

**ST3-ADD-AOP-EPA8 – Chronic pain**

<b>Area of practice</b>	Addiction psychiatry	<b>EPA identification</b>	ST3-ADD-AOP-EPA8	
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.3 (EC-approved 24/07/15)	
<p>The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.</p>				
<b>Title</b>	<b>Management of chronic pain with comorbid substance misuse.</b>			
<b>Description</b> Maximum 150 words	<p>The trainee will demonstrate an ability to identify and manage patients with substance use disorders (including tobacco) and other psychiatric disorders in pain treatment settings and provide primary (face-to-face), secondary and tertiary consultations and liaison to other healthcare providers involved with the patients.</p> <p>The trainee needs to demonstrate advanced knowledge, skills and professional attitude in all the following areas:</p> <ul style="list-style-type: none"> <li>• management of withdrawal or stabilisation of substance use in chronic pain patients</li> <li>• management of substance use disorders and other comorbid psychiatric disorders in people with chronic pain</li> <li>• advise and implement a plan to manage acute and chronic pain for patients with identified substance use disorders</li> <li>• provide in-service professional development relating to alcohol and other drugs and other psychiatric disorders for clinicians working in pain treatment settings.</li> </ul>			
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4, 5, 6, 7, 8	<b>HA</b>	1
	<b>COM</b>	1, 2	<b>SCH</b>	2
	<b>COL</b>	1, 2, 3	<b>PROF</b>	1, 2, 5
	<b>MAN</b>	1, 2		
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• The factors contributing to pain syndromes including addiction, physical problems, psychosomatic factors, primary and secondary gain and other psychiatric conditions.</li> <li>• Understand the potential for pharmacological and psychological management of chronic pain to be complicated by substance dependence.</li> </ul>			

	<ul style="list-style-type: none"> <li>• Understand the principles of opioid rotation in the management of chronic pain.</li> <li>• Understand the principles of management of acute and chronic pain in opioid maintenance patients.</li> <li>• Knowledge of local legislative requirements regarding prescribing opioids and other restricted medications.</li> <li>• Understand the similarities of neurobiology between chronic pain and addiction.</li> <li>• Knowledge of the literature around stigma and discrimination towards individuals with psychiatric and/or addiction disorders and its impact on treatment choices.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Capacity to synthesise and formulate the physiological, psychological and social processes involved in the maintenance of the patients' disease and addictive process.</li> <li>• Implement multidisciplinary management plans in pain clinics.</li> <li>• Implement psychological treatments for patients with complicated chronic pain problems associated with addiction and/or other psychiatric disorders.</li> <li>• Educate clinicians working in pain treatment settings on relevant addiction problems.</li> <li>• Communicate advice effectively, both orally and in writing, and appropriately record outcomes.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Non-judgemental attitude.</li> <li>• Foster collaboration and partnership with medical specialists and other health professionals.</li> <li>• Advocate for the substance-using patient within a multi-agency setting.</li> <li>• Awareness of the stigma associated with an addiction and/or other psychiatric diagnosis in a general medical setting.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b>	<ul style="list-style-type: none"> <li>• Case-based discussion.</li> <li>• Mini-Clinical Evaluation Exercise.</li> <li>• Multisource feedback from other supervisors and colleagues involved in care of patient.</li> <li>• Observed Clinical Activity (OCA).</li> </ul>
<b>References</b>	

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar