

UBC Pain Medicine Residency Program: CanMEDS Goals and Objectives of the Community Pain Clinic Rotation at CHANGEpain Clinic

Overview:

The CHANGEpain Clinic is located on 5655 Cambie Street. This is a multidisciplinary clinic involving the collaborative efforts of Dr. Brenda Lau (Pain specialist/anesthesiologist), 3 anesthesiologists (Dr. Kurt Samer, Dr. Aniz Khalafan, Dr. Alyssa Hodgson), 1 internal medicine specialist/Addictionologist (Dr. Caroline MacCallum), 3 GPs subspecializing in musculoskeletal pain (Dr. Greg Siren, Dr. Allan Lam), 1 GP/addictionologist (Dr. Vanessa Brcic), 2 GP Hospitalists subspecialized in pain (Dr. James Zacharia, Dr. Laurie Itcush), physiotherapist (Tim Muller), occupational therapist (Sarah Borthwick), yoga teachers (Krista Friesen, Sarah Jamieson), Pilates teacher (Lauren Olson), critical care nurses (Catherine Ralphs, Melanie Allen) and numerous kinesiology chroniclers and patient care coordinators.

The CHANGEpain Clinic is a referral center for neuropathic and musculoskeletal management in BC. The clinic receives 17,000 patient visits /yr. The CHANGEpain Clinic currently functions as a teaching clinic for UBC medical and kinesiology students and University of Victoria Nurse practitioner program.

As this consultation service provides support to community and specialist physicians, there is a wide variety of patients with chronic pain. The overall therapeutic goal of the multiple pain management strategies is pain resolution with reduced reliance on unnecessary medications for pain, sleep, anxiety and mood. These patients present with myofascial pain, fibromyalgia, various post-surgical and post cancer therapy syndromes, neuropathic pain including Complex Regional Pain Syndrome, spine pain, severe arthritis and headache.

Educational Overview Objectives:

1. Focused learning on non-opioid pain management techniques: In an interdisciplinary setting of shared care between GPs and specialists, there are many pain procedures done including: various myofascial release techniques, topical compounded medication use, joint blocks, infusion therapies and Botox injection for severe refractory migraine headache
2. Medication reviews with increased pharmacovigilance: Collaboration with community based pharmacists and access to the province wide pharmanet to enable an adequate review of medications.
3. Increased knowledge of referral resources: A wide variety of specialist pain services within the CHANGEpain clinic and across the province community of practice network with pain specialized pharmacists, psychologists, psychiatry, internists, addiction specialists and movement specialists.
4. Optimizing patient self-management strategies: Complementing the clinical services are a wide range of MSP-based group medical programs co-led by the CHANGEpain doctors and a variety of pilates coaches, yoga teachers, occupational therapist and pain nurses who deliver innovative ways to help shift the pain related disabilities of depression, anxiety, and hopelessness. These programs support a range of self-management and patient-empowerment skills through changing muscle tension, reducing sympathetic stimulation drivers of pain and sleep disorders, problem solving through SMART goals and brief action planning, stimulate creativity and reframing current perception, proper breathe technique, relaxation techniques, art therapy, exercise and activity

prescriptions, medication education, posture corrections and pacing to aid patients better function with residual pain.

5. Address social and financial barriers to recovery, rehabilitation and reduce reliance on medications and the emergency department: Patients are connected to community based resources to help them through financial, social and transportation barriers they face.

Regular team rounds addressing clinical issues and journal articles occur weekly on Thursdays.

Educational Objectives

- To understand the pathophysiological mechanisms of musculoskeletal and neuropathic pain
- To be able to assess patients with non-cancer musculoskeletal and neuropathic pain
- To develop appropriate comprehensive treatment plans
- To learn technical skills for various nerve and musculoskeletal pain blocks

Upon completion of the UBC Headache Clinic rotation, the pain resident will fulfill the following goals under CANMEDS roles:

1. Medical Expert Role:

Competencies:

The resident will demonstrate compassionate, appropriate, and effective care, based on the existing evidence base in musculoskeletal and neuropathic pain management, aimed at maximizing well being and quality of life for patients, incorporating their families in education and the plan of care. The resident will provide this care in collaboration with an interdisciplinary team.

- 1.1 Gathers comprehensive and accurate information
Obtains a comprehensive medical history and physical exam, correctly interprets, performs and interprets appropriate diagnostic workup, and utilizes information technology effectively
- 1.2 Demonstrates the ability to identify diagnostic alarms in the evaluation of musculoskeletal and neuropathic pain
Synthesizes and applies information in the clinical setting.
Develops a prioritized differential diagnosis and problem list, and obtains necessary additional clinical information
- 1.3 Demonstrates ability to take a relevant history and perform a focused physical exam in the work-up and treatment on chronic non-cancer musculoskeletal and neuropathic pain.
- 1.4 Perform a complete and appropriate assessment of a patient and 4 Use preventive and therapeutic interventions effectively and all of the office based interventional procedures

The resident will demonstrate knowledge about established and evolving biomedical, clinical, population science and social-behavioral sciences relevant to the care of patients with chronic non-cancer pain and to their families, and relate this knowledge to a community pain practice.

- 1.5 Describe the features of neuropathic pain including peripheral and central sensitization; list common symptoms and signs of each and explain their role in the persistence of pain
- 1.6 List clinical tests used to diagnose neuropathic pain including positive signs (mechanical and thermal allodynia and hyperalgesia, temporal and spatial summation), negative signs (sensory loss, weakness and muscle atrophy) and associated signs such as referred sensation, swelling, alterations in sweating, changes in colour and temperature, and trophic changes
- 1.7 List common validated tools that have been developed to assess pain and functional changes; identify their purpose, scoring, interpretation and limitations
- 1.8 Formulate a step-wise approach to pharmacotherapeutics and pain interventions for a patient with neuropathic pain, applying published consensus guidelines, and taking into consideration the patient's individual medical complexity.
- 1.9 Understands Anatomy and Pathophysiology:
 - 1.10 Explain the Importance of Comorbid Illness
 - 1.10.1 Generalized anxiety disorder, panic disorder, major depressive disorder, bipolar disorder, fibromyalgia, and irritable bowel syndrome, epilepsy, dysautonomia, patent foramen ovale
 - 1.10.2 How treatment decisions are affected by comorbid illness
 - 1.10.3 Common psychological stressors
 - 1.11 Understands Global Considerations:
 - 1.11.1 Interdisciplinary team
 - 1.11.2 Assess pain and other common non-pain symptoms
 - 1.11.3 Pain management of pediatric and geriatric patients

2. Communicator

Competencies:

The resident will be able to demonstrate interpersonal and communication skills that result in effective relationship-building, information exchange, emotional support, shared decision-making and teaming with patients, their patients' families, and professional associates.

- 2.1 Be able to write effective chart notes for patients with headache, and write or dictate complete and succinct consultations for patients with headache.
- 2.2 Be able to verbally present medical information succinctly and accurately to attending staff
- 2.3 Be able to communicate effectively with other members of the health care team.
- 2.4 Be aware of the advantages, disadvantages, limitations of written communication, verbal (both telephone and in person) communication, and non-verbal communication when communicating with

patients, family members, or other members of the health care team. To be able to address challenging communication issues effectively, such as obtaining informed consent, delivering bad news, and addressing anger, confusion and misunderstandings.

3. Collaborator Role

Competencies:

The pain resident will be able to function effectively with the headache team including other physicians, nurses and pharmacists and understand the roles of other healthcare providers such as family physician, neurologist, neurosurgeon, physiatrist, anesthesiologist, psychiatrist, addiction medicine physician, psychologist, anesthesiologist, and physiotherapist, and how they integrate into the patient's headache management.

3.1 Demonstrate effective, appropriate, and timely consultation of another health professional as needed for optimal patient care and specifically in situations where:

- An emergency referral to another specialist is required.
- Consultation with another medical specialist would be beneficial (including for diagnostic or treatment- related interventional procedures)
- Consultation with an allied health practitioner (i.e. Occupational or Physical Therapist) would be beneficial.
- Offer patients the services of patient support groups when indicated

4. Manager Role

Competencies:

4.1 The pain resident will be able to prioritize treatments and complete tasks efficiently

4.2 The pain resident will be able to effectively triage patients and allocates resources appropriately

4.3 Describe the concepts of impairment, disability and handicap and how these apply to individuals with pain, and define the medico-legal concepts of disability.

4.4 Demonstrate knowledge of components of health administration required to establish pain management services, either at a secondary community-based facility or in a tertiary university-affiliated clinic

5. Health Advocate Role

Competencies:

5.1 The resident will be able to advocate for patients with headache to assess appropriate treatment and facilitate access to community resources when needed.

5.2 The resident will be able to educate patients and assist with managing risk factors.

6. Scholar Role

Competencies:

6.1 The pain resident will develop critical thinking skills.

6.2 The pain resident will be able to search the literature around patient headache problems and be able to appropriately incorporate the information into practice.

7. Professional Role

Competencies:

The resident will be able to demonstrate a commitment to carrying out professional responsibilities, awareness of their role in reducing suffering and enhancing quality of life, adherence to ethical principles, sensitivity to a diverse patient population, and appropriate self-reflection.

7.1 Demonstrates understanding of accountability to patients, society, and the profession.

7.2 Arrives on time and prepared for work, dressed appropriately and clean, seeing all patients willingly, and advocating for them upon disposition.

7.3 Fulfills professional commitments:

- Responds to requests from patients and families for medical information
- Helps colleagues
- Shows accountability for personal actions and plans
- Works effectively as a team member.
- Addresses concerns about quality of care and impaired performance among colleagues
- Show respect, dignity, and compassion

7.4 Demonstrates knowledge of ethics and law that should guide care of patients

7.5 Shows respect and compassion towards all patients and their families

7.6 Recognizes own role and the role of the system in disclosure and prevention of medical error.

7.7 Demonstrate the ability to prioritize professional duties when faced with multiple patients and problems

7.8 Demonstrate compassionate and patient-centered care

7.9 Demonstrate medical expertise in situations other than patient care, such as providing expert legal testimony or advising governments, as needed