

HANDBOOK



Department of Anesthesia & Perioperative Medicine

Pain Medicine Residency Program

St. Joseph's Health Care London, Western University,
London Health Sciences Centre, and the University of Windsor

Welcome to the Pain Medicine Residency Program

The Pain Medicine Residency Program is a division of the Department of Anesthesia & Perioperative Medicine at Western University.

This handbook serves as an information resource and guide for the Pain Medicine Residency Program. In the handbook, you will find important contact information, a description of the Residency Program Committee, goals and objectives of the program, the educational curriculum, an outline of the clinical rotations, and important policies and procedures.

We hope you will find this handbook useful and informative. If there are any questions not answered in this handbook, please let us know.

It is our pleasure to have you join our program. We look forward to working with you and to supporting your pursuit of success during your Pain Medicine Residency tenure.



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Pain Medicine Program Director



Charlotte Sikatori
Pain Medicine Program Administrator

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DR. WILLIAM SISCHEK
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www.schulich.uwo.ca/anesthesia/education/pain_medicine_residency

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Educational Objectives & Competencies

Program Goals and Objectives

GOALS OF THE PROGRAM

1. To provide clinical and basic academic training for physicians who will be going on to academic careers in Pain Medicine
2. To train physicians who can provide Pain Medicine consultation services in a community based setting

EDUCATIONAL OBJECTIVES OF THE PROGRAM

Successful residents will acquire a broad-based understanding of the principles, philosophy, core knowledge, skills and attitudes of Pain Medicine.

Objectives are presented in the CanMEDS format.

Medical Expert

GENERAL OBJECTIVE #1

The resident will demonstrate skills in performing a pain medicine consultation.

SPECIFIC OBJECTIVES: The resident will be able to:

1.1 Perform a complete pain medicine consultation, including assessing the physical, social, psychological, and functional parameters for a pain medicine patient

1.2 communicate the findings both written and verbally.

GENERAL OBJECTIVE #2

The resident will be able to demonstrate advanced knowledge, skill, and attitudes in managing neuropathic pain.

SPECIFIC OBJECTIVES: The resident will be able to:

2.1 Assess neuropathic pain, including the use of validated assessment tools, history taking skills, physical examination skills, and appropriate ordering and interpretation of investigations

2.2 describe the common and less common neuropathic pain syndromes

2.3 describe the neurophysiology of pain transmission

2.4 prescribe medications used for the control of neuropathic pain and describe their pharmacology (pharmacokinetics and dynamics)

2.5 describe the dose, selection, titration, routes of administration and effectiveness of neuropathic pain medications

2.6 list the indications for interventional pain management, and describe how devices (and their complications) are managed

2.7 demonstrate knowledge of the level of evidence in the literature regarding neuropathic pain management options

2.8 describe non-pharmacological pain relieving modalities for neuropathic pain.

GENERAL OBJECTIVE #3

The resident will be able to demonstrate advanced knowledge, skill, and attitudes in managing pain of musculoskeletal origin.

SPECIFIC OBJECTIVES: The resident will be able to:

3.1 Assess patients reporting musculoskeletal pain, including the use of validated assessment tools, history taking skills, physical examination skills, and appropriate ordering and interpretation of investigations

3.2 list the common and less common musculoskeletal pain syndromes

3.3 describe the neurophysiology of musculoskeletal pain transmission

3.4 implement a pharmacologic therapeutic management plan to treat musculoskeletal pain, and describe the pharmacology (pharmacokinetics and dynamics) of those medications

3.5 the dose, selection, titration, routes of administration and effectiveness of musculoskeletal pain medications

3.6 describe the use and indications of physical treatments for musculoskeletal pain (eg. TENS, ultrasound, physiotherapy, etc.)

3.7 appropriately use diagnostic tools to help diagnose and guide management of painful musculoskeletal conditions

3.8 describe the indications for interventional pain management options for musculoskeletal pain, as well as their conduct and possible complications

3.7 the level of evidence in the literature regarding musculoskeletal pain management options

3.8 non-pharmacological pain relieving modalities for musculoskeletal pain.

GENERAL OBJECTIVE #4

The resident will be able to demonstrate advanced knowledge, skill and attitudes in managing pain of malignant origin.

SPECIFIC OBJECTIVES: The resident will be able to:

4.1 Describe and demonstrate the components of a comprehensive pain assessment, including the use of validated assessment tools, appropriate history and physical examination skills

4.2 list the common and less common cancer pain syndromes

4.3 explain the neurophysiology of pain transmission in cancer pain

4.4 apply the pharmacology (pharmacokinetics and dynamics) of medications used for pain control

4.5 describe dose selection, titration, routes of administration and effectiveness of pain medications

4.6 describe the indications for, management of, and complications of interventional anesthetic techniques such as epidural, intrathecal, and neurolytic blocks for cancer pain

4.7 the role of radiotherapy and chemotherapy in cancer pain control

4.8 explain the importance of an interprofessional team approach for the care of patients with malignancy related illnesses

4.9 describe the level of evidence in the literature regarding malignant-pain management.

GENERAL OBJECTIVE #5

The resident will be able to demonstrate effective knowledge, skills and attitudes in assessing and managing acute pain.

SPECIFIC OBJECTIVES: The resident will be able to demonstrate:

5.1 The use of multimodal agents for the management of patients experiencing acute postoperative pain

5.2 the indications for, management of and complications of interventional anesthetic techniques such as neuraxial techniques and peripheral nerve blocks, in addition to the use of patient controlled analgesia pumps

5.3 the appropriate assessment and management of patients with comorbid surgical or medical illness

5.4 the assessment and management of patients admitted to hospital with acute pain not requiring surgical intervention

5.5 the assessment and management of patients experiencing acute on chronic pain or those who have concurrent addiction.

GENERAL OBJECTIVE #6

The resident will be able to demonstrate effective knowledge, skills and attitudes in assessing and managing psychiatric illness in patients suffering from painful conditions.

SPECIFIC OBJECTIVES: The resident will be able to:

6.1 Assess psychiatric illness, including the use of validated assessment tools, history taking skills, and physical examination skills

6.2 identify characteristics of patients who would benefit from a formal psychiatric assessment

6.3 describe the diagnosis and fundamental treatment strategies for mood, personality, anxiety, and somatoform disorders

6.4 explain the potential effect of pain treatments on psychiatric comorbidities

6.5 describe common assessment procedures used in the diagnosis of sleep disorders

6.6 outline non-pharmacologic and pharmacologic treatment options for common sleep problems

occurring in association with chronic pain disorders.

GENERAL OBJECTIVE #7

The resident will be able to demonstrate effective knowledge, skills and attitudes in assessing and managing addiction and/or medication abuse in patients suffering from painful conditions.

SPECIFIC OBJECTIVES: The resident will be able to:

7.1 Assess for addiction/medication abuse, including the use of validated assessment tools, history taking skills, physical examination skills, and appropriate ordering and interpretation of investigations

7.2 describe the epidemiology of substance misuse within the chronic pain population

7.3 describe the pharmacology (pharmacokinetics and pharmacodynamics) of medications used to stabilize patients with substance dependency

7.4 describe the non-pharmacological approaches to the treatment of substance dependency

7.5 Pharmacologically stabilize a patient with identified addiction/medication abuse with concurrent painful conditions

7.6 Appropriately refer to addiction medicine specialists and incorporate addiction management plans with pain management strategies.

GENERAL OBJECTIVE #8

The resident will be able to demonstrate knowledge, skills and attitudes in assessing and managing issues specific to pediatric pain patients.

SPECIFIC OBJECTIVES: The resident will be able to:

8.1 Identify when and who to include / introduce for pain management for children

8.2 describe the impact of developmental stage on pain and communication

8.3 explore the psychosocial issues unique to pediatric pain management

8.4 explore issues around communication with children suffering from pain, their parents and siblings

8.5 discuss the ethical considerations relating to a child with significant pain

8.6 identify methods for pain assessment in young verbal, older verbal and non-verbal children

8.7 be familiar with the pharmacological treatment of pain in children

8.8 describe methods for non-pharmacologic pain management in children.

GENERAL OBJECTIVE #9

The resident will be able to demonstrate knowledge, skill and attitude in managing the psychosocial aspects of pain.

SPECIFIC OBJECTIVES: The resident will be able to:

9.1 Describe important psychological mechanisms involved in pain and suffering

9.2 describe psychological and social issues associated with painful conditions and strategies for management

9.3 identify appropriate patients for referrals to psychological and social services for patients experiencing painful conditions

9.4 work within a multidisciplinary team, which incorporates psychological and social strategies to manage chronic pain

9.5 identify and manage anger, frustration, and other strong affective responses from ongoing painful conditions

9.6 Demonstrate skills in providing psychological

education to patients and their families around pain and symptom management.

GENERAL OBJECTIVE #10

The resident will be able to contribute, as an individual and as a member of a team providing care, to the continuous improvement of health care quality and patient safety.

SPECIFIC OBJECTIVES: The resident will be able to:

10.1 Recognize and respond to harm from health care delivery, including patient safety incidents

10.2 Adopt strategies that promote patient safety and address human and system factors.

Communicator

GENERAL OBJECTIVE #1

The resident will develop rapport, trust and ethical therapeutic relationships with patients and families:

Specific objectives: The resident will be able to:

1.1 Explain the impact of good patient-physician communication on patient care, patient satisfaction, and clinical outcome.

1.2 Demonstrate skills in patient-physician communication, including active listening, reflection, use of non-verbal cues, etc.

1.3 Disclose harmful patient safety incidents to patients and their families accurately and appropriately.

GENERAL OBJECTIVE #2

The resident will be able to demonstrate skill in developing a management plan with patients and demonstrate an ability to communicate these goals to the primary care physician and other caregivers in the health care team.

SPECIFIC OBJECTIVES: The resident will be able to:

- 2.1 facilitate meetings with patients and their families to discuss relevant issues relating to pain management goals
- 2.2 explain the importance of patient confidentiality
- 2.3 demonstrate skill in addressing challenging communication issues such as anger and misunderstanding
- 2.4 respect diversity and difference, including but not limited to the impact of gender, religion, and cultural beliefs on decision-making
- 2.5 assist patients and their families to identify, access and make use of information and communication technologies to support their care and manage their health.

GENERAL OBJECTIVE #3

The resident will be able to convey effective oral and written information about a medical encounter.

SPECIFIC OBJECTIVES: The resident will be able to:

- 3.1 Maintain clear, accurate, and appropriate records (e.g. written or electronic) of clinical encounters and plans
- 3.2 effectively present verbal reports of clinical encounters and plans
- 3.3 communicate effectively using a written health record, electronic medical record, or other digital technology
- 3.4 share information with patients and others in a manner that respects patient privacy and confidentiality and enhances understanding.

Collaborator

GENERAL OBJECTIVE #1

The resident will be able to collaborate as an effective member of an interdisciplinary team.

SPECIFIC OBJECTIVES: The resident will be able to:

- 1.1 describe the roles of other disciplines in the provision of pain management
- 1.2 explain the role of pain medicine physicians to other health care providers
- 1.3 participate in the interdisciplinary care of patients
- 1.4 communicate effectively with interdisciplinary team members
- 1.5 describe team function and methods to resolve conflicts within teams.

GENERAL OBJECTIVE #2

The resident will be able to consult effectively with other physicians and health care professionals.

SPECIFIC OBJECTIVES: The resident will be able to:

- 2.1 demonstrate effective consultation and communication skills when working with referring physicians and services
- 2.2 effectively communicate their assessments and plans to referring physicians and services.

