The role of a psychologist in multi-disciplinary management of chronic pelvic pain

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Overview

- current contextual influences on healthcare delivery
- routine presentations
- complex presentations

PATIENT EXPERIENCE → QUALITY ← STAFF ENGAGEMENT

The available evidence suggests that measures of patient experience are robust, distinctive indicators of health care quality.

Manary et al, New England Journal of Medicine. 2013[14]

Evidence shows that better patient experience scores linked to

- Lower readmission rates[1]
- Lower cost per case[2]
- Shorter length of stay[2]

Patients with lower anxiety

Feel less pain and their surgical wounds recover more quickly[7]

Good communication improves

- Compliance with post discharge instructions[3]
- Safety - patients point out potential adverse effects[4]
- Blood pressure[5]
- Self management[3]
- Emotional health[4]
- Number of complaints. Evidence shows tone-of-voice is key factor in complaint levels[6]

Variation between hospitals in patient perception of quality of care is driven 91% by human factors[18]

There is a clear relationship between the wellbeing of staff and patients' wellbeing

Boorman, 2009, Kings Fund 2012[17]

A **5% increase** in staff working in 'real teams' associated with a **3.3% drop** in mortality rates[12] Equivalent to **40 people per year** in average hospital.

Hospitals with higher staff engagement have

- Lower mortality[8]
- Fewer hospital acquired infections[9]
- Better outcomes[8]
- Significantly fewer mistakes[10]

5:1.

In the most successful teams people get 5 times more appreciative comments about their work than critical comments[20]

Rudeness between staff in hospitals, reduces cognitive function, and increases the likelihood of safety incidents[13]

Hospitals with higher levels of staff engagement deliver a better patient experience[19]

The importance of patient experience

"Evidence shows that better patient experience is linked to shorter length of stay, lower readmission rates and lower costs" *(Auckland DHB Patient Experience Survey 2016)*

Outpatients - information, organisation and confidence in care are very important dimensions

Inpatients - communication, confidence in care and getting consistent and coordinated care are the most important dimensions

Ref: Doyle C, Lennox L, Bell D. A systematic review of evidence on the links between patient experience and clinical safety and effectiveness. BMJ Open 2013;3:e001570. doi:10.1136/bmjopen-2012- 001570

Auckland DHB – Our Shared Values

- What we do:

  - Empower patients, families and whanau to take more control of their health & healthcare
  - Empower staff to make the difference, and
  - Have a commitment to innovation, education and research

- How we do it:

  - Welcome *Haere Mai* – we see you and welcome you as a person
  - Respect *Manaaki* – we respect, nurture and care for each other
  - Together *Tuhono* – we are a high performing team
  - Aim high *Angamua* – we aspire to excellence and the safest care

Chronic pelvic pain

- Recognised pathologies: endometriosis (affects up to 10% women), adhesions
- No obvious pathologies: pelvic congestion syndrome, primary dysmenorrhoea, mid-cycle pain, entrapped nerve syndrome, neuropathic pain, hypertonicity of pelvic floor muscles
- Associated problems: IBS, interstitial cystitis/painful bladder syndrome, migraine, fibromyalgia

Psychosocial factors associated with chronic pelvic pain

- Depression, anxiety disorders
- Sexual abuse, PTSD, dissociative disorders
- Substance abuse, eating disorders
- Somatoform disorders/medically unexplained symptoms
- School avoidance, work absenteeism
- Relationship stress/abuse

Psychological assessment

- Listen to her story of pain and help-seeking experiences
- Invite her formulation of how symptoms developed and are maintained
- How does she manage pain?
- What are her expectations of this service?
- Assess mood and functioning
- Identify other psychosocial stressors

Psychological interventions

Emotional support/validation

- Pain education – pain is not in her head
- Address unrealistic expectations
- Optimise behavioural pain management
- Reinforce multi-disciplinary approach
- Coaching on optimising contact with health professionals and services
- Address comorbid stressors (e.g. via couples counselling, improving social support, access to financial resources etc)

