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 perform comprehensive clinical assessments of patients with pain using a sociopsychobiomedical framework. 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 the diagnosis, and document the consultation 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

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 document 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 integrate 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 requirement 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

Related roles in practice

Role in Practice	Related Learning Outcome
Clinician role	2.1.1,2.1.2,2.1.5,2.1.6, 2.1.7,2.1.8,2.1.9,2.1.10,2.1.112.1.12,2.1.13

Communicator role	2.4.1,2.4.2,2.4.3,2.4.42.4.5.2.4.6,2.4.7,2.4.8, 2.4.15,2.4.16
Collaborator role	2.5.12.5.6
Manager leader role	
Health advocate role	2.7.12.7.2
Scholar role	
Professional role	2.2.2,2.2.3,2.2.6,2.2.92.2.112.2.17,
Cultural safety role *	

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.

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

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
- 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

References / resources

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3. Connor DM, Lypson ML, Gonzalez CM. Advancing diagnostic excellence through medical education in diagnostic equity. NEJM, 2025; 393(12): 1202-1214.

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5. Australian Human Rights Commission. Racism. Nobody Wins. Guidelines for working with a trauma-informed approach. 2021. https://humanrights.gov.au/sites/default/files/ahrc_sr_2021_8_trauma-informed_approach_a4_r2_0.pdf

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