

Learning outcomes

By the end of Module 6 the learner should be able to:

- Describe the assessment of a patient with pain related to cancer
- Appreciate the need to communicate with multi-disciplinary primary and secondary pain services and palliative care when necessary
- Know the important basic science underpinning the management of cancer pain
- Explain the importance of effective communication skills regarding pain management with patients, relatives and carers
- Develop an individual pain management care plan for a patient with pain related to cancer
- Identify barriers to effective pain management including those related to patient beliefs, society, culture, and healthcare provision
- Recognise the need for and complications of interventional pain procedures in the management of cancer pain

Trainer information

Module 6 uses a fictional patient with palliative adenocarcinoma of the pancreas and their interaction with our MDT pain management service 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.

It is anticipated that this module may be undertaken as a standalone programme of learning by non-anaesthesia professionals and therefore there is a degree of platform orientation and narrative building in the initial passages.

Case study

The learner rotates to the pain service and is emailed with details of the local journal club on the paper Practice review: Evidence-based and effective management of pain in patients with advanced cancer¹. A summary of points from the article is provided and integrated with the NICE Clinical Knowledge Summary: Palliative cancer care².

The next passages give the background of the fictional patient from the perspective of the patient and their family.

There is an opportunity for the learner to sit in on a session between the pain service psychologist who has experience in psychological interventions in palliative oncology and the patient (see appendix 1 for transcript).

Following the audio the learner is prompted to explore the bio-psycho-social-model of pain in the context of palliative oncology and make some treatment decisions. They are offered resources on goal setting in palliative care to support the integration these concepts.

The narrative continues with interactive passages where the patient opts for a coeliac plexus block as part of a holistic management plan. The anatomy, risks, and side effects as well as practicalities of the procedure are included. For the purposes of the fictional patient the procedure is performed prone, using a fluoroscopy technique and images are provided. The patient has significant relief following the procedure.

Given the emotive subject matter sources of support are flagged at the start of the module.

Trainer information - discussion

Discussion of the case should develop naturally according to the individual's 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 themes you would want to explore when assessing a patient with pain related to cancer?
- Which members of the multi-disciplinary pain service would be important to involve in the patient's management?
- What is pain for this patient? Can you describe pain in terms of its biopsychosocial components?
- What pharmacological agents do we use to manage cancer pain? What is the evidence base for these options?
- Why do we sometimes consider opioid switching?
- Why are effective communication skills important in the management of patients with pain related to cancer?
- What are the barriers to effective pain management in these situations?
- Can you describe the indications and contraindications of performing a coeliac plexus block? How would you describe the procedure to a patient?

Appendix 1: Module 6 transcript

Melanie (Psychologist): *So Hi Dennis.*

Mr Sanderson (Dennis): *Hello.*

Melanie: *Thank you for coming in today to speak with me. So I'm aware you've been through a lot recently, and still are, and this is a chance for you to think more about what you've been through and what's going to be helpful going forward?*

Dennis: *OK, where would you like me to begin?*

Melanie: *I guess it'd be helpful to hear, so I've got some background information in terms of...erm...your diagnosis and I guess it would be helpful for me to know what you've been told at this point.*

Dennis: *So recently I went to see consultant and they told me that I've got cancer of the pancreas, and there's nothing I can do.*

I can't take that.

My daughters getting married in six months and they say that, I might not be able to go there.

But then, you know, I've been looking around, you know, in this day and age and with wonders of medical science, there's got to be something that that will get me there, take my daughter down the aisle, and, it's what I want, so, I've been

looking, I've been looking online, and there's all sorts of things out there that people suggest maybe that's where I should put my energy in 'cause I really, I can not, I can not, not take my daughter down the aisle...that's...that would be too much.

I can't...I can't think of not.

So there's where my energy is.

Melanie: *Thank you for sharing that Dennis. So you've had some really difficult news and being told that there's no treatments that they can offer you at this time. That's a lot for anybody to hear, and trying to make sense of and it sounds like for you that's been quite hard, understandably.*

Dennis: *The issue is I haven't got the space to think of me.*

I've got what can I change?

All I can think about is how do I survive, and get her down the aisle.

Melanie: *So that sounds like that's really important to you, your relationship with your daughter, your family, and actually the wedding and being part of that day. So that's, I can see that that's really, your kind of homing in on that, as something you want to get to and be a part of.*

Dennis: *That, that's something that I might be able to control.*

Trying to get to my daughter's wedding is all I've got.

Melanie: *So it sounds like that's been one of the ways, you've, I guess, coped with this news and...*

Dennis: *All my attention onto that, I'm not thinking about the other. So that's a lot more comfortable for me than not being here anymore, and what that means. I can't touch that, that's, that hurts.*

Melanie: *...mmm, of course.*

But it's almost, it's important for you to be at the wedding, by thinking about that and planning that in your mind it's, it's, almost distracting from reality of what you've been told.

Dennis: *Yeah, to give space to what I can deal with, and, and if I shut everything else out, then I don't, you know, it takes care of some of those other thoughts, those symptoms.*

Melanie: *And can I just ask a bit more about that Dennis if that's OK? So in terms of, you mentioned symptoms and on the referral it mentioned about a lot of abdomen pain you've been experiencing.*

Dennis: *Yeah, it can be, well sometimes I feel really bloated, tight. Sometimes I can't do anything it's that severe, so that's, that's, really frustrating 'cause it's sorter, trying to help out with family and to not let people know I've got it.*

It hurts, it really hurts. It's...it's...I've never experienced anything like it, just don't know what to do with myself. Sometimes, uh, I have to go away and, you know, shut myself off so that people don't see it. It's it's. It's not who I want my family to see, I've always been strong. Person to go to. You know. I'm Dad. And you know, to, to...I don't want them to have this image of weak person. I want them to remember me as somebody that's strong, would be dependable, I don't feel dependable. I feel, that it's just too much.

