Guideline: Utilising a sociopsychobiomedical framework, perform a comprehensive assessment of a patient presenting with complex pain

EPA 1

Description

This entrustable professional activity (EPA 1) focuses on trainees being entrusted to utilise a sociopsychobiomedical framework to perform comprehensive clinical assessments of patients with pain. It is the first in a series of three discrete EPAs that trainees must complete sequentially to demonstrate their ability to independently undertake clinical care of patients with pain. EPA 1 assesses whether the trainee can elicit a comprehensive pain history, identify relevant clinical signs through a targeted pain examination, select appropriate tools and investigations to support their diagnosis, and document the consultation accurately and coherently.

This EPA does not assess the ability of the trainee to formulate the patient's presentation (see EPA 3: Using the patient assessment synthesise a multidimensional formulation).

Training stage to be completed in: Core Training Stage (mandatory progression point)

Details

Prior to beginning Q1, it is expected that trainees will be proficient in undertaking medical assessments of patients, however they will require focussing their professional development on acquiring skills in the clinical assessment of patients with pain; integrating general medical assessments with detailed psychosocial, functional and development histories; undertaking additional, pain-focussed physical examinations emphasising clinical signs that both, support the differential diagnosis or that corroborate "red flag" conditions requiring further assessment and investigation; selecting and interpreting methodologically validated psychometric tests and other tools (e.g. DN4 or the ORT screen tool); using a contextual lens to review previously undertaken investigations; and, thoroughly documenting the clinical findings in the patient's medical record.

By the end of Q1, trainees should be taking thorough pain histories, performing and interpreting targeted physical examinations and reviewing previously performed investigations. By the end of Q2 they should independently be integrating the history with the findings from the physical examination, the risk assessment, screening tools and contextual information into a coherent assessment with some prompting around complexity or prioritisation.

Entrustment entails trainees independently conducting comprehensive clinical assessment; identifying safety and risk concerns; adapting the encounter to the patient's context; selecting relevant validated psychometric testing to support the assessment; reviewing other investigations in the context of the assessment; recognising the evidence for additional investigations, referral or escalation; and, clearly documenting the assessment in a manner that supports subsequent synthesis of the formulation, and construction and negotiation of the pain management plan .

A summative entrustment assessment for EPA 1 excludes assessment of children.

Related Graduate Outcomes

Clinician, Communicator, Professional, Cultural Safety*

Related roles in practice

Role in Practice	Related Learning Outcome
Clinician role	2.1.1 – Elicit and interpret a detailed sociopsychobiomedical history of: the patient experiencing pain, the pain experienced by the patient, the consequences of the experience of pain for the patient 2.1.2 – Explore the patients' issues, concerns, beliefs, goals and

	expectations with respect to their pain experience 2.1.5 – Perform a focussed social assessment including but not limited to: cultural beliefs, eating habits and nutrition, employment//occupational factors, family and life roles, financial status, housing, meaning and purpose, mobility, including driving capability, recreational activities and, support 2.1.6 – Perform a focussed psychological assessment including but not limited to: cognitive impairment, coping strategies, developmental history, family medical and psychological history, identification of lifetime stressors, personal psychological history, personality style, sexual function and, sleep function 2.1.7 – Perform a mental state examination 2.1.8 – Perform a focussed biomedical assessment 2.1.10 – Adapt assessment techniques to vulnerable populations, including but not limited to: children, older persons and persons with cognitive, behavioural, mobility or communication impairments 2.1.11 – Perform and interpret a comprehensive pain-oriented physical examination, incorporating: neurological assessment, musculoskeletal assessment, pain-oriented sensory testing, assessment of function and, relevant systems 2.1.12 – Critically review existing investigations and interpretations, particularly with respect to false positives in diagnostic imaging and laboratory results 2.1.13 – Make judicious and resource-sensitive decisions about obtaining further investigative options
Communicator role	2.4.1 – Establish therapeutic relationships with patients their families and carers 2.4.2 – Communicate using a patient-centred approach that encompasses patient trust and autonomy, and is characterised by empathy and respect 2.4.3 – Demonstrate effective communication skills such as active listening and attending to verbal and non-verbal cues 2.4.4 – Optimise the physical environment for patient comfort, dignity, privacy, engagement and safety 2.4.5 – Recognise and negotiate challenging communication situations, including conflict and emotionally charged situations 2.4.6 – Gather, prioritise and synthesise information from a variety of sources about the patient's pain experience 2.4.7 – Utilise appropriate personnel and resources to facilitate communication with patients from culturally and linguistically diverse populations 2.4.8 – utilise appropriate personnel and resources to obtain information from patients with communications impairments 2.4.15 – Demonstrate effective written and verbal communication skills tailored to audience, purpose, intent and context
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 2.2.6 – Recognise the limitations of expertise and seek appropriate guidance 2.2.9 – Demonstrate an understanding of how personal beliefs and cultural bias may influence interactions with others 2.2.17 – Identify risks to personal physical and mental wellbeing
Cultural safety role * (Cultural safety is integrated across the Roles in Practice)	2.2.10 – Describe how the special history of Māori and Pasifika peoples, Aboriginal and Torres Strait Islander peoples, impacts on their current health status, education and communication 2.1.9 – Adapt assessment techniques to socially, culturally and linguistically diverse populations, specifically Māori, Aboriginal and Torres Strait Islanders 2.7.1 – Identify social determinants that are impacting on the patient's pain experience 2.2.11 – Demonstrate understanding of the cultural and social context in which pain is experienced

1. Knowledge expected to be demonstrated

Using contemporary pain theories and mechanisms demonstrate a sophisticated knowledge of pain medicine and application of the sociopsychobiomedical framework.

