

Pain Competency Assessment Tool (P-CAT)

Core Learning Outcomes

LO1: Demonstrate an understanding of the pathophysiology of pain

LO2: Discuss the role of pain in the context of the patient's physical, social, psychological and spiritual health

LO3: Identify and address barriers to the effective assessment and management of pain

LO4: Demonstrate the ability to perform a pain-focused physical assessment

LO5: Provides a rationale for the selection of pharmacologic interventions in the management of nociceptive and neuropathic pain

LO6: Demonstrate the ability to support the patient in self-management of their pain

Learning Domains

	Cognitive	Affective	Behavioural
LO1	✓		
LO2	✓	✓	
LO3	✓		✓
LO4	✓		✓
LO5	✓		
LO6		✓	✓

Assessment Strategies

	Reflection	Discussion	OSLER
LO1	✓	✓	
LO2	✓	✓	
LO3	✓	✓	✓
LO4			✓
LO5	✓	✓	✓
LO6	✓	✓	✓

Core Learning Outcome 1: Demonstrate an understanding of the pathophysiology of pain

Expanded Learning Outcomes	N: Novice AB: Advanced Beginner C: Competent P: Proficient E: Expert										
	Self-Assessment					Mentor Assessment					Comments
1.1. Defines acute and chronic pain	N	AB	C	P	E	N	AB	C	P	E	
1.2. Compares and contrasts nociceptive and neuropathic pain	N	AB	C	P	E	N	AB	C	P	E	
1.3. Identifies and discusses the four key steps of the nociceptive pain pathway	N	AB	C	P	E	N	AB	C	P	E	
1.4. Identifies the defining clinical features of somatic and visceral pain	N	AB	C	P	E	N	AB	C	P	E	
1.5. Compares and contrasts the features and treatment of; <ul style="list-style-type: none">• Movement-related breakthrough pain• End-of-dose breakthrough pain• Idiopathic breakthrough pain	N	AB	C	P	E	N	AB	C	P	E	
1.6. Applies the gate control theory of pain to a non-pharmacologic pain intervention	N	AB	C	P	E	N	AB	C	P	E	

Core Learning Outcome 2: Discuss the role of pain in the context of the patient's physical, social, psychological and spiritual health

Expanded Learning Outcomes	N: Novice AB: Advanced Beginner C: Competent P: Proficient E: Expert										
	Self-Assessment					Mentor Assessment					Comments
2.1. Embodies the concept that patients have a right to access effective pain management	N	AB	C	P	E	N	AB	C	P	E	
2.2. Describes the potential consequences of unrelieved acute pain	N	AB	C	P	E	N	AB	C	P	E	
2.3. Describes the potential consequences of unrelieved chronic pain	N	AB	C	P	E	N	AB	C	P	E	
2.4. Applies the theory of total pain (Saunders 1978) to a selected patient’s pain experience	N	AB	C	P	E	N	AB	C	P	E	
2.5. Discusses the impact of variables such as culture, family, gender and ethnicity on pain management	N	AB	C	P	E	N	AB	C	P	E	

Core Learning Outcome 3: Identify and address barriers to the effective assessment and management of pain

Expanded Learning Outcomes	N: Novice AB: Advanced Beginner C: Competent P: Proficient E: Expert										
	Self-Assessment					Mentor Assessment					Comments
3.1. Identifies and discusses common misconceptions and bias in pain assessment and management	N	AB	C	P	E	N	AB	C	P	E	
3.2. Identifies individuals and groups at risk of under-treatment of pain and discusses strategies for improvement	N	AB	C	P	E	N	AB	C	P	E	
3.3. Demonstrates effective documentation and communication of pain assessment findings and management strategies used	N	AB	C	P	E	N	AB	C	P	E	
3.4. Demonstrates the ability to provide effective verbal and/or written education for patients during their admission and/or at discharge	N	AB	C	P	E	N	AB	C	P	E	
3.5. Identifies appropriate assessment tools for varying patient populations	N	AB	C	P	E	N	AB	C	P	E	

Core Learning Outcome 4: Demonstrate the ability to perform a pain-focused physical assessment

Expanded Learning Outcomes	N: Novice AB: Advanced Beginner C: Competent P: Proficient E: Expert										
	Self-Assessment					Mentor Assessment					Comments
4.1. Demonstrates selection and effective use of pain intensity self-report scales as appropriate	N	AB	C	P	E	N	AB	C	P	E	
4.2. Facilitates the patient to provide a self-report of pain intensity, pain location and pain quality	N	AB	C	P	E	N	AB	C	P	E	
4.3. Facilitates the patient to provide a self-report of pain intensity at rest and on movement	N	AB	C	P	E	N	AB	C	P	E	
4.4. Articulates a rationale for assessing pain at rest and on movement	N	AB	C	P	E	N	AB	C	P	E	
4.5. Identifies and takes steps to address patient-specific challenges in assessing pain (where applicable)	N	AB	C	P	E	N	AB	C	P	E	
4.6. Demonstrates the ability to select appropriate analgesia according to the World Health Organisation Analgesic Ladder (1996)	N	AB	C	P	E	N	AB	C	P	E	

4.7. Educates the patient on the effective use of regular and PRN analgesia											
4.8. Identifies an appropriate strategy for timely reassessment of pain after the administration of analgesia	N	AB	C	P	E	N	AB	C	P	E	
4.9. Demonstrates the ability to evaluate the efficacy of analgesic interventions with the patient	N	AB	C	P	E	N	AB	C	P	E	

Core Learning Outcome 5: Provides a rationale for the selection of pharmacologic interventions in the management of nociceptive and neuropathic pain

Expanded Learning Outcomes	N: Novice AB: Advanced Beginner C: Competent P: Proficient E: Expert										
	Self-Assessment					Mentor Assessment					Comments
5.1. Discusses the concept of and rationale for multimodal analgesia in the context of the pathophysiology of nociceptive and neuropathic pain	N	AB	C	P	E	N	AB	C	P	E	
5.2. Discusses the following in relation to named pharmacologic strategies; <ul style="list-style-type: none">• Indication(s)• Contraindication(s)• Dosage• Management of side-effects• Precautions• Route of administration• Timing of administration• Peak of onset	N	AB	C	P	E	N	AB	C	P	E	
5.3. Demonstrates a critical understanding of opioid titration based on a discussion of the following; <ul style="list-style-type: none">• Pain intensity• Assessment of opioid-induced sedation• Route of administration• Timing of administration• Efficacy	N	AB	C	P	E	N	AB	C	P	E	

Core Learning Outcome 6: Demonstrate the ability to support the patient in self-management of their pain

Expanded Learning Outcomes	N: Novice AB: Advanced Beginner C: Competent P: Proficient E: Expert										
	Self-Assessment					Mentor Assessment					Comments
6.1. Articulate examples of strategies which may be used for the patient to self-manage their pain	N	AB	C	P	E	N	AB	C	P	E	
6.2. Articulate the role of the patient and family members in the patient’s pain management plan	N	AB	C	P	E	N	AB	C	P	E	
6.3. Demonstrate the ability to involve the patient in decision-making regarding their pain management plan	N	AB	C	P	E	N	AB	C	P	E	
6.4. Demonstrate the ability to provide patient education in an appropriate manner and format	N	AB	C	P	E	N	AB	C	P	E	
6.5. Demonstrate the ability to devise pain-related goals/measurable outcomes with the patient	N	AB	C	P	E	N	AB	C	P	E	

I confirm that _____ has completed independent and taught learning and has been deemed competent in the above domains.

Assessor Signature: _____

Learner Signature: _____

Date: _____

S.M.A.R.T. Objectives

Date of First Meeting: _____

Specific

Clear and unambiguous goal: _____

Measurable

Indicators of achievement: _____

Achievable

How the goal can be accomplished: _____

Relevant

How this matches the organisation's needs: _____

Time-bound

Date by when this goal is to be achieved: _____

Assessor Signature: _____

Learner Signature: _____

Date of Second Meeting: _____

Competence achieved? Yes ☐ No ☐

If not, complete a second S.M.A.R.T plan

Assessor Signature: _____

Learner Signature: _____

References

Benner P. (1982) From novice to expert. *American Journal of Nursing* 82(3), 402 – 407.

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World Health Organisation (1996) *Cancer Pain Relief with a Guide to Opioid Availability* (2nd edn). World Health Organisation, Geneva. Retrieved from <http://apps.who.int/medicinedocs/documents/s22085en/s22085en.pdf> on 18 January 2019.

Bibliography

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Royal College of Nursing (2015) *RCN Pain Knowledge and Skills Framework for the Nursing Team*. Royal college of Nursing, U.K. Retrieved from <https://www.rcn.org.uk/professional-development/publications/pub-004984> on 18 January 2019.

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