UBC Pain Medicine Residency Program:
CanMEDS Goals and Objectives of the Musculoskeletal Rotation

Goals of the Program
To train pain physicians with added competency in the areas of physical medicine, rehabilitation and rheumatology who will provide primary and consultant pain management services to pain patients; and to provide clinical and initial basic academic training for physicians who will be going on to academic careers in pain medicine including cancer pain.

Educational Objectives of the Program
Successful residents will acquire a broad-based understanding of the principles, philosophy, and core knowledge, skills and attitudes of physical medicine & rehabilitation and rheumatology.

The resident will complete one block made up of two weeks of rheumatology and two weeks of physical medicine & rehabilitation rotations. The first two weeks (10 days) will consist of various physical medicine outpatient clinics including:

- Spine clinic with Dr. Mark Adrian and Dr. Paul Bishop.
- GF Strong Rehabilitation Centre: Dr. Rajiv Reebye, Dr. Russ O'Connor
- Spinal cord unit: Dr. Rhonda Wilms
- Community Physical medicine clinic: Dr. Lisa Callier

The final two weeks (10 days) will consist of various rheumatology community based outpatient clinics including:

- Dr. Rhonda Shuckett (general rheumatology, OA, RA, AS and fibromyalgia) 4 full days on Mondays, Tuesdays, Thursdays
- Dr. Maziar Badii (spine pain medicine/ seronegative spondylarthropathies) 4 half days
- Dr. Kam Shojania (General rheumatology/inflammatory arthritis) ½ day
- Dr. David Collins (Joint/Ultrasound procedures) ½ day

At the completion of the rotation in Pain Medicine, the pain resident will gain the following knowledge and understanding:

Medical Expert

1. To demonstrate examination of the joints of the axial spine and peripheral joints

2. To take a functional history to help in the management of chronic pain patient

3. Demonstrate knowledge of diagnosis with emphasis on history and physical exam and management of common spine pathology including the following:
    a. Mechanical Neck Pain acute and chronic
        i. Soft tissue neck pain
        ii. Facet or zygapophyseal joint neck pain and injury
        iii. Discogenic pain and neuroforaminal and spinal stenosis

   b. Mechanical low back pain
      i. Musculoligamentous pain including sacroiliac ligament pain
      ii. Discogenic pain and neuroforaminal stenosis
      iii. Spinal stenosis
      iv. Approach to diagnosis and acute treatment of osteoporotic compression fractures
4. Demonstrate knowledge of red flag symptoms
   a. Red Flags in Low back pain: Night Pain, Bladder/Bowel Saddle sensation problems/Abdominal Aortic Aneurysm
   b. Red flag: The Unstable Rheumatoid Neck: things to know

5. Regional soft tissue pain and myofascial pain, acute and chronic

6. Widespread Soft tissue pain: Approach to diagnosis and management of fibromyalgia syndrome

7. Various forms of regional tendonitis and bursitis

8. Assessment of the Painful Shoulder Assessment

9. Acute articular problems
   a. Septic joint, aspiration of knee joint.
   b. Analgesia of septic joints in IV drug user
   c. Gout and Pseudogout approach to diagnosis and treatment and what pitfalls to avoid

10. Chronic articular problems:
   a. An Overview of Basic Approach to diagnosis and treatment of inflammatory arthropathies such as RA
   b. An Approach to polymyalgia rheumatic and temporal arteritis
   c. Approach to inflammatory back pain
      i. seronegative spondyloarthropathies such as ankylosing spondylitis

11. To be exposed to treating chronic pain and MSK disorders in patients with complex medical background (i.e. spinal cord injury, Stroke, multi-trauma injuries) in the outpatient setting)

12. Describe indications and limitations of various diagnostic imaging modalities.
   a. Describe the choice of imaging studies
   b. To be exposed to the indications and limitations of electrodiagnostic testing in patients with MSK disorders.

13. Role of diagnostic and therapeutic blocks:
   a. acupuncture, trigger point injections, Botox injections for myofascial pain syndrome (injection treatment modalities handled by Physical Medicine and Rehabilitation)
   b. SIJ blocks and epidural steroid injections
   c. Facet pain and role of facet block

d. Indications for referral for injection therapy including facet block and nerve block
e. soft tissue injection
f. injection of tennis elbow and deQuervains' tenosynovitis and Trochanteric bursitis
g. Assessment and injection of trochanteric bursitis
h. Joint injection techniques particularly the shoulder and knee
i. Osteoarthritis with role of cortisone and viscosupplementation injections of the knee joint
j. To be exposed to ultrasound guided injections in pain and spasticity management

Communicator

1. Be able to convey patient's diagnosis, prognosis and management plan in a comprehensive and empathetic fashion
2. Accurately answer patient questions within the residents comfort level, and defer to staff when beyond the resident's level of training
3. Establish therapeutic relationships with patients/families

Collaborator

1. Consult appropriately with other physicians and health care professionals
2. Contribute effectively to other interdisciplinary team activities.

Leader

1. Utilize resources effectively to balance patient care, learning needs, and outside activities
2. Demonstrate understanding of need to allocate finite health care resources responsibly

Health Advocate

1. Identify important determinants of health affecting pain clinic patients
2. Recognize and respond to those issues where advocacy is appropriate

Scholar

1. Reads around cases
2. Able to critically appraise sources of medical information as they relate to pain medicine

Professional

1. Deliver the highest quality care with integrity, honesty and compassion
2. Exhibits appropriate personal and interpersonal professional behaviours
3. Practices medicine ethically consistent with the obligations of a physician