

LEARNER TASKS: You are the provider seeing a patient in the family medicine clinic.

Gather Data:

- Address risk for misuse of opioid prescriptions using the completed Opioid Risk Tool (ORT) and assessing personal and family mental health and substance use histories.
- Review the completed pain scale, discuss how the patient has been treating the pain and the impact on life.

Build Relationship:

- Discuss the findings from the prescription monitoring program and the risks of taking medications from other people.
- In a non-judgmental conversation, communicate to the patient your assessment that the risks outweigh the benefits associated with ongoing use of opioid pain medication for low back pain.

Engage Patient in Care Plan:

- Create and prescribe a non-opioid treatment plan for his pain, including NSAIDs and other non-opioid analgesics, stretching, physical therapy and core strength training, activity and rest cycles.
- Discuss strategies for patient to self-manage his condition in safer ways and set short-term goals to help monitor his progress in follow up visits.

CASE DETAIL

Patient Profile:

Name: Dana Johnson, age per SP (30-50), gender per SP, married with children.

Occupation: Construction (Carpentry, roofing, plowing snow).

Pain Complaint: Low back pain unresolved from work injury 3 months ago and at the time the x-ray was negative.

Setting: The patient is a construction worker seeing you in Family Medicine clinic. You evaluated the patient initially 2 months ago. You treated them with hydrocodone-acetaminophen 5/325 mg 1-2 q 4 hrs. as needed for pain #80 and referred to physical therapy. One month later the patient continued to complain of pain and reported they only went once to physical therapy because of scheduling and the first visit did nothing. You increased his pain medicine to 10/325 mg 1-2 hrs. as needed for pain #80 and ordered an MRI (report in folder) which was unremarkable and patient is aware of the result. You referred to Physical Therapy and patient went once and did not return. Physical exam findings have been normal throughout. PMH includes mildly elevated blood pressure (no medications). No known allergies.

SMALL GROUP FACILITATION

<p><i>iCELS staff will announce timing to assure the day flows correctly.</i></p> <p><i>Please make every effort to stay on time.</i></p>	Encounter Timing:	
	0 min	• Staff announce time to prep for the case: direct learners to review materials and tasks.
	5 min	• The SP knocks and enters the exam room.
	17 min	• Staff give the 2-minute warning.
	19 min	<ul style="list-style-type: none"> • Staff announce the end of the encounter. • The SP will not participate in feedback, but exit the exam room to complete a checklist. • You will begin debriefing.
	27 min	• Staff give the 2-minute warning to finish up debriefing.
	29 min	• Staff announce the end: stop debriefing and direct learners to prepare for the next case.

