

## **UBC Pain Medicine Residency Program: CanMEDS Goals and Objectives of the Longitudinal Acute Pain Rotation**

### **Goals of the Rotation**

To acquire the knowledge and skills necessary to assess and provide a management plan for patients with acute pain in the post anesthetic recovery room (PAR), intensive care unit (ICU), surgical wards, and medical wards.

### **Description of the rotation**

The resident is assigned to the Jim Pattison Outpatient Care and Surgical Centre (JPOCSC) pain clinic in Surrey during these first 5 blocks of year 1. During these 5 blocks, the resident will also take part in the Acute Pain Service rounds at the affiliated Surrey Memorial Hospital (SMH) located approximately two km west of JPOCSC. These rounds will take place in the mornings with the Clinical Nurse Specialist who co-manages the acute pain management of epidurals, patient controlled analgesia, regional blocks and medical management along with the daily attending anesthesiologist. The resident would return to JPOCSC for the rest of the day.

Consultations on Acute pain cases will also be done during the VGH inpatient Complex Pain & Addiction service as part of the Psychiatry rotation.

Consultations on Acute to sub acute cases will be done during all the blocks of the GFS rehabilitation center blocks. Consultations will be focused on patients with pain and transitioning to the GFS for rehabilitation.

Acute pain service rounds will also take place during the Pediatric Pain Block.

### **Educational Objectives of the Program**

Upon completion of the acute pain rotation, the pain medicine resident will:

#### **Medical Expert:**

1. Be able to transition patients from the above to oral medications, including demonstrating an ability to convert opioids and the concept of opioid equipotency.
2. For epidural and regional analgesia, be able to relate the anatomy of specific regional analgesic techniques to specific surgical procedures, and to be able to verbally state contraindications to epidural and regional analgesic techniques, and be able to manage those patients who require anticoagulants in the perioperative period. In addition, be able to “trouble shoot” epidural and regional analgesia that is not providing appropriate analgesia.
3. Be able to prescribe co-analgesics to improve analgesia while minimizing side-effects and risks.
4. Be able to identify and distinguish between tolerance, dependence, and addiction.
5. Be able to identify impediments to analgesia and modify therapy accordingly. Be able to provide a rationale management plan for patients who have chronic pain (such as complex regional pain syndrome) who will be undergoing a surgical procedure Be able to demonstrate knowledge about the anatomy and physiology of pain, and the multisystem effects of poorly controlled acute pain on the postoperative patient. In addition, to be able to verbally explain the current knowledge of how acute pain can lead to chronic pain in certain patients.
6. Be able to distinguish nociceptive from neuropathic pain.
7. Be able to demonstrate pharmacologic knowledge of agents used in the management of acute pain, including local anesthetics, opioids (including choice of specific opioid for epidural

use), various co-analgesic medications (NSAID's, anticonvulsants, NMDA antagonists, tricyclic antidepressants, etc.)

8. Be able to assess and manage patients with acute pain, including the relevant diagnosis causing acute pain, any special pharmacokinetic and pharmacodynamic characteristics (such as renal failure or opioid tolerance) and to be able to modify therapy appropriately Be able to (i) prescribe and (ii) monitor for complications appropriately the following modalities: patient controlled (iv) analgesia (PCA), epidural, and regional analgesia, intrathecal opioids

### **Communicator**

1. Be able to inform patients with acute pain about their diagnosis and their management plan
2. Be able to write effective chart notes for patients with acute pain, and write or dictate complete yet succinct consultations for patients with acute pain.
3. Be able to verbally present medical information succinctly and accurately to attending staff.
4. Be able to communicate effectively with other members of the health care team

### **Collaborator Role**

1. Be able to function effectively in the health care team, including an understanding of the roles of the various members (other physicians such as anesthesiologist, surgeon, intensivist, internist, addiction medicine physician and other members of the team such as ward nurse and clinical nurse specialist, physiotherapist, pharmacist) and how to prevent or to resolve conflict should they arise
2. Be able to consult other physicians appropriately (anesthesiologist, surgeon, addiction medicine physician, psychiatrist, neurologist, etc.), for more complex patients, or patients who may have a perioperative complication, which may be related to the acute, pain modality

### **Leader Role**

1. Be able to organize acute pain service rounds effectively and efficiently including designated weekend rounds
2. Be able to manage acute pain patients while on call, including effectively managing patients by telephone conversation with other surgical and medical staff, anesthesiology staff, and ward nurses
3. Be able to attend and participate in all scheduled educational experiences on the pain rotation

### **Health Advocate Role**

1. Be able to advocate for patients with acute pain to assess appropriate treatment and in the prevention or treatment of complications
2. Be able to understand the limitations and barriers in the health care system facing the population of patients with acute pain, and to verbalize current proposals in how to address these limitations and barriers

### **Scholar Role**

1. Throughout the rotation, the resident should be demonstrating acquisition of medical knowledge as it relates to pain by reading, including the literature provided at the beginning of the rotation
2. Be able to teach more junior trainees (residents, medical students, nursing students) various aspects of acute pain

**Professional Role**

1. Throughout the rotation the resident shall demonstrate professional behaviour in all interactions with patients, their family members, and other members of the health care team. This includes the establishment of an effective therapeutic relationship with patients
2. Throughout the rotation, the resident will attend all scheduled educational activities
3. Throughout the rotation, the resident shall round on all acute pain inpatients, unless arrangements have been made with others on the Acute Pain Service team.
4. Throughout the rotation, the resident shall understand his/her own limitations and seek assistance appropriately
5. Throughout the rotation, the resident shall be receptive to constructive feedback