

Participant Information Sheet

Pain Understanding and Confidence Questionnaire (PUnCQ)

Introduction and study purpose

You are invited to take part in a study about knowledge, understanding and confidence related to pain. The aim of the study is to investigate the current understanding and confidence of preregistration healthcare professionals regarding pain and treating those with pain.

Your contribution to the study will help us to understand more about how people think and feel about their understanding of pain and how it can be managed. It will also allow us to develop our work in this important area. Before you decide whether or not to take part, it is important for you to understand what participation in the study will involve for you. Please take time to read the following information carefully and discuss it with others if you wish. Please contact us at the address below if you would like more information.

Why have you been chosen?

You have been chosen as you are a student in the final year(s) of pre-registration education in a profession that may come into regular contact with people with pain.

What will I have to do if I take part?

If you are interested in taking part, you are asked to complete a short, online questionnaire. Instructions on completing the questionnaire are provided. It may take approximately 5 minutes to complete.

Do I have to take part?

No. It is up to you to decide whether or not to take part. You can stop taking part in the study at any time, without giving a reason, i.e. you do not have to return the study materials.

What are the possible disadvantages and risks of taking part?

There are no apparent disadvantages or risks in taking part in this research.

What are the possible benefits of taking part?

We can't promise that the study will help you personally. However, the results should help our understanding of the knowledge and understanding of healthcare students about pain. This, in turn, is expected to be beneficial to future education and healthcare provision.

What will happen to the information that you give?

The information you provide will be stored securely on password-protected PCs in a locked office. After 10 years from the end of the study all data will be destroyed securely.

Will my taking part in this study be kept confidential?

Yes. Ethical and legal practice will be followed, and all of your information will be handled in confidence. The responses that you provide will be treated in confidence. Your rights are protected under the Data Protection Act.

Who is organising and funding the research?

The research is being conducted by Dr Stephen Gilbert of the North Queensland Persistent Pain Management Service, based in Townsville University Hospital. Your data will be stored securely at Townsville University Hospital for 10 years before questionnaire materials are securely deleted.

What will happen to the results of the research study?

The data will be analysed and will be available to a range of people, including health professionals and researchers through written reports, established website reports, the media, presentations and journal publications. However, it will not be possible to identify any individual participant from these reports or publications.

Who has reviewed the study?

The Townsville Hospital Research Ethics Committee has granted ethical approval for the study. Consent to take part in the study will be obtained online by the study team.

Further information and contact details

You can get more study information or discuss the project with the research team at:

Stephen.gilbert@health.qld.gov.au c/o Anaesthetic Department, Townsville University Hospital, 100 Angus Smith Drive, Douglas, Townsville, Queensland 4814.

What happens next?

If you decide you are interested in participating in the study after reading this information sheet, please click on the link provided to complete the questionnaire.

Thank you for taking the time to read this study information sheet.

Participant Consent Form

By ticking all of these boxes you are indicating consent to participate in this study

- I confirm that I have read and understood the information sheet and have had the opportunity to ask questions and have had these answered satisfactorily.
- I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason without legal rights being affected.
- I agree to take part in the above study.
- I understand that the results from this work may be published however it will not be possible to identify any participant

Pain Understanding and Confidence Questionnaire. (PUNCQ)

Thank you for taking this short survey.

The aim of the questionnaire is to assess your awareness of chronic pain and its management.

Name –
Email –
Course –
Year –
University -

Pain has been defined as “an unpleasant sensory and emotional experience, associated with tissue damage or described in terms of such damage”. Chronic pain is defined as pain having lasted for more than 12 weeks. It is a common condition, affecting around 1 in 5 people and is a common reason to seek health care advice.

We’d like you to imagine you are due to review this lady and reflect on how you would feel about assessing and managing her pain.

If you would like feedback on the survey results, please put in your email above. If not – it’s fine to complete it anonymously, but it would be very useful for us to know which course you are doing, which year you are in and which University you are at.