GENERAL OBJECTIVE #3

The resident will be able to hand over the care of a patient to another health care professional to facilitate continuity of safe patient care.

SPECIFIC OBJECTIVES: The resident will be able to:

3.1 determine when care should be transferred to another physician or health care professional

3.2 demonstrate safe handover of care, both verbal and written, during a patient transition to a different healthcare professional, setting, or stage of care.

Leader

GENERAL OBJECTIVE #1

The resident will understand the importance of activities that contribute to the effectiveness of the healthcare organization within which they work.

SPECIFIC OBJECTIVES: The resident will be able to:

1.1 Describe the different models of pain medicine delivery (eg. Community based, academic, etc.) and their utilization

1.2 describe the roles of the primary care physician and the specialist in the provision of pain management

1.3 demonstrate effective use of resources across the healthcare system, demonstrating awareness of the just allocation of healthcare resources

1.4 participate in quality assessment and improvement initiatives

1.5 demonstrate an ability to work with others in the location of practice, whether it is community or hospital-based

1.6 develop skills for building effective teams in varied circumstances.

General Objective #2

The resident will demonstrate an ability to manage their practice in pain medicine.

SPECIFIC OBJECTIVES: The resident will be able to:

2.1 Manage time in order to balance the demands of practice requirements as well as non-clinical activities and personal life.

GENERAL OBJECTIVE #3

The resident will be able to contribute to the improvement of health care delivery within the multidisciplinary pain clinic, pain clinics, hospitals, and systems.

SPECIFIC OBJECTIVES: The resident will be able to:

3.1 Apply the science of quality improvement to contribute to improving systems of patient care

3.2 contribute to a culture that promotes patient safety

3.3 analyze patient safety incidents to enhance systems of care

3.4 use health informatics to improve the quality of patient care and optimize patient safety.

GENERAL OBJECTIVE #4

The resident will be able to engage in the stewardship of health care resources.

SPECIFIC OBJECTIVES: The resident will be able to:

4.1 Allocate health care resources for optimal patient care

4.2 apply evidence and management processes to achieve cost-appropriate care.

GENERAL OBJECTIVE #5

The resident will be able to demonstrate leadership in professional practice.

SPECIFIC OBJECTIVES: The resident will be able to:

5.1 Demonstrate leadership skills to enhance health care

5.2 facilitate change in health care to enhance services and outcomes.

Health Advocate

GENERAL OBJECTIVE #1

The resident will be able to demonstrate knowledge and skills in managing pain medicine patients in their community.

SPECIFIC OBJECTIVES: The resident will be able to:

1.1 Describe the societal, environmental and resource allocation factors that are relevant to the care of patients in pain

1.2 support patients when interacting with government, insurers, or legal bodies which are involved with the circumstances surrounding pain condition

1.3 develop a proactive and preventive approach for the early treatment of painful conditions at risk for becoming chronic (eg. Postoperative pain conditions, complex regional pain syndrome, etc...)

1.4 contribute to the education of patients and physicians to assist in managing painful conditions in the community.

GENERAL OBJECTIVE #2

The resident will be able to demonstrate the ability to act as an advocate within the health care system.

SPECIFIC OBJECTIVES: The resident will be able to:

2.1 Act as an effective advocate for the rights of patients in clinical situations involving ethical considerations

2.2 advocate for the needs of patients receiving care throughout the health care system

2.3 identify the ethical and professional issues inherent in health advocacy, including altruism, social justice, autonomy, integrity and idealism.

GENERAL OBJECTIVE #3

The resident will be able to identify the determinants

of health for the populations that they serve.

SPECIFIC OBJECTIVES: The resident will be able to:

3.1 Identify the barriers to adequate pain management for vulnerable or marginalized patients in their patient population

3.2 describe the barriers to the effective care of patients in pain in different care settings across a community.

Scholar

GENERAL OBJECTIVE #1

The resident will be able to develop a strategy for life-long learning:

SPECIFIC OBJECTIVES: The resident will be able to:

1.1 Design, implement and monitor a personal plan for continuing education

1.2 practice reflective practice as a learning tool.

GENERAL OBJECTIVE #2

The resident will be able to incorporate evidence-based clinical decision making in caring for pain medicine patients.

SPECIFIC OBJECTIVES: The resident will be able to:

2.1 Access the relevant literature to address a specific clinical question

2.2 apply critical appraisal skills to the evidence and integrate it into clinical care.

GENERAL OBJECTIVE #3

The resident will facilitate the learning of patients, students and other health care professionals when appropriate.

SPECIFIC OBJECTIVES: The resident will be able to:

- 3.1 Describe the principles of medical education, specifically with reference to adult education principles
- 3.2 act as an educator to patients and their families concerning pain management issues
- 3.3 demonstrate an effective lecture or presentation
- 3.4 provide effective feedback
- 3.5 assess and reflect on a teaching encounter
- 3.6 ensure patient safety is maintained when learners are involved.

GENERAL OBJECTIVE #4

The resident will contribute to the creation, dissemination, application and translation of new medical knowledge and practices.

SPECIFIC OBJECTIVES: The resident will be able to:

- 4.1 Describe the principles of research and scholarly activity
- 4.2 describe the principles of research ethics
- 4.3 pose a scholarly question
- 4.4 conduct a systemic search for evidence
- 4.5 select and apply appropriate methods to address the question
- 4.6 appropriately disseminate the findings of a study.

Professional

GENERAL OBJECTIVE #1

The resident will demonstrate a commitment to patient, their profession, and society through ethical practice.

SPECIFIC OBJECTIVE: The resident will be able to:

- 1.1 Demonstrate appropriate professional behavior, such as honesty, integrity, commitment, compassion, respect, and altruism
- 1.2 demonstrate a commitment to delivering the highest quality of care
- 1.3 appropriately manage ethical issues in their practice
- 1.4 appropriately manage conflict of interest
- 1.5 maintain appropriate relations with patients
- 1.6 demonstrate a commitment to patient safety and quality improvement
- 1.7 exhibit professional behaviours in the use of technology-enabled communication.

GENERAL OBJECTIVE #2

The resident will demonstrate a commitment to participate in profession-led regulation.

SPECIFIC OBJECTIVE: The resident will be able to:

- 2.1 Appreciate the professional, legal and ethical codes of practice
- 2.2 fulfill the regulatory and legal obligations required of current practice
- 2.3 demonstrate accountability to professional regulatory bodies
- 2.4 recognize and respond to others' unprofessional behaviors and practice.

GENERAL OBJECTIVE #3

The resident will demonstrate a commitment to physician health and sustainable practice.

SPECIFIC OBJECTIVE: The resident will be able to:

3.1 Describe methods of managing his or her own stress associated with caring for patients in pain

3.2 demonstrates how his or her own personal experiences surrounding pain management issues influence his or her attitudes

3.3 recognize and respond to other professionals in need

3.4 exhibit self-awareness and manage influences on personal well-being and professional performance

3.5 manage personal and professional demands for a sustainable practice throughout the physician life cycle

3.6 promote a culture that recognizes, supports and responds effectively to colleagues in need.

PMRPC

Pain Medicine Residency Program Committee

PMRPC DUTIES

The committee meets four times a year. There is currently one subcommittee which manages admissions to the residency program.

An annual review, which is attended by all residents, is held in order to review the current academic year and to allow for more in-depth discussion of various topics.

COMMITTEE MEMBERS

PROGRAM DIRECTOR

Dr. Geoff Bellingham

FACULTY MEMBERS

Dr. Eldon Loh
Parkwood Institute Site Coordinator

Dr. Collin Clarke
Research Coordinator and Victoria Hospital Site Coordinator

Dr. Dwight Moulin
Clinical Neurology Representative

Dr. Greg McCarthy
Regional Mental Health Site Coordinator

Dr. Heather Getty
Allied Health Representative

Dr. Jonathan Brookes
University Hospital Site Coordinator

Dr. Shiraz Malik
London Regional Cancer Centre Site Coordinator

Dr. Raju Poolacherla
Pediatric Pain Representative

EX OFFICIO MEMBERS

Dr. Davy Cheng
Chair /Chief of the Department of Anesthesia & Perioperative Medicine

Dr. Andreas Antoniou, Assistant Director of the Anesthesia & Perioperative Medicine Residency Program

RESIDENT MEMBERS

Membership is determined by the terms of reference.

Mandate and Terms of Reference of the Residency Program Committee

The Mandate of the Pain Medicine Residency Program Committee (PMRPC) is to develop and administer the residency program in a fashion that ensures clinical and scholarly excellence. Our aim is to meet and exceed the standards of accreditation of the Royal College of Physicians and Surgeons of Canada (RCPSC).

1. COMPOSITION

- i. Includes physician specialists in anesthesia, psychiatry and addiction medicine, neurology, palliative care, pediatrics, rheumatology, physical medicine and rehabilitation, and psychology
- ii. Chair of Anesthesiology, Associate Program Director of Anesthesiology, current and past Pain Medicine Program Director,
- iii. Coordinators for each major component of the program
 - a. London Regional Cancer Center
 - b. London Health Sciences Center (University Hospital and Victoria Campus)
 - c. St. Joseph's Health Care
 - d. Parkwood Hospital
 - e. London Regional Mental Health
- iv. Include representation from non-physician members of the interprofessional pain clinic
- v. A representative with expertise in research activity should be a member of the PMRPC
- vi. The PMRPC must include a resident representative. If there are two residents, they are both expected to participate in the committee. If there are more than two residents, the representative must be elected by his or her peers. Resident members will need to be excused should there be confidential issues raised regarding their resident peers.
- vii. Ex-officio members of the PMRPC with voting privileges will include: Previous residency program director (PD) if applicable and the Chair of Anesthesiology

- viii. New PMRPC members will be invited to join by the PD. New members will be given priority based on the requirements of the PMRPC composition as outlined above
- ix. PMRPC members will be invited by the PD to serve on the committee for a two-year period. The PD will have the option to extend the term of individual members at his/her discretion.
- x. An individual member may be the representative for more than one training site.

2. RESPONSIBILITIES: THE PMRPC IS RESPONSIBLE FOR ASSISTING THE RESIDENCY PROGRAM DIRECTOR (PD) IN THE PLANNING, ORGANIZATION, AND SUPERVISION OF THE PROGRAM

- i. PMRC must review the overall objectives and the specific educational objectives of each component of the program on a yearly basis. Goals and objectives should be structured to reflect and encourage development of the CanMEDS roles. The objectives must be functional and should be reflected in the planning and organization of the program and in the evaluation of residents.
- ii. Review and advise on the resident admission process and ensure that fair and transparent processes are in place.
- iii. Review evaluation processes annually, and ensure that they are consistent with University guidelines for the following: evaluation of program, including by faculty, resident and internal or external assessors; and evaluation of learners by means of in-training evaluation.
- iv. Assist in the development of remedial measures for residents experiencing difficulties in the program
- v. Provide appropriate support to residents experiencing difficulties in the program

- vi. meet with residents regarding appeals of evaluations
- vii. assist the PD in determining whether residents successfully complete all components of the program

3. MEETINGS

- i. The Pain Medicine Residency Program Director will chair the meeting.
- ii. The PMRPC must meet three times a year and minutes must be taken. The residency Program Administrator will take minutes and distribute one week prior to each meeting along with the meeting agenda
- iii. Quorum for this committee will consist of at least 50% of members, and must include the PD
- iv. Decisions pertaining to residency education are made by majority vote. On the occasion where,

at the request of the PD or a member of the Committee, a decision is to be put to a vote, the item of concern is to be developed in the form of a proposal. After being duly seconded, the proposal is then presented and voted upon by the PMRPC members. A proposal will pass at over 50% agreement

- v. Votes may be cast by email at the discretion of the Program Director

4. Accountability

The PMRPC is accountable to:

- i. Associate Dean, Postgraduate Medical Education
- ii. The Department of Anesthesia and Perioperative Medicine



LHSC University Hospital

Teaching Rounds & Academic Half Days

Pain Medicine Residents are given protected educational time on Wednesday afternoons for teaching rounds

ACADEMIC HALF-DAYS

Lectures will be allotted 2-3 hours of time starting at 13:00 on Wednesday afternoons. The lecture schedule will be posted in your One45 calendar and can be obtained from Charlotte Sikatori.

