the acceptability of different treatments and adopt culturally safe practices in both the explanation, and delivery of, such therapies to foster trust and adherence
- critically evaluate and articulate the facilitators and obstacles influencing the adoption of evidence-based treatment modalities, ensuring their applications are tailored to individual patient contexts, cultures, cognitions, goals and preferences
- work constructively and respectfully with other members of patients' treating team, explicitly integrating contributions from the interdisciplinary team into the management plan, with clear allocation of responsibilities, timeframes and follow-up
- use novel communication techniques (e.g. validated online resources) and appropriate communication strategies (e.g. interpreters, Aboriginal or Maori health-care workers), to engage patients in negotiation and implementation of pain management strategies
- adapt communication style to patients' context and understanding
- comprehensively document management plans and discussions with patients, explaining the diagnosis, prognosis, and treatment plan in clear, empathetic language free from medical jargon, ensuring the patient fully understands their care pathway and there is a plan for ensuring actions occur; verifying patient's, their family and/or carer's understanding of the information conveyed
- use structured follow-up (e.g. planned review points, outcome measures) to evaluate the effectiveness of the plan and modify it iteratively, based on patient response and feedback from interdisciplinary team members.
- ensure appropriate, timely and comprehensive referral to (an)other service(s), where appropriate
- contribute to registries and audit that review patient outcomes and adopt recommendations as best

practice

3. Behaviours expected to be demonstrated

Negotiate comprehensive interdisciplinary management plans taking into consideration the patient's goals and preferences, basing them on the synthesis and integration of information obtained in clinical assessments and formulations

Construction, implementation and monitoring of interdisciplinary management plans will be inclusive of collaboration with the interdisciplinary allied health team and will incorporate their views

Demonstrate sensitivity to the patient's emotional and cultural context whilst addressing concerns respectfully using open, non-judgmental language

Recognise and respond to limitations inherent in various pain management approaches by critically reviewing the literature assessing for gaps, around management strategies for different pain conditions; and contribute to the evidence for management of these conditions, promulgating and advocating for its adoption.

Advocate for evidence-based practice and recognise when evidence is limited, absent, or compromised by virtue of being subject to bias or conflict of interest.

Actively participate in quality assurance activities that assess both their management strategies and more broadly, patient outcomes for the management plans that they institute.

Demonstrate integrity and acknowledge the limitations in their knowledge and skills seeking advice where appropriate especially in novel or unfamiliar situations.

Management plans will include regular ongoing evaluation and reassessment mechanisms as required, adjusting these based on evolving patient needs and responses.

Comprehensive documentation of interdisciplinary management plans and patient discussions to ensure that other healthcare practitioners can understand and follow agreed management strategies

Accountability for follow-through and reassessment of management plans as the patient's situation evolves.

Assessment method

Management plan (MP) focussed specifically on the coherence, feasibility and documentation of complex pain management plans based on the sociopsychobiomedical model.

Case-based discussions (CbD) explicitly targeting justification of chosen strategies, handling of uncertainty and iterative modification of plans over time.

Multidisciplinary case conferences where the trainee is responsible for justifying their management plan to the team.

Multisource feedback (MSF) including MDT members commenting on the clarity, practicality and follow-through of the trainee's management plans in routine practice.

Review of written correspondence (e.g. clinic letters) to confirm that plans, rationale, risks/benefits and follow-up arrangements are communicated clearly to patients, referrers and other providers.

Deidentified patient surveys commenting on their interpretations of discussions of the management plan specifically on cultural safety, clarity of the discussion, understanding of the plan and responsibilities for implementation and follow-up

Assessments –

1. require multiple assessors and multiple assessment types but must include a minimum of two

observed Management Plan (MP) assessments where the trainee is observed, explaining the management plan to the patient, and/or their family or whanau
2. a minimum of one verbal presentation to the interdisciplinary team, justifying their management plan
3. patient presentations must represent varied contexts and complexity to demonstrate adaptability across different levels of psychosocial complexity, different patient goals and preferences, different care settings and different levels of uncertainty

References / resources

1. Blyth F, Gilron I, Madden T, Sharma S. Developing an integrative pain care plan. 2023. IASP Global Year Integrative Pain Care Fact Sheet. https://www.iasp-pain.org/resources/fact-sheets/developing-an-integrative-pain-care-plan/

2. Tauben DJ, Langford, DJ, Sturgeon JA, Rundell SD, Towle C, Bockman C, Nicholas M. Optimizing telehealth pain care after COVID-19. Pain, 2020; 161(11): 2437–2445. https://doi.org/10.1097/j.pain.0000000000002048

3. Nicholas M, Malloy A, Tonkin L, Beeston L. Manage your Pain. 3rd Ed. (2011). ABC Books, Australia. ISBN 9780733330247

4. Pain Management Network, NSW Agency for Clinical Innovation Strategies, Chronic Pain Management Strategies. https://aci.health.nsw.gov.au/__data/assets/pdf_file/0020/216308/Chronic_Pain_Management_Strategies.pdf