

CanMEDS Goals and Objectives

To train pain physicians with added competency in the areas of psychiatry, addiction medicine and sleep medicine 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.

Educational Objectives of the Program Overall Goals:

The Psychiatry, Addiction Medicine and Sleep Medicine component of the residency program takes place over two blocks (approximately 8 weeks).

Throughout the 8 weeks, the resident will join the University of British Columbia (UBC) Sleep Disorders Program for 2 to 4 Wednesday clinics with supervisor psychiatrist Dr. Borowska who has a special interest in pain and sleep disorders. This is the only provincial wide program and is located at Rm. G-285 - 2211 Wesbrook Mall on the UBC campus.

During the first 6 weeks, the pain resident will be attending a variety of clinics in Surrey namely:

-½ day outpatient clinics at Surrey Memorial Hospital (SMH) Complex Pain and Addictions Service

-½ day addiction medicine or detox clinics at Creekside Detox and Quibble Creek

Primary supervisors are psychiatrists and addiction medicine specialists Dr. Nick Mathew, Dr. Carolyn Ferris, Dr. Rebecca Legge and Dr. Sharon Vipler.

Direct Patient Care Responsibilities at Surrey:

1. Medical management of withdrawal of patients at Creekside, who will be followed throughout the week by the resident.

2. Residents will be expected to be part of the Substance Use Disorder Consult Liaison team at Surrey Memorial Hospital. They will be expected to learn how to assess and manage patients who are acutely intoxicated or withdrawing from substances, management of methadone and buprenorphine in a hospital setting for both pain and opioid use disorder, and arrangement of follow up care on discharge.

3. Attendance at the Surrey Substance use services and Opioid agonist therapy clinic where they will learn how to assess, induce and manage patients on methadone.

In the last two weeks, the trainee will attend the Vancouver based OrionHealth rehabilitation and assessment centre under the primary supervision of addiction medicine specialist Dr. Launette Rieb. Orionhealth (Vancouver Pain Clinic) is located at 201-3150 East 54th Ave. The resident will gain experience with the outpatient consultation in addiction medicine as applied in the multidisciplinary pain management program (PMP), the medication management program (MMP), and in complex medication review assessments (MRAs) for injured workers primarily focused on work rehabilitation, reduction of opioids and self-management strategies.

Depending on resident background and experience, various clinics that may be available include:

- St. Paul's Hospital Civil Forensic Psychiatry Clinic: two to three dedicated half-days (Dr. Roy J. O'Shaughnessy)
- OrionHealth Resilience over Psychological Trauma (ROPT) program (severe PTSD and barriers to return to work)

- Monthly pain and addiction consultation clinics in the Immunodeficiency Clinic at St. Paul's Hospital (Dr. Rieb)
- Outpatient clinic at BrainStim with Transcranial Magnetic Stimulation (Dr. Wiseman)
- Mood Disorders Association Nutrition and psychiatry (Dr. Wicholas)
- UBC Neuropsychiatry inpatient unit (Dr. Andrew Howard)

The Psychiatry, Addiction Medicine and Sleep Medicine rotation will provide the following overall experiences:

1. To learn to appropriately assess and develop treatment plans for patients with common, pain-relevant psychiatric conditions including Mood Disorders, Anxiety Disorders, and Personality Disorders.
This will be largely accomplished during the first six-weeks in Surrey with the outpatient Complex Pain and Addictions Service at Surrey Memorial Hospital consisting of no less than twelve new psychiatric assessments, exposure to and participation in observed interviews, and participation in various educational initiatives of the Department of Psychiatry.
2. To learn to appropriately identify, assess and develop treatment plans for patients with a past history and/or current risk or symptoms of a substance use disorder (SUD) within the context of pain;
This will take place with six-week outpatient Complex Pain and Addictions Service at Surrey Memorial Hospital, Quibble Creek and Creekside Detox and Surrey Substance use services and Opioid agonist therapy clinic and outpatient management at OrionHealth Centre.

Surrey

Assessment and management of patients with substance use disorders ranging from an acute inpatient setting to an outpatient setting, with an emphasis on co-occurring disorders.

The typical week will start with residents attending acute detox at Creekside where they will manage withdrawal of patients. These patients will then be followed throughout the week, so that residents can learn the progression of medically managed withdrawal. Residents will also be part of the Substance Use Disorder Consult Liaison Team at Surrey Memorial Hospital throughout the week. On this team, they will learn how to manage Substance Use Disorders on an inpatient Consult Liaison Service. Residents will also have a chance to rotate through Surrey Substance Use Services and Opioid agonist therapy clinic where they observe the assessment and management of methadone and suboxone patients in an outpatient basis. Residents will also attend addiction meetings and provide insight on patients to optimize care.

Vancouver

Orionhealth Rehabilitation manages patients who have work injuries, experienced a trauma, suffer from chronic conditions, or need a specialized assessment. It is open five days/week for 8 hours per day and contains a multi-disciplinary team of doctors, physiotherapists, occupational therapists, kinesiologists, psychologists, clinical counsellors, vocational consultants and medical-legal experts.

