Pain Management Education Series 2014  
SCOPE of Pain: Safe and Competent Opioid Prescribing Education  
Practice & Reflection Topic 1: Assessing Chronic Pain

**OBSERVATION SHEET**

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<th>CLINICAL SCENARIO</th>
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<th>OBSERVATIONS MADE (Use the skills objectives/ provider tasks to evaluate the conversation)</th>
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<th>FEEDBACK: WHAT WENT WELL</th>
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<th>FEEDBACK: THINGS TO CONSIDER</th>
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**DEBRIEF:** Observer leads the conversation/reflection over 3-4 minutes. Suggested format:
1. Ask the provider to speak first about 1-2 things that s/he felt they did well.
2. Ask the patient: “How did it feel to be the patient in this conversation?”
3. Ask the provider if you can share some of your observations about the conversation.
   a. If they agree, describe first what you observed went well.
   b. Then offer things to consider: limit these to 1-2 specific points
   c. Ask provider, “What do you make of this?”
4. Discuss, doodle, and switch roles.

These cases were adapted or taken directly from the SCOPE of Pain’s online training Video Vignettes at [www.scopeofpain.com](http://www.scopeofpain.com).
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Practice & Reflection Topic 1: Assessing Chronic Pain

**OBSERVER HANDOUT**

**CLINICIAN SKILLS OBJECTIVES AND TASKS:**

- Build trust with patient who assumes you don’t believe their pain. Assume patient fears you think pain is not real or not very severe
- Use a multidimensional instrument (e.g. Pain, Enjoyment of Life, General Activity; Brief Pain Inventory, etc) to assess your pt’s pain.
- After you take a thorough pain history...
  - Show empathy for patient experience
  - Validate that you believe pain is real
  - Educate patient about need for accurate pain scores to monitor therapy
- Build trust with patient who fears you will reduce their opioid medication dose if they report adequate pain relief, or that you will stop looking for cause of their pain
- Educate patient on how chronic pain can be complex and different for different people.
- Believing a patient’s pain is real does not mean that opioids are indicated.

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ASSESSING CHRONIC PAIN PRIOR TO PRESCRIBING

CASE A
CASE A: ASSESS CHRONIC PAIN PRIOR TO PRESCRIBING
(PROVIDER ROLE: READ ALOUD)

Name: Howard Romero
Age: 42 years
Marital status: Single but in relationship with same-sex partner
Occupation: Barista in a Mission neighborhood cafe
Pain issue: Chronic right ankle and foot pain

This is the second visit to this medical provider. Howard transferred to this clinic after his previous primary care provider (PCP) retired. He had been seeing his previous PCP for over 5 years and had an excellent relationship with her. He presented last month (his first visit) with a copy of his old medical records and a note from the surgeon at the Ortho Clinic.

The scenario:

• Two years ago, he fractured his right ankle and foot when he fell off an art sculpture he was helping to build in the desert at Burning Man. He had been eating an assortment of marijuana edibles with friends earlier in the day, and he did not realize how stoned he was when he offered to help out.

• His ankle/foot fracture required several surgeries with placement of screws and plates to restore function. His orthopedist recently told him that his ankle and foot are "well-healed" but will likely always cause him significant pain and will never be “normal.” He was told that no additional surgeries are needed at this time. The orthopedist also told him that his primary care provider should take over the treatment of his ankle and foot pain.

• He has taken multiple medications over the past year for his pain including NSAIDS, acetaminophen, and tramadol. All of these medications were unhelpful.

Physical examination: His right ankle and foot are scarred and somewhat deformed from the fracture and surgeries, and he has very tender areas on the top and inside of his right foot.

Interview: starts with the provider having a conversation about how the patient’s pain is on the ibuprofen plus acetaminophen TID that were prescribed at the last visit (1 month ago).
CASE A: ASSESS CHRONIC PAIN PRIOR TO PRESCRIBING
(PATIENT ROLE: READ TO SELF)

Name: Howard Romero
Age: 42 years
Marital status: Single but in relationship with same-sex partner
Occupation: Barista in a Mission neighborhood cafe
Pain issue: Chronic right ankle and foot pain

- “Those pills you gave me really, they’re not doing much. I’m still in a lot of pain. I think I need something stronger.”
- You’ve taken the Motrin and the Tylenol just as the provider said, and “it hasn’t done anything for me. I’m in a lot of pain.”
- If provider asks for your pain severity on a scale of 10, respond: “Most days, it’s a 15. I’m telling you it’s really bad. I can’t deal with it.”
- If provider asks for a number that describes how much pain has interfered with your general activity, respond with an 8 or higher: “I can’t go to work! I’m on my feet a lot at the counter. I can handle a lot of pain. I have a high tolerance for pain, but this is unbelievable.”
- If provider asks for a number that describes how much pain has interfered with your enjoyment of life, respond with an 8 or higher: He can no longer take the long hikes in the Marin Headlands that he enjoyed with his dog. Boyfriend has to walk the dog now and unhappy with this arrangement. Not able to
- If provider asks you about alleviating factors in the last month, disclose: “Well a friend of mind had some leftover pills that he took when he had an operation or something that he gave me that really worked well. They were great.”
- “In fact, they were so good that I wanted to get some from you. I could go to work on those pills.” They were oxy-somethings.
- “Took them once in the morning, went to work, got through the whole day without much pain. And then when I came home, I took another one. I could walk the dog, have an enjoyable dinner with my boyfriend. It was great.”
ASSESSING CHRONIC PAIN PRIOR TO PRESCRIBING

CASE B
CASE B: ASSESS CHRONIC PAIN PRIOR TO PRESCRIBING
(PROVIDER ROLE: READ ALOUD)

Name: Mary Williams
Age: 44 years
Marital status: Married with children ages 6, 12, 15 years. Husband manages hardware store.
Occupation: Part-time receptionist in law office
Pain issue: Chronic painful diabetic neuropathy and chronic low back pain

Scenario: Mary Williams is visiting you for the first time. Her previous provider moved out of state. For the past year, she’s been on a medication regimen that includes metformin, lisinopril, hydrochlorothiazide, and aspirin. For her chronic back and neuropathic pain for the past year, she’s been taking oxycodone 5 mg with acetaminophen 325 mg, 1-2 tablets q 4-6 h. Her previous PCP prescribed only 150 tablets per month, b/c she was afraid she would get addicted to them. She’s also prescribed gabapentin 300 mg TID.

To manage her pain, she had previously tried NSAIDs (upset stomach), acetaminophen, tricyclic antidepressants, tramadol (dry mouth), and acetaminophen with codeine; none of which offered adequate pain relief, and some had intolerable side effects.

She hopes to get enough medication to consistently take 8 tablets per day, which allows her to go to work. She is very careful not to run out early, gets anxious if supply runs out early in month. She has enough medication to last one week. Nausea, vomiting and diarrhea upon running out.

Other medical history: Obesity, type 2 DM x 8 years, painful diabetic neuropathy x 2 years, hypertension, chronic low back pain, tobacco use disorder, alcohol use disorder in remission x 10 yrs.

CASE B: ASSESS CHRONIC PAIN PRIOR TO PRESCRIBING
(PATIENT ROLE: READ TO SELF)

Name: Mary Williams
Age: 48 years
Marital status: Married with children ages 6, 12, 15 years. Husband manages hardware store.
Occupation: Part-time receptionist in law office
Pain issue: Chronic painful diabetic neuropathy and chronic low back pain

- On a scale of 0-10, you pain is “20”
- You have severe pain in feet: burning, numbness and tingling
- You have trouble sleeping and feel “depressed” because of her chronic pain
- Your pain worse at night
- You are due to only taking 3-4 tablets/day because it is end of month and you are running out. Your previous PCP prescribes only 150 tablets per month, b/c she was afraid she would get addicted to them.

- PEG Scale Assessment in the past week: 8/8/8
- Your general activity score on PEG goes down to 3 when taking oxycodone/acetaminophen.

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ASSESSING CHRONIC PAIN PRIOR TO PRESCRIBING

CASE C
CASE C: ASSESS CHRONIC PAIN PRIOR TO PRESCRIBING
(PROVIDER ROLE: READ ALOUD)

Name: Lisa Andrews
Age: 26 years
Marital status: Single
Occupation: Part-time student at local community college
Pain issue: Chronic shoulder pain

Scenario: Lisa Andrews is a 26 year old female, new patient, who is transferring her care to this primary care provider, because she did not like her previous physician. She states that she is prescribed brand-name oxycodone 30 mg 4-6 times per day for chronic shoulder pain. She presents without medical records and states that she has run out of oxycodone this morning.

Pain history: Her pain started after a rotator cuff injury while playing softball 12 months ago. She had surgery and has been on opioids ever since. Her orthopedic surgeon prescribed opioids for the first 3 months but then stopped.

Other medical history: None.

Substance use history: None.

Social history: Lives with two roommates in an apartment. Has a subsidy that helps pays for rent, if she stays in school. She is worried about her performance in school, losing tuition subsidy, and then being unable to pay her rent.

Physical exam: She appears anxious. Well-healed surgical scar on R shoulder. No significant findings on exam.
CASE C: ASSESS CHRONIC PAIN PRIOR TO PRESCRIBING
(PATIENT ROLE: READ TO SELF)

Name: Lisa Andrews
Age: 26 years
Marital status: Single
Occupation: Part-time student at local community college
Pain issue: Chronic shoulder pain

- On a scale of 0-10, you pain is “10”
- You have “severe” pain in your shoulder
- Your pain worse “all the time”
- Nothing makes it better except for Roxicodone
- You have trouble sleeping and feel irritable when you are in pain

- PEG Scale Assessment in the past week: >8/>8/>8
- Your enjoyment of life score on PEG goes down to 3 when taking oxycodone; you feel like you have energy. You are not so sure about general activity or severity scores.

- I have to go to a lot of different doctors, because no one believes I really have pain. I’ll go to one and they’ll give me a couple of pills and then I run out.
- Roxies helped with pain after the surgery. “I was able to do things; go to work and do things with friends. Then I guess I started taking them more because they made me feel good and gave me energy.”
- Then the surgeon just stopped giving them to me and I got sick. I was throwing up and felt crappy. I went to my old doctor, and she gave some pills and I felt better.

If asked in an empathic manner:
- Admit to spending a lot of time trying to get these pills; actually more time than you spend taking care of your pain
- Admit to feeling like this situation is out of control
- But you don’t think you have an addiction. Your brother is the addict in the family. He would steal from family members, got kicked out of school, uses needles and has Hep C.