

ROLE PLAY #1: ASSESSMENT WITH THE 6 A's PATIENT ROLE

You are a 58 year old man/woman and have a history of severe chronic low back pain for 20 years. You injured your back 20 years ago at work and have been in pain on and off over the years. You have had multiple surgeries and have undergone physical therapy and acupuncture and are now on social security disability due to back pain. You are adopted and don't know your family history of substance use disorder. You had some issues with drugs ("mostly marijuana") in your early twenties but none in many years. You have not used cocaine or had any legal difficulties.

Over the past few years your back pain worsened and led to back surgery last year. After opioids given in the hospital for the acute surgical treatment, your previous physician switched you to Lortab, eventually bringing you up to 10 mg three times a day. The orthopedic clinic where you have been getting your opioids instructed you to have your primary care physician take over your pain medications. You tried to schedule an appointment a month ago, but were told you would need to forward your records from your previous physician before you could be seen. Your records have now arrived, documenting your surgeries and prescription history.

Your doctor will ask about the following. Reply as suggested.

1. **Analgesia:** What number best describes your pain on average in the past week?
 - a. (1 = no pain, 10 = worst pain imaginable). **You say you are at a 9 – very high level of pain.**
 - b. The doctor may provide some detail about what the numbers mean and you may adjust your score, dropping one or two numbers.
2. **Affect:** What number best describes how, during the past week, pain has interfered with your enjoyment of life? (1=does not interfere, 10=completely interferes) **You reply that you are at 8 and describe how the pain interferes (e.g., you don't like who you've become – someone who is always complaining, always worrying about how the next pain cycle will hit you, etc.)**
3. **Activity:** What number best describes how, during the past week, pain has interfered with your general activity? (1=does not interfere, 10=completely interferes). **You reply that you are at 10 and describe how the pain interferes (e.g., can't enjoy socializing with friends/family anymore, can't keep the house/yard clean and nice, can't go out to movies because always hurting, etc)**
4. **Adjuncts:** What other medications or modalities are you using or have you tried in the past? **You tried physical therapy and acupuncture, but they have helped less and less over the years.**

5. **Adverse effects:** What side effects, if any, have you experienced from your pain medications? **You reply that you experience some constipation but deny nausea, sedation, fuzzy thinking.**
6. **Aberrant behaviors:** When asked, “How do you manage it if your pain is still severe after you take your medication?” **you reply that you try not to run out. Once or twice you borrowed a Lortab from your mother when you ran out.**

ROLE PLAY # 1 Patient Assessment Using the 6 A's PHYSICIAN ROLE (resident/student)

Background: Patient is 58 years old and has a history of severe chronic low back pain for 20 years; on social security disability due to back pain. S/he has had multiple surgeries and has undergone physical therapy and acupuncture. S/he came last month requesting a refill of acetaminophen/hydrocone 10, which s/he takes TID. S/he was told s/he would first need to have records sent from her previous physician. Today s/he comes to you with the same request. Before going in the room, you review copies of his/her records from his/her previous physician. You note there was no controlled substance agreement or contract, no urine drug screening, and on two occasions in the past six months s/he came in early for refills, which were granted. Hospital discharge summaries document several admissions for back surgery.

For this role play, assume you have discussed this case with your attending and together decided opioids will be prescribed for the pain and the patient's behavior over time will be monitored. The purpose of this role play segment is to discuss the contents of the agreement that all patients at your office who are taking controlled substances are asked to sign before receiving a prescription.

A. Build the relationship: Ask how s/he is doing. Express appreciation for having her previous records forwarded and highlight how this will be very helpful for planning purposes. Note that the records indicate several back surgeries and empathize with how difficult that must have been.

B. Ask about risk factors that might indicate increased risk of problems with opioids: cigarette smoking, use of cocaine or cannabis, personal or family history of substance abuse, history of severe anxiety or depression, or past legal problems.

C. Assess 6As

- 1. Analgesia: What number best describes your pain on average in the past week?**
 - a. (0 = no pain, 10 = worst pain imaginable).** Use this opportunity to elicit the patient's assessment of how the medication is working, their hopes or expectations for the medication, and their understanding of the risks and benefits of opioid therapy.
 - b.** You may need to provide some education such as the following: **What will let us know that you are improving over time and that treatment is effective is that your functioning improves as a result of medication. We'd like to start with as realistic a number for pain as possible at this moment, hoping that over time we can show improvement.**
- 2. Affect: What number best describes how, during the past week, pain has interfered with your enjoyment of life? (0=does not interfere, 10=completely interferes)**

3. **Activity:** What number best describes how, during the past week, pain has interfered with your general activity? (0=does not interfere, 10=completely interferes)
4. **Adjuncts:** What other medications or modalities are you using or have you tried in the past? (non-opioid drugs, exercise, physical therapy, acupuncture, injections, pumps...)
5. **Adverse effects:** What side effects, if any, have you experienced from your pain medications? (constipation, nausea, sedation, fuzzy thinking...)
6. **Aberrant behaviors:** What you are looking for as the physician is whether the patient takes more pills than are prescribed, borrows medicines from others, buys on the street, etc. For example, ask **How do you manage it if your pain is still severe after you take your medication?**

C. **Summarize what you have talked about** highlighting the pain you know the patient is experiencing, reviewing his/her pain score, and acknowledging his/her life is affected by the pain.

Explain that you will return shortly after presenting your case to your preceptor.

ROLE PLAY #1 Patient Assessment Using the 6 A's OBSERVER ROLE (Resident/student/faculty)

Check off the items completed by the physician

Visit 1 Part 1

- Open the visit by **connecting with the patient** (i.e., show interest in the patient).
- Assess for risk factors that increase risk for addiction:**
 - Cigarette smoking
 - Use of cocaine or cannabis
 - Past history of alcohol or drug disorder
 - Family history of alcohol or drug disorder
 - History of severe anxiety
 - History of severe depression
 - History of legal problems
- Assess the 6As:**
 - Analgesia** (Rating of pain on average in past week – 0 low to 10 high)
 - Affect** (How much pain has affected enjoyment of life - 0-10?)
 - Activity** (How much pain has interfered with general activity in past week?)
 - Adjuncts** (What other medications or modalities using now or in past?)
 - Adverse effects** (What side effects have had from pain meds?)
 - Aberrant behaviors** (How pain is managed when medication does not control pain – take more pills than prescribed, uses someone else's pain medication, etc.)
 - Aberrant behaviors** (How pain is managed when medication does not control pain – take more pills than prescribed, uses someone else's pain medication, etc.)
- Summarize** what has been discussed so far, **highlighting patient's pain and efforts to control pain**
- Affirm patient** (e.g., for coming in to talk about how best to manage pain, for the struggles s/he has undergone to control pain, for efforts to use medication safely)

Overall Visit 1 Part 1 (ABBA)

- Affirm** patient (something to admire in patient such as enduring such intense pain, searching for solutions, limiting own use of medications or in certain situations such as driving)
- Be curious** (why is patient hesitating or denying problem—ask open questions of the patient and say how patient makes sense given what they have endured)
- Be respectful and collaborative** (talk about how you hope to work **together** to manage pain, and at the same time keep patient safe)

_____ **Allow autonomy** by highlighting choice (for example, validate that the patient has his/her own ideas about what works even though physician might disagree)