Within this context the resident will participate in assessments including history, physical examination and use screening instruments allowing for diagnosing and treatment planning for patients with substance use disorders. Particularly as part of the Medication Management Program (MMP), the resident will learn techniques of opioid replacement therapy, conversion to long acting opioids, and opioid withdrawal management. The residents will also become very familiar with the use of antidepressants, anticonvulsants, NSAIDS, and other medication therapies. Caffeine tapering and nicotine replacement (or management) therapies are also taught. In addition, non-chemical coping strategies are taught including sleep hygiene techniques, Mindfulness meditation, acupuncture, anxiety and stress management. The resident will have the

opportunity to observe assessment and manage treatment sessions with counsellors, groups and physicians.

There are weekly multidisciplinary team meetings for treatment planning and management of complicated patients, and weekly planning/assessment meetings amongst physicians and pharmacists.

3. To learn to manage the various clinical presentations and interpersonal/behavioural issues arising within the context of psychiatric outpatient practice and addiction medicine.
This will be accomplished during the OrionHealth rotation combined with options for outpatient psychiatry at GF Strong and Jim Pattison Outpatient Care and Surgical centre (JPOCSC) pain clinic.
4. To understand the role of the psychologist in the management of pain conditions
This component of the rotation will be fulfilled by assigning the trainee with an experienced pain psychologist in the JPOCSC pain clinic and OrionHealth centre and where available with the JPOCSC pain clinic. During this time, the resident will participate in no fewer than three new patient assessments plus follow-ups and will spend time with the psychologist reviewing and formulating each case from a psychological perspective. Reading assignments will also be provided;
5. To understand the role of sleep in psychiatric and pain-related conditions
Learning about the role of sleep will require assigning the trainee to two-to-three half-days of clinical time to the University of British Columbia Sleep Disorders Clinic under the supervision of a pain psychiatrist with a special interest in Sleep Medicine. During this time, the resident will participate in no fewer than three new patient assessments plus follow-ups and will spend time with the psychiatrist reviewing and formulating each case from a Sleep Medicine perspective. Reading assignments will also be provided;
6. To understand the concept of somatization and to become familiar with the presentation of Somatoform Disorders as they arise in patients with pain.
This will be accomplished during the OrionHealth rotation and Surrey Memorial Hospital outpatient clinics. The resident may choose to participate in Civil Forensic psychiatry assessments at St. Paul's Hospital of personal injury claimants with presenting symptoms of chronic pain. Appropriate forensic evaluation in such cases requires careful consideration of possible somatization and potential diagnoses of Pain Disorder, Somatization Disorder, and Conversion Disorder. Following each supervised assessment, the resident will dictate the relevant portions of an Independent Medical Examination and these will be critiqued in detail by an experienced forensic psychiatrist in the Clinic.

Upon completion of the Psychiatry/Addictions rotation, the pain resident will have acquired the following competencies and will function effectively as a:

Medical Expert

Establish and maintain clinical knowledge, skills and attitudes appropriate to Pain Medicine, including these specific expectations:

1. Describe how psychiatric illness, relevant to pain medicine, may be modulated through predisposing, precipitating, perpetuating and protective factors
2. List important psychological mechanisms involved in pain and suffering
3. Describe how neuro-biologic predisposition, childhood and early life experiences, cultural and societal environments may impact pain perception and experience using a bio-psycho-social model
4. Identify characteristics of patients with pain who would most benefit from a formal assessment by a psychologist (Pain Psychology);
5. Outline indications, contraindications, benefits (efficacy) and risks (safety) and summarize the evidence that supports the following clinical treatments
 - a. Cognitive Behavioural Therapy