Lectures will typically be scheduled every other Wednesday.

On occasion lectures will be scheduled on days other than Wednesday afternoons, depending on lecturer availability. In this case, the academic time needed for that lecture is taken from the Wednesday afternoon academic time for that specific week. Residents will then be expected to do clinical work on that Wednesday afternoon.

The academic half-day for the Pain Medicine Residency will be unique in that a small number of residents will be enrolled in the program (no more than two per year). As such, academic half days will take on a tutorial format in which discussion between the teacher and students is encouraged.

Residents will be granted protected time to attend academic half-days organized by other departments that also teach subjects related to Pain Medicine. The Department of Psychiatry has agreed to allow Pain Medicine residents to participate in selected teaching sessions which overlap with their objectives of training.

The Departments of Neurology and Psychiatry have also agreed to participate in such an arrangement. There will be flexibility within the schedule to give residents the ability to attend these lectures if they are not scheduled on Wednesday afternoons.

ONLINE PAIN MEDICINE MODULES

When lectures are not scheduled, the academic half days can be used to complete a series of online modules and lectures on selected topics in Pain Medicine. These are a mandatory component of the Pain Medicine Residency curriculum.

A separate handout with the online modules will be provided to you to help guide their completion.

ACADEMIC HALF-DAY CURRICULUM

Allowing for holiday breaks and perhaps a cancellation of a few half-days for conferences, the curriculum will consist of 24 half-day teaching sessions per year. The entire curriculum will be presented once during a resident's training (i.e. the curriculum is repeated every 26 blocks).

The curriculum will be reviewed yearly by the residency training committee, with adjustments made as the committee sees fit.

Schedules of lectures will be made available from Charlotte Sikatori as they are planned on a quarterly basis.

TEACHING ROUNDS

CLINICAL PAIN ROUNDS: These are quarterly rounds held at St. Joseph's Health Care with the intent to discuss multi-disciplinary management of difficult cases seen within the Pain Clinics. Members of health care teams involved in pain management are invited to attend to participate in discussion around the presented cases. Residents will be required to present at least two cases per year at these rounds.

INTERDISCIPLINARY PAIN ROUNDS: These are rounds that are held up to eight times a year at St. Joseph's Health Care. Speakers present on a wide variety of topics and come from varied disciplines. Local faculty, as well as guest lecturers from visiting universities, are invited to speak.

HAND AND UPPER LIMB / REHABILITATION ROUNDS: This is a joint rounds with the Hand and Upper Limb clinic and the Department of Physical Medicine & Rehabilitation. Subjects may involve the diagnosis, management, and treatment of painful upper limb conditions. Residents will be encouraged to attend when relevant topics for Pain Medicine are presented. Residents will be expected to attend rounds when rotating through their musculoskeletal block.

RHEUMATOLOGY GRAND ROUNDS: These rounds are held everysecond and fourth Friday of each month, from 0800-0900, at St. Joseph's Health Care. The Grand Rounds speakers are local, national or international experts in their area of specialty. Pain Medicine residents will be encouraged to attend when topics relevant to pain management are presented. Residents will be expected to attend rounds when rotating through their musculoskeletal block.

ANESTHESIA & PERIOPERATIVE MEDICINE

GRAND ROUNDS: Anesthesia rounds are held weekly at each hospital and grand rounds are held approximately bi-monthly. Pain Medicine residents will be encouraged to attend if topics relevant to pain management are presented. Residents will be expected to attend these rounds when rotating through their acute pain service block.

NEUROLOGY GRAND ROUNDS: Residents will be required to attend neurology grand rounds during their neurology block.

SLEEP MEDICINE ROUNDS: Monthly Sleep Medicine rounds are held at Victoria Hospital. Residents will be required to attend these rounds when they are rotating through a Sleep Medicine block.

PALLIATIVE CARE GRAND ROUNDS: These rounds are organized by the Palliative Care service and take place monthly at St. Joseph's Health Care. Residents will be expected to attend rounds when rotating through their cancer pain block.

SUPPORTIVE AND PALLIATIVE CARE CASE ROUNDS: These rounds occur on the second Wednesday of the month at the London Regional Cancer Center and are organized by the Palliative Care service. Residents will be expected to attend rounds when rotating through their cancer pain block.

Assessments, Examinations, Projects & Policies

Resident Assessments, CEX, DOPS, Multisource Feedback, Journal Club, Exams, Program Evaluation and Conferences

RESIDENT ASSESSMENTS

Clinical supervisors will complete and review with the resident at the end of rotation In-Training Evaluation Report (ITER) for summative feedback. All ITERs will be articulated via the CanMEDS roles. All program ITERs will be managed through the web based One45 program at Western University. Completed forms are forwarded to the Program Director for review and maintained in the resident's file.

At the mid-point of each rotation, the resident reviews a mid-point ITER with the clinical supervisor as a self-evaluation. The midpoint ITER reflects the final ITER, allowing resident and supervisors to modify the final part of the rotation if necessary to meet the resident's learning needs.

Quarterly meetings with the Program Director will be held for reviewing the resident's goals or objectives, satisfaction, reports from supervising physicians, progress with the scholarly project, career counseling, and ITER evaluation.

CLINICAL EVALUATION EXERCISES (CEX)

This evaluation takes place within Multidisciplinary Pain Clinic Blocks. Residents are asked to request at least one of these evaluations per block from a supervising pain clinic physician.

This evaluation is intended to facilitate formative assessment of core clinical skills by direct observation of a resident-patient interaction. Faculty should provide timely and specific feedback to the resident after each assessment of a trainee-patient encounter.

It is the responsibility of the resident to ensure that these evaluations are completed each block. Evaluation forms are available from Dr. Bellingham or Charlotte Sikatori upon request. Evaluations can be left in Dr. Bellingham's mailbox in the pain clinic for collection.

DIRECT OBSERVATION OF PROCEDURES (DOPS)

This evaluation takes place within Multidisciplinary Pain Clinic Blocks. Residents are asked to request at least one of these evaluations per block from a supervising pain clinic physician.

This is a structured checklist for assessing the resident's procedural skill performance. This may include any landmark-based injections within the clinic (eg, trigger point injections, soft tissue injections, joint/bursa injections), ultrasound guided interventions, fluoroscopic interventions, or intravenous infusions.

It is the responsibility of the resident to ensure that these evaluations are completed each block. Evaluation forms are available from Dr. Bellingham or Charlotte Sikatori upon request. Evaluations can be left in Dr. Bellingham's mailbox in the pain clinic for collection.

MULTISOURCE FEEDBACK ASSESSMENTS

In order to help further assess the CanMEDs roles for the residency program, Multisource Feedback Assessments will be requested twice per year. This is a self-assessment combined with an evaluation by the pain clinic administrative staff, nursing, peers, radiation technologists, and faculty.

Assessors will be asked to complete the assessment form and return to Dr. Bellingham's pain clinic mailbox. Results will be pooled and presented as a single score for each item, and will not be identified by respondent.

Reminder emails will be sent out to residents when these assessments are to be completed. It is the responsibility of the resident to ensure that these assessments are completed. Assessment forms are available from Dr. Bellingham or Charlotte Sikatori upon request.

Final summaries of the assessments will be discussed at the next resident quarterly meeting with Dr. Bellingham.

JOURNAL CLUB PRESENTATION ASSESSMENT

Journal Clubs will be held quarterly. Evaluations of resident paper presentations at the end of each journal club will be distributed and returned to Dr. Bellingham.

ANNUAL SHORT ANSWER EXAM

An annual short answer exam will be administered to all Pain Medicine residents. This exam will contain a spectrum of questions that encompass all relevant rotations of the Pain Medicine residency. The purpose of the exam is to identify areas requiring more study so as to prepare for the Royal College Pain Medicine examination.

Final summaries of the evaluations will be discussed at the next resident quarterly meeting with Dr. Bellingham.

PROGRAM EVALUATION

The following methods are used to evaluate the program:

1. Evaluation form for the Academic Half Day sessions
2. Rotation evaluation forms
3. Faculty evaluation forms
4. Quarterly meetings with the Program Director

Holidays, Vacations and Conferences

Policies regarding holidays and vacations can be found on the Postgraduate Medical Education webpage (www.schulich.uwo.ca/medicine/postgraduate), under the Academic Resources tab.

CONFERENCES

Protected paid conference leave is an integral part of the PARO contract, with up to seven working days per annum given to residents as paid professional education days.

Residents are encouraged to attend Pain Medicine related conferences. To offset the costs associated with this, the Department of Anesthesia & Perioperative Medicine provides each resident with an annual education allowance of \$800. In addition, if a resident is presenting at a meeting, the department reimburses for costs associated with attending the meeting and preparation of a poster, etc.

Residents are also given a top up of an additional \$800 for courses or conferences that would exceed the typical costs of conferences.

Additionally, residents can apply to the Postgraduate Medical Education Resident/Fellow Travel Reimbursement Fund, which awards up to \$2000 per applicant. The deadlines for application is April 30 and October 31. The application must be submitted with a letter of support from the Program Director and is generally given to individuals who will be presenting at the conference.

Award criteria can be found in the Postgraduate Medical Education Webpage under the Current Learners tab

One45

This is a software program for the residency programs at Schulich School of Medicine & Dentistry, Western University that helps manage, schedule, assess and track the curriculum we deliver.

Here you will find your annual rotation schedule and it is also where the evaluation processes for your rotations are managed electronically. You will have a log in and password and the program provides you with an e-dossier and a detailed to-do status so that you always know what is outstanding and can keep track of what is upcoming. As an evaluation tool it is very helpful.

Ventis

The Department of Anesthesia & Perioperative Medicine has collaborated with Diamond L Consulting to bring VENTIS Academic to our Residency Program.

VENTIS Academic provides access to rotation schedules, call schedules, education events and is also the tool that is used for requesting time off. Information is accessible anytime, anywhere you are able to access the internet.

All assessments will eventually be completed in the system, all from a computer or mobile device. In mid 2016 the current AMPSS used in the Department will move over to an enhanced VENTIS Clinical system, which will work seamlessly with VENTIS Academic.

