



ROTATION INFORMATION

Contacts:

Cathy or Magda (reception) 61786

Dr. Kate Ower (Rotation Coordinator) Katherine.ower@lhsc.on.ca

Please direct call schedule enquiries and all time off requests to Dr. Ower.

Clinic Schedule for St. Joseph's Pain Clinic - Room B3-030

Monday - Friday 8:00 - 16:00

Monday: Dr. Geoff Bellingham
Dr. Patricia Morley-Forster
Dr. Ricardo Viana (pm only)

Tuesday: Dr. Geoff Bellingham (fluoroscopy)
Dr. Eldon Loh (fluoroscopy)

Wednesday: Dr. Jim Watson
Dr. Colin Clarke
Dr. Qutaiba Tawfic (fluoroscopy)

Thursday: Dr. Katherine Ower
Dr. Patricia Morley-Forster
D. Colin Clarke (fluoroscopy)

Friday: Dr. Qutaiba Tawfic
Dr. Dwight Moulin (**please inform if you are attending as he will book new patients for you to see**)

Clinic Schedule for Dr. Banner

Tuesday, Wednesday and Friday 9:00 - 17:00

Location: 630 Richmond Street, Unit 1 (next to The Running Room)
519-850-6575

Please call in advance if you wish to attend

Please note: We have had some issues with safe storage of personal belongings. Please speak to Magda or Cathy who will show you where to store your things.



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 the University of Western Ontario, 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 anesthesiologist especially will 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, physiotherapist, and occupational therapist, a dedicated RN as well as three psychiatrists (Dr. Eldon Loh, Dr. Tom Miller, and Dr. Asha Bhardwaj), one neurologist (Dr. Dwight Moulin), and five anesthesiologists (Dr. Geoff Bellingham, Dr. Kate Ower, Dr. Jim Watson, Dr. Qutaiba Tawfic, and Dr. Pat Morley-Forster). Dr. Rob Banner provides complementary and alternative medicine treatments at his private clinic. 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 a Pain Fellow, may also be doing rotations in that particular month.

ROTATION OBJECTIVES

Medical Expert

- Practise medicine within their defined scope of practice and expertise
- Demonstrate a commitment to high-quality care of their patients
- Integrate the CanMEDS Intrinsic Roles into their practice of medicine
- Apply knowledge of the clinical and biomedical sciences relevant to their discipline:
 - a. Demonstrate knowledge of anatomy and physiology of pain pathways in the peripheral and central nervous system.
 - b. Understand the role of psychological factors, particularly anxiety, and depression on pain perception and disability.
 - c. Demonstrate basic understanding of the pharmacology of commonly used pain medications
 - d. Demonstrate knowledge of national practice guidelines for chronic pain management.
 - e. Demonstrate knowledge of the guidelines concerning controlled medication use as treatment for chronic cancer and non-cancer pain in Canada

- Perform appropriately timed clinical assessments with recommendations that are presented in an organized manner
- Carry out professional duties in the face of multiple, competing demands
- Recognize and respond to the complexity, uncertainty, and ambiguity inherent in medical practice
- Perform a patient-centered clinical assessment and establish a management plan
- Prioritize issues to be addressed in a patient encounter
- Elicit a complete pain history, perform a relevant focused physical exam, select appropriate investigations, and interpret their results for the purpose of diagnosis and management
- Establish goals of care in collaboration with patients and their families, which may include treating symptoms, improving function, and/or achieving cure
- Establish a patient-centered management plan which incorporates pharmacologic and non-pharmacologic modalities of treatment
- Appreciate the role of personality disorders, anxiety states, and depression in developing and maintaining chronic pain conditions
- Plan and perform procedures and therapies for the purpose of assessment and/or management
- Determine the most appropriate procedures or therapies
- Demonstrate knowledge of specific diagnostic / treatment modalities, (indications, contra-indications, complications and techniques) including:
 1. Chronic pain medications: opioids, anti-inflammatories, anti-convulsants; anti-depressants; cannabanoids (including diagnosis and management of withdrawal)
 2. 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, Sacroiliac joint injections, Lidocaine and ketamine infusions
- Obtain and document informed consent, explaining the risks and benefits of, and the rationale for, a proposed procedure or therapy
- Prioritize a procedure or therapy, taking into account clinical urgency and available resources
- Perform a procedure in a skillful and safe manner, adapting to unanticipated findings or changing clinical circumstances
- Establish plans for ongoing care and, when appropriate, timely consultation
- Implement a patient-centred care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation, including allied health services such as psychology, and occupational/physiotherapy
- Demonstrate knowledge of basic legal, social, and bioethical issues encountered in chronic pain management
- Actively contribute, as an individual and as a member of a team providing care, to the continuous improvement of health care quality and patient safety
- Recognize and respond to harm from health care delivery, including patient safety incidents
- Adopt strategies that promote patient safety and address human and system factors



