

## PAIN MANAGEMENT - CORE

*The basic goal of the rotation is for the house officer to be exposed to the interdisciplinary evaluation and management of acute, chronic, and cancer-related pain, and to procedures related to the treatment of these patients.*

*After the end of the rotation, the resident may elect to request additional time in the OHSU Pain Management Center during the CA-3 year. Generally, this time will be used to investigate advanced pain management techniques and to improve techniques already acquired. For details, please see the Outline of Advanced Clinical Track Rotation in Pain Management.*

### Goals:

#### Medical Knowledge:

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

#### Patient Care:

- Understand the procedures and medical data for inpatient consultations involving parenteral/oral opioid conversion, moderate complexity malignant and non-malignant pain problems
- Understand the management of acute, postoperative pain including postoperative epidural analgesia management, as well as other forms of regional infusion therapies.
- Understand pain management procedures commonly 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).

#### Interpersonal & Communications Skills:

- Practice oral communication with other services and clinics regarding patient assessment and care.
- Perform written documentation of patient assessment and care.

#### Professionalism:

- Demonstrates responsibility and physical and mental attentiveness in a positive and constructive manner.
- Demonstrates willingness to show consideration and appreciation for patients and co-workers.

- Exhibits compassion, empathy and support in patient care and professional interactions.
- Demonstrates truthful and ethical standards in professional interactions and conduct.

#### Practice Based Learning and Improvement:

- Gain experience in evaluating patients for and observe 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).

#### System Based Learning:

- Gain experience in the principles of multimodal acute pain management, including psychological and physiotherapy evaluations and treatment options for inpatients.
- Gain experience in the principles of interdisciplinary pain management, including psychological and physiotherapy evaluations and treatment options.

### **Objectives:**

#### Medical Knowledge:

- Discuss the basic anatomical and pathophysiological mechanisms involved in common chronic 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
- 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
- Produces timely, accurate and appropriate patient care documentation
- Maintain privacy of records and communication
- Discloses 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

#### Practice Based Learning and Improvement:

- Evaluate patients for and observe more basic pain management techniques
- Observe 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:

- Describe the options multimodal acute pain management, including psychological and physiotherapy evaluations and treatment for inpatients.

- Describe principles of interdisciplinary pain management, including psychological and physiotherapy evaluations and treatment options

### **Instructional Methods**

Residents will be assigned to the Acute Pain Service (APS) all days, except for the Friday before a fellow is on call for the weekend.

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.

Each morning, it is the resident's responsibility to ensure that the daily list of patients is updated, with correct patient information and current locations of patients. If this has been done by the house officer on call the prior evening, it is the resident's responsibility to ensure the information is correct and current. The day resident must obtain signout from the night call house officer, and must contact OHSU operator to sign out the APS virtual pager to himself/herself.

On the CA-2 APS rotation, there are didactic sessions on Tuesday and Wednesday given at a prearranged time by the attending physician on the APS that day. Thursday and Friday the attending has a clinical responsibility between 0700-0800, and didactic sessions depend on clinical load. Sessions on Thursday and Friday may occur at a different time, 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.

Topics covered in the didactic sessions include:

- Orientation to APS
- Acute Pain Management
- Pain Concepts and Vocabulary
- Neuropathic Pain
- Clinical Use of Opioids & Regulatory Issues
- Cancer Pain
- Various chronic pain-related topics

## 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

*Acute Pain Mechanisms & Management.* Ed. Sinatra RS

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

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

*Bonica's Management of Pain, 3<sup>rd</sup> Ed.* Ed. Loeser, JD.

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