Recognizing Complex Presentations

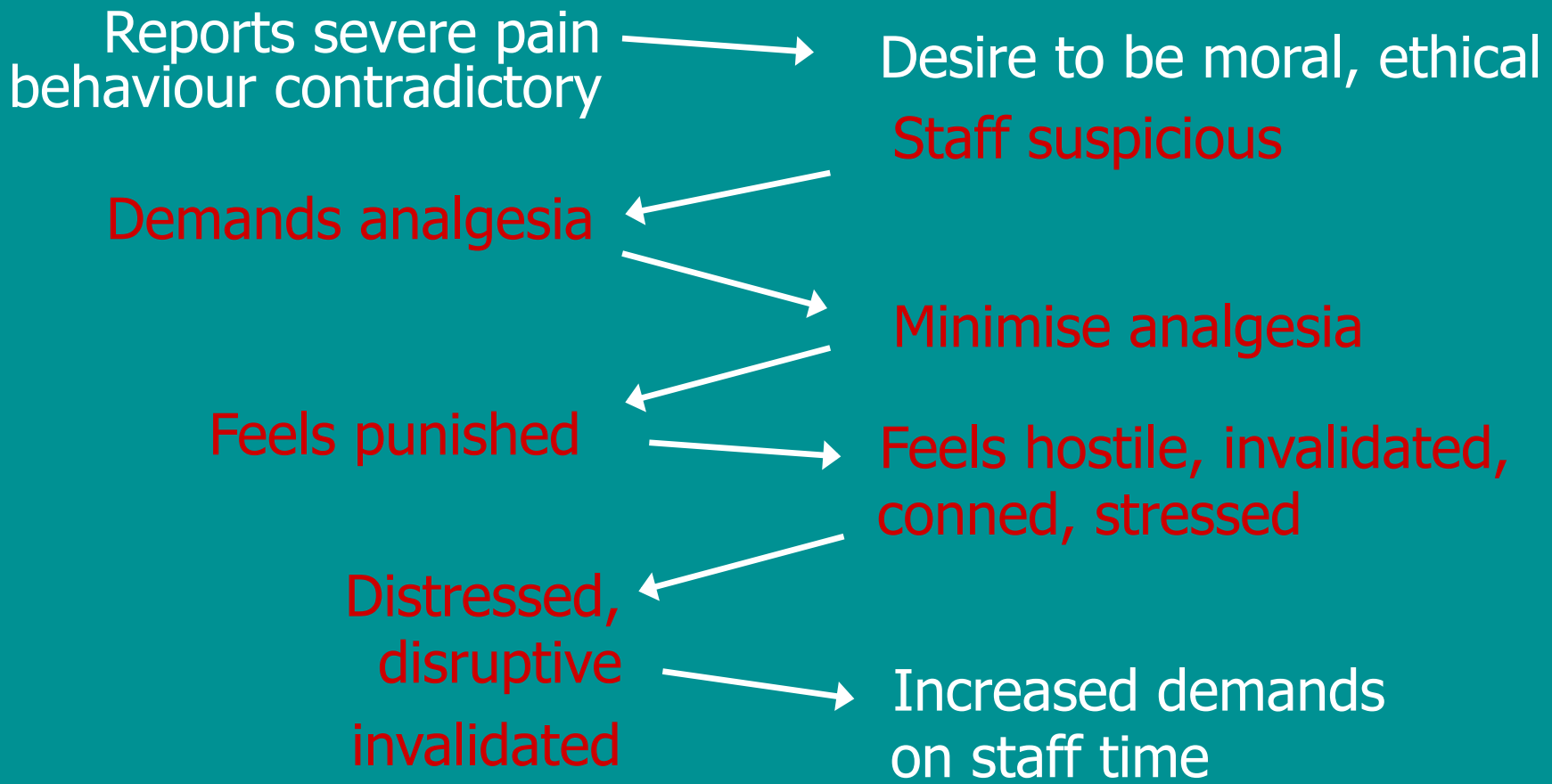
- small group of high users of hospital services
- not managing pelvic pain with prescribed analgesia
- may have developed “pain phobia”
- repeat crisis admissions to hospital
- unstable living situation, social support network, financial stress
- Staff invited to step out of role to meet client needs