Important Policies

WESTERN UNIVERSITY, SCHULICH SCHOOL OF MEDICINE & DENTISTRY, POSTGRADUATE MEDICAL EDUCATION HOME PAGE:

<http://www.schulich.uwo.ca/medicine/postgraduate/>

The “Academic Resources” link provides policies and procedures on the following important matters:

- Resident Evaluation and Appeals
- Leaves of Absence and Training Waivers

- Resident Supervision/Health and Safety
- Transfers
- Conduct/Ethics/Professionalism
- Rotations Related (On-Call Policies, Vacation Requests, etc)

THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO (Home Page):

<http://www.cpsso.on.ca>

On this site, resident attention is directed particularly to the following:

Under “POLICIES/PRACTICE GUIDE”

- Maintaining Appropriate Boundaries and Preventing Sexual Abuse
- Confidentiality of Personal Health Information
- Consent to Medical Treatment
- Decision-making for End of Life
- Disclosure of Harm
- Physician Behaviour in the Professional Environment
- Blood Borne Pathogens

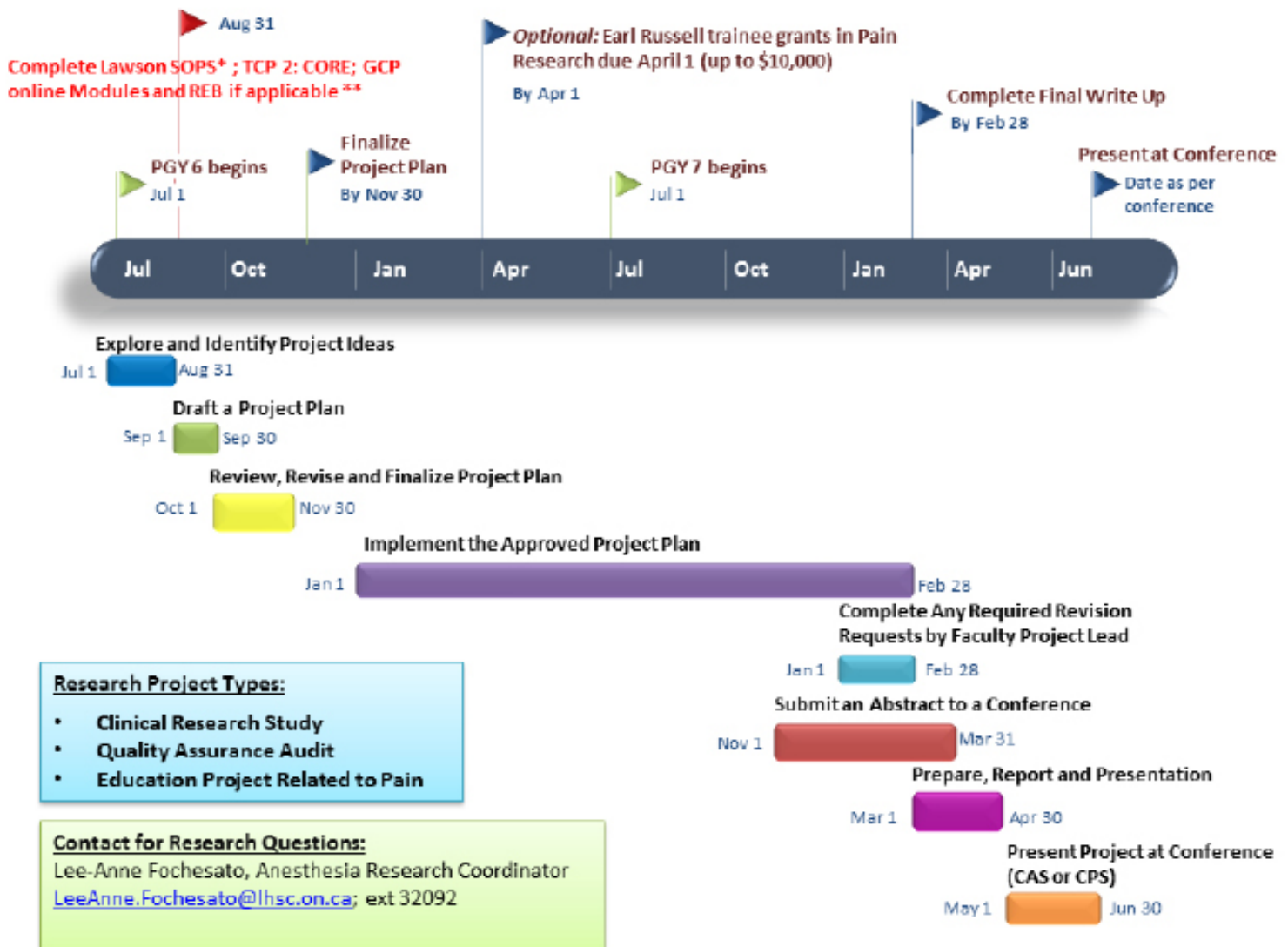
Scholarly Project

As outlined in the Royal College Objectives of Training in the Subspecialty of Pain medicine (Version 1.0, 2013), residents must complete a scholarly project undertaking primary responsibility for its design, methodology, and dissemination.

Residents are required to pose a scholarly question for a clinical research study, quality assurance audit, or education project related to pain (Scholar Role, Section 4). The appropriate methods to address the question must be selected and applied, and findings must be disseminated.

A suggested schedule has been created on the following page in order to assist you in the timely completion of your project within this two year residency program.

Research Project Timeline



COMPLETING LAWSON SOPS* AND TCP 2: CORE AND GCP ONLINE MODULES**

*LAWSON HEALTH RESEARCH Institute requires that clinical investigators are educated regarding Standard Operating Procedures (SOPs) that are aligned with current clinical research guidelines. They are detailed, written instructions to ensure that research is conducted in a manner that protects the rights, safety and well-being of research participants, and the integrity of the research data.

All clinical research personnel are required to complete, at a minimum, the training modules on the six CORE SOPs. Please ensure that you contact

Lawson's QAEP Officers (qaep@lawsonresearch.com) to obtain all of the supporting resources you need. You can either complete them via a self-directed training kit or attend scheduled tutorials at their main office (recommended).

** ONLINE LEARNING MODULES are referenced in the educational online module timeline.

Study Resources

Recommended Textbooks

As per the Specialty Committee for Pain Medicine from the Royal College of Physicians and Surgeons of Canada, study materials include but are not limited to:

1. Self-Assessment Module — Pain Medicine 2014 (SAM-PM). This is an online study resource that was established through the joint efforts of American Society of Anesthesiologists and American Society of Regional Anesthesia. SAM-PM is a self-study continuing medical education (CME) program that covers established knowledge in the subspecialty field of pain medicine. With the SAM-PM program you can assess areas of strength and weakness in pain medicine knowledge and target ongoing education in these areas. SAM-PM content includes 100 questions with answers, detailed discussions explaining the rationale for each answer, and references for further study. Subscribers complete the program at their own

pace and submit the answers online <http://www.asahq.org/shop-asa/detail?productId=133927>

2. Clinical Pain Management: A Practical Guide. Editors: Mary E Lynch, Kenneth D Craig and Philip WH Peng (Wiley-Blackwell).
3. Comprehensive Treatment of Chronic Pain by Medical, Interventional, and Integrative Approaches. Editors: TR Deer, MS Leong, A Buvanendran, et al from the American Academy of Pain Medicine (AAPM).
4. Essentials of Pain Medicine and Regional Anesthesia. Editors: HT Benzon, SN Raja, SM Fishman, SS Lui. (Saunders-Elsevier).
5. Oxford Textbook of Paediatric Pain. Editors: Patrick J McGrath, Bonnie J Stevens, Suellen M Walker, William T Zempsky.
6. Medically Unexplained Symptoms, Somatisation and Bodily Distress: Developing Better Clinical Services. Editors: Francis Creed, Peter Henningsen and Per Fink (Cambridge Medicine).

Revised December 2015

Anesthesia Libraries

The mission of the Anesthesia Library is to provide accessibility to books, journals and online resources that support the research and education of medical students, residents, fellows, and faculty affiliated with the Department of Anesthesia & Perioperative Medicine, Schulich School of Medicine & Dentistry.

The library collections are small and customized for the study of Anesthesia and Perioperative Medicine. These collections are for internal Department use only. For more extensive resources, please visit Western Libraries, LHSC Libraries, and St. Joseph's Libraries, which offer a wide and impressive array of library services for faculty and students.

Visit us online at: www.schulich.uwo.ca/anesthesia/research/anesthesia_libraries

KIWI, Dept Staff Portal

Kiwi is a wiki, a collaborative environment for creating, sharing, and editing documents. Kiwi is divided up into different areas called “spaces”. Access to spaces can be restricted by user or group, and users can have different permissions in different spaces.

The Department's Private Staff Portal is located on a KIWI space. All department staff and faculty can login with their Western username and password. This space contains important information that will help you get to know the department such as staff and faculty lists, a sharepoint space for lecture notes and presentation poewrpoints, templates for research posters, and much more. For more information, visit us online at www.schulich.uwo.ca/anesthesia/research/anesthesia_libraries/kiwi

Core Rotations

Multidisciplinary Pain Clinic Rotations

LOCATION: ST. JOSEPH'S HEALTH CARE, B3 OUTPATIENT CLINIC
SUPERVISOR: DR. G.A. BELLINGHAM

The Multidisciplinary Pain Clinic (MDPC) rotation allows residents to become involved in the evaluation and management of outpatients with chronic pain conditions at the Pain Management Clinic at St. Joseph's Health Care.

The clinic runs five days a week and consists of a multidisciplinary staff. In 2015, clinic staff was involved in the assessment and management of 1001 new patient consults and 3560 follow up visits with a primary focus on chronic non-malignant pain. Residents will have the opportunity to work with a variety of chronic pain consultants include specialists from anesthesia, psychiatry and neurology backgrounds. In addition to this core group of pain practitioners, our pain and addiction specialist and pain psychologist also share the same clinic space during the week for patient evaluation and management. A hospital pharmacist with time allocated to the pain clinic is also available for consultation to discuss pharmaceutical issues that arise.

Consultations to the clinic come from a wide variety of sources including primary care physicians and other medical and surgical specialists. Patient cases are triaged and sent to the appropriate pain consultant depending on clinical interest and scope of practice. After the initial consultation is performed, a treatment plan is set in place. Depending on the unique needs of the patient, requests for consultation may be sent to other members of the pain clinic to request the use psychological, psychiatric/addiction, or interventional strategies. The shared clinic space

allows for interactions between these specialists to discuss patient issues and management strategies.

The pain clinic also has the availability of ultrasound and fluoroscopy to perform interventions when required. A dedicated ultrasound machine is continuously available for physicians requiring its use to perform blocks and soft tissue injections. The fluoroscopy suite is funded to run two full days per week. Residents who would like to focus on interventional pain management will have the option to participate in fluoroscopy interventional clinics during their MDPC rotation.

Psychological interventions for pain management will be obtained through the Pain Management Clinic's psychologists. Residents will have the opportunity to spend clinical time with them on Thursdays and Fridays performing patient assessments. Residents are also required to observe a full psychology group session with either one of the pain psychologists sometime during their multidisciplinary pain clinic blocks. Group sessions take place once a week for a 12 week period. Although residents will not be required to attend all sessions, they are encouraged to attend at least the first three and last three sessions to witness the therapeutic effects of cognitive strategies for pain management.

Residents will also be strongly encouraged to rotate through a community based pain clinic in London, Ontario. The InMedic Pain Clinic provides physician services including pharmacotherapy and ultrasound guided interventions, physical rehabilitation, as well as psychological counseling services. Other conservative treatment modalities are also employed such as acupuncture, TENS, and massage therapy.

Acute Pain Service

LOCATION: UNIVERSITY HOSPITAL, SECOND FLOOR
SUPERVISOR: DR. JON BROOKES

The acute pain rotation is one block (20 days) in duration. Residents will have exposure to the assessment and treatment of acute pain conditions through the acute pain services run by the Department of Anesthesia & Perioperative Medicine at either University Hospital or Victoria Hospital.

The residents will work closely with the anesthesiologist and dedicated full time nurse to assist in rounding and managing pain for postoperative patients.

The acute pain services will afford residents the opportunity to participate in the use of multimodal analgesia techniques for the management of acute post-surgical pain. This service also acts as a consultation service for the management of acute and acute on chronic pain problems for hospital inpatients that have not had surgical procedures. Residents will be provided the opportunity to assess and assist in the management of these patients.

Residents will gain an understanding of role that regional anesthesia and peripheral nerve blocks can play in reducing pain scores, facilitating postoperative rehabilitation, and promoting discharge from hospital.

Addiction Medicine

LOCATION: WINDSOR CAMPUS SUPERVISOR: DR. ROBERT MCKAY

This is a one block rotation (20 days) held at the Windsor Campus. This includes the assessment and management of substance abuse disorders and their associated diseases and co-morbidities in a hospital and community based setting.

While all classifications of substances of abuse are assessed and treated, emphasis is placed on harm reduction and opiate agonist treatment. Residents will be exposed to management of substance use disorders, withdrawal, detoxification, relapse prevention, opiate dependence, abuse and counseling with onsite therapists.

Prior to this rotation, residents must complete the online learning modules regarding the use of Suboxone (www.suboxonecme.ca) and methadone via the Centre for Addiction and Mental Health (page 30).

Travel and accommodations can be arranged by contacting the Program Coordinator at the Schulich Windsor Program office (page 30).

Cancer Pain Rotation

LOCATION: VICTORIA HOSPITAL AND LONDON REGIONAL CANCER CENTRE
SUPERVISOR: DR. S. MALIK

The Cancer Pain rotation is a one block (20 days) rotation and will consist of both outpatient and inpatient patient experiences. For the inpatient component, residents will be assigned to the palliative care team for half of the rotation either at Victoria Hospital or University Hospital. Residents will be expected to become involved in the palliative care consultation process and will be more so directed to cases which involve the management of pain control issues. This involves providing expertise in the management of symptoms associated with terminal illness, as well as assisting with advanced care planning. During this time, residents will also be placed on call for urgent outpatient cancer pain consultations.

The outpatient clinical experience will involve participation in cancer pain clinics. Residents will provide consultations and have the opportunity to follow patients for pain control purposes. This will include the use of routine analgesic medications in addition to other medications and routes of delivery not commonly used in non-malignant pain such as methadone or the use of subcutaneous infusion pumps. Residents will also be assigned to spend time in the psycho-oncology clinic in which they will gain an understanding of the psychiatric and psychosocial issues which become an important component to care of cancer pain patients.

Residents also have the opportunity to spend time in the integrated Palliative Medicine system in Sarnia. This is comprised of an 8 bed Palliative care Unit, a 10 bed residential Hospice, and a 24/7 Palliative consultation team in the community. This experience will also include an outpatient Palliative Care clinic which is run daily. This particular service frequently employs the use of methadone and ketamine in addition to continuous subcutaneous catheter infusion pumps.

Musculoskeletal System & Rehabilitation Block

LOCATION: ST. JOSEPH'S HEALTH CARE, PARKWOOD INSTITUTE, AND MT. HOPE HOSPITAL
SUPERVISOR: DR. E. LOH (DEPT. OF PHYSIATRY) AND DR. S. ROHEKAR (DIVISION OF RHEUMATOLOGY)

The Musculoskeletal System & Rehabilitation block is a 20 day rotation. During this rotation, residents will gain experience in the assessment and treatment of patients with common musculoskeletal conditions in outpatient clinics.

Residents will have an opportunity to follow patients in physiatry clinics as they participate in physical treatments in the management of painful conditions at Parkwood Institute. These clinics aim to help achieve an understanding of the principles, indications and limitations of therapeutic options and place treatment and functional restoration within an interdisciplinary approach. The resident will gain exposure to include the amputee clinic, spinal cord injury, and stroke rehabilitation clinic.

Residents will also have the option of spending time in the adult rheumatology clinics at St. Joseph's Health Care. Exposure to general rheumatology, osteoarthritis, inflammatory arthritis, and other rheumatological conditions can be obtained.

Neurology

LOCATION: ST. JOSEPH'S HEALTH CARE,
UNIVERSITY HOSPITAL, AND LONDON REGIONAL
CANCER CENTRE
SUPERVISOR: DR. D. MOULIN

The Neurology block is a 20 day rotation. During this rotation, residents will gain experience in the assessment and treatment of patients with neuropathic pain conditions and headache disorders in outpatient clinics. Clinical experience will be gained at the neuropathic pain clinic at St. Joseph's Hospital. Experience will also be obtained at the Dr. John H. Kreeft Headache Clinic at University Hospital, which is dedicated to the diagnosis and management of patients with complicated headache or facial pain problems. Time will also be spent at the London Regional Cancer Center Pain and Symptom Clinic with neurologist Dr. Dwight Moulin, which manages painful oncological conditions, the majority of which have neuropathic pain components.

Surgical and invasive techniques to manage neuropathic pain will also be introduced to residents. This will be achieved by having them attend outpatient neurosurgery clinics at University Hospital focused on the evaluation, management, and follow up of patients treated with functional neurosurgical techniques.

Pediatric Pain

LOCATION: VICTORIA HOSPITAL
SUPERVISOR: DR. RAJU POOLACHERLA

The pediatric pain rotation is 1.5 blocks in duration. It consists of ten days of pediatric palliative care experience in addition to an experience with the outpatient pediatric chronic pain clinic. This rotation will span over six weeks.

The pediatric palliative care component will have residents join the palliative care team to focus on pediatric symptom management and supportive care. This exceptional experience is supervised by Lisa Pearlman, Nurse Practitioner, and includes experiences in the Pediatric Medical Day Unit clinic, home visits, and family meetings.

The outpatient pediatric chronic pain clinic is held at Victoria Hospital every Friday. At this clinic, residents will have the opportunity to participate in multidisciplinary treatment of chronic non-malignant pediatric pain syndromes. Successful residents will acquire a broad-based understanding of the principles, philosophy, core knowledge, skills and attitudes of pediatric pain medicine.

Psychiatry

LOCATION: VICTORIA HOSPITAL AND PARKWOOD
INSTITUTE
LONDON CAMPUS SUPERVISOR: DR. GREGORY
MCCARTHY

This is a one-block rotation that consists of outpatient psychiatry clinical experience. The focus of the clinics includes the assessment and management of anxiety disorders, operational stress injuries, and post-traumatic stress disorder. These clinics have been specifically chosen to provide residents robust exposure to the assessment and management of anxiety and depression. These are common co-morbid psychiatric illnesses found within pain clinics that affect pain treatment results.

Selective Rotations

Pain Medicine Residents are provided with the opportunity to expand the knowledge obtained from the core Pain Medicine rotations through selectives chosen in consultation with the program director. **6 blocks** of selectives are available. The Royal College Pain Medicine Specialty committee has suggested the following learning areas:

Adolescent Medicine

Western University presently does not have an accredited Adolescent Medicine training program. There is, however, an accredited residency program in Child and Adolescent Psychiatry. Requests for experience in Adolescent Medicine will be satisfied through the Division of Child and Adolescent Psychiatry. (see below) Electives outside

our centre can be considered for residents wishing an experience in Adolescent Medicine that is not psychiatry-focused.

Bioethics

Dr. Jeff Nisker is a Professor of Obstetrics & Gynecology and Coordinator of Health Ethics and Humanities at the Schulich School of Medicine & Dentistry. Dr. Nisker offers a 3 month elective in bioethical research for residents interested in

pursuing a project. The research is qualitative, relying on interview methods to explore bioethical issues. Dr. Nisker has funding for a research team that can assist residents plan qualitative research methods and analyze results. The final objective of the rotation is to produce a bioethical paper for publication in a peer-reviewed journal.

Child /Adolescent Psychiatry

The Division of Child and Adolescent Psychiatry offers a wide range of experiences for resident education. Clinical experience is available in a variety of settings including inpatient, day treatment, outpatient, and telepsychiatry programs.

The Outpatient Program of the Child and Adolescent Centre offers assessment and treatment of children and adolescents who are 15 years of age or younger presenting with mental health difficulties of an internalizing nature. Services provided include family therapy, individual therapy, group therapy and/or pharmacotherapy.

The Day Treatment Program offers a two week assessment of children and adolescents who require more intensive services than available through the outpatient program, but who do not require hospitalization. The Day Treatment program includes individual psychotherapy, group therapy, family therapy and/or pharmacotherapy.

The Inpatient Mental Health Care Program serves child and adolescent patients who require inpatient assessment, stabilization and treatment for urgent mental health problems presenting in crisis. Inpatient services are delivered by an interdisciplinary team consisting

of psychiatrists, social workers, family therapists, psychologists, nurses, child and youth counsellors, medical consultants, and teachers.

The Division of Child and Adolescent Psychiatry also provides an eating disorders program for clients up to age 18. Services provided include intake and screening, assessments, and inpatient stay for those in need of medical stabilization. Day treatment is also provided for those requiring intensive treatment who are medically stable.

An urgent consultation service is made available to patients in need of urgent mental health assessment.

Diagnostic Imaging

The Medical Imaging department's clinical, teaching and academic missions are supported by extensive resources that include London Health Sciences Centre, St. Joseph's Health Care and imaging research programs at the Lawson Health Research Institute and Robarts Research Institute.

Electives are readily available to Pain Medicine residents.

Education & Development

Residents will be provided time to work on projects related to education and curriculum development. The Centre for Education Research & Innovation(<http://www.schulich.uwo.ca/ceri>) provides guidance, mentorship, and opportunities for residents to engage in scholarly work or research related to education, and can link residents with funding opportunities.

Gastroenterology

The gastroenterology program at Western University serves a referral area of 3 million people. Teaching opportunities exist in ambulatory care, inflammatory bowel disease, hepatology, community gastroenterology, inpatient GI management, and endoscopy. The Victoria Hospital GI group has a number of dedicated inflammatory bowel disease clinics, which are run at Victoria Hospital and at St. Josephs Health Care. In addition, general gastroenterology clinics have a high proportion of patients with pain as a major complaint from issues such as irritable bowel syndrome or dyspepsia. Gastroenterologists may manage them with a variety of pharmaceutical agents, abdominal wall injections, or conservative modalities.

Interventional Pain Medicine / neuromodulations

The St. Joseph's Multidisciplinary Pain Clinic has a dedicated fluoroscopy room for pain management interventions that runs two days a week. A radiofrequency generator is available to perform radiofrequency ablation procedures.

The Pain Clinic also has a dedicated ultrasound machine for ultrasound-guided interventions, and although the ultrasound is available for all pain physicians to use in any clinic space, a dedicated procedure room is also offered.

The functional neurosurgery group at University Hospital provides neuromodulation techniques for pain management. There are two neurosurgeons with outpatient clinics and operating room time. Techniques employed include deep brain stimulation, peripheral field stimulation, spinal cord stimulation, radiofrequency ablation, intrathecal pump placement, and trigeminal ganglion glycerol injections. The functional neurosurgery group holds outpatient clinics three full days a week for patient assessment and follow-up.

Obstetrics & Gynecology

Women's Ambulatory Care at Victoria Hospital averages 100,000 visits annually. Services include a broad range of obstetrics and gynecology including urodynamics, maternal fetal medicine, mental health, obesity (in pregnancy), pregnancy options, cardiology (for pregnant women), anesthesia consults (for pregnant women), gynecological oncology, a full service fertility clinic and early pregnancy assessment unit (for threatened loss). Approximately 30 physicians are associated with this clinical activity.

Orthopedic / Spine Surgery

Both University Hospital and Victoria Hospital have dedicated spine surgery programs. Spine surgery at University Hospital is performed by the neurosurgical service.

Approximately 1200 to 1600 patients are seen in a year at University Hospital outpatient clinics, of which 600-800 are new. On average, there are 250 to 300 spine related operations per year.

There are three practicing spine surgeons at Victoria Hospital (one neurosurgeon and two orthopedic surgeons). This spine service receives approximately 400 elective referrals per month,

and approximately 450 spine surgeries are performed annually.

Palliative Care Service

VICTORIA HOSPITAL

The Palliative Care unit at Victoria Hospital is a tertiary level, acute care, academic and research oriented unit. The unit has a 14-bed capacity and provides interprofessional care for patients with malignant and non-malignant disease.

Over the past year there were over 200 admissions to the PCU. This unit is located in a tertiary care facility and employs the use of more complicated treatments including the use of ketamine, methadone and CADD Pumps as well as treatments offered by interventional radiology and anaesthesiology including such procedures as vertebroplasty, blocks and intrathecal pumps.

The Victoria Hospital Palliative Care Inpatient Consult Service is comprised of two nurse practitioners, an attending physician, and a junior resident.

They are supported by social workers and spiritual care providers affiliated with the individual disciplines.

The team sees over 750 new consultations annually. Consults are seen on surgical and medical units, the ICU, and outpatient clinics.

Patients present with oncologic and end-stage organ disease.

CHILDREN'S HOSPITAL:

There is a Pediatric Symptom Management and Supportive Care service at Children's Hospital in London supported by a Palliative Care Nurse Practitioner, Pediatric Oncologist, Palliative Care physician and a General Pediatrician. They see approximately 50 new referrals per year.

UNIVERSITY HOSPITAL

This unit has an inpatient Palliative Care consult service as well a palliative care unit that shares its beds with subacute medicine. (There are a total of 15 beds shared by Palliative care and Subacute Medicine; 4 are dedicated to palliative care however the Palliative Care team can have up to 10 of these beds at any one time).

Over the past year this busy service saw over 700 patients and admitted 190 patients to the Palliative Care unit.

A significant number of consults have a primary cardiac, renal, pulmonary, or neurological problem. Residents therefore will learn to care for a diverse group of patients and become expert in understanding and forecasting disease trajectories for a wide range of illnesses.

LONDON REGIONAL CANCER PROGRAM (LRCP):

LRCP is a world-class cancer care facility renowned as a research

and teaching hospital committed to the highest quality patient care.

This cancer centre serves families from across the region of Southwestern Ontario including the counties of Middlesex/ London, Elgin, Oxford, Perth, Huron, Grey, Bruce, Lambton and Kent. LRCP provides inpatient and outpatient cancer care including radiation therapy and chemotherapy as well as a full range of support services to help cancer patients and their families throughout the treatment process.

Currently one Palliative Care physician and two Nurse practitioners provide Palliative Care consultations in the Outpatient clinics. They work alongside The Supportive Care Program at LRCP.

The Supportive Care Program is a Multidisciplinary program with physicians, social workers, spiritual care specialists, registered dietitians and Acute Care Nurse Practitioners (NP).

They work with patients and their families as well as other members of the health care team to help meet patients supportive care needs. They provide not only one on one service but also facilitate various programs and groups to support patients and families through their cancer journey.

Public Health & Preventative Medicine

Pain Medicine residents will have the opportunity to spend elective time at the London Intercommunity Health Centre.

The centre offers care to clients through an interdisciplinary care team, employing 30 full-time and part-time registered health care professionals (including physicians, nurse practitioners, nurses, social workers, and dietitians).

Health care issues dealt with include chronic disease self management groups, HIV and Hepatitis C, mental health care, poverty and homelessness, primary health care, and health care issues specific to immigrant and ethnocultural communities.

Pain Medicine residents can be exposed to Hepatitis C, abscess and wound clinic, primary care with persons at risk, general practice, chronic disease, and diabetes care clinics.

Residents can gain exposure to chronic disease self-management groups.

Western has also recently established a School of Public Health. The program offers a 12 month Master's degree in Public Health (MPH). The MPH program is an applicant for accreditation by the Council on Education for Public Health. (<https://www.schulich.uwo.ca/publichealth/>) Interested residents can discuss ambitions to enroll in this program with the Program Director.

Research Methodology / Biostatistics

At the present time, the Schulich School of Medicine & Dentistry does not offer an elective rotation in research methodology and biostatistics.

Continuing professional development seminar series are available for residents to attend which include workshops on research, teaching, leadership and management; a master class on writing research for publication is also available. For more information, visit www.schulich.uwo.ca/cpd

Sleep Medicine

The Victoria Hospital sleep unit has four staff physicians trained in Sleep Medicine, who run 7 to 8 clinics per week. There are nine diagnostic stations available, which run six days per week, for a maximum of 54 studies per week. Staff Sleep Medicine physicians are granted time for reading sleep studies, which is increased or decreased depending on resident requests for training opportunities. Formal educational opportunities exist which include monthly interdisciplinary Sleep rounds.



Dr. Pat Morley-Forster with the Programs' first inaugural residents, Dr. Amjad Bader (left) and Dr. Michael Pariser

Courses, Clinics and Campus

Schulich School of Medicine & Dentistry's Windsor Campus: Travel & Accommodations



University
of Windsor

TRAVEL

As long as residents undertake a full block (4 weeks or longer), funding is available that includes accommodation and mileage for one roundtrip to and from Windsor.

SCHULICH WINDSOR CAMPUS ACCOMMODATIONS

ACCOMMODATIONS FOR RESIDENTS

Medical Arts Building
1011 Ouellette Avenue
Windsor Ontario

All housing requests are to be made to Bianca Vasipolli, Program Coordinator, at the Schulich Windsor Campus office.

bianca.vasapolli@wph.on.ca

FAMILY UNIT ACCOMMODATION

The Schulich Windsor Campus has two units which shall be designated for the use of a family requiring accommodation in Windsor. A family shall be defined for accommodation purposes as a couple with at least one other family member to a maximum of 6. Each family unit has two bedrooms with two queen beds, full kitchen, 2 full private baths, and living area. The use of these units shall be subject to availability and will be allocated on a first come first served basis.

SINGLE UNIT ACCOMMODATION

The Schulich Windsor Program has 18 single units which shall be designated for the use of a single learner requiring accommodations in Windsor. Each unit has one queen size bed, cook top, mini fridge, microwave and private bath with shower. The use of these units shall be subject to availability and will be allocated on a first come first served basis.

OVERNIGHT GUESTS

Full names of all family members as well as any guests who will be staying overnight must be provided to the Program Coordinator prior to arrival.

NB: Upon confirmation that a student or resident will be completing a rotation in Windsor, the Schulich Windsor office will proceed with booking accommodations based on availability, however a housing form must be filled out by the resident and sent to bianca vasipolli

bianca.vasapolli@wph.on.ca

Centre for Addiction and Mental Health, Opioid Dependence Treatment Core Course

This online course teaches some fundamental concepts of opioid dependence and safe and effective management of patients receiving methadone or buprenorphine for opioid dependence. Pain Medicine resident participation will help to gain core knowledge the use of methadone and buprenorphine, drugs that will be

encountered at the Pain Management Clinic, as well as drugs about which referring physicians will require Pain Medicine expertise.

Topics covered in the online portion of the course include:

- Fundamentals of opioid dependence
- Treatment options for opioid dependence
- Counseling clients on maintenance treatment
- Urine drug testing (UDT) in maintenance treatment
- Dispensing of methadone and buprenorphine

The course is offered in a blended delivery format that includes an online component and a one-day workshop in Toronto. CAMH has agreed to allow us to participate in the online component for a reduced rate of \$275; this cost will be covered by the department. If you wish to participate in the full course, which includes the one-day workshop in Toronto, the cost is increased to \$475, for which you will be required to pay the difference of \$200. Participating in the full course will allow you to work towards a Certificate in Opioid Dependence Treatment from CAMH. This is considered to be beyond the scope of the mandatory objectives of the Pain Medicine Residency but would be supported if you expressed an interest in managing the interface between Pain and Addiction medicine.

The recommended reading for Ontario physicians for this course is “Methadone Maintenance: A Physician’s Guide to Treatment, 2nd Edition.” Copies of this book can be borrowed from Charlotte Sikatori for reference purposes as you participate in the online portion. Recommended reading for Nova Scotia physicians is “Methadone Maintenance Treatment Handbook.” An electronic version is available online through Western Libraries.

The Western electronic library also provides access to “Handbook of methadone prescribing and buprenorphine therapy” which is an excellent reference.

PLEASE ALSO REFER TO:

Peng P et al. *Experience of methadone therapy in 100 consecutive chronic pain patients in a multidisciplinary pain center.* Pain Med. 2008 Oct; 9(7): 786-94. *This provides a good account of methadone therapy at the Wasser Pain Clinic in Toronto*

http://www.camh.ca/en/education/about/AZCourses/Pages/odtcore_odt.aspx

Elgin-Oxford Legal Clinic

LOCATION: 98 Centre St., St. Thomas ON, N5R 2Z7,

PHONE: 519-633-2638

SUPERVISOR: Mr. Ken Brooks

Pro Bono Students Canada (PBSC) is a multiple award-winning law student program that provides legal services without charge to organizations and individuals in need in Canada.

The Western University chapter is affiliated with the Elgin-Oxford Legal Clinic. Arrangements with this legal clinic will be made through Mr. Ken Brooks to provide you with exposure to medically related legal issues.

The objective is to acquire an understanding of how to best advocate for patients with disabilities applying for government assistance. In Ontario, such plans will include Ontario Works, Ontario Disability Support Program, and the Canada Pension Plan.

Residents will spend a total of three days with the Elgin-Oxford Legal Clinic throughout their residency. Arrangements will be made such that the case loads reviewed that day by staff barristers and solicitors are of a medicolegal nature.

CanMEDS Objectives of Training

Multidisciplinary Pain Clinic Rotation

EDUCATIONAL OBJECTIVES

1. To provide clinical and basic academic training for physicians who will be going on to academic and community careers in pain medicine
2. To gain knowledge of the role interventional pain management strategies including the indications, contraindications, benefits, risks, and outcomes of such techniques for chronic pain conditions.

MEDICAL EXPERT

1. **The resident will become an expert in the neurophysiology of pain transmission and pathophysiology of pain syndromes.**

Specific competencies – The resident will be able to:

1. Outline the anatomy and neurophysiology of nociception
2. Explain the pathophysiology of chronic pain including origins, mechanisms, modulation, and associated physiologic consequences
3. Describe the features of neuropathic pain including peripheral and central sensitization
4. Demonstrate knowledge of diagnosis and management of common spine pathologies causing pain, including mechanical back pain, intervertebral disc herniation with radiculopathy, spinal stenosis and whiplash-associated disorders.
5. Demonstrate knowledge of diagnosis, appropriate investigations and management

of common musculoskeletal conditions such as bursitis, tendonopathies, arthritis, and myofascial pain syndromes

6. Demonstrate knowledge of diagnosis, appropriate investigations and management of common painful peripheral nervous system disorders including compression and entrapment syndromes, ischemic nerve injuries, infectious lesions including herpes zoster and post-herpetic neuralgia, and painful diabetic neuropathy
7. Demonstrate knowledge of diagnosis, appropriate investigations and management of common painful central nervous system disorders including post-stroke pain and multiple sclerosis.

