



Appendix A: Overarching Considerations of Pain Management

► Communication and Relationship Building

Self-reflection and Learning

- Reflect on potential bias or stigma related to treating complex pain patients. Treating patients with complex pain is challenging and can be frustrating. Recognize your own triggers and be aware of one's own bias towards people in pain in general and specific patients in pain. Consider strategies for responding in a way that can create more successful relationships.
- Reflect on your current pain management practices and consider both new approaches and the reassessment of previous strategies that may have been less effective. Be conscious of slowing down, listening, and taking time with people with pain. The extra time needed at the start can decrease time in the future.
- Learn to maintain or set personal boundaries and be aware of extremes of therapeutic engagement. Maintaining a remote, non-reactive demeanour, or the opposite; an overtly engaged desire to eliminate all pain and suffering, may be an example of an approach that could influence management.
 - *Reflect on the barriers preventing early referral.*
 - *Reflect on proactive measure for 'pre-pain' symptoms like stiffness, swelling, 'mild pain,' self-resolved but intermittent pain.*
- Learn about pain science and new approaches to pain management
 - Refer to UBC CPD [Practice Support Program](#), [PainBC](#), [Pain BC – Pain Foundations Online course](#), and the [BC ECHO for chronic pain](#)

"You can't expect different results if you keep acting and reacting the same way"

Therapeutic Relationship

Supportive patient-provider relationships that are empathetic, culturally safe, promote positive expectations, and provide information in advance of procedures (e.g., what to expect and how to recover) may have a small but positive effect on acute pain.²⁰

A trauma-informed approach for all patients can be beneficial, regardless of their trauma history

- In this case, trauma is defined as the psychological effects of a life event (or events) that is/are out of an individual's control and overwhelms an individual's capacity to cope.^{21,22} As such, trauma refers to the psychological impact of events rather than to the acute physical trauma (e.g., car accident).
- The aim of trauma-informed practice recognizes the impact on health and uses a strengths-based approach to build a safe, trusting, and collaborative relationship between patient and provider.
- Consider reframing your perspective. Practitioners who apply a trauma-informed approach may find it helpful to think 'What happened to you?' when reflecting on complex, challenging patients instead of 'What's wrong with you?'.
- Refer to [BC Trauma-Informed Practice Guide](#) for more information about trauma-informed practice. The learning module addresses strategies primary care providers can use to identify patients who have been impacted by trauma, to provide additional support, and to help patients build resilience.
- Recognize the patient as an expert in their pain. Consider a person-centred approach to empower patients.
- Focus on actively listening to and validating the patient's experience of pain.
- Use evidence-informed tools to assess the level of suffering and disability that the patient with pain is experiencing.
- Engage the patient in shared decision making and work together to integrate the values, goals, and concerns of the patient with the best available evidence about the benefits, risks of the treatment and/or care. The objective advice and expertise of the practitioner and the preferences of the patients should work in a complimentary manner to achieve an optimal decision to decrease suffering, improve function, and general wellbeing.

- Collaboratively support patient with pain's choice in their self-management strategies, while at the same time prescribe safely to minimize adverse events.

Team Based Care

- Pain management benefits from a multimodal approach (receiving multiple interventions at the same time e.g., yoga, physiotherapy, occupational therapy, counselling, medication).
- Get to know pain practitioners in your local community who have training in the management of people with pain and build a network of resources, including low and no cost options and awareness of financial supports. Consider connecting with providers whom the patient has identified as part of their care team or recommend a local practitioner from your network. We acknowledge that access to care may be limited by geography and resources.
- Team members may include pharmacists, physiotherapists, massage therapists, acupuncturists, chiropractors, osteopaths, occupational therapists, counsellors, social workers, lifestyle coaches, support for substance use and mental health, psychologists, cognitive behavioural therapists, Indigenous cultural and wellness supports, dietitians and qualified exercise professionals. Team members can also be your own office staff, who may assist with assessment using various tools such as the brief pain inventory and the pain disability index. This can make this complex and sometimes challenging care more manageable.
- Refer to [HealthLink BC](#) (8-1-1), [Pathways](#), or [Pain BC](#) for information on local practitioners and resources. Check the scope of the organization to ensure proper referral. At any time of the day or night, every day of the year, anyone can call 8-1-1 to be connected with a health service navigator. They provide health information, help navigate the health care system and find health services across the province, or connect with a registered nurse, registered dietitian, qualified exercise professional, or pharmacist. Registered nurses at HealthLink BC can help with non-emergency health concerns, to discuss symptoms and procedures, and to recommend whether a health care provider should be seen in person. [Pain BC support line](#) can help identify local pain providers including practitioners who can provide guidance and support for self-management.
- Involve caregiver/family members as part of the team for frail older adults in pain, particularly if there is cognitive impairment present.

Safety

- All modalities in a comprehensive plan for managing pain should be assessed from a safety perspective for the patient, practitioner, and the community at large. There may be some uncertainty about how clinicians navigate BCMQI and CPSBC standards, published guidelines, patient demands, family and caregiver concerns, as well as manage their own personal views and bias. As always, document your decisions and rationale well, especially if there is some deviation from College standards or established guidelines, or there are unique patient/family factors that contributed to your course of action.
- Communication on the importance of safety is crucial when we have difficult discussions with patients.
- The most obvious safety issue is around medications, especially opioids. Initiating and changing doses, length of prescriptions, tapering doses, and dealing with (for example) unexpected urine drug tests, are all potential conflict points where an initial comment such as "I want this to be safe for you/me/our community", will reset the conversation to one involving safety.

Patient Safety	Practitioner Safety	Community Safety
<ul style="list-style-type: none"> • Safe prescribing principles • Trauma-informed care • Culturally appropriate care • Stigma reduction • Access to appropriate pain management in a timely manner • Minimize/mitigate risk of dependence and overdose • Harm reduction strategies • Financial considerations of treatment • Physical safety (e.g., drowsiness) 	<ul style="list-style-type: none"> • Safe prescribing principles • Avoiding burnout and feeling of being pressured • Creating a care team and minimizing narrow silos of care • Managing expectations of College and Health Authority • Litigation protection • Document well • Reflective practice and learning 	<ul style="list-style-type: none"> • Safe prescribing principles • Reduce risk of diversion or overuse of community resources • Reduce risk to immediate family and caregivers • Consider social impacts on employment, housing and social networks. • Assess risk of involvement with police and/or the legal system