

**UBC Pain Medicine Residency Program:
CanMEDS Goals and Objectives of the Community based Private Pay Pain Service
Rotation at OrionHealth**

1. Medical Expert

- a. Perform an appropriate, culturally sensitive chronic non-cancer pain assessment including recognizing substance use disorders among patients with pain conditions.
- b. Identify substance use disorders among patients with pain conditions.
- c. Identify inappropriate use of or dependence on medications prescribed to treat pain.
- d. Recognize common medical and psychiatric conditions as they occur among patients with pain and substance use disorders.
- e. Know when seek appropriate medical consultation.
- f. Effectively use “pain medication agreements” and PharmaNet (the provincial prescription monitoring program) in managing patients on chronic pain medications.
- g. Skillfully medically supervise opioid conversion, withdrawal and stabilization; benzodiazepine withdrawal management; neuromodulator titration; pain and sleep hygiene education; and antidepressant use.
- h. Become adept at opioid rotation, tapering, and optimizing.
- i. Learn the indications, contraindications and drug interactions of common drugs used to treat chronic non-cancer pain and demonstrate this when choosing medications.
- j. Be able to demonstrate the ability to screen, diagnose and assist injured workers and military personal with pain disorders who may have substance use issue along with other psychiatric co-morbidities
- k. Recognize common medical and psychiatric conditions as they occur among patients with pain and substance use disorders, and know when seek appropriate medical consultation.
- l. Identify inappropriate use of or dependence on medications prescribed to treat pain.
- m. Effectively use “pain medication agreements” and PharmaNet (the provincial prescription monitoring program) in managing patients on chronic pain medications.
- n. Skillfully medically supervise opioid conversion, withdrawal and stabilization; benzodiazepine withdrawal management; neuromodulator titration; pain and sleep hygiene education; and antidepressant use.
- o. Co-manage patient medications with the pharmacist; Co-manage mood, physical rehab, and return to work issues with the rest of the team.
- p. Opioid Management:
 - i. Recognize the spectrum of opioid withdrawal symptoms that drive opioid use (anxiety, fear, pain, temperature dysregulation, insomnia, dysphoria, etc.).
 - ii. Learn the pharmacology of medications used to treat acute and chronic pain.
 - iii. Comprehend the abuse potential of opioids, benzodiazepines, and cannabinoids – all of which chronic pain patients sometimes take. At the same time recognize that untreated pain can be a trigger for relapse for someone in recovery.
 - iv. Become adept at opioid rotation, tapering, and optimizing.
- q. Learn the indications, contraindications and drug interactions of common drugs used to treat chronic non-cancer pain.
- r. Learn the bio-psycho-social overlap in the diagnosis and treatment of chronic pain and addiction. In addition gain knowledge of how the mood, pain and addiction pathways in the CNS are co-activated and interdependent and thus must be co-managed.
- s. Understand how one’s patient care activities and other professional practices affect other health care professionals, health care organizations, and the larger society, and how these

elements of the system affect their own practice individually and within their group or agency, or in their broad professional community activities.

- t. Effectively participate in multidisciplinary team assessment, review, and treatment planning.
 - u. Be able to demonstrate the ability to screen, diagnose and assist injured workers and military personal with pain disorders who may have substance use issues along with other psychiatric co-morbidities.
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Communicator

- v. Demonstrate the ability to review electronic files, search PharmaNet, interpret urine drug screens, and communicate your findings of these and of your history and physical to the patient and other caregivers.
- w. Become adept at communication through direct discussion with patients, dictations, documentation in electronic medical record, calls to care providers, and review at team meetings.

2. Collaborator

- a. Co-manage patient medications with the pharmacist.
- b. Co-manage mood, physical rehab, and return to work issues with the rest of the team.
- c. Understand how one's patient care activities and other professional practices
 - i. affect other health care professionals, health care organizations, and the larger society, and how these elements of the system affect their own practice individually and within their group or agency, or in their broad professional community activities.
- d. Effectively participate in multidisciplinary team assessment, review, and treatment planning.

3. Manager

- a. Be able to interpret laws, regulations, ethical and professional codes and
- b. standards to develop and manage substance use disorders and their complications in populations
- c. Learn about the treatment of injured workers within the context of the provincial insurance agency responsible (WorkSafeBC). In this context learn about assessment and reporting responsibilities including restrictions and limitations on return to work
- d. Be able to interpret laws, regulations, ethical and professional codes and standards to develop and manage substance use disorders and their complications in populations.
- e. Demonstrate the ability to review electronic files and use an electronic medical record, search PharmaNet, and dictate medical assessments.

4. Health Advocate

- a. Learn about the treatment of injured workers within the context of the provincial insurance agency responsible (WorkSafeBC). In this context learn about assessment and reporting responsibilities including restrictions and limitations on return to work.

- b. Advocate for quality patient care and assist patients, employers, groups, programs, agencies and governments in dealing with system complexities.
- c. Be able to interpret laws, regulations, ethical and professional codes and standards to develop and manage substance use disorders and their complications in populations.

5. Scholar

- a. Recognize the spectrum of opioid withdrawal symptoms that drive opioid use (anxiety, fear, pain, temperature dysregulation, insomnia, dysphoria, etc.).
- b. Learn the pharmacology of medications used to treat acute and chronic pain.
- c. Comprehend the evidence on the abuse potential of opioids, benzodiazepines, and cannabinoids – all of which chronic pain patients sometimes take. At the same time recognize that untreated pain can be a trigger for relapse for someone in recovery
- d. Learn the bio-psycho-social overlap in the diagnosis and treatment of chronic pain and addiction. In addition gain knowledge of how the mood, pain and addiction pathways in the CNS are co-activated and interdependent and thus must be co-managed.

6. Professional

- a. Practice respectful boundary setting when confronted with dramatic behavior from patients.
- b. Hold the balance of empathy for the current situation, while encouraging change.
- c. Arrive on time, see patients within the time constraints of a team setting, and finish reports in a timely manner.