

Learning outcomes

By the end of Module 1 the learner should be able to:

- Describe the assessment of a patient with a persistent pain problem
- Explain in broad terms some of the assessment tools used in the evaluation of persistent pain
- Identify red and yellow flags in a person's history
- Refer to the existence of NICE guidance relating to the management of chronic back pain in adults
- Understand the possible structure of a persistent pain service multi-disciplinary team
- Be aware of the FPM Opioid Aware resources

Trainer information

Module 1 uses the fictional character, Mrs Heath, a lady with persistent back pain, to introduce some important concepts to the learner. The module allows interactive progression of the case with several alternative outcomes. The alternative narratives provide equivalent learning opportunities to the learner.

Case study

The background is introduced including the existence of NICE guidelines relating to persistent back pain.

The learner is given a copy of her example pain questionnaire including a number of assessment tools and further information on each: The Pain Self-Efficacy Questionnaire, The Psychological Inflexibility in Pain Scale and The Anxiety scale. These are provided as examples in the context that other tools are available and there are relative advantages and disadvantages to these.

The learner then triages according to the features identified in the pain questionnaire to either a doctor only appointment or a multi-disciplinary team assessment. In either path the role of members of the MDT are discussed.

A six-minute audio recording of Mrs Heath's clinic assessment follows after which the learner is asked to assess for the presence of 'Red' and 'Yellow' flags in the history. Further information on these is provided.

The learner is then prompted to discuss the case with their Faculty Tutor (Pain) or Clinical Supervisor if possible.

Further progression of the case follows with either an MDT assessment and a learner formulated plan or a doctor only assessment and a learner formulated plan.

The case is then completed with feedback on the outcome of the learners plan

Trainer information - discussion

Discussion of the case should develop naturally according to the individuals learning needs in a similar fashion to a CbD in a clinical setting. The learner should be encouraged to develop their own professional judgment according to required curriculum competence areas. The learner should be aware of these as they are stated at the start and on completion of each Module.

Other points for discussion could include:

- What are the key points to consider in the assessment of a patient with a persistent pain problem?
- Do you know of any other assessment tools used in the evaluation of persistent pain?
- If you were to identify any red flags in the person's history, what would you do next?
- Do you know of the NICE guidance relating to the management of chronic back pain in adults? What are the main themes?
- Which health care professionals might be involved in a pain service multi-disciplinary team, and do you know what their roles may include?
- What do you think about the role of spinal injections in this patient's management? What are their limitations in the management of persistent pain?
- Are opioids usually helpful in the management of persistent pain? What are the considerations when considering whether to trial opioids for a patient?

Appendix 1: Module 1 transcript - Mrs Heath

I've been fit and well most of my life, just the odd migraine. Never been to hospital for anything. I've never smoked and don't drink apart from the odd wedding.

It was four years ago I had my accident; I remember it like it was yesterday. It was my niece's tenth birthday and she 'had' to have an ice-skating party. My sister asked me to help-out. I'd never ice-skated in my life and thought 'well it can't be that hard'.

We'd only been going for about ten minutes when my feet just went out from under me and I was suddenly lying flat on my back on the ice, staring up at the ceiling. I could hardly move. I couldn't get up and the staff had to help me off the ice. It was so embarrassing and to make matters worse the party of ten-year olds thought it was hilarious. Such a stupid accident and it's ruined my life.

I thought it would just get better on its own. Everyone gets backpain don't they? I took Nurofen and hobbled round for three weeks, but when it didn't get any better, I went to see my GP, who said that 'backpains common, take the Nurofen'. He referred me for some physio but said the wait was pretty long and I'd probably be better before the appointment came through.

He asked me lots of questions: Whether I had a history of cancer? Did my legs feel odd or weak? If my bowels or bladder were working as they should? But none of that has ever been an issue though.

He was wrong about the physio though; I was still struggling when the appointment came. The physio was nice but every week he'd give me 'homework' to do and I'd really try but it just hurt too much and I'd wake up in more pain than before, so I cancelled the last two appointments with them and went back to my doctor again. I was sure there was something seriously wrong for the pain to be going on so long and what if the physio was doing more damage? The GP was a bit dismissive that time, said that four months wasn't that long in terms of recovery, but he did send me for an MRI, he gave me some codeine that time I think and signed me off for another month.

So a couple of months later I had a scan. It took forever to get the results and all that time; I was petrified that I'd done myself real damage from the accident. When I spoke to my GP about it, he said there were 'degenerative changes' on the scan and nothing that needed treatment. I remember being really upset on the phone, how could there be nothing they could do when I was in so much pain? I hadn't really left the house in six months; I'd been off sick from work. He gave me another prescription; it was for naproxen that time.

Then I went to see a chiropractor who'd helped a friend with her back, but that was a waste of money and didn't help. I went back to my GP a couple more times, but he didn't understand how bad things are because I'd just get another prescription for a different pill.

It's just awful. I had to go back to work or I'd lose my job but sitting at a computer for hours at a time leaves me in agony and my boss just doesn't understand. I asked to cut my hours but even with that it's been getting harder and harder to drag myself in. My team feel like I don't pull my weight and I've had so much time off sick I've been on a performance review since Christmas.

I can't sleep, I dread going to bed. It's impossible to get comfortable and sometimes I wake up with my back in spasm; in the middle of the night when I lie there in so much pain it's hard not to worry that there's something seriously wrong. So I'm constantly shattered which makes everything so much harder to cope with. On my days off I might stay in bed and sleep till the afternoon but it's never enough. I told my GP, that if I could just sleep better things wouldn't be so hard, he gave me some amitriptyline which helped a bit but not enough to make much difference. I think that was when I started the tramadol too, that made me feel really spaced out but never seemed to make the pain better.

I used to be really active, I can't even walk to work anymore, I don't have any energy and I know if I tried, I'd pay for it later and the pain would be unbearable. I know my diet's not good; coffee and chocolate get me through the day. I can't be bothered to cook when I get in from work, the thought of standing in the kitchen is impossible. I don't have a social life anymore. I used to go out with friends but I'm just too tired. I tried a couple of times but after an hour I'd be in so much pain with my back that I had to leave and then they just stopped asking me.

I'm scared of losing my job. Who would want to employ me after so much time off sick? I'm sick of the way things are now, I'd try anything that would make things better. I'd like to get

some of the old me back, just to be able to spend an evening with friends or to go out shopping for the day without dreading it.

That's why I went back to the GP again. I was just desperate for something to change, He said that 'chronic pain' like mine wasn't going to go away and I should try and live with it. That almost broke me, the thought that it's going to be like this forever. How am I expected to live with something unbearable? He told me about your service, he said that you help people with similar problems to mine find better ways of coping.

Sorry, I've gone on a bit. Do you think you could help me?