Specific Knowledge Requirements

At the completion of the chronic pain clinic rotation, the resident will be able to apply knowledge gained in treatment of the following specific pain disorders:

- Complex Regional Pain Syndrome
- Neuropathic pain syndromes e.g. peripheral diabetic neuropathy, post-herpetic neuralgia
- Central pain syndromes
- Intractable anginal pain
- Visceral pain
- Pelvic pain
- Headaches
- Pain related to peripheral vascular insufficiency

Communicator

- At the completion of the chronic pain clinic rotation, the resident will be able to:
- Establish professional therapeutic relationships with patients and their families
- Communicate using a patient-centred approach that encourages patient trust and autonomy and is characterized by empathy, respect, and compassion
- Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety
- Recognize when the values, biases, or perspectives of patients, physicians, or other health care professionals may have an impact on the quality of care, and modify the approach to the patient accordingly
- Respond to a patient's non-verbal behaviours to enhance communication
- Manage disagreements and emotionally charged conversations
- Adapt to the unique needs and preferences of each patient and to his or her clinical condition and circumstances
- Elicit and synthesize accurate and relevant information, incorporating the perspectives of patients and their families
- Use patient-centred interviewing skills to effectively gather relevant biomedical and psychosocial information
- Provide a clear structure for and manage the flow of an entire patient encounter
- Seek and synthesize relevant information from other sources, including the patient's family, with the patient's consent
- Share health care information and plans with patients and their families
- Share information and explanations that are clear, accurate, and timely, while checking for patient and family understanding
- Disclose harmful patient safety incidents to patients and their families accurately and appropriately
- Engage patients and their families in developing plans that reflect the patient's health care needs and goals

- Facilitate discussions with patients and their families in a way that is respectful, non-judgmental, and culturally safe
- Assist patients and their families to identify, access, and make use of information and communication technologies to support their care and manage their health
- Use communication skills and strategies that help patients and their families make informed decisions regarding their health
- Document and share written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy
- Document clinical encounters in an accurate, complete, timely, and accessible manner, in compliance with regulatory and legal requirements
- Communicate effectively using a written health record, electronic medical record, or other digital technology
- Share information with patients and others in a manner that respects patient privacy and confidentiality and enhances understanding

Collaborator

At the completion of the chronic pain clinic rotation, the resident will be able to:

- Work effectively with physicians and other colleagues in the health care professions
- Establish and maintain positive relationships with physicians and other colleagues in the health care professions to support relationship-centred collaborative care
- Negotiate overlapping and shared responsibilities with physicians and other colleagues in the health care professions in episodic and ongoing care, understanding the abilities and scope of practice of various team members
- Engage in respectful shared decision-making with physicians and other colleagues in the health care professions
- Work with physicians and other colleagues in the health care professions to promote understanding, manage differences, and resolve conflicts
- Show respect toward collaborators
- Implement strategies to promote understanding, manage differences, and resolve conflicts in a manner that supports a collaborative culture
- Hand over the care of a patient to another health care professional to facilitate continuity of safe patient care
- Determine when care should be transferred to another physician or health care professional
- Demonstrate safe handover of care, using both verbal and written communication, during a patient transition to a different health care professional, setting, or stage of care

Leader

At the completion of the chronic pain clinic rotation, the resident will be able to:

- Contribute to the improvement of health care delivery in teams, organizations, and systems
- Apply the science of quality improvement to contribute to improving systems of patient care
- Contribute to a culture that promotes patient safety
- Analyze patient safety incidents to enhance systems of care
- Use health informatics to improve the quality of patient care and optimize patient safety



- Engage in the stewardship of health care resources
- Allocate scarce health care resources for optimal patient care
- Apply evidence and management processes to achieve cost-appropriate care
- Demonstrate leadership in professional practice
- Demonstrate leadership skills to enhance health care
- Facilitate change in health care to enhance services and outcomes
- Manage career planning, finances, and health human resources in a practice
- Set priorities and manage time to integrate practice and personal life
- Manage a career and a practice
- Demonstrate basic knowledge of the management of an ambulatory care pain clinic
- Implement processes to ensure personal practice improvement

Health Advocate

At the completion of the chronic pain clinic rotation, the resident will be able to:

- Respond to an individual patient's health needs by advocating with the patient within and beyond the clinical environment
- Work with patients to address determinants of health that affect them and their access to needed health services or resources
- Work with patients and their families to increase opportunities to adopt healthy behaviours
- Incorporate disease prevention, health promotion, and health surveillance into interactions with individual patients
- Respond to the needs of the communities or populations they serve by advocating with them for system-level change in a socially accountable manner
- Identify the important determinants of health affecting chronic pain patients.
- Improve clinical practice by applying a process of continuous quality improvement to health promotion activities
- Contribute to a process or recognize opportunities for advocacy to improve health in the chronic pain population

Scholar

At the completion of the chronic pain clinic rotation, the resident will be able to:

- Engage in the continuous enhancement of their professional activities through ongoing learning
- Develop, implement, monitor, and revise a personal learning plan to enhance professional practice
- Identify opportunities for learning and improvement by regularly reflecting on and assessing their performance using various internal and external data sources
- Engage in collaborative learning to continuously improve personal practice and contribute to collective improvements in practice
- Teach students, residents, the public, and other health care professionals
- Recognize the influence of role-modelling and the impact of the formal, informal, and hidden curriculum on learners

- Promote a safe learning environment
- Ensure patient safety is maintained when learners are involved
- Plan and deliver a learning activity
- Provide feedback to enhance learning and performance
- Assess and evaluate learners, teachers, and programs in an educationally appropriate manner
- Integrate best available evidence into practice
- Recognize practice uncertainty and knowledge gaps in clinical and other professional encounters and generate focused questions that address them
- Identify, select, and navigate pre-appraised resources
- Critically evaluate the integrity, reliability, and applicability of health-related research and literature
- Integrate evidence into decision-making in their practice
- Contribute to the creation and dissemination of knowledge and practices applicable to health
- Demonstrate an understanding of the scientific principles of research and scholarly inquiry and the role of research evidence in health care
- Identify ethical principles for research and incorporate them into obtaining informed consent, considering potential harms and benefits, and considering vulnerable populations
- Contribute to the work of a research program
- Pose questions amenable to scholarly inquiry and select appropriate methods to address them
- Summarize and communicate to professional and lay audiences, including patients and their families, the findings of relevant research and scholarly inquiry

Professional

- At the completion of the chronic pain clinic rotation, the resident will be able to:
- Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards
- Exhibit appropriate professional behaviours and relationships in all aspects of practice, demonstrating honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality
- Demonstrate a commitment to excellence in all aspects of practice
- Recognize and respond to ethical issues encountered in practice
- Recognize and manage conflicts of interest
- Exhibit professional behaviours in the use of technology-enabled communication
- Demonstrate a commitment to society by recognizing and responding to societal expectations in health care
- Demonstrate accountability to patients, society, and the profession by responding to societal expectations of physicians
- Demonstrate a commitment to patient safety and quality improvement
- Demonstrate a commitment to the profession by adhering to standards and participating in physician-led regulation
- Fulfill and adhere to the professional and ethical codes, standards of practice, and laws governing practice
- Recognize and respond to unprofessional and unethical behaviours in physicians and other colleagues in the health care professions



- Participate in peer assessment and standard-setting
- Demonstrate a commitment to physician health and well-being to foster optimal patient care
- Exhibit self-awareness and manage influences on personal well-being and professional performance
- Manage personal and professional demands for a sustainable practice throughout the physician life cycle
- Promote a culture that recognizes, supports, and responds effectively to colleagues in need

Reading List for Chronic Pain Management Rotation

Standard Texts:

- Barash, Clinical Anesthesia
- Miller, Anesthesia

Specialty Texts:

Please note that the St. Joe's library (main floor by Tim's) has an excellent selection of pain books

Residents may read through one or the other of these texts to understand the subspecialty of "Chronic Pain Management".

1. Clinical Pain Management: A Practical Guide. Mary E. Lynch, Kenneth D. Craig and Philip W.H. Peng (Wiley-Blackwell).
2. Neuropathic Pain: Causes, Management and Understanding edited by Cory Toth, Dwight E. Moulin

Other References:

www.pain-cme.net

Evidence-informed primary care management for low back pain:

<http://www.topalbertadoctors.org/cpgs/>

Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain

<http://nationalpaincentre.mcmaster.ca/opioid/>

Cochrane Collaboration Reviews-exist for most management areas of chronic pain, good to review opioid and non-opioid medication use, efficacy of injections for specific conditions, and efficacy of allied health treatments (ex physio, psychology)