

PAIN MANAGEMENT – ADVANCED SPECIALTY

The CA-3 year Advanced Clinical Track Rotation in Pain Management will be used to investigate advanced pain management techniques and to improve techniques already acquired. The goal of the rotation is for the house officer to be exposed to advanced levels of the interdisciplinary practice, evaluation and management of acute, chronic, and cancer-related pain patients, as well as to the advanced procedures related to the treatment of these patients.

Goals:

Medical Knowledge:

- Understand the anatomical and pathophysiological mechanisms involved in complex chronic malignant and non-malignant pain problems.

Patient Care:

- Understand the rare procedures and medical data for inpatient consultations involving parenteral/oral opioid conversion, advanced complexity malignant and non-malignant pain problems
- Understand the management of complex acute, postoperative pain including postoperative epidural analgesia, as well as other advanced forms of regional infusion therapies.
- Understand pain management procedures and interventions performed by anesthesiologists who are not also board eligible/certified in pain management (e.g., lumbar, thoracic, and cervical epidural access and injection techniques, selective nerve root blocks, trigger point injections, etc.)
- Understand advanced pain management techniques and observe these techniques where practical (e.g., neurolytic techniques, including radio frequency ablation techniques; neuroaugmentation techniques, including spinal cord stimulation; chronic neuraxial drug delivery techniques, including implanted intrathecal drug administration systems)

System Based Learning:

- Understand the principles of multimodal acute pain management, including psychological and physiotherapy evaluations and treatment options for inpatients.
- Understand the principles of advanced, complex interdisciplinary pain management, including psychological and physiotherapy evaluations and treatment options.

Practice Based Learning & Improvement:

- Demonstrate skills and attitude compatible with complete and comprehensive evaluation of patients for more advanced pain management techniques and observe these techniques where practical (e.g., neurolytic techniques, including radio frequency ablation techniques;

neuroaugmentation techniques, including spinal cord stimulation; chronic neuraxial drug delivery techniques, including implanted intrathecal drug administration systems)

Interpersonal & Communications Skills:

- Demonstrate clarity, accuracy and sensitivity in communication with other services and clinics regarding patient assessment and care.
- Perform written documentation of patient assessment and care.

Professionalism:

- Demonstrate responsibility and physical and mental attentiveness in a positive and constructive manner.
- Demonstrate willingness to show consideration and appreciation for patients and co-workers.
- Exhibit compassion, empathy and support in patient care and professional interactions.
- Demonstrate truthful and ethical standards in professional interactions and conduct.

Objectives:

Medical Knowledge:

- Explain and locate anatomical and pathophysiological mechanisms involved in chronic malignant and non-malignant pain problems.
- Explain and locate anatomical and pathophysiological mechanisms involved in acute malignant and non-malignant pain problems.

Patient Care:

- Evaluate and manage inpatient consultations for parenteral/oral opioid conversion, moderate complexity malignant and non-malignant pain problems
- Create a management plan for acute, postoperative pain including postoperative epidural analgesia management, as well as other forms of regional infusion therapies.
- Evaluate patients for pain management procedures (e.g., lumbar, thoracic, and cervical epidural access and injection techniques, selective nerve root blocks, trigger point injections, etc.)
- Perform pain management procedures (e.g., lumbar, thoracic, and cervical epidural access and injection techniques, selective nerve root blocks, trigger point injections, etc.)
- Evaluate patients for advanced pain management techniques (e.g., neurolytic techniques, including radio frequency ablation techniques; neuroaugmentation techniques, including spinal cord stimulation; chronic neuraxial drug delivery techniques, including implanted intrathecal drug administration systems)

- Identify advanced pain management techniques (e.g., neurolytic techniques, including radio frequency ablation techniques; neuroaugmentation techniques, including spinal cord stimulation; chronic neuraxial drug delivery techniques, including implanted intrathecal drug administration systems)
- Monitor the performance of advanced techniques (e.g., neurolytic techniques, including radio frequency ablation techniques; neuroaugmentation techniques, including spinal cord stimulation; chronic neuraxial drug delivery techniques, including implanted intrathecal drug administration systems)

Interpersonal and Communication Skills:

- Engage in communication to ensure other services and clinics are equipped to provide excellent patient assessment and care.
- Complete accurate and concise written documentation of patient assessment and care.

Professionalism:

- Engage in communication to ensure collegiality for all members of the Pain Management team and other service providers
- Express plans, issues and concerns in language and using non verbal cues to demonstrate respect for the diversity of our patient and work communities
- Produce timely, accurate and appropriate patient care documentation
- Maintain privacy of records and communication
- Disclose conflicts of interest to appropriate personnel
- Maintain a neat, clean, professional appearance at all times.
- Perform clinical, administrative and education related duties, including reading, in a timely manner.
- Attend all departmental conferences.
- Acknowledge limits of competence and act accordingly

System Based Learning:

- Create a model for multimodal acute pain management, including psychological and physiotherapy evaluations and treatment for inpatients.
- Create a model using principles of interdisciplinary pain management, including psychological and physiotherapy evaluations and treatment options.

Practice Based Learning and Improvement:

- Evaluate patients for and participate in advanced pain management techniques
- Practice and evaluate techniques (e.g., neurolytic techniques, including radio frequency ablation techniques; neuroaugmentation techniques, including spinal cord stimulation; chronic neuraxial drug delivery techniques, including implanted intrathecal drug administration systems)

Instructional Methods

Prior to the rotation, the residents must complete an orientation session regarding the record-keeping PDA used by the APS. This session will be arranged by the Education Manager.

Didactic sessions depend on clinical load; arranged *ad hoc* by the house officer and the attending.

Clinical teaching is on a case-by-case basis, depending on clinical assignments. The faculty will use clinical scenarios for educational purposes. It is the resident's responsibility to request clarification of concepts, assessments, or patient care plans. The attending may not be familiar with each resident's knowledge base.

Assessment and Evaluation

You will receive daily informal evaluation, an evaluation from each attending that worked with you at the end of your rotation as well as a global evaluation at the end of your rotation.

References and Resources

The Management of Pain. Ed., Ashburn MA, Rice LJ.

- Recommended Chapters:
 - o Ch. 1: Functional Neuroanatomy and Nociception
 - o Ch. 2: Physical examination
 - o Ch. 4: Substance Abuse Issues
 - o Ch. 8: Nonopioid and Opioid Analgesics
 - o Ch. 9: Local Anesthetics and Analgesia
 - o Ch. 33: Organization of an Acute Pain Service
 - o Ch. 34: The Stress Response and Pre-emptive Analgesia
 - o Ch. 35: Patient Controlled Analgesia
 - o Ch. 36: The Interface Between Acute and Chronic Pain

Bonica's Management of Pain, 3rd Ed. Ed. Loeser, JD

- Recommended Chapters:
 - o Ch. 41: Postoperative Pain
 - o Ch. 42: Burn Pain
 - o Ch. 43: Posttrauma Pain