- Describe the components of a patient-centric approach.
- Discuss the bioethical principles of justice, autonomy, beneficence and non-maleficence
- Describe the determinants of health and health inequities for First Nations people and other marginalised populations and how they effect presentation of patients.
- Demonstrate an understanding of diversity, equity and inclusiveness (DEI) and how these effect patient presentations with pain
- Distinguish between the terms ‘sex’ and ‘gender’ and demonstrate an understanding of differences in presentation of pain between the sexes
- Demonstrate an understanding that pain is frequently comorbid with psychological and psychiatric illness and identify clinical factors suggestive of such
- Describe the current DSM and ICD frameworks for classification of psychiatric disorders with particular reference to anxiety, mood disorders and Somatic Symptom Disorders
- Recognise the need for ongoing assessment as the situation evolves with treatment and time
- Demonstrate an understanding of the use, validity and reliability of psychometric tests used in the assessment of patients with pain
- Discuss the role of tools including opioid risk tools in the assessment of pain
- Explain core concepts in trauma-informed care, diagnostic equity and implicit bias, and how these apply to pain assessment.
- Outline the opportunities, limitations and risks of telehealth and digital tools for complex pain assessment, including privacy, safety and access issues.

2. Skills expected to be demonstrated

Demonstrate application of knowledge of contemporary pain theories and mechanisms in a sophisticated clinical assessment of patients with pain by eliciting relevant information during interactions with patients; skills in communication and physical examination of patients; use of diagnostic tools; interpretation and integration of findings; and comprehensive documentation of findings. These skills include but are not limited to the following -

- use of high-level communication technologies and skills to build rapport including adoption of principles of trauma-informed care to elicit a clinical history of the pain complaint; fundamental to this is a history of the pain, and contextual information that includes a general medical history, incorporating function, psychosocial and developmental elements, the impact of the social determinants of health for the individual and other contextual elements impacting the patient’s experience of pain
- adoption of a person-centric approach to the assessment by adapting the assessment to the patient’s cognitive, educational, linguistic and cultural needs, and validating the person’s experience(s)
- use of relevant communication aids and interpreters including Aboriginal and Māori health-care workers
- empathically and sensitively exploring beliefs and expectations, responding to distress and emotion and creating sufficient psychological safety for sensitive information to be revealed
- acknowledging disagreement and conflict and fostering positive, trusting relationships with patients and their families/carers/whanau
- identifying risk factors for substance use and/or mental health comorbidities (including suicidality) using the clinical assessment supported by validated methodologies and tools
- the performance and interpretation of a mental state examination
- the performance and interpretation of physical signs as they relate to pain medicine inclusive of specialised bedside tests specific to pain medicine
- the identification of symptoms and signs suggestive of conditions requiring further investigation

and/or referral
- critical review of previously performed diagnostic imaging and laboratory results in the setting of their clinical findings
- avoiding low-value imaging/testing and recognising incidental findings
- clearly documenting the rationale for additional investigations or specialist referral
- appropriate selection and interpretation of psychological questionnaires to support differential diagnoses used in the assessment of patients with pain
- comprehensive documentation of the clinical findings in a manner to support subsequent synthesis of the formulation and negotiation of a person-centric interdisciplinary pain management plan

3. Behaviours expected to be demonstrated

Demonstrate professional behaviours that are respectful of patients, their families, surrogates and whanau They must be able to:

- establish therapeutic relationships with patients fostering trust and autonomy
- adapt their communication style to the needs of patients
- provide patients with agency to narrate their story and determine its limits
- adopt professional behaviours including, but not limited to, courtesy, confidentiality and personal hand hygiene
- demonstrate ethical behaviours including honesty, integrity, commitment, compassion, respect and altruism
- optimise the clinical environment for patient safety, dignity, privacy, engagement and safety
- demonstrate culturally safe practices and cultural humility by recognising, reflecting upon and mitigating personal biases and prejudices in assessing patients
- collaborate constructively with referring doctors and other healthcare practitioners for the benefit of patients
- demonstrate humility to recognise their own limitations, seeking and accepting advice when complexity or novel situations exceed their experience
- demonstrate personal vulnerability to patients' distress by insight and seeking appropriate support from mentor relationships, peer support groups and addressing personal health and well-being to mitigate stress

Assessment method

Assessment requires:

- multiple observed patient assessments across a breadth of patients presenting with complex pain disorders (it is not essential for these to be equivalent to long cases)
- the use of multiple assessors

The assessment tasks **must** include:

- multiple observed patient assessment tasks (including a telehealth consultation) that could include specific parts of the history e.g. a psychosocial or functional history or a risk assessment, specific elements of a targeted physical examination e.g. a POST examination, a mental state examination or a targeted musculoskeletal examination (Clinical Skill Assessment WBF)
- a minimum of one case-based discussion focussed on clinical reasoning (not formulation) e.g. selection and interpretation of psychometric tests or a risk assessment
- case-based discussions exploring differences in assessment in different patient groups e.g. presentation of CRPS in an adult versus a child or adolescent
- review and critique of written documentation
- deidentified patient-experience surveys, specifically asking patients about cultural and psychological safety, communication style and professional behaviours
- long case assessment (optional)

References / resources

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