- b. Mindfulness-based Stress Reduction (MBSR)
 - c. Mindfulness-based Cognitive Therapy (MBCT)
 - d. Biofeedback Hypnosis
 - e. Imagery training
 - f. Patient education programs
 - g. Patient self-management programs
 - h. Goal-setting
6. Define catastrophizing and kinesiophobia as predictors of chronic pain treatment outcomes; describe common assessment tools for detecting each and outline interventions that can be used to reduce the severity of each condition
 7. For the following psychiatric disorders, list diagnostic criteria, describe appropriate screening questionnaires, outline the fundamentals of treatment strategies (and contraindications for other treatments), and state the indications for psychiatric or psychological assessment
 - a. Major Depressive Disorder
 - b. Bipolar Mood Disorder
 - c. Post-Traumatic Stress Disorder, Panic Disorder, Social Anxiety Disorder, Generalized Anxiety Disorder
 - d. Substance Use Disorders
 - e. Attention-Deficit Disorder
 - f. Somatoform Disorders
 - g. Personality Disorders
 8. Explain the potential effect of pain treatments on psychiatric comorbidities
 9. Describe how sleep disorders may affect patients with acute and chronic pain problems and may be modulated through predisposing, precipitating, perpetuating, and protective factors
 10. Describe the interaction between pain, sleep, medications, non-prescribed substances, Anxiety and Mood Disorders
 11. Describe the basic classification of Sleep Disorders according to the International Classification of Sleep Disorders
 12. Identify characteristics of those patients who would most benefit from referral to a sleep clinic
 13. List common assessment procedures used in the diagnosis of sleep disorders
 14. Outline non-pharmacologic and pharmacologic treatment options for the common sleep problems that occur in association with chronic pain disorders
 15. Perform an appropriate, culturally sensitive chronic non-cancer pain assessment including recognizing substance use disorders among patients with pain conditions.
 16. Identify inappropriate or “at risk” use of medications prescribed to treat pain.
 17. Identify substance use disorders among patients with pain conditions.
 18. Become familiar with the signs and symptoms of intoxication and withdrawal from opioids, alcohol, benzodiazepines, stimulants, and marijuana, and in addition formulate detoxification/treatment strategies for these substances.
 19. Describe management plans for patients with substance use disorders complicated by one or more of the following conditions: Complex chronic pain disorders; Sleep disorders; PTSD; Somatoform disorders; personality disorders; Mood disorders (Reactive depression and MDD most common); and other medical or adverse social conditions (poverty, HIV, Hepatitis C or B).
 20. Recognize common medical and psychiatric conditions as they occur among patients with pain and substance use disorders.
 21. Outline hepatitis C and or HIV treatment planning and management, common comorbidities amongst opioid abusers and medication interactions in pain management.
 22. Know when seek appropriate medical consultation.
 23. Effectively use “pain medication agreements” and PharmaNet (the provincial prescription monitoring program), and urine drug screens in managing patients on chronic pain medications.
 24. Skilfully medically supervise opioid conversion, withdrawal and stabilization; benzodiazepine withdrawal management; neuromodulator titration; pain and sleep hygiene education; and antidepressant use.
 25. Become adept at opioid rotation, tapering, and optimizing.

26. Learn the indications, contraindications and drug interactions of common drugs used to treat chronic non-cancer pain and demonstrate this when choosing medications.
27. 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
28. Recognize common medical and psychiatric conditions as they occur among patients with pain and substance use disorders, and know when seek appropriate medical consultation.
29. Co-manage patient medications with the pharmacist; Co-manage mood, physical rehab, and return to work issues with the rest of the team.
30. 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.
 - v. Distinguish an opioid use disorder from pseudo-addiction and tolerance.
 - vi. Become familiar with tools to assess and monitor risk of opioid use disorders in patients with CNCP (e.g. Opioid Manager, Current Opioid Misuse Measure, DAST, etc.).
 - vii. Calculate the morphine equivalent daily dose (MEDD) of the opioid medication a patient is on, and compare this to the “watchful dose” of various guidelines.
 - viii. Learn how to interpret the results of urine drug screening for various opioids.
31. Learn the indications, contraindications and drug interactions of common drugs used to treat chronic non-cancer pain.
32. Learn the bio-psycho-social overlap in the diagnosis and treatment of chronic pain and addiction. In addiction gain knowledge of how the mood, pain and addiction pathways in the CNS are co-activated and interdependent and thus must be co-managed.
33. 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.
34. Effectively participate in multidisciplinary team assessment, review, and treatment planning.

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 resident’s comfort level, and defer to staff when beyond the resident’s level of training
3. Establish therapeutic relationships with patients/families
4. To communicate and provide psycho-education to patients in a non-judgmental manner in the Motivational Interviewing style.
5. Become adept at communication through direct discussion with patients, dictations, documentation in electronic medical record, calls to care providers, and review at team meetings.
6. Feel confident discussing with patients clinical opioid use guidelines, and research information about safety and potential health consequences: Unintentional overdose, addiction, sexual dysfunction, cognitive impairment, etc., and how to mitigate risk.

Collaborator

1. Consult appropriately with other physicians and health care professionals

2. Contribute effectively to other interdisciplinary team activities.
3. To help co-ordinate care between the inpatient medical teams and outpatient treatment providers, and with consent, patient families.
4. Co-manage mood, physical rehab, and return to work issues with the rest of the team.
5. Understand how one's patient care activities and other professional practices
6. 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.
7. Effectively participate in multidisciplinary team assessment, review, and treatment planning.

Manager

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
3. To understand the role of the Addiction Psychiatrist in the context of the available treatment resources and participate in patient care meetings.
4. 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
5. Be able to interpret laws, regulations, ethical and professional codes and standards to develop and manage substance use disorders and their complications in populations.
6. Demonstrate the ability to review electronic files and use an electronic medical record, search PharmaNet, and dictate medical assessments.

Health Advocate

1. Identify important determinants of health affecting pain clinic patients
2. Recognize and respond to those issues where advocacy is appropriate
3. To be aware of and help reduce stigma towards patients with co-occurring disorders.
4. Advocate for quality patient care and assist patients, employers, groups, programs, agencies and governments in dealing with system complexities.
5. Be able to interpret laws, regulations, ethical and professional codes and standards to develop and manage substance use disorders and their complications in populations.

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