2. **The resident will become skilled in performing and communicating a chronic pain consultation.**

Specific competencies – The resident will be able to:

1. Be able to perform a comprehensive assessment of the patient with chronic pain (including history, physical examination, relevant investigations, functional and psychosocial impacts)
2. Be able to describe a comprehensive management plan (including pharmacologic, non-pharmacologic approaches, appropriate collaboration with members of the multidisciplinary team such as physiotherapy, psychology, psychiatry, sleep medicine, etc., and interventional techniques).
3. Perform a directed musculoskeletal and/or neurological physical examination in order to differentiate painful processes arising from bones, joints, soft tissues, peripheral or central nervous system, or other tissues.

4. Select medically appropriate investigative methods in a resource-effective and ethical manner
5. Demonstrate effective clinical problem solving and judgment to address patient problems, including evidence-based examination techniques, interpreting available data and integrating information to generate differential diagnoses.
6. Formulate an appropriate treatment plan for managing musculoskeletal pain
7. Engage patients, families, and relevant health professionals in shared decision-making to develop an individualized plan of care.
8. Identify functional domains as outcome measures for pain.

3. The resident will become skilled in the use of tools to diagnose and guide therapy for pain patients.

Specific competencies – The resident will be able to:

1. Describe the indications and limitations of imaging, nerve conduction studies, electromyography and quantitative sensory testing in the diagnosis of neuropathic pain
2. Describe the indications for diagnostic imaging (plain films, CT, bone scan, MRI, Ultrasound, PET); identify expected imaging abnormalities for common pain diagnoses; explain the relationship between imaging findings and pain
3. List common validated tools that have been developed to assess chronic pain syndromes; identify their purpose, scoring, interpretation and limitations
3. Describe and use at least one validated outcome measure available to assess each of pain, mood, function, sleep, quality of life and health care utilization; explain their administration, scoring, interpretation, limitations, and clinical utility.

4. The resident will be able to demonstrate advanced knowledge, skills, and attitudes, in managing pain in medically complex patients.

Specific competencies – The resident will be able to:

1. List 'red flag' conditions for patients presenting with back pain indicative of conditions such as tumor, fracture, myelopathy, and infection
2. Understand the nature of analgesics interactions with other medications being used to treat comorbid illnesses
3. Alter pharmacotherapeutic plans or interventional plans for pain control as required considering changes in physiology imposed by concurrent illness (eg. Renal failure, congestive heart disease, chronic obstructive lung disease, etc...)
4. Understand the importance of communication between treating physicians and other health care professionals whilst managing painful conditions
5. Develop plans for continuing, long term pain management strategies

5. The resident will demonstrate appropriate knowledge, skills and attitudes in managing the psychosocial aspects of chronic pain.

Specific competencies – The resident will be able to:

1. List important psychological mechanisms involved in pain and suffering.
2. Identify characteristics of patients who would most benefit from a formal psychological assessment.
3. For the following psychiatric disorders, list diagnostic criteria, provide examples of appropriate screening questionnaires, outline the fundamentals of treatment strategies (and contraindications for other treatments), and state the indications for psychiatric or psychological referral:
 - i) Major depressive disorder
 - ii) Bipolar mood disorders
 - iii) Post-Traumatic Stress Disorder
 - iv) Panic Disorder

- v) Substance use Disorders
- vi) Attention Deficit Disorder
- vii) Somatoform Disorder
- viii) Personality Disorders
- ix) Social Anxiety Disorder,
- x) Generalized Anxiety Disorder

4. Explain the interaction between pain, sleep, medications, non-prescribed substances, anxiety and mood disorders
5. List common assessment procedures used in the diagnosis of sleep disorders
6. Identify characteristics of those patients who would most benefit from a referral to a Sleep Clinic
7. Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues, and other professionals.
8. Gather information about a patient's beliefs, concerns, expectations and the impact of pain on their life.
9. Respect diversity and difference, including but not limited to the impact of gender, religion and cultural beliefs on decision-making
10. Describe appropriate documentation and strategies to deal with behaviors possibly associated with opioid misuse, abuse, diversion or addiction

6. The resident will demonstrate advanced knowledge and attitudes in the use of interventional strategies for chronic non-malignant and malignant pain.

Specific competencies – The resident will be able to:

1. The resident will be familiar with sympathetic blocks (cervical, lumbar, Impar ganglion), epidural steroid injections (cervical, lumbar, and caudal), facet and sacroiliac joint interventions (steroid injection, medial/lateral branch blocks, and radiofrequency ablation), nerve root blocks (cervical, lumbar, and sacral), musculoskeletal/soft tissue injections, and plexus/peripheral nerve blocks

2. Identify procedures that require the use of appropriate image guidance including ultrasound, fluoroscopy, CT-guidance and endoscopic guidance and plan referrals accordingly
3. Document and communicate information related to procedures performed, including obtaining informed consent, and their outcomes and complications
4. Outline injection formulations which are used for analgesia
5. Ensure adequate follow-up is arranged for procedures
6. Identify functional domains as outcome measures for pain. Summarize the principles of functional restoration in individuals with pain.

7. The resident will be able to demonstrate advanced knowledge of the use of pharmacotherapeutic principles for managing painful syndromes.

Specific competencies – The resident will be able to:

1. Describe current concepts of the placebo response and their implications for assessment and therapy
2. Cite known genetic influences on pain and pharmacotherapy for pain; describe the role of genetic techniques in investigating pain physiology
3. Be able to demonstrate pharmacologic knowledge (pharmacodynamics including mechanism of action, pharmacokinetics including dosing and effect of organ insufficiency such as renal or liver, drug interactions, and complications) of agents used in the management of chronic pain (local anesthetics, opioids, co-analgesic medications (NSAID's, NMDA antagonists, serotonin/norepinephrine reuptake inhibitors, calcium channel blockers, sodium channel blockers, anticonvulsants, cannabinoids, corticosteroids, and neurolytic agents).

4. Be able to utilize the Universal Precautions risk stratification and in accordance with National Opioid Use Guideline Group (NOUGG) guidelines, develop and implement an appropriate management and follow up plan for a patient who requires opioids
5. Ensure appropriate informed consent is obtained for off label therapies
6. To be competent in the use of lidocaine and ketamine infusions, including knowledge of indications, contraindications, and complications.
7. Formulate a step-wise approach to pharmacotherapeutic interventions for a patient with neuropathic pain, applying published consensus guidelines, and taking into consideration the patient's individual requirements.

8. The resident will be able to demonstrate advanced knowledge of the use of non-pharmacological treatment strategies for painful syndromes.

Specific competencies – The resident will be able to:

1. Describe the principles, indications and limitations of physical treatments (exercise based treatment, passive physical therapies such as ultrasound, transcutaneous electrical stimulation (TENS), manual therapies, manipulation and massage) in the management of musculoskeletal pain
2. Describe the principles, indications and limitations of occupational therapy management (pacing, ergonomics and work/daily activity modification) in the management of musculoskeletal pain
3. Cite current evidence for the potential role of complementary and alternative medicine, commonly used in managing musculoskeletal pain.

4. The resident will acquire knowledge of the fundamentals of psychological strategies in managing pain and understand how and when they should be employed.

Specific competencies – The resident will be able to:

1. Understand the importance of coping strategies for the control of pain
2. Understand that coping strategies may differ among individuals and may be affected by age and gender
3. Understand the important contribution that catastrophizing and fear-avoidance beliefs make to pain and disability
4. Be able to introduce suitable cognitive and behavioral pain management measures or recognize when it is appropriate to refer for the patient for special evaluation and therapy
5. Understand relaxation strategies: progressive muscle relaxation, autogenic training, guided therapy, cue controlling and other strategies
6. Know the cognitive-behavioral treatments of pain: cognitive therapy, cognitive restructuring, problem solving, and communication skills training
7. Be aware of group therapy and how to assess patients for the likely efficacy of group therapy approaches
8. Be aware of the need to treat comorbid psychological problems that may accompany pain
9. Be familiar with how the various separate approaches can be integrated including different cognitive-behavioral treatments and combined behavioral and drug treatments, and be aware of the economic benefit of integrating cognitive-behavioral and drug treatments.

10. The resident will 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.

Specific competencies – The resident will be able to::

1. Recognize and respond to harm from health care delivery, including patient safety incidents
2. Adopt strategies that promote patient safety and address human and system factors.

COMMUNICATOR

- 1. The resident will develop rapport, trust and ethical therapeutic relationships with patients and their families.**

Specific competencies – The resident will be able to:

1. Understand the impact of good patient-physician communication on patient care, patient satisfaction, and clinical outcomes
 2. Be able to counsel patients on a variety of pain control options and describe the risks and benefits of each
 3. Disclose harmful patient safety incidents to patients and their families accurately and appropriately
 4. Assist patients and their families to identify, access and make use of information and communication technologies to support their care and manage their health.
- 2. The resident will be able to convey effective oral, written, and electronic information about a medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy.**

Specific competencies – The resident will be able to:

1. Communicate effectively using a written health record, electronic medical record, or other digital technology
 2. Effectively present verbal reports of clinical encounters and plans to all members of the healthcare team
 3. Share information with patients and others in a manner that respects patient privacy and confidentiality and enhances understanding.
- 3. The resident will be able to understand a patient's goals of care and communicate these goals to the health care team.**

Specific competencies – The resident will be able to:

1. Elicit appropriate input from patients regarding effectiveness and concerns about their pain control
2. Understand the importance of patient confidentiality and respect patient confidentiality
3. Demonstrate skill in addressing challenging communication issues such as anger and misunderstanding
4. Respect diversity and difference, including but not limited to the impact of gender, religion, and cultural beliefs on decision-making

COLLABORATOR

- 1. The resident will be able to collaborate as an effective member of an interprofessional team.**

Specific competencies – The resident will be able to:

1. Describe the roles of other professions in the provision of chronic pain management
 2. Participate in the interprofessional care of patients, including family and team meetings
 3. Understand team function and methods to resolve conflicts within teams.
- 3. The resident will be able to consult effectively with other physicians and health professionals.**

Specific competencies – The resident will be able to:

1. Demonstrate effective, timely, and appropriate consultation and communication skills when working with referring physicians and services.
2. Effectively communicate assessments and plans to referring physicians and services
3. Develop follow up plans for patients after consultation and arrange a longitudinal coordinated care plan with the primary care physician.

LEADER

- 1. The resident will understand the importance of activities that contribute to the effectiveness of the healthcare organization within which they work.**

Specific competencies – The resident will be able to:

1. Outline the structure of the pain clinic and how it fits into the administrative structure of the care setting (community or hospital)
 2. Understand the costs involved in running a pain clinic with respect to administrative, nursing, equipment, and physician needs
 3. Understand the benefits and disadvantages to patients, clinics, hospitals, and society of different pain management strategies (e.g. Multidisciplinary clinic, sole practitioner, etc...)
 4. Understand the principles behind quality assessment and improvement initiatives
 5. Understand the role of administrator and leader.
- 2. Contribute to improvement of health care delivery in teams, organizations, and systems.**

Specific competencies – The resident will be able to:

1. Apply the science of quality improvement to contribute to improving systems of patient care within the pain clinic
 2. Contribute to a culture that promotes patient safety
 3. Analyze pain clinic safety incidents to enhance systems of care.
- 3. Engage in the stewardship of health care resources.**

Specific competencies – The resident will be able to:

1. Allocate health care resources for optimal care

2. Apply evidence and management processes to achieve cost-appropriate care.

HEALTH ADVOCATE

- 1. The resident will be able to demonstrate knowledge and skills in managing patients with pain syndromes in their community.**

Specific competencies – The resident will be able to:

1. Describe the societal, environmental and resource allocation factors that are relevant to the care of those with painful syndromes
 2. Describe the practice communities that they serve.
- 2. The resident will be able to act as an advocate within the health care system.**

Specific competencies – The resident will be able to:

1. Act as an effective advocate for the rights of the patient and family across clinical settings
2. Be able to identify and understand the limitations and barriers in the health care system facing the population of patients with chronic pain and to suggest proposals to overcome those barriers.

