

CanMEDS Goals and Objectives

To train physicians with added competency in the area of cancer pain who will provide primary and consultant pain management services to cancer 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 cancer pain medicine.

The resident will complete one block. This will consist of:

- Tuesday and Thursdays at the BCCA pain & symptom management/palliative care clinics, team meetings and inpatient consultations with Dr. Pippa Hawley and her colleagues: Catriona Aparicio, Corey Metcalf and Lori Saretsky and Julia Ridley (expected to start Jan 2018).
- Mondays, Wednesdays and Fridays will consist of experiences at the Vancouver BCCA rapid response radiotherapy clinic, a selection of other appropriate oncology clinics, and some off-site experiences as follows.
 - Interventional radiology at VGH, (Dr. Peter Munk) the SPH neuromodulation program with Drs. Jill Osborn, Ramesh Sahjpaal and Alan Berkman.
- BCCA/VGH Minimally Invasive Palliative Procedures Conferences, held twice a month.
- The SPH /VGH Inpatient Palliative Care, Residential Hospice, and Home Hospice in the attachments closest to where the pain resident lived. New admissions would be seen and followed-up over one to two weeks as possible.
- Also, there are home outreach visits available to join palliative care physicians and palliative care nurses weekly.

Residents will also have had exposure to cancer related pain such as leptomeningeal, radiation related plexopathy, CNS tumors through both the Pain Medicine Neurology core rotation and neurosurgical experience.

Additional teaching in cancer pain management will also be provided in other rotations such as the cancer/palliative care rounds at SPH/NRGH during their MDC rotations.

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

Medical Expert

1. Review principles of management of common cancers.
2. Review various therapies in cancer treatment such as use of radiation therapy, chemotherapy/hormonal therapy, and surgery, including the side-effects resulting from such treatments.
3. Describe oncological approaches to management of bony metastases, spinal cord compression, superior vena cava syndrome, intrathoracic malignancy, brain metastases, and advanced pelvic malignancy.
4. Describe the role of chemotherapy/ hormonal therapy in breast cancer, non-small cell lung cancer,

colorectal cancer, and prostate cancer.

5. Define the problem of cancer pain, outlining basic principles and standards, and models of care.
6. Describe the etiology, pathophysiology, classification, and characteristics of cancer pain and incorporate this knowledge into taking a pain history, assessing, and monitoring pain.
7. Demonstrate competency in taking a pain history in the cancer patient, and performing a complete and appropriate physical examination.
8. Explain the principles of good cancer pain management.
9. Describe the elements of a comprehensive and practical cancer pain medicine consultation, including approaches to dealing with psychosocial and existential factors.
10. Demonstrate knowledge of opioid pharmacology, classification, dosing and titration, routes of administration, side effects and toxicities.
11. Explain use of adjuvant agents in pain management, including cannabinoids. Consider various approaches and modify treatment to specific cancer pain problems such as neuropathic pain, bony pain, incident pain, and cancer-related headache.
12. Consider and be able to prescribe non-pharmacological approaches to manage cancer pain, including radiation, surgery, nerve blocks, neurosurgical procedures, and other interventional analgesic methods.
13. Appraise the prevalence of pain in different types and stages of cancer.
14. Provide effective pain management service in a variety of settings including: acute care hospitals, cancer centres, surgical units, palliative care units, and community/home settings including hospices.
15. Modify approach to care according to site and consider organizational arrangements for the seamless delivery of pain management in specific settings, e.g. long term care facilities.
16. Negotiate systems for the care of people with advanced cancer, including the interface of home, cancer centre, hospital and hospice.
17. Recognize the role of formal and informal caregivers at home and the impact of hospitalization.
18. Understand the differences in providing cancer pain management for children and their families, as compared with adults.
19. Understand the differences in providing cancer pain management for the frail elderly and their families.
20. Understand the differences in providing cancer pain management for cognitively impaired people and their families.

Communicator

1. Demonstrate effective communication skills in dealing with seriously ill patients and their families, including in specific scenarios, e.g. breaking bad news, running a family meeting.
2. Identify barriers to effective communication, and modify approach to minimize these barriers. Realize that empathy and caring can be expressed through both verbal and non-verbal communication.
3. Demonstrate effective verbal and written communication among members of the interdisciplinary medical care team, and other health care professionals
4. Prepare and deliver formal presentations for journal clubs and rounds.

Collaborator

1. Realize the importance of collaboration and assess the stages of team formation and development. Recognize the unique roles of members of the interdisciplinary care team.
2. Demonstrate effective collaboration among members of the interdisciplinary care team, and other health professionals.
3. Demonstrate effective conflict resolution skills, including the ability to identify the nature and causes of the conflict, and utilizing techniques to resolve or mediate the conflict.

Manager

1. Describe the roles, regulatory frameworks, responsibilities and professional capabilities of members of

other professions involved in cancer pain management

2. Consider career options and be aware of practice management skill requirements for different career paths.
3. Use mentors to explore career opportunities.

Health Advocate

1. Assess the current state of pain management in Canada, including barriers to providing better care, including geographical, cultural and financial barriers.
2. Reflect on the psychosocial and spiritual issues of pain patients and their families. In particular, consider the impact on quality of life, and the nature of suffering.
3. Appraise ethical implications of different cultural perspectives, and demonstrate cultural competency in delivery of care.
4. Reflect on the importance of support for caregivers.
5. Modify approach to care to reflect differing perspectives of patients and families.
6. Reflect on the issues of euthanasia and physician assisted suicide with a view to understanding the arguments put forth by both advocates and opponents.
7. Consider other ethical dilemmas in cancer pain management, e.g. whether to tell the patient the diagnosis in all cases, use of terminal sedation, balancing patient and family demands.

Scholar

1. Incorporate evidence based decision making in caring for cancer pain patients and their families.
2. Access the relevant literature in helping to solve clinical problems
3. Participate actively in all academic division activities, eg Academic Half Day, Journal Club
4. Apply critical appraisal skills to literature in cancer pain medicine
5. Describe the unique challenges of cancer pain management research and strategies to overcome barriers.
6. Explain the principles and techniques of qualitative and quantitative research methodologies and outcome evaluation, including the statistical bases and limitations of current methods to assess the validity of cancer pain research.
7. Identify current themes and trends in cancer pain research.
8. Demonstrate knowledge of basic grant and proposal-writing techniques and funding sources nationally and provincially.
9. Provide clinical teaching and mentoring for more junior trainees

Professional

1. Recognize the importance of a reflective practice by exploring personal experiences of suffering and in caring for cancer pain patients.
2. Become a role model by demonstrating skillful care of those in extreme pain.
3. Demonstrate integrity, honesty, and compassion in the care of patients
4. Consider the different approaches in caring for capable and incapable patients, including the ethical and legal roles of substitute decision-makers.
5. Interpret the legal elements of consent.
6. Review advanced care planning and advanced directives. Consider principles of biomedical ethics and the specific ethical issues relevant to severe cancer pain.

Reflect on the issues of euthanasia and physician assisted suicide with a view to understanding the arguments put forth by both advocates and opponents