But I have to have something, I've got to control something, I've got to be able to do something, that's just sort of hideaway, so, you know, they can't see that.

Melanie: *Just noticing you mentioned control a lot in there and it sounds like that element of this is something that's important to you to try and feel you do have those choices or some sense of...*

Dennis: *I haven't got a lot of choice left have I?*

Melanie: *It sounds like the element of... struggling with pain or perhaps also with difficult thoughts or feelings, when they come up, But you don't people to see that side of you, so you might take yourself away, will try and mask it in some way. Keep up this image of how you want to be seen by others.*

Dennis: *Yeah, I mean, I think, the difficulty with pain killers when it gets really bad, they don't really help, and then they just tend to make my head all funny, you know, and I sort of forget things and giddy and, you know, saying things that...personalities changed even, interferes with who I am. How I want people*

to see me. If I have to go, I'm trying not to, but if I have to go then I want their memory not to be different to who they expect that to be.

Heard people say in the past he was a really strong bloke, but in the end did you see him? He withered away, and I don't want that to be me, I want to be Dad, husband to the end.

Melanie: *It sounds like you're investing quite a lot of your time and energy on that, I guess I'm wondering how, how well you think that's working out for you at the moment?*

Dennis: *It's not working...it's...we're not talking. The good lady, she's always wanted to fix things for me, and you know, more pills, a pill for this and a pill for that, and I don't want to take any more pills, I can't think straight as it is, so, you know. Not sure what she can do for me, and she'll try and smother me...I know...I know she wanted to, and you know she's trying, trying, her best. She wants to be there.*

Melanie: *So it's something about a little bit too much help. That would be smothering, so that's not something you like...*

Dennis: *No.*

Melanie: *And there's a sense of not wanting to put stress on other people and still be here protecting in some way.*

Dennis: *That's who I am, that's my role.*

Melanie: *So that makes sense, doesn't it? I guess I'm wondering, so in the short term when you don't share how things are, take yourself away, in a lot of pain. I guess in the short term it sounds like that, that gives you some sense of relief that that you're saving your family from the stress. They don't have to see that. I guess I'm wondering the impact of that in the longer term?*

Dennis: *I'm not letting them...not letting them help.*

Melanie: *And it's hard if that's not the kind of person you've been used to doing, if you've been quiet fit and healthy, and never needed to rely on others in that way so it's gonna be a hard shift for you to accept that help.*

I'm wondering how open you've been in the family or you mentioned your daughter or your wife, and you said that your tendency is to try and protect others, so not to share, the struggles that you're going through. I guess this is a different scenario, one that you've not faced before.

Dennis: *This is not something that we can get past is it.*

Melanie: *I guess when we're facing something different sometimes, it may be worth looking at how we cope and whether there's an additional way, a more helpful way, maybe a different way of approaching things, what would feel helpful? What do you feel you need at this time?*

Dennis: *I should really be making plans. That's gonna be...if I'm concentrating on the wedding...then I don't have to think about those.*

Melanie: *I'm aware that you said that the wedding was way off? I guess I'm wondering if any discussions have taking place with your daughter or your wife about that.*

Dennis: *I think I tried...I think I just...I'm strong...I can get there, try to reassure them that it's all OK.*

But actually it's not is it?

Melanie: *It's understandably difficult.*

And I guess based on just to summarise, I guess what we've talked about today. So you've shared with me, what you've been told by the consultant, how hard that is to hear that news, but in a way your trying to not accept that's the reality, that's really hard and I think. And actually what your focusing on is your daughters wedding, that you're desperate to get to it's also been a bit of a distraction, which has meant that maybe other conversations haven't taken place.

Also, this sentence of wanting to protect others, so shielding the pain, shielding the emotions that you're going through, but that actually maybe that's not the kind of dad and partner you want to be...potentially?

Dennis: *I guess...I guess...if I talk...if I talk through those things...I won't have the strength. It's just too much. I might not be here. I can't face that. I might not get to the wedding. I might not see my wife, my daughter, grandchildren...I don't*

know whether...I try and be strong...but I don't know whether I've got the strength to face that with them.

And then that means that they will always see me as the weak person that I am.

Melanie: *It sounds like those fears are more barriers to you sharing, to talking through some of this stuff. Not easy conversations to have.*

Dennis: *No.*

Melanie: *I guess I'm aware as well that you were referred to psychology partly because of the pain you're experiencing, but also has a chance to think about what you've been through and what's important to you. And I guess I'm aware that, I don't know if your consultant has talked to you about this, but in terms of our experience of pain is often influenced by lots of different factors so part of that is from changes in the body, I guess I'm aware that ongoing stress, poor sleep, those kind of things, will have an impact on pain.*

Dennis: *Certainly not sleeping.*

Melanie: *So you can relate to that. So I guess by thinking about some of these factors, and some of the...erm...difficulties that are here for you at the moment...in terms of sharing this with other, and actually use the space to think about that stuff, and that's likely to also have an impact on other aspects of your presentation.*

Dennis: *If it changes how I cope or what I do, how I feel, that's got to be a good thing.*

References

1. Chapman EJ, Edwards Z, Boland JW, et al. Practice review: Evidence-based and effective management of pain in patients with advanced cancer¹. *Palliat Med*. 2020 Apr;34(4):444-453
2. NICE Clinical Knowledge Summaries: Palliative cancer care - pain. National Institute for Health and Clinical Excellence. 2021.