Case scenario: Sarah

- 23 yr old with extensive prior surgery
- 4 laporotomies, bowel resection, laporoscopic appendictectomy
- 3 pain-related admissions (3-5am) over 6 week period, most recently stayed 10 days
- Presented on ward as angry at perceived poor management due to repeat admissions, changing diagnoses, multiple treatment settings
- Hostile towards staff, complains of inadequate pain relief, ongoing pain

The Vicious Cycle

Patient **Staff**



Treatment implications

Adopt a validating stance

- Biopsychosocial view of pain includes physiological, subjective, behavioural components

> "All pain is real but amount of activity in each of these systems may vary (symptom shifting)" (Pearce & Beard 1984)

Validation: What is it?

- Validation is acceptance of another person's emotional communication (inc. non-verbal)
- Validation means we received the non-verbal "feeling" message: "we get it"
- **Not the same** as agreeing, supporting, understanding when you don't

  — Ref: Linehan, M. (1997). Validation and psychotherapy. In Bohart and Grenber (Eds) Empathy Reconsidered: New Directions in Psychotherapy. Washington, APA

Treatment implications

- Consider psychological developmental stage of patient (teenagers have different dynamic)
- Acceptance of chronicity/long treatment course
- Multidisciplinary approach required with regular liaison between/amongst teams
- External services usually unable to cross into hospital setting

Outpatient management

- Patient sees the same Consultant regularly to ensure consistency
- Encourage engagement with GP and primary care between clinic appointments
- Consider a Management Plan (done collaboratively with patient)
  - Identify all stakeholders and their roles
  - Identify treatment steps patient is expected to undertake for each part of the service
  - Identify steps patient takes if needing to access acute services
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Inpatient management

- patient follows clear admission pathway to admission unit where acute gynaecological problems can be excluded
- Ward is notified of her arrival
- consider keeping pain patients in different rooms to contain patient's behaviour
- adhere to charted analgesia regardless of behavioural inconsistencies
- discuss at handover and document description of behaviour management approach in chart

Putting it together…

1. Biopsychosocial model
2. Manage expectations
3. Observing your limits
4. Clear communication with patient and colleagues

