



Dealing with Patient Pain

Here's how staff can make patient visits more productive.

BY LYNN HOMISAK, PRT

Topic: Breaking Down Patient Pain

Dear Lynn,

We had a new patient present this week complaining of "foot pain". As a podiatric medical assistant, I was the first to engage with this individual when he arrived at our office to review his intake papers. I learned that he'd tried several OTC remedies with no relief, been to several health-care professionals, and that his pain now is "worse than ever". I wanted to be encouraging, and at the same time get as many details as possible about his pain so I could give our doctor a well-documented patient history. For future reference, and without overstepping my limited role, what questions could I have appropriately asked that would be particularly helpful to both doctor and patient?

Kudos to you for recognizing and respecting the boundaries of your position, especially since, as an assistant, you are not licensed to practice medicine. During your interaction with patients in general, they may ask for your opinion as a professional or seek a diagnosis. It is essential to refrain from sharing what you "think" their condition might be, substantiating the origin of their pain, or suggesting a diagnosis, regardless of your personal beliefs or impressions.

Preliminary Patient Interaction

If reviewing your patients' initial intake sheets is part of your job description, it is your responsibility to properly and effectively gather the most precise and comprehensive data. Documenting the patient's chief



complaint, current medications, and relevant medical history into their record allows the doctor(s) to quickly familiarize themselves with the patient's situation prior to entering the treatment room.

Patients often communicate that they want more quality time with

sonally introduce themselves and make a genuine effort to connect and converse with them. This initial bond sets the stage for allowing the patient to open up and reveal things they might not feel comfortable relaying directly to the doctor. It also fosters exceptional patient satisfaction.

Do not underestimate the power of this first step. Breaking through a patient's hesitancy or fear from the start can be mutually beneficial to their overall treatment. It's important to remember that comprehensive patient care includes tending to their overall well-being as well as to their physical pain and symptoms.

Creating a staff-patient connection is also an opportunity for the

Remember that everyone's pain and personal tolerance for it is as different as apples and oranges.

the doctor. By collecting the necessary information in advance, you are giving patients just that. Doctors can promptly summarize your notes, then devote valuable time and attention to the patient by addressing their concerns, thoroughly evaluating their symptoms, and discussing formidable treatment options with them. *Boom.* More quality time.

Make no mistake. Gathering basic patient data is a productive use of your time, albeit only part of your initial patient encounter role.

Patient-Staff Connections Matter

One of the first steps staff can take when caring for a new patient—for ANY patient, in fact—is to per-

assistant to advocate for the physician's experience, expertise, and approachable personality and help put the patient at ease. *"You've come to the right place, Mrs. Achy. Dr. Fixit has a great reputation and I'm sure, like all our patients, you will find him to be a very competent, very compassionate doctor."*

Distinguishing a Patient's Pain

Finally, remember that everyone's pain and personal tolerance for it is as different as apples and oranges. While some patients may be unable to verbalize their pain, their facial expressions/mannerisms are a dead giveaway.

Continued on page 52

ASK THE CONSULTANT

Patient Pain (from page 51)

Whether it's their wincing, droopy brow and mouth, pursed lips, clenched teeth, teary eyes, hunched shoulders, or reluctance to answer, by acknowledging that their pain is real and offering emotional support and empathy, you can provide a calming reassurance that they came to the right place. In some cases, your support may be something as simple as your mere presence, standing at their side, or holding their hand during an injection.

As mentioned, each patient's pain experience is unique, so to properly treat each case, it becomes essential to understand certain designated factors such as the nature of the patient's type of pain, its level of severity, and any previous treatment they have received.

Depending on their job description, PAs can ask questions about patient pain levels and their experience with prior treatments or medications.

Recognizing these identifying details can guide the doctor in developing the most effective individual treatment plan for each patient. This may include immediate onsite podiatric care, an outside referral, a weight loss program/recommendation, or all of the above.

An Expanded Questionnaire

If you have advanced permission from your physician(s), verbally or in your written job description (which, by the way, should be synchronous), asking more in-depth questions of your patient will only help the doctor gain additional insight into their pain experience.

Consider this list of expanded inquiries to include during your patient encounter.

Nature of the Patient's Pain

Q: Is your pain related to an injury? Auto or work accident? If so, please explain.

Q: Where exactly are you feeling pain?

- Please indicate by pointing to this area.

Q: Have you noticed any swelling, redness, or warmth there?

Q: How long have you experienced this pain?

Q: How would you describe your pain today?

- Note: You can offer some descriptives to facilitate a response, such as, "aching, dull, crampy, numb, tingling, sharp, throbbing, shooting, burning or stabbing", etc.

Level of Severity

Q: The use of a numeric pain scale helps us understand the intensity of your pain.

- On a scale of 0-10, zero being no pain and 10 being ex-

Continued on page 53

ASK THE CONSULTANT

Patient Pain (from page 52)

tremely painful, where would you say your pain is today?

- We will check this indicator at each visit to determine if there is improvement with applied treatment.

Q: Is your pain constant or does it come and go?

Q: Do you find it is more painful when you stand on it?

- Or does it hurt even when you are completely off of it?

Q: Do you feel it has improved or worsened since it first started?

Previous Treatment

Q: Have you taken any measures to try to alleviate the pain?

- (i.e., visits to other physicians, OTC medications or supplies, physical therapy, pain management, etc.)

- Have any of these been at all successful? Please explain.

Effect on Daily Life

Q: Can you pinpoint anything that might trigger your pain? Certain activities?

Q: How has dealing with this pain affected your daily life? Family? Work? Hobbies or recreation?

- Is your mobility restricted? Your sleep disrupted? Do you feel depressed due to functional inabilities or limitations?

A Suggested Proactive Approach

You might also consider taking a more proactive approach by suggesting that your patients prepare for their appointment. Encourage them to write down any questions they have prior to being seen. Additionally, they can document their pain levels, any triggers they suspect may have contributed to their pain, and anything they've done that provided relief. Recalling some of this information at home takes the pressure of remembering when asked onsite.

This organized list of information can allow doctors to focus on the patient's needs and expectations, facilitate conversation on topics important to the patient, and save valuable time in the treatment room. If the patient does not follow through with this information at the time of their appointment, a form can be provided to them upon their arrival at the office.

However you choose to go about it, the ability to obtain as much patient information as possible will only result in a much more effective treatment plan.

And isn't that the goal? **PM**



Ms. Lynn Homisak, retired President of SOS Healthcare Management Solutions, carries a Certificate in Human Resource Studies from Cornell University School of Industry and Labor Relations. She is the 2010 recipient of Podiatry Management's Lifetime Achievement Award and was inducted into the PM Hall of Fame. She is also an Editorial Advisor for Podiatry Management Magazine and is recognized nationwide as a speaker, writer, and expert in staff and human resource management.