Case Study:

Mary is a 49 year old woman. She had an MVA 3 years ago, when her stationary car was run into from behind at 20 miles an hour. She wasn’t sore at the time but developed increasing pain and stiffness after 1 day. She reported high levels of pain initially.

Started as neck/shoulder pain then started spreading down arms and legs. She also has headaches and sleep problems. Now her pain is constant, all over and aching. She has bad days and worse days aggravated by doing anything for too long and by cold. Her pain is eased with rest and heat.

Medical treatment with Cocodamol 30/500 and ibuprofen isn’t helping and is causing side effects. She’s tried other pain killers, including tramadol and pregabalin, in the past. She is worried about being addicted to pain killers.

She has been for massage and manipulation and spent a lot of money with no lasting relief. Her pain sometimes flared up afterwards. Blood tests for arthritis were negative. She had an x-ray and her doctor has told her that she has wear and tear. She has been told that she can’t have an MRI and she expects her pain will never get better.

She has had to give up her work and is applying for benefits, but not sure what to fill in as the diagnosis. She uses better days to try and catch up on housework. She likes to get a job done even though she knows her pain will take a long time to settle.

Section A: Please answer the following questions about how you feel you might best help her. If you feel that there is more than one answer which might be correct, please pick the one that you think would be best.

Question No.	Question Please choose the best answer to each question, in your opinion.	
1.	Changing her painkillers	
	a) Really helpful because strong medication is important in chronic pain	
	b) Quite helpful. Medications sometimes help but only part of a wider pain management plan with pain management strategies	
	c) Not very helpful as medication often doesn't help chronic pain and there are sometimes side effects	
	d) Not helpful at all as patients build up tolerance to medication	
	e) Don't know	
2.	Starting medication for neuropathic pain	
	a) Really helpful as there are clear indicators of neuropathic pain in the case study	
	b) Quite helpful as medication for neuropathic pain can sometimes help widespread pain and improve sleep	
	c) Not very helpful as neuropathic medication often has side effects	
	d) Not helpful at all as there are no indicators of neuropathic pain	
	e) Don't know	
3.	Making an objective measure of her pain by seeing how much damage there is on MRI	
	a) Really helpful as having an objective measure can help evaluate treatment	
	b) Quite helpful as an objective measure can help decide whether she needs stronger analgesics.	
	c) Not very helpful as only the patient can rate their pain and this is a subjective measure.	
	d) Not helpful at all as I will know what treatments are needed without an objective measure	
	e) Don't know	
4.	Encouraging her to do more exercise	
	a) Really helpful as pacing and increasing activity has good evidence for improving function	
	b) Quite helpful but she needs to watch out in case she worsens her condition	
	c) Not very helpful as exercise only causes flare ups	
	d) Not helpful at all as she could cause herself more harm	
	e) Don't know	

5.	Checking for yellow flags	
	a) Really helpful they are indicators of prognosis and can be targets for treatment	
	b) Quite helpful but patients will not understand or change their risk factors	
	c) Not very helpful as I can't do anything about them	
	d) Not helpful at all as yellow flags mean it is 'all in their head'	
	e) Don't know	
6.	Checking for red flags	
	a) Really helpful as there are clear signs in the history of serious pathology	
	b) Quite helpful as just because somebody has chronic pain it doesn't mean they don't have sinister pathology	
	c) Not very helpful as there are no indicators in the case history	
	d) Not helpful at all as the person clearly has chronic pain	
	e) Don't know	
7.	Asking the patient to rate the severity of their pain	
	a) Really helpful as it is necessary to understand how severe the pain is to track response to treatment.	
	b) Quite helpful as it tells you about the amount of damage there is	
	c) Not very helpful as the amount of pain doesn't tell us how much damage there is.	
	d) Not helpful as they may exaggerate their pain.	
	e) Don't know	
8.	Starting an anti-depressant	
	a) Really helpful as everybody with chronic pain has depression	
	b) Quite helpful as some anti-depressants can help sleep which is affected by pain	
	c) Not very helpful as anti-depressants are for mood not pain	
	d) Not helpful at all, as the pain cannot be real if they need to take an anti-depressant	
	e) Don't know	
9.	Helping her understand her pain	

	a) Really helpful as having a greater understanding can reduce fear and help people manage their pain better	
	b) Quite helpful as people with chronic pain need to be told there is no damage – otherwise they may have more unnecessary medical appointments, investigations and medication	
	c) Not very helpful as it takes too much time	
	d) Not helpful at all as it means it is 'all in their head'	
	e) Don't know	