SCHOLAR

- 1. The resident will be able to develop a strategy for life-long learning.**

Specific competencies – The resident will be able to:

1. Explain the principles and techniques of qualitative and quantitative research methodologies and outcome evaluation, including the statistical biases and limitations of current methods to assess the validity pain research

2. Be able to conduct a scholarly project, including quality assurance audits or research.

2. The resident will be able to incorporate evidence-based clinical decision-making in caring for patients with painful conditions.

Specific competencies – The resident will be able to:

1. Access the relevant literature in helping to solve clinical problems
2. Apply critical appraisal skills to literature in pain

3. The resident will facilitate the learning of patients, students and other health care professionals when appropriate.

Specific competencies – The resident will be able to:

1. Participate actively in all academic division activities, eg. Academic half day, Journal club
2. Provide clinical teaching and mentoring for junior trainees
3. Participate in patient education regarding prevention and management of painful neuropathic conditions
4. Ensure patient safety is maintained when learners are involved.

PROFESSIONAL

1. The resident will demonstrate a commitment to patients, their profession and society through ethical practice.

Specific competencies – The resident will be able to:

1. Demonstrate appropriate professional

behavior, such as honesty, integrity, commitment, compassion, respect and altruism

2. Demonstrate a commitment to delivering the highest quality of care
3. Recognize and manage ethical issues in their practice
4. Appropriately understand or manage conflict of interest
5. Maintain appropriate relations with patients
6. Exhibit professional behaviours in the use of technology-enabled communication
7. Demonstrate a commitment to patient safety and quality improvement.

2. The resident will demonstrate a commitment to physician health and sustainable practice.

Specific competencies – The resident will be able to:

1. Describe his or her own concerns about caring for patients in pain
2. Demonstrate how his or her own personal experiences of pain influence his or her attitudes
3. Discuss methods of managing his or her own stress associated with caring for patients suffering from continuing pain
4. Recognize and respond to other professionals in need
5. Manage personal and professional demands for a sustainable practice throughout the physician life cycle
6. Promote a culture that recognizes, supports and responds effectively to colleagues in need.

Acute Pain Service

MEDICAL EXPERT

- 1. The resident will be able to demonstrate advanced knowledge and skill in managing acute perioperative pain conditions.**

Specific competencies – The resident will be able to:

1. Demonstrate the ability to assess patient and surgery specific needs and options for perioperative pain control
2. Describe the indications, contra-indications, and complications of narcotics, anti-inflammatory medications, antidepressants, and sedatives
3. Describe the use of intrathecal medications and epidural analgesia as they pertain to perioperative pain control (including indications, contraindications, benefits, risks)
4. Describe the use of peripheral nerve blocks for perioperative pain control (including indications, contraindications, benefits, risks)
5. Manage analgesia during transitions from “nil by mouth” to oral intake
6. For patient controlled analgesia pumps, know how to:
 - a) Initiate and discontinue PCA pumps, when indicated
 - b) Write a prescription for opioid PCA
 - c) Be familiar with common problems associated with PCA use (eg, reluctance to use PCA, pruritus, mechanical difficulties with pump, etc...)
7. Understand the rationale for delivering multimodal analgesia in the perioperative setting and to formulate and implement a pharmacological strategy for postoperative pain management
8. Demonstrate the ability to assess and modify an acute analgesia management plan for patients experiencing inadequate

postoperative pain control

9. Demonstrate the ability to assess and modify an acute analgesia management plan for patients with chronic pain disorders.

- 2. The resident will be able to demonstrate advanced knowledge of the management of patients who are at risk of developing chronic post surgical pain syndromes.**

Specific competencies – The resident will be able to:

1. Identify risk factors which predispose patients to developing chronic post-surgical pain (site of surgery, anxiety, high postoperative pain scores, etc...)
2. Describe, analyze, and use the latest evidence for interventions and management strategies which reduce the likelihood of developing chronic post surgical pain syndromes
3. Formulate and employ a pain management plan for patients at risk for developing chronic post surgical pain.

- 3. The resident will be able to demonstrate advanced knowledge of non pharmacological treatment strategies for acute pain.**

Specific competencies – The resident will be able to:

1. Understand the role and therapeutic value of conservative modalities in managing acute post surgical pain (TENS, acupuncture, cognitive behavioral therapy, etc...)
- 4. The resident will 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.**

Specific competencies – The resident will be able to:

1. Recognize and respond to harm from health care delivery, including patient safety incidents
2. Adopt strategies that promote patient safety and address human and system factors.

COMMUNICATOR

1. The resident will develop rapport, trust and ethical therapeutic relationships with patients and families.

Specific competencies – The resident will be able to:

1. Counsel patients on a variety of pain control options and describe the risks and benefits of each.
2. Understand the impact of good patient-physician communication on patient care, patient satisfaction, and clinical outcomes;
3. Demonstrate skills in patient-physician communication, including active listening, reflection, use of non-verbal cues, etc
4. Disclose harmful patient safety incidents to patients and their families accurately and appropriately
5. Assist patients and their families to identify, access and make use of information and communication technologies to support their care and manage their health.

2. The resident will be able to understand a patient's goals of care and communicate these goals to the health care team.

Specific competencies – The resident will be able to:

1. Elicit appropriate input from patients regarding effectiveness and concerns about

perioperative pain control

2. Demonstrate effective and accurate written and verbal communication with nurses and surgical teams regarding pain control
3. Demonstrate an ability to effectively communicate transition plans from the acute pain service to care back to the surgical team or upon patient discharge
4. Understand the importance of patient confidentiality and respect patient confidentiality
5. Respect diversity and difference, including but not limited to the impact of gender, religion, and cultural beliefs on decision-making.

3. The resident will be able to convey effective oral, written, and electronic information about a medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy.

Specific competencies – The resident will be able to

1. Communicate effectively using a written health record, electronic medical record, or other digital technology
2. Effectively present verbal reports of clinical encounters and plans to all members of the healthcare team
3. Share information with patients and others in a manner that respects patient privacy and confidentiality and enhances understanding.

LEADER

1. The resident will understand the importance of activities that contribute to the effectiveness of the healthcare organization within which they work.

Specific competencies – The resident will be able to:

1. Describe the roles of non-clinician/surgeons in the provision of acute perioperative pain control
2. Efficiently participate in acute pain service rounds on a high volume of patients
3. Describe the role that preadmission clinic consultations play in planning for acute postoperative pain management
4. Understand the principles behind quality assessment and improvement initiatives.

2. Contribute to improvement of health care delivery in teams, organizations, and systems.

Specific competencies – The resident will be able to:

1. Apply the science of quality improvement to contribute to improving systems of patient care within the pain clinic
2. Contribute to a culture that promotes patient safety
3. Analyze pain clinic safety incidents to enhance systems of care.

3. Engage in the stewardship of health care resources.

Specific competencies – The resident will be able to:

1. Allocate health care resources for optimal care
2. Apply evidence and management processes to achieve cost-appropriate care.

HEALTH ADVOCATE

1. The resident will be able to demonstrate knowledge and skills in managing patients in the perioperative setting and preadmission clinics.

Specific competencies – The resident will be able to:

1. Describe the societal and resource allocation factors that are relevant to the care of those with acute perioperative pain
2. Demonstrate an understanding of the unique patient safety issues and complications that can arise with perioperative pain control strategies including nausea, vomiting, constipation, respiratory depression, delirium, hypotension, and neurological injury.

2. The resident will be able to act as an advocate within the health care system.

Specific competencies – The resident will be able to:

1. Demonstrate advocacy for adequate postoperative follow up in the community with family physicians or by surgeons to ensure satisfactory pain control and reduction of postoperative chronic pain syndromes
2. Advocate for safe postoperative opioid prescribing practices for patients being discharged back to the community to help avoid and/or reduce adverse events (eg. adverse respiratory events, falls, opioid misuse)
3. Demonstrate the ability to maximize and integrate hospital resources for inpatient postoperative pain management.

3. The resident will be able to identify the determinants of health for the populations that they serve.

Specific competencies – The resident will be able to:

1. Identify barriers to effective care of patients in pain in different care settings across a community and within the hospital
2. Identify the barriers to adequate care for vulnerable or marginalized patients such as those experiencing addiction, chronic pain, or lower socioeconomic status.

SCHOLAR

- 1. The resident will be able to develop a strategy for life-long learning.**

Specific competencies – The resident will be able to:

1. Explain the principles and techniques of qualitative and quantitative research methodologies and outcome evaluation, including the statistical biases and limitations of current methods to assess the validity acute perioperative pain practices
2. Apply critical appraisal skills to acute perioperative pain medicine literature.

- 2. The resident will facilitate the learning of patients, students and other health care professionals when appropriate.**

Specific competencies – The resident will be able to:

1. Participate actively in all academic division activities, eg. Academic half day, Journal club
2. Provide clinical teaching and mentoring for junior trainees
3. Participate in patient education regarding prevention and management of painful postoperative conditions.
4. Ensure patient safety is maintained when learners are involved.

PROFESSIONAL

- 1. The resident will demonstrate a commitment to patients, their profession and society through ethical practice.**

Specific competencies – The resident will be able to:

1. Demonstrate appropriate professional behavior, such as honesty, integrity, commitment, compassion, respect and altruism
2. Demonstrate a commitment to delivering the highest quality of care
3. Recognize and manage ethical issues in their practice
4. Appropriately understand or manage conflict of interest
5. Maintain appropriate relations with patients
6. Exhibit professional behaviours in the use of technology-enabled communication
7. Demonstrate a commitment to patient safety and quality improvement.

- 2. The resident will demonstrate a commitment to physician health and sustainable practice.**

Specific competencies – The resident will be able to:

1. Describe his or her own concerns about caring for patients in pain
2. Discuss methods of managing his or her own stress associated with caring for patients suffering from continuing pain
3. Recognize and respond to other professionals in need
4. Manage personal and professional demands for a sustainable practice throughout the physician life cycle
5. Promote a culture that recognizes, supports and responds effectively to colleagues in need.

Cancer Pain Rotation

MEDICAL EXPERT

- 1. The resident will be able to demonstrate knowledge and skills in managing pain in advanced illness.**

Specific competencies – The resident will be able to:

- Describe and demonstrate the components of a comprehensive pain assessment, including the use of validated assessment tools, appropriate history and physical examination skills, appropriate ordering/interpretation of investigation.
- Describe and identify the common and less common cancer pain syndromes
- Explain the neurophysiology of pain transmission in cancer pain
- Apply the pharmacology (pharmacokinetics and dynamics) of medications used in pain control in the clinical setting
- Analyze the special issues in assessment of pain in patients with cognitive impairment
- Apply principles of dose selection and titration, know routes of administration and relative effectiveness of medications, including:
 - opioids, including methadone;
 - adjuvants: NSAIDs, anti-depressants, anti-convulsants, steroids, ketamine
- Describe side effects of commonly used pain medications and be proficient in management of side effects
- Describe the indications for, management of and complications of interventional anaesthetic techniques such as epidural, intrathecal, and neurolytic blocks for cancer pain
- Describe the role of radiotherapy and chemotherapy in cancer pain control.
- Actively contribute to the continuous

improvement of health care quality and patient safety as it relates to cancer pain management

- Recognize and respond to issues related to safe and effective opioid and other controlled substance prescribing
- