WHAT'S BETTER FOR CLINICAL DECISION-MAKING; CLINICAL JUDGMENT OR A PATIENT SELF-REPORT QUESTIONNAIRE?

INTRODUCTION

Individuals with chronic pain often require multi-disciplinary care and their treatment in a pain management setting is highly complex. A variety of factors affect the decision-making process in pain management programs, including the patient's pain behavior, cognitive and emotional status, and the presence of co-morbidities. It is critical to identify individuals who are ready to change their pain behaviors, and to allocate resources accordingly.

A new model of readiness to change behavior in chronic pain management, the Pain Stages of Change Questionnaire (PSOCQ), was developed from a stage of change model. It is a self-report questionnaire that measures the patient's readiness to change their pain behavior, and consists of five stages: pre-contemplation, contemplation, action, maintenance, and relapse.

There were significant relationships between the assessor's rating, pre-contemplation, contemplation, and recommendation status as shown on Table 4. The correlation between action and maintenance subscales is very high (Glenn & Burns; 2003; Jensen et al., 2000; Kerns et al., 1997; Strong et al., 2002). There is a significant relationship between maintenance and recommendation status as shown on Table 5.

To determine the best predictor of Recommendation status, stepwise regression was performed. Results showed that only the assessor's rating entered the regression equation (see Table 5a-e). However, there is paucity of research in examining readiness to change in the context of clinical decision-making. This is much needed in light of the fact that many individuals either do not improve or complete pain management programs.

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The best predictor of “Recommendation” status was the assessor's rating alone. This finding supports the notion that clinical judgment may have particular value in predicting who may or may not be ready to participate in a self-management program.

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<td>To examine the best predictor of “Recommendation” status, dynamic regression was performed. Results showed that only the current rating entered the regression equation (see Table 5a-e).</td>
<td>Non-clinically oriented interdisciplinary pain management: The aims of this study were to examine if recommendations made by the CPMU could predict pain intensity, function and mood of patients</td>
<td>PREDICTING READINESS TO ATTEND AN INTERDISCIPLINARY PAIN MANAGEMENT PROGRAM: WHAT’S BETTER FOR CLINICAL DECISION-MAKING; CLINICAL JUDGMENT OR A PATIENT SELF-REPORT QUESTIONNAIRE?</td>
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