10.	Referring to a Psychologist	
	a) Really helpful as there are clearly high levels of anxiety and depression which are the main reason for her pain.	
	b) It is quite helpful to address obstacles to coping and to suggest management strategies. Referral to a Psychologist may be needed for patients with more complex problems.	
	c) Not very helpful as it isn't a physical treatment	
	d) Not helpful at all as all efforts should be aimed at a biomedical treatment.	
	e) Don't know	
11.	Doing further investigations	
	a) Really helpful there are indicators in the case study for further diagnostic tests to be done.	
	b) Quite helpful as you cannot treat somebody until you know what is wrong with them	
	c) Not very helpful as further investigations can lead to an increase in worry and anxiety.	
	d) Not helpful at all as there are clear red flags in her history.	
	e) Don't know	
12.	Supporting her to use self-management techniques to manage her pain.	
	a) Really helpful as self-management will engage her in a rehabilitation approach to improve her health.	
	b) Quite helpful but she might feel that she is being told that treatments won't help and she has to put up with it.	
	c) Not very helpful as it's not my job to get somebody to self-manage	
	d) Not helpful at all as she needs to stick to medical treatments	
	e) Don't know	

Section B: Thinking about your assessment & your formulation of a management plan for Mary, please rate how confident you would feel about the following where 0 = not at all confident and 10 = no problem!

	0	1	2	3	4	5	6	7	8	9	10
13. Recognise commonly used definitions of pain and be able to describe the implications of these definitions for the patient e.g. central sensitisation, allodynia and hyperalgesia											
14. Describe the contribution of biological, psychological and social factors to individual variation in pain perception, behaviour and expression											
15. Explain the main structures involved in pain and how they interact in the pain experience.											
16. Diagnose the differences between nociceptive pain and neuropathic pain.											
17. Explain the principles of the gate control theory and concepts of pain modulation and neuroplasticity.											
18. Be able to help her understand that social and psychological factors act in association with biological factors to influence an individual's pain experience and pain behaviours in both acute and chronic pain.											
19. In the absence of a clear diagnosis, provide useful information in a way that is helpful from her perspective and will allow her to move towards self-management											
20. Know whether you should refer her for more specialist assessment											
21. Conduct a comprehensive assessment of pain using valid and reliable tools											
22. Assess her understanding of pain and identify fears that may act as barriers to effective management											
23. Discuss where self-management is a priority and should be encouraged and supported											
24. Describe the role of pacing and activity management.											
25. Signpost her to suitable information.											
26. Explain the role of psychological interventions in pain management											
27. Explain analgesics effects, side effects and their management.											
28. Explain the strengths and weaknesses of The World Health Organization analgesic ladder.											
29. Differentiate between physical dependence, substance use disorder, misuse, tolerance, addiction and non-adherence.											
30. Describe yellow flags and discuss their impact on the management of pain											
31. List the common red flags associated with pain											

Section C: Education Content and Delivery

	yes	no	Not sure
32. From your undergraduate education, do you think you have had enough information to allow you to feel comfortable in managing this lady's pain?			
33. Do you think that further eLearning would allow you to feel comfortable in managing this lady's pain?			

34. Do you think that clinical teaching would allow you to feel comfortable in managing this lady's pain?			
35. Is there anything else that you think would help you manage patients with chronic pain?			
36. Is there anything else that you would like to comment on regarding chronic pain or the survey?			