

## **UBC Pain Medicine Residency Program: CanMEDS Goals and Objectives of the 4 week Community Pain Elective Rotation**

### **Overview**

The elective sites include various GP and specialist community clinics across BC including but not limited to:

Vancouver (GP Dr. Pam Squire, GP Dr. Greg Siren, physiatrist Dr. Pankaj Dhawan), Powell River (GP David May), Kelowna (GP Dr. Paul Etheridge)

Proposed schedule

- 5 days per week clinical rotation
- Province wide pain rounds 1 hour/week/rotation
- Observation of interventional pain procedures

### **GOALS**

Upon completion of training, a resident is expected to be a competent specialist in Pain Medicine capable of assuming a consultant's role in the specialty. The community elective is designed to provide a setting in which the resident can implement and practice pain medicine competencies within the confines of either a secondary level community pain practice or a private solo pain practice. The elective is not designed to teach interventional pain practices with the exception of some common office based procedures that do not require radiological guidance.

### **COMPETENCIES/ OBJECTIVES**

#### **1. Medical Expert: Function effectively as consultants, integrating all of the CanMEDS Roles to provide optimal, ethical and patient-centered medical care**

- 1.1. Perform a consultation, including the presentation of well-documented assessments and recommendations in written and/or verbal form in response to a request from another health care professional
- 1.2. Demonstrate the ability to prioritize professional duties when faced with multiple patients and problems
- 1.3. Demonstrate compassionate and patient-centered care
- 1.4. Respond to the ethical concerns in medical decision-making
- 1.5. Demonstrate medical expertise in situations other than patient care, such as providing expert legal testimony or advising governments, as needed
- 1.6. Demonstrate knowledge of components of health administration required to establish pain management services at a secondary community-based facility or private practice

#### **2. Medical Expert: Establish and maintain clinical knowledge, skills and attitudes appropriate to Pain Medicine**

- 2.1 Identify characteristics of patients who would most benefit from a formal psychological assessment

2.2. Outline indications, contraindications, benefits (efficacy) and risks (safety) of these clinical treatments.

Cognitive behavioral therapy  
Mindfulness based stress reduction (MBSR)  
Mindfulness Based Cognitive Therapy (MBCT)  
Biofeedback  
Hypnosis  
Imagery training  
Patient education programs  
Exercise and fitness training  
Patient self-management techniques, goal setting.

2.3 Define catastrophizing and kinesophobia as predictors of chronic pain treatment outcomes; describe common assessment tools for detecting each and outline interventions that can be used to reduce the severity of each condition.

2.4 Explain the potential effect of pain treatments on psychiatric comorbidities

2.5 Define addiction, tolerance and physical dependence.

2.6 Describe the heterogeneity of opioid users in the population (abuse, misuse, diversion in pain and non-pain patients) and identify the health consequences of both untreated pain and opioid misuse or abuse.

2.7 Stratify patients into low, moderate or high risk categories and identify patients who should be referred for an addiction consult prior to or during opioid therapy

2.8 Describe the concept of "universal precautions" as it applies to treatment with opioids.

2.9 Employ validated risk assessment tools, and interviewing techniques to perform an appropriate risk assessment on a patient in whom opioids, benzodiazepines or cannabinoids are being considered.

2.10 Identify patients with co-morbid psychiatric and coping difficulties and select appropriate therapeutic strategies for pain management.

2.11 Identify aberrant drug-taking behaviours in patients prescribed opioids, and identify which are more or less predictive of abuse, misuse or diversion and describe differential diagnoses for these behaviors.

2.12 List appropriate urine drug testing options and indications for their use, construct a differential diagnosis of the results and describe an appropriate follow-up plan

2.13 Identify treatment and monitoring strategies for patients with emerging aberrant drug-taking behaviors including rehabilitative and psychosocial approaches that emphasize wellness and behavioural change.

2.14 Describe a range of treatment strategies for pain management in patients with addiction either active or in remission.

2.15 Cite current information regarding opioid diversion and identify useful strategies at several levels to reduce this problem (e.g. health provider education, patient education re safe storage, improved treatment resources for patient with pain, government collaboration regarding surveillance and regulations, and abuse-resistant formulations)

2.16 Outline appropriate withdrawal schedules and strategies for managing withdrawal symptoms for opioids and benzodiazepines.

2.17 Formulate an appropriate treatment plan for managing musculoskeletal pain

2.18 Outline injection formulations and techniques that may be used to treat painful soft tissue and joint disorders

2.19 Describe the principles, indications and limitations of physical treatments (exercise based treatment, passive physical therapies such as ultrasound, transcutaneous electrical stimulation (TENS), manual therapies, manipulation and massage) in the management of musculoskeletal pain

2.20 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

2.21 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.

### **3. Medical Expert: Perform a complete and appropriate assessment of a patient**

3.1 Perform an appropriate clinical assessment which will include a directed history and examination in order to identify the etiology of the chronic pain condition.

3.2 Perform an assessment appropriate for age and development of the presenting complaint and important co-morbidities, utilizing a biopsychosocial framework

3.3 Elicit a history that is relevant, concise and accurate to context and preferences for the purposes of diagnosis and/or management prevention and health promotion

3.4 Demonstrate appropriate use of common validated pain assessment tools and questionnaires used to measure the various components of the biopsychosocial pain assessment Select, complete and interpret a variety of functional outcome assessment tools for monitoring effect of interventions

3.5 Perform a focused physical examination that is relevant and appropriate for the purposes of prevention and health promotion, diagnosis and/or management

3.6 Perform a directed musculoskeletal and/or neurological physical examination in order to differentiate painful processes arising from bones, joints, soft tissues, peripheral or central nervous system, or other tissues.

