The Truth Matters: Assessing Pain Management & Patient Behavior

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Faculty Disclosure

“We do not have any relevant financial relationships with any commercial interests.”

Educational Objectives

Objective 1

- Define malingering
- Recognize signs, symptoms, and styles of presentation
- Employ empathy & self-awareness to avoid confrontation & antagonism

Educational Objectives

Objective 2

- Consider chief complaints in light of social, legal, and institutional context
- Recognize possible motivations for malingering psychiatric illness
- Identify those medications most likely sought via malingering

Educational Objectives

Objective 3

- Assess pain complaints objectively & systematically
- Document support of both pain syndromes as well as malingering
- Relate findings in lay terms to aggrieved stakeholders - patient, family, human rights officers, institutional staff

Outline

- Medicine in Corrections
- Pain Management Assessment
- Malingering
- Behavior Management
- Multidisciplinary Teamwork

Medicine in Corrections

- Forced provider/patient relationship
- Deliberate indifference standard
- Unique environmental risks with regard to diversion, illicit substances, overdose
- Patient population enriched with substance misuse and psychiatric illness
- Barriers to continuity of care

Pain Management Assessment - Staff Roles

- Structure and sequence of patient interaction with medical and correctional staff
- Different presentations to different staff
- Nursing and corrections verbal and written reports to provider

Pain Management Assessment

- No man is an island- teamwork is key
- Nursing staff is 1st contact with patient- their observations are key for your assessment. Coach staff on how you would want them to evaluate patient.
- Helpful to have provider-trained consistent designated staff work sick call
- SBAR or SOAP format, consider using a standardized flowsheet
- Nursing documentation should paint a clear picture of the patient presentation

Pain Management Assessment - Physical Exam

- PE starts before the patient is in the room
- Employ solid focused physical assessment (straight leg raises, ROM, vital signs, unbalanced muscle tension, temperature sensitivity etc.).
- Consider employing techniques to determine non-organic cause/somatic over-reporting (Waddell's signs)

Pain Management Assessment - Provider Documentation (pulling it all together)

- In house record review
- Consider using information from security as well – offender observations, in-house charges
- Community record review
- Provider rationale & judgment
- Thorough documentation of the encounter and findings to ensure multi-disciplinary continuity of care.
- Suspend confrontation of offender until all information is in and do as a group

Malingering

- intentional purposeful deception
- Variety of secondary gain motivations
- Willingness to expose oneself to physical harm to meet goals
- Offenders have considerably more practice malingering than we do detecting it
- Essential to allow malingerers to dig their own grave

Behavior Management

- prior to interacting with an offender, be clear about your motivations and thoughts about yourself and the offender.
- Offenders will always be better at discerning your emotional state than you will be at knowing it and concealing it.

Behavior Management

- Approach these interactions with a clear framework of guiding principles, not all of which can be satisfied equally:
- Safety
- Patient satisfaction
- Facility/stakeholder satisfaction
- Practicing according to guidelines, best practices

Case - Primary Care Perspective

- Offender presents with non-specific pain-usually orthopedic in nature.
- Vague pre-incarceration history of mixture of alleged trauma, substance use or pain issues
- Physical exam and testing negative
- Outside records do not correlate or are not obtainable

Case - Mental Health Perspective

- Malingering of pain syndromes often co-occur with:
- Malingering of psychiatric syndromes
- History of and active use of substances (prescribed, to self & others, and illicit)
- Real illness may co-exist as well

Multidisciplinary Teamwork

- Reduce potential for “splitting” by:
- Coordinating care across all disciplines – primary care, mental health, nursing
- Alerting administrative personnel before the grievances arrive
- meeting with offenders as a team rather than individually

Communication with Concerned Stakeholders

- Comprehensive and consistent documentation: document inconsistencies, physical findings, outside record review, treatment plan, and justification of prescribing/not prescribing
- Documentation of collaboration and shared findings supporting shared diagnosis
- Anticipation of pushback from stakeholders

Conclusions

- This is a team effort
- Work satisfaction comes from consistent safe practice, not offender praise
- Requires constant diligence to manage one's reactions to offenders' demands
- Anticipation of licensing complaints

Questions, Answers, Comments, Discussion

- Thank you!