
Acute Pain Rotation at SPH¹

CanMEDS Goals and Objectives

Overview

The resident will be undergoing their acute pain service rotation at St. Paul's Hospital located in downtown Vancouver. These post-op acute pain rounds and inpatient consults will be done through the day. The resident will be assigned to one acute pain service clinician per week to ensure continuity of care.

Concurrently, the resident is also scheduled with the SPH Interventional Pain team clinic in the morning doing consults and follow-ups and the Interventional pain team procedure room in the afternoons doing a variety of procedures with their attending clinician.

The resident will be on call for the acute pain service for one week of the four with the support of their assigned acute pain physician that week. Most of these calls will be from home but occasionally in hospital attendance may be needed.

The resident will participate in the multidisciplinary clinical case rounds that occur at least once per month.

Other acute pain service experiences will be obtained through the urgent consult service with the Cancer pain rotation and the acute pain service with the Pediatric pain rotation.

Educational Objectives of the Program

To acquire the knowledge, skills, and attitudes necessary to assess and provide a management plan for patients with acute pain, both surgical and non-surgical. To function effectively as consultants, the pain physician must be able to integrate all of the CanMEDS Roles to provide optimal, ethical and patient-centered medical care

Upon completion of the SPH APS rotation, the pain medicine resident will be able to:

Medical Expert Role:

1. Outline the anatomy and neurophysiology of nociception
2. Explain the pathophysiology of acute pain including mechanisms, modulation and associated physiologic consequences
3. Be able to diagnose the etiology of the acute pain based on history, physical examination, and investigations as required.
4. Perform a focused physical examination that is relevant and appropriate for the diagnosis and/or management
5. 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

¹ UBC Pain Med APS Final Nob 8 2017

tolerance, and to be able to modify therapy appropriately. In particular, being able to diagnose time-sensitive or critical illness in postoperative surgical patients which may present as acute pain (eg. compartment syndrome, acute coronary syndrome, pulmonary embolism, bowel anastomotic leak, epidural hematoma).

6. Describe how specific patient characteristics might affect acute pain assessment such as ethnic identity, age, cognitive impairment, language barrier, level of consciousness. Identify specific assessment techniques to meet these needs.
7. Describe the adverse physiological and psychological effects, both immediate and long term of inadequate pain management in the acute care setting.
8. Identify factors that complicate treatment of an acute pain patient including co-morbidities (eg. obstructive sleep apnea, severe pulmonary disease, dementia, delirium, renal insufficiency/renal failure), previous chronic pain condition, opioid tolerance, substance use disorder including opioid use disorder with pharmacologic management with buprenorphine or methadone, and psychological factors.
9. Identify patients whose injury, disease, or surgery, in combination with their psychological characteristics (anxiety, depression, past experience and expectations, catastrophizing) has put them at risk of developing chronic pain; describe treatments which might decrease that risk
10. List common acute pain conditions, their epidemiology, pathophysiology, natural history, treatment and prognosis (eg. rib fracture, acute sickle cell crisis)
11. Describe the elements of an acute pain assessment; explain how it may differ from a chronic pain assessment.
12. Be able to distinguish nociceptive from neuropathic pain and to offer specific management accordingly.
13. 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
14. Be able to demonstrate pharmacologic knowledge of agents used in the management of acute pain, including local anesthetics, opioids, various co-analgesic medications (NSAID's, NMDA antagonists, local anesthetics, alpha adrenergic agonists, tricyclic antidepressants, anticonvulsants, etc.).
15. Be able to use prescribe and monitor for complications appropriately the following modalities: PCA, epidural, and regional analgesia, and to be able to transition patients from the above to oral medications, including demonstrating an ability to convert opioids and the concept of opioid equipotency.
16. Describe current methods of interventional techniques in acute pain management including their indications, contraindications (with particular emphasis on specific anticoagulants and antiplatelet medications which may be used in the perioperative period), side effects, and complications including the following:
 17. Neuraxial block technique
 18. Peripheral Nerve and plexus block
19. Be able to select co-analgesics to improve analgesia while minimizing side-effects and risks.
20. Be able to identify and distinguish between tolerance, dependence, and addiction.
21. Be able to identify impediments to analgesia and modify therapy accordingly.
22. Cite the evidence for non-pharmacological techniques used for acute pain relief and provide examples of how they can be successfully utilized in acute pain management.
23. Be able to function as a APS consultant while on call in safe and effective manner, maintaining a collaborative and professional attitude.

Communicator

1. Communicate effectively with patients about how to optimize acute pain management and how to improve function (early ambulation, early eating and drinking, optimizing pulmonary function).
2. Obtain informed consent from the patient for any proposed regional analgesia technique
3. Follow up with patients post operatively to determine efficacy of analgesia, monitoring and management of analgesia related side-effects and overall patient satisfaction
4. Provide appropriate handover during the transfer of care of patients among APS team members

Collaborator

1. Consult effectively with the surgeon, surgical residents, ward and PACU nurses, and staff anesthesiologist, and anesthesiology residents to ensure optimal perioperative acute pain management

Health Advocate

1. Provide expertise and leadership in promoting optimal acute pain management to the patients and all members of the surgical and acute pain team
2. Act as an advocate in upholding safe standards of acute pain practice

Manager

1. Describe the components of a safe, effective and efficient acute pain service; describe its impact on health resource utilization.
2. Be able manage time effectively in performing acute pain service rounds in a manner that ensures high quality care in a compassionate and collaborative fashion.

Scholar

1. Have the ability to critically review the current acute pain literature
2. Contribute to the education of other members of the acute pain team, ward nurses, surgical residents, medical students

Professional

1. Deliver the highest quality of care with integrity, honesty, and compassion
Demonstrate appropriate respect for the opinion of patients and team members in the provision of acceptable acute pain management techniques, and be able to resolve any conflicts effectively and professionally