



## CHRONIC PAIN BLOCK

### THE ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA *Objectives of Training and Specialty Training Requirements in Anesthesia*

#### Specific Objectives in CanMEDS Format

#### OVERALL GOALS

The Chronic Pain Management rotation provides the anesthesia resident with an opportunity to further develop diagnostic and therapeutic expertise in a variety of analgesic modalities to improve patients' quality of life, including but not limited to regional anesthesia techniques.

The basic goals of this one-month rotation are:

1. To develop knowledge of the types of chronic pain syndromes that present to a tertiary pain clinic.
2. To gain familiarity with the variety of pharmacologic, non-pharmacologic and surgical modalities available.
3. To gain an understanding of the impact of chronic pain on patients' lives and work and that of their families.

Further expertise will require additional elective rotations.

There is an Interdisciplinary Pain Program at Western University directed by an endowed chair in Pain Management (the Earl Russell Chair). The vision of the Program is that the treatment and study of pain is a priority that bridges academic disciplines. Integrating the fields of acute and chronic pain in the training of the anesthesiologist will especially encourage the development of new paradigms for the prevention and treatment of chronic pain.

There is one tertiary Pain Clinic in London. St. Joseph's Health Care is establishing a multidisciplinary model with an affiliated psychologist, a dedicated RN as well as three physiatrists, one neurologist, and four anesthesiologists (Dr. Geoff Bellingham, Dr. Kate Ower, Dr. Jim Watson, and Dr. Pat Morley-Forster). Dr. Rob Banner provides complementary and alternative medicine treatments at his private clinic. A schedule of these clinics is attached. By the end of the rotation the resident will be expected to have attended the five anesthesia-run clinics at least once. There is some scheduling flexibility depending on an individual's interest and needs. Residents from Family Medicine, Internal Medicine, Neurology, as well as an Anesthesia Fellow, may also be doing rotations in that particular month.

Your schedule and objectives will be emailed to you one week prior to the start of your rotation.



## CLINIC SCHEDULE FOR ST. JOSEPH'S PAIN CLINIC

Hours: (generally) 0800 - 1600

Monday:	Dr. Bellingham Dr. Morley-Forster
Tuesday:	Dr. Bellingham  Every other Tuesday in fluoroscopy, please call clinic (519-646-6100 Ext. 66019) for schedule
Wednesday:	Dr. Watson
Thursday:	Dr. Ower Dr. Morley-Forster
Friday:	Dr. Morley-Forster

## CLINIC SCHEDULE FOR DR. BANNER

Location: 620 Richmond, Unit I next to the Running Room

Hours: Tuesday, Wednesday, and Friday 0900 - 1700

Phone number: 519-850-6575. **Please call in advance if you wish to attend.**

## ROTATION OBJECTIVES

At the completion of training, the resident will have acquired the following competencies and will function effectively as:

### **Medical Expert/Clinical Decision-Maker**

#### *General Requirements*

Residents will:

- Demonstrate knowledge of anatomy and physiology of pain pathways in the peripheral and central nervous system.
- Understand the role of psychological factors, particularly anxiety and depression, on pain perception and disability.
- Obtain a complete pain history and perform a relevant physical examination.
- Formulate a differential diagnosis and treatment plan which incorporates pharmacologic and non-pharmacologic modalities of treatment.
- Demonstrate knowledge of specific diagnostic/treatment modalities (indications, contraindications, complications and technique).
- Demonstrate knowledge of chronic pain medication (opioids, anti-inflammatories, anticonvulsants, anti-depressants).
- Be aware of national practice guidelines for chronic pain management.
- Demonstrate knowledge of basic interventional techniques commonly employed in chronic pain medicine including: peripheral nerve blocks, sympathetic blockade for upper & lower extremity, trigger point injections, epidural steroid injections, blocks for diagnosis and treatment of the facet joint syndrome, and sacroiliac joint injections.
- Be aware of effective use of consultation services in chronic pain management.
- Demonstrate knowledge of basic legal, social, and bioethical issues encountered in chronic pain management, including informed consent.

#### *Specific Knowledge Requirements*

- At the completion of the chronic pain clinic rotation, the resident will be able to apply knowledge gained in the treatment of the following specific pain disorders: complex regional pain syndrome, neuropathic pain syndromes (i.e. peripheral diabetic neuropathy, post-herpetic neuralgia), central pain syndromes, intractable anginal pain, visceral pain, pelvic pain, headaches, pain related to peripheral vascular insufficiency, role of personality disorders, anxiety states, and depression, and compensation and disability.



## **Communicator**

Residents will:

- Establish a professional relationship with patients and families.
- Obtain and collate relevant history from patients and families.
- Listen effectively.
- Demonstrate appropriate oral and written communication skills in inpatient, outpatient, and operating room environments.

## **Collaborator**

Residents will:

- Consult effectively with other physicians and health care professionals.
- Demonstrate an understanding of the respective abilities of all team members.

## **Manager**

Residents will:

- Demonstrate basic knowledge of the management of an ambulatory care pain clinic.
- Utilize information technology to optimize patient care and life-long learning.
- Demonstrate knowledge of quality assurance to outcomes in a chronic pain clinic.
- Demonstrate effective time management skills.

## **Health Advocate**

Residents will:

- Identify the important determinants of health affecting chronic pain patients.
- Recognize opportunities for anesthesiologists to advocate for resources for chronic pain management.
- Educate both patients and families about their pain conditions, as well as other members of the health care team.

## **Scholar**

Residents will:

- Critically appraise sources of information in the pain management literature.
- Be able to judge whether a research project is properly designed using critical appraisal methods.

## **Professional**

Residents will:

- Deliver the highest quality of care with integrity, honesty, and compassion.
- Exhibit appropriate personal and interpersonal professional behaviors.

- Practice medicine ethically, consistent with the obligations of a physician.
- Include the patient in discussions concerning appropriate diagnostic and management procedures.
- Respect the opinions of fellow consultants and referring physicians in the management of patient problems and be willing to provide means whereby differences of opinion can be discussed and resolved.
- Establish a pattern of continuing development of personal clinical skills and knowledge through medical education.
- Recognize and have an approach to ethical issues in pain medicine.

## READING LIST

### Standard Texts:

1. Barash PG, Cullen BF, Stoelting RK, editors. Clinical Anesthesia. Philadelphia: Lippincott; 1989. p. 1427-50.
2. Miller RD, editor. Anesthesia. 3<sup>rd</sup> ed. New York: Churchill Livingstone; 1990. p. 1927-50.

### Specialty Texts\*:

3. Abram SE, Haddox JD, editors. The Pain Clinic Manual. 2<sup>nd</sup> ed. Philadelphia: Lippincott; 1999.
4. Warfield CA, Fausatt HJ, editors. Manual of Pain Management. Boston: Lippincott; 1990.
5. Grady KM, Severn AM, Eldridge P, Eldridge PR, editors. Key Topics in Chronic Pain. 2<sup>nd</sup> ed. Oxford: Bios Scientific; 2002.

### Other References:

6. Raj P. The Management of Chronic Pain by the Anesthesiologist, Lectures in Anesthesiology. 1988;2:39-51.
7. A folder of Pain Management articles is available in the LHSC-UH library.

\*Residents should read through at least one of these texts to understand the subspecialty of Chronic Pain Management.

Updated: August 2011, Dr. Granton & Dr. Ower