3.7 Devise, as resources allow, an appropriate management plan utilizing all appropriate interventions (preventative, psychological, non-pharmacologic, pharmacologic, interventional) based on the individuals' specific pain, co-morbidities, goals and other relevant factors to provide maximal functional restoration.

#### **4. Medical Expert: Use preventive and therapeutic interventions effectively**

4.1 Implement a management plan where appropriate in collaboration with a patient and their family

4.2 Demonstrate appropriate and timely application of preventive and therapeutic interventions relevant to Pain Medicine

4.3 Order and interpret an appropriate urine drug test, construct a differential diagnosis of the results and generate an appropriate follow-up plan

4.5 Ensure appropriate informed consent is obtained for off- label therapies and opioid management

4.6 Utilize appropriate patient resources, including books, online information, support groups, and patient advocacy

#### **5. Medical Expert: Demonstrate proficient and appropriate use of procedural skills, both diagnostic and therapeutic**

5.1 Demonstrate knowledge or effective, appropriate, and timely use of the following diagnostic and /or therapeutic procedures taking into account the limitations of these procedures, and the potential risks to patients

Peripheral nerve blocks

Musculoskeletal injection

Neuraxial block

Neuromodulation and neuroablation procedures

Sympathetic blocks

5.2 Identify procedures that require the use of appropriate image guidance including ultrasound, fluoroscopy, CT-guidance and endoscopic guidance and plan referrals accordingly

5.3 Document and disseminate information related to procedures performed and their outcomes

5.4 Ensure adequate informed consent is obtained for procedures planned and executed and ensure follow-up is arranged for procedures

## **6. Medical Expert: Seek appropriate consultation from other health professionals, recognizing the limits of their own expertise**

- 6.1 Demonstrate insights into their own limits of expertise
- 6.2 Demonstrate effective, appropriate, and timely consultation of another health professional as needed for optimal patient care and specifically in situations where:
  - 6.3 An emergency referral to another specialist is required.
  - 6.4 Consultation with another medical specialist would be beneficial (including for diagnostic or treatment- related interventional procedures)
  - 6.5 Consultation with an allied health practitioner (i.e. Occupational or Physical Therapist) would be beneficial
- 6.6 Adapt the referral request to individual situations and consider, where possible, telephone or video consultation

### **Communicator**

- 1.1 Communicate with patients in a way that is appropriate to their individual preferences and limitations including common emerging parameters of cultural differences
- 1.2 Practice the assessment and care of pain patients in a manner that validates the individual patient's subjective experience of pain.
- 1.3 Respect patient confidentiality, privacy and autonomy
- 1.4 Listen effectively
- 1.5 Be aware of and responsive to non-verbal cues
- 1.6 Facilitate a structured clinical encounter effectively
- 1.7 Identify and explore problems to be addressed from a patient encounter effectively, including the patient's context, responses, concerns, and preferences
- 1.8 Utilize appropriate patient resources, including books, online information, support groups, and patient advocacy groups
- 1.9 Maintain clear, concise, accurate and appropriate records (e.g., written or electronic) of clinical encounters and plans
- 1.10 Present verbal reports of clinical encounters and plans

### **Collaborator**

- 1.1 Accommodate differences when appropriate and employ appropriate techniques to address misunderstandings with other professionals

## **Leader**

- 1.1 Set priorities and manage time to balance patient care, practice requirements, outside activities and personal life
- 1.2 Manage a practice including finances and human resources
- 1.3 Implement processes to ensure personal practice improvement
- 1.4 Employ information technology appropriately for patient care

## **Health Advocate**

- 1.1 Describe the practice communities that the preceptor serves
- 1.2 Identify opportunities for advocacy, health promotion and disease prevention in the communities that they serve, and respond appropriately
- 1.3 Identify the determinants of health of the populations, including barriers to access to care and resources
- 1.4 Identify vulnerable or marginalized populations within those served and respond appropriately

## **Scholar**

- 1.1 Conduct personal practice audits
- 1.2 Pose an appropriate learning question
- 1.3 Access and interpret the relevant evidence
- 1.4 Integrate new learning into practice
- 1.5 Evaluate the impact of any change in practice
- 1.6 Document the learning process

## **Professional**

- 1.1 Exhibit appropriate professional behaviors in practice, including honesty, integrity, commitment, compassion, respect and altruism
- 1.2 Demonstrate a commitment to delivering the highest quality care and maintenance of competence
- 1.3 Demonstrate an appropriate response to ethical issues encountered in practice
- 1.4 Manage conflicts of interest
- 1.5 Practice within the principles and limits of patient confidentiality as defined by professional practice standards and the law
- 1.6 Maintain appropriate relations with patients

- 1.7 Demonstrate an awareness of own limitations and seeking advice when necessary
- 1.8 Adapt appropriate professional, legal and ethical codes of practice
- 1.9 Fulfil the regulatory and legal obligations required for the prescription of controlled substances
- 1.10 Demonstrate accountability to professional regulatory bodies