

# Pain Week

UNIVERSITY OF TORONTO  
INTERFACULTY PAIN CURRICULUM

---

## *Facilitator Manual*

After completing **Pain Week**, students will understand pain as a complex human experience requiring multi-dimensional care.

Through Pain Week, they will:

- **Learn about pain**, including its biological, psychological, and social dimensions.
- **Develop systems-based and critical thinking skills** to address the impact of social determinants of health (SDOH) on pain management.
- **Work interprofessionally** to collaborate effectively within healthcare teams.

These goals will prepare students to meet the multifaceted needs of people experiencing pain.





## This package contains:

- ✓ **This Manual** (Agenda, Timeline & Activity Outline, IPC Schedule, Key Messages, IPC Objectives and Learning Objectives)
- ✓ **Nametags and Markers**
- ✓ Instructions, including the **Attendance Code** for the day
- ✓ A **Supplement Pack of appendices** to assist you in facilitation

## Notes:



## Guiding Principles in the Assessment and Management of Pain


- 01 People have the right to assessment and management of their pain.
- 02 Pain assessment is crucial toward understanding and managing a person's pain.
- 03 Health care professionals have an obligation to assess, understand, and manage a person's pain.



## Goals of Pain Week

1


**Learn About Pain**



Analyze complex acute and chronic pain cases

2


**Use Systems-Based/Critical Thinking**



Describe systemic interconnections faced by people living with pain

3

**Work Inter-professionally**



Understand the need for a creative, empathetic interprofessional approach to pain



## Key messages for students:

- A person's experience of pain is **real and can be measured subjectively and objectively**.
- There is **no mind/body dichotomy** in the pain experience.
- Untreated acute pain can **change the nervous system** and thereby lead to chronic pain.
- Misbeliefs concerning pain **interfere with pain assessment** and management.
- Healthcare professionals can **help persons living with pain**.
- Non-pharmacological pain management strategies can be **effective when used alone or in combination** with pharmacological strategies.
- When properly managed, as part of a comprehensive plan, pharmacological pain therapy (including opioids) is **safe and effective**.



# Land Acknowledgement

We wish to acknowledge this land on which the University of Toronto operates. For thousands of years it has been the traditional land of the Huron-Wendat, the Seneca, and the Mississaugas of the Credit. Today, this meeting place is still the home to many Indigenous people from across Turtle Island and we are grateful to have the opportunity to work on this land.

## Agenda

### SUGGESTED AGENDA FOR AN INTERPROFESSIONAL AM

1	Pre-work	Students have reviewed the VIC case and made notes about the case to discuss
2	10 minutes   8:30am - 8:40am	Introductions and Overview
3	10 minutes   8:40am - 8:50am	Teamwork and Team Norms
4	20 minutes   8:50am - 9:10am	Discuss Anita D'Souza findings in Teams
5	30 minutes   9:10am - 9:40am	Preparation of clinical note and facilitated discussion
6	15 minutes   9:40am - 9:55am	Review faculty-prepared clinical note on Quercus and discuss.
7	<b>15 minutes   9:55am - 10:10am</b>	<b>BREAK</b>
8	25 minutes   10:10am - 10:35am	Topics in Acute Pain: Assessment Tools, Risk Factors & Treatments
9	20 minutes   10:35am - 10:55am	Activity to Discuss Topics Across Teams
10	10 minutes   10:55am - 11:05am	Review Anita D'Souza 6 months post injury on VIC
11	15 minutes   11:05am - 11:20am	Facilitated discussion 6 months post-injury
12	30 minutes   11:20am - 11:50am	Reflection and Chronic Pain Management Activity
13	10 minutes   11:50am - 12:00pm	Review wednesday presentations, new cases, give attendance code



## 01 Pre-work

### Case:

- Q The Anita D'Souza acute pain case (VIC IPE Pain 1) is available on Quercus for students or at this link: <https://pie.med.utoronto.ca/vic/demo/ipepain/ipepain1.htm>

### Overview:

- ✓ Students to explore the Virtual Interactive Case individually to gather and make notes of information they feel is relevant for their profession to contribute to the assessment of Ms. Anita D'Souza. Students also have access to a sample template Comprehensive Pain Assessment Components (See Appendix 1 in the Supplementary Pack) to guide their review.

## 02 Introductions & Overview (Whole Group)

### Time:

10 minutes

### Facilitator Introductions:

- ✓ Facilitators introduce themselves: (a) who you are; (b) your area of expertise (lived/living experience or clinical interests) (c) where you are from (geography or practice site if applicable). This allows students to learn about the diversity and expertise of their facilitators (including lived/living experience) and the different types of practices that exist in relation to pain management.

### Student Introductions:

- ✓ The teams of students have already met each other in an ice breaker exercise on Monday morning. Facilitators may wish to ask each student in their team of 10-11 students to state their name and profession, so you can get to know them. Name tags are also included so students can indicate their first name and profession.

### Overview of the day:

- ✓ Anita D'Souza's case discussion will unfold over the next day from acute pain assessment and management to persistent/chronic pain assessment and management.

### Overview of the plan for the morning/afternoon:

- Work on the Anita D'Souza case part 1 (VIC) in your team, generate a list of learning issues and share, create a clinical documentation note
- ✓ • Research and educate each other on pain assessment topics A, B and C for the acute portion of the VIC
- Review VIC (Part 2) and discuss, complete chronic pain activities A, B and C
- Instructions and chronic pain cases for lottery presentation on Wednesday afternoon





## 03 Teamwork and Team Norms

**Time:**

10 minutes



Establish team norms (each team of students to develop team norms – they have all done this in previous IPE learning activities so it should be somewhat familiar.) A recorder can be chosen by the group to record the team norms for reflection at the end of each day. Students have also been reminded of the student code of conduct. They have all done the pre-work student guide which reviews the competency framework for interprofessional education and collaborative, relationship-focused care and services from CIHR.

You may also wish to ask one of the students to observe the group process during the session on Tuesday. At the end of the session, the student “observer” could comment on the group’s interaction or function. These comments can be used to start a group discussion around the effectiveness of the group work and to generate ideas for improvement in the next session. (This discussion can be incorporated into the Tuesday Wrap-Up).



### Facilitation Tip — Setting the Stage for Teamwork

Why Teamwork? Team members can help each other learn about pain management and assessment by sharing from different professional perspectives. This is an opportunity to learn from with and about future colleagues. Although each student is responsible for their individual learning, by working together, team members working together can ensure the best possible care.



### Facilitation Tip — Working Interprofessionally

- Ask questions for quieter students, if necessary (e.g., “What questions do you have from/about your profession’s perspective?”)
- Comment directly on the group process (e.g., “This is a time for you to learn about each other—you needn’t respond directly to me”; “We want you to become more comfortable working as a team, try commenting or asking questions of each other directly”).
- Clarify jargon at all times until the group starts to do this themselves (e.g., “Does everyone know what ADL stands for? Can someone clarify this for the group?”).
- Emphasize why the unique perspective of every discipline (profession) is important. Ensure contributions from each team member.



## 04 The Case of Anita D'Souza: Discuss Findings as a Team

---

**Time:**

20 minutes



Team members should have all taken time to review the Virtual Interactive Case independently and be ready to discuss as a team. To begin a discussion of pain assessment in the acute situation, below is a list of questions facilitators can ask to stimulate discussion.

**Discussion Questions:**

- How would you describe your role with Anita? How does that differ from another profession's role? (Make sure each student has the opportunity to respond)
- Did anything surprise you on learning about each other's roles?
- Were there any findings, tests or information you are unfamiliar with? Who from the group can explain?
- What other questions would you ask? Is there anything else you would assess for? What investigations (if any) or referrals to other health care professionals not at the table would you like to recommend to gather additional information and perspectives?
- What information did you gather to rule out potentially serious consequences?
- In what possible settings would your profession encounter this patient? (Sample answers below)
- What have you learned from the continued dialogue between Anita and the Care/Service Provider?
- How would you work together to address the Anita's concerns more effectively? Describe some potential goals that members of the interprofessional team might set in discussion with Anita at this time.



## Facilitation Tip -- Contextual Factors in Pain Expression and Response

For effective pain assessments aligned with systems-based and critical thinking (goal 2 of **Pain Week**), it is essential to consider developmental stages, communication abilities, and cultural needs of patients (see Appendix 2 in the Supplement Pack for a Comprehensive Pain Assessment Template).

1. **Personal Factors** — Individual characteristics shaping pain, such as sex, age, lifestyle, culture, education, occupation, and previous pain experiences. These factors highlight how the social determinants of health (SDOH) like socioeconomic status and access to resources impact pain perception and coping.
2. **Environmental Factors** — External conditions, including societal attitudes, accessibility, social systems, and physical environment (e.g., climate, terrain). These elements underscore the structural influences that shape patient experiences of pain.

This systems-based approach to pain assessment can deepen critical thinking around how personal and environmental contexts affect pain, fostering a comprehensive, informed response to diverse needs.



## Facilitation Tip -- Profession Specific Responses

- **Dentistry:** Anita D'Souza would most likely seek her family dentist for advice or be referred by another healthcare professional to a dental office for consultation.
- **Medicine/Nursing/Physician Assistant:** Anita may be seen in a walk-in clinic, family medicine office, emergency room, or occupational health office/clinic.
- **Occupational Therapy:** A referral for an OT assessment is more likely to come from another healthcare professional, or a third-party payer e.g. the Anita's insurer. Anita is most likely to be seen in her home or in a private outpatient clinic. Anita is less likely to be seen in a hospital environment during this acute stage.
- **Pharmacy:** Anita would most likely be seen at a community pharmacy, seeking suggestion for further pain relief (e.g., perhaps more ibuprofen or suggestion for another medication). Anita may also be seen by a pharmacist in an emergency department or community health centre.
- **Physical Therapy:** Anita may present to a private outpatient clinic setting, hospital outpatient physiotherapy clinic, or clinic in a workplace setting. A physiotherapist may also see this patient in an emergency department.
- **Social Work:** Anita may be seen as part of a primary care-based team or in an emergency room.





## 05 Anita D'Souza: Development of Interprofessional Clinical Documentation



**Time:**  
30 minutes



**Purpose:** To focus on the person experiencing pain and to generate discussion about planning assessment in the acute pain context.

1. Instruct students to create an interprofessional clinical documentation note using the template below (available on Quercus). The headings are absent intentionally to encourage students to compare and contrast their assessments, and area of foci.
  - Students create the note collaboratively, integrating their uniprofessional assessments into a concise team note.
  - All team members should understand and agree on the content of the team note. This is an opportunity for students to learn from, about, and with each other.
  - Allow the students to determine the process of “how” they would create this note collaboratively. They may need to be encouraged not to work in silos, but to share information and /or ask questions of each other.

**(Note: A complete clinical documentation note developed by the faculty will be available to students on Quercus after the discussion of their own (approx. 9:40am)) Appendix 3 in the Supplement Pack**



2. After the students have prepared their clinical note, lead a discussion based on the following questions (building off the interprofessional note):
  - What headings did the group include? Why were they selected? *Standard headings would include: History of present illness, pain assessment (sensory, impact on activity), impact on selfrelationships, review of systems and physical exam, past medical history, medications, social history, person's goals, referrals and investigations, recommendations and plan.*
  - What did you notice about this assessment?
  - Where would your profession have contributed?
  - Where would your role have overlapped with another profession?
  - How does this clinical note impact your involvement in pain assessments in the future?
  - What is the value of creating this interprofessional note?



## 05 continued

### Important points to draw out in discussion/emphasize:

- Emphasize interprofessional notes can be valuable in team meetings, for sharing information across settings &, streamlining documentation.
- Pain assessment is the crucial first step toward alleviating pain.
- The main goals of pain assessment are to:
  - Describe the phenomenon of pain and factors that cause/influence pain
  - Assist in the diagnosis and prediction of the need for pain management interventions
  - Monitor the effectiveness of those interventions
  - Evaluate the impact on the patient/family quality of life
  - Educate the person experiencing pain and their family about the nature of the pain and its impact
  - Understand the person's outcome goals
- An interprofessional team can assess the patient most thoroughly, since different professions focus on different and similar aspects of pain. In addition, each practitioner has a unique contribution in the assessment, diagnosis, planning, consultation, and delivery of care.
- Reinforce the importance of using standardized, reliable and valid pain measures for pain assessment (e.g., numeric pain rating scale, Brief Pain Inventory, McGill Pain Short Form).
- Let the students know they will be asked to review the pain measures as a follow-up to this afternoon's discussion. Pain measures and references, specific to different patient populations, including infants, children, elders, and critical care, are available on the Pain Curriculum Quercus site in the "Resources" section.

**Appendix 4** References for Anita D'Souza: See Supplement Pack

## 06 Anita D'Souza: Compare Team Clinical Note with Faculty Clinical Note & Discuss

-  **Time:**  
15 minutes
-  **Purpose:** To review the faculty clinical note on Quercus and compare.

 Pick a recorder and discuss the following questions:

- What did your teams see about how to improve an interprofessional clinical note?
- What is the value of creating this interprofessional note?

## 07 Break

-  **Time:**  
15 minutes



## 08 Topics in Acute Pain: Assessment Tools, Risk Factors & Treatments



**Time:**

25 minutes



**Purpose:** To focus on the person experiencing the pain and to generate discussion about how to assess pain, risk factors for developing chronic pain and treatments in the acute pain context.



- Assign one topic to each of the three teams. Teams should work collaboratively to prepare a brief summary or dialogue to share with other teams. These topics are listed on Quercus
- Choose 2 topic leaders from each team who will summarize discussion and share with the other groups. The topic leaders are responsible for summarizing what has been said about their topic, and identify any areas where consensus was or was not reached.
- Teams to review the concepts of “red” and “yellow” flags as they relate to pain assessment (see [Appendix 5 in the Supplement Pack](#))

**Topic A:** Compare and contrast the following assessment tools. Where and when may they be used in this case?

- McGill Short Form: [https://www.physio-pedia.com/Short-form McGill Pain Questionnaire](https://www.physio-pedia.com/Short-form_McGill_Pain_Questionnaire)
- Numerical Rating Scale (NRS)- Pain: [https://www.physio-pedia.com/Numeric Pain Rating Scale](https://www.physio-pedia.com/Numeric_Pain_Rating_Scale)
- Brief Pain Inventory (BPI): [https://www.mdanderson.org/documents/Departments-and-Divisions/Symptom-Research/BPI-SF\\_English-24h\\_Original\\_SAMPLE.pdf](https://www.mdanderson.org/documents/Departments-and-Divisions/Symptom-Research/BPI-SF_English-24h_Original_SAMPLE.pdf)
- Faces pain scale: <https://www.iasp-pain.org/Education/Content.aspx?ItemNumber=1519>
- Visual Analog Scale (VAS) – Pain: [https://www.physio-pedia.com/Visual Analogue Scale](https://www.physio-pedia.com/Visual_Analogue_Scale)
- Pain Catastrophizing Scale (PCS): [https://www.physio-pedia.com/Pain Catastrophizing Scale](https://www.physio-pedia.com/Pain_Catastrophizing_Scale)
- Tampa Scale for Kinesiophobia: [http://www.tac.vic.gov.au/\\_data/assets/pdf\\_file/0004/27454/tampa scale kinesiophobia.pdf](http://www.tac.vic.gov.au/_data/assets/pdf_file/0004/27454/tampa_scale_kinesiophobia.pdf)

**Topic B:** Describe the risk factors for chronic pain following acute whiplash injury. Considering the modifiable risk factors, identify key principles for acute pain management. List recommendations for pain management modalities that could be recommended for Anita at this time.

**Topic C:** Discuss the evidence that supports Anita D’Souza’s pain as (a) nociceptive and/or (b) neuropathic and/or (c) central sensitization. Write a brief dialogue for a discussion between a health professional on the interprofessional team, Anita, and her husband about the nature of her pain, the role of fear, and the biopsychosocial model of pain.



## 09 Activity to Discuss Topics Across Teams

**Time:**

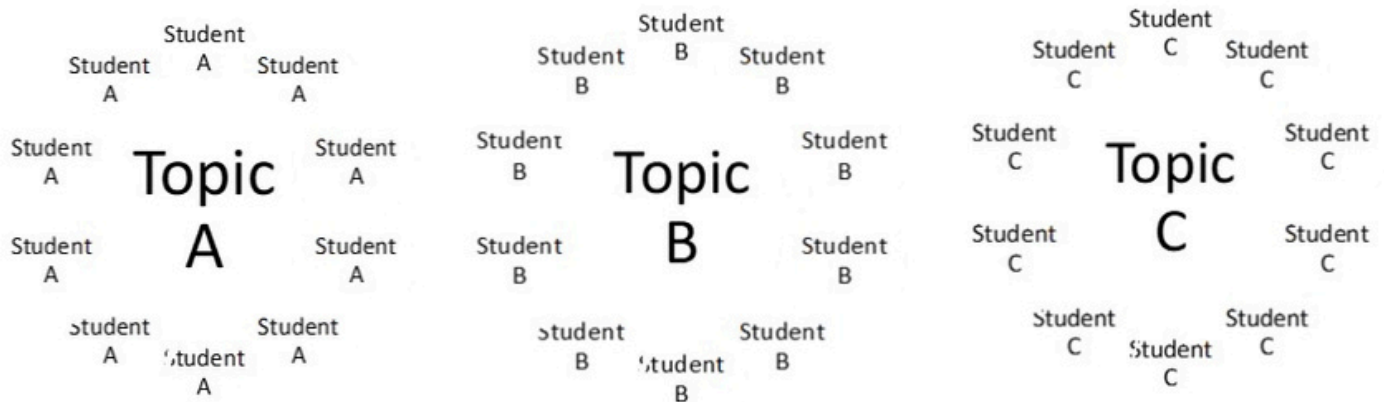
🕒 20 minutes

**Purpose:**

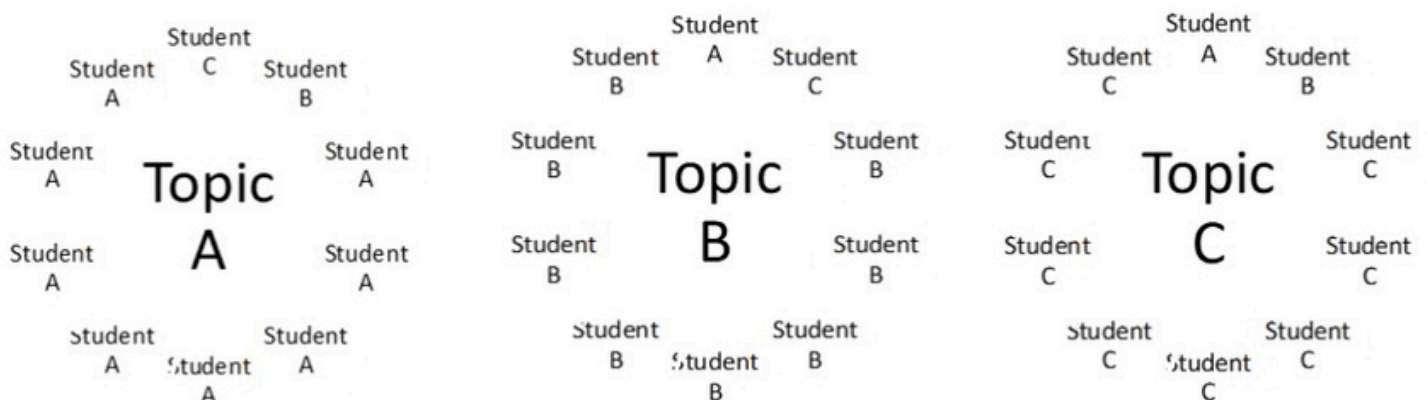
✓ To have two volunteers from each team will visit the other two teams (one for each team, 2 in total).

These topic leaders then act as ambassadors for their respective topics during the discussion portion of the activity (i.e., after 25 minutes of preparation). The remaining members of each topic will act as educators for the visiting ambassadors for their own topic. See schematic below for further clarification.

**Before:**



**After:**





## 10 Review Anita D'Souza 6 months post injury on VIC

**Time:**



10 minutes

Students return to original teams



**Purpose:** Students to review Anita D'Souza – 6 Months Post Injury and make note of any questions.

<http://pie.med.utoronto.ca/vic/demo/ipepain/ipepain2.htm>

## 11 Anita D'Souza 6 months post injury discussion

**Time:**



15 minutes

Discussion after reflecting on Anita's condition 6 months post injury.



*Teams to reflect on Anita's initial presentation to identify yellow flags or risks for developing chronic pain. Teams will discuss then share their findings with the whole group.*

- *What yellow flags can you identify for Anita?*
- *How might these be addressed?*
- *What impact could interventions to address the yellow flags have for Anita?*
- *Note: Addressing these yellow flags may not prevent acute to chronic pain for every patient.*

### **Important Points:**

Risks for developing chronic pain that students might identify:

- multi-site pain
- increased disability
- previous pain episodes
- passive coping strategies
- social dysfunction
- fear avoidance behaviour



## 12 Reflection and Chronic Pain Management Activity

---



**Time:**

**30 minutes**

Students to discuss in teams. Recorder to make notes to report back to whole group:



- Knowing what you know now, will this change how you work with a person in pain in the future? With other professions?
- What surprised you about working in this group or with other disciplines?
- Reflect on the team norms created at the beginning of the afternoon
- What would you like to work on to continue to enhance your interprofessional skills?

Facilitators lead discussion with whole group.

### Chronic Pain Management Activities

#### **Assign to each respective group**

**Activity A:** Discuss the need for an interprofessional approach to pain management (including opioid and non-pharmacological options) with Anita.

Consider how social determinants of health, such as Anita's access to resources, cultural background, support network, and health literacy, might influence her pain management. Identify which profession(s) could support Anita in addressing these factors and describe how they could collaborate across different care settings (community, hospital, primary care) to address potential barriers and provide comprehensive care.

**Activity B:** Write a dialogue between two healthcare professionals discussing the pros and cons of opioid versus non-pharmacological management strategies for Anita's pain.

In this dialogue, consider how Anita's personal and environmental contexts—such as access to non-pharmacological treatments, social support, employment factors, and potential risks of opioid dependency—impact her treatment options. Provide a rationale for each suggestion, considering how these strategies address both individual needs and larger systemic factors, like healthcare access and potential socioeconomic barriers.

**Activity C:** Write a dialogue in which you communicate with Anita and a family member or support person to educate them about the nature of her pain from whiplash and foundational pain management principles.

In your conversation, consider Anita's cultural beliefs, education level, and access to care resources. Discuss how her pain and treatment options are affected by these factors, and explain the importance of managing expectations, understanding options, and accessing supportive resources. Ensure the dialogue is clear, empathetic, and helps Anita and her support person understand how her background and environment shape her pain experience and management plan.





## 13 Review Wednesday Presentations, New Cases



**Time:**  
10 minutes



**Purpose:** To review tomorrow's session

The teams will be assigned a **a new chronic pain case (on Quercus)** for presentation.

### **New Chronic Pain Management Cases**

- A) Gerald Robertson: Appendix 10
- B) Julie Wu: Appendix 11
- C) Cam Flores: Appendix 12

On **Wednesday**, by lottery, three teams will be selected to:

- Present a 5 minute synopsis of their chronic pain case A, B or C, and a 10-15 minute summary of their care plan.
1. Remind students that they will need to meet to prepare for these assignments as a team during the evening and tomorrow morning. Answer any questions about the assignment (see Appendix 7).
  2. Remind the teams to review the interprofessional learning objectives for the teamwork on Tuesday evening and Wednesday by referring to Student Guide 2 from the pre-work.

Students are expected to:

- Plan for and participate fully in team meetings
- Read all three of the provided case scenarios
- Review the online resources in preparation for team meetings
- The teams' chronic pain cases are available on Quercus in Wednesday, March 6 folder, "10:00am-12:00pm: Teams Meet Independently" page.

**The UTCSP and the Pain Week leadership team  
thanks you for your time, dedication and expertise  
to help bring Pain Week to over 1200 students!**



University of Toronto Centre for the Study of Pain  
*utesp@utoronto.ca*



UNIVERSITY OF  
**TORONTO**  
Centre for the Study of Pain