Staff communication style

Unhelpful

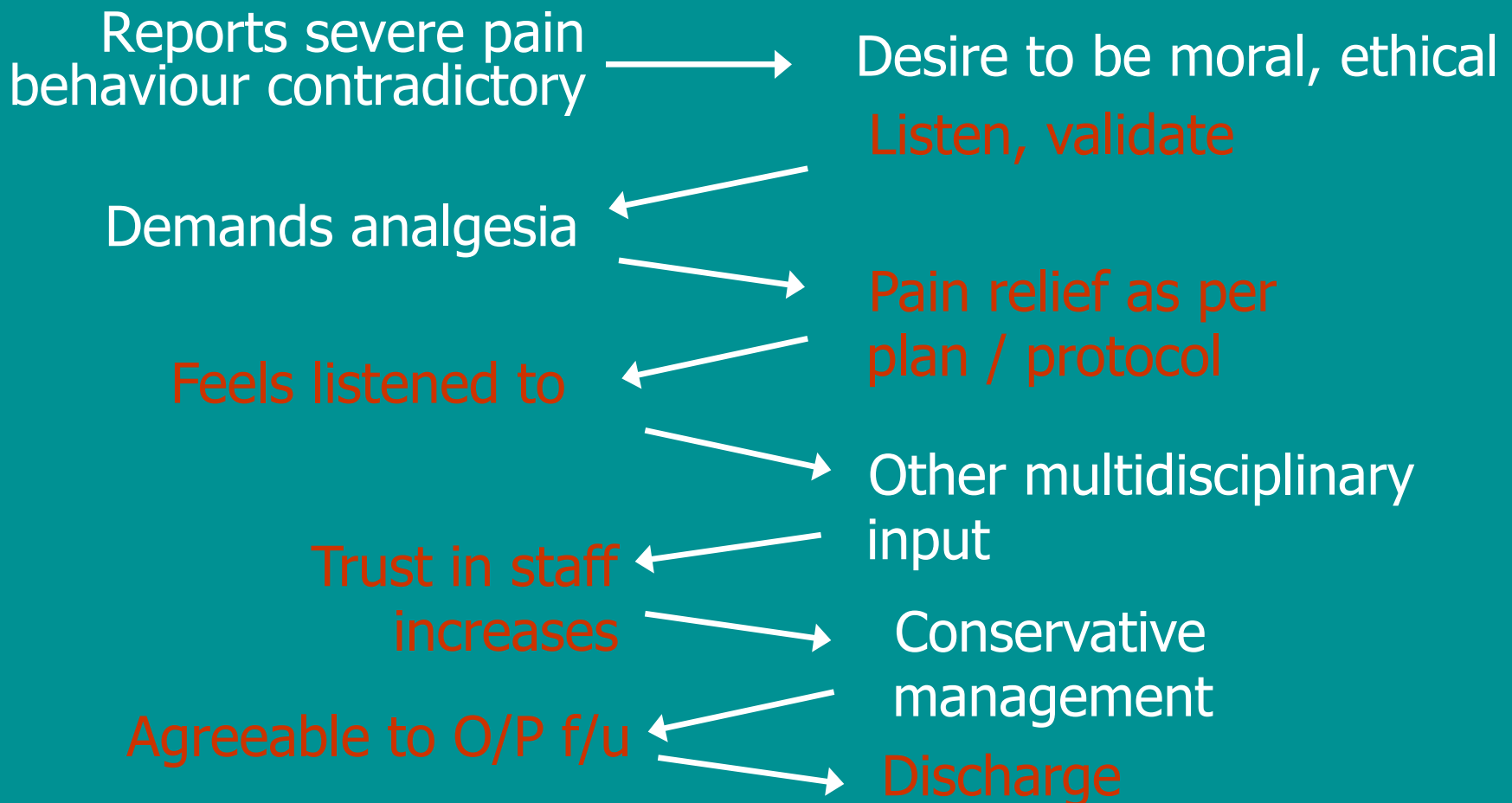
- Indirect
- “Walking on eggshells”
- Rescuing / rejecting
- Feeling responsible for the outcome

Helpful

- Compassionate
- Straightforward
- Genuine
- Open, honest
- Predictable

Validation & Change

Patient **Staff**



When to apply this approach

- Recurrent admissions
- Significant polypharmacy
- Behavioural inconsistencies
- Difficulties adhering to treatment plan
- “Pass the parcel” between different specialties
- Pressure from external parties

Suggested Reading

De Ruddere, L, Goubert, L, Prkachin, K, Stevens, M Van Ryckeghem, D, Crombez, G (2011). When you dislike patients, pain is taken less seriously. Pain 152, 2342-2347.

Hacquebord, H (1994). Healthcare from the perspective of a patient: Theories for improvement. Quality Management in Health Care 2 (2) 68-75, Aspen Publishers Inc

St Martin, L (2017). The role of a psychologist in the multidisciplinary management of chronic pelvic pain. *Ngau Mamae. Journal of the New Zealand Pain Society*, Winter 2017, 19-23.

See NZ Endometriosis Foundation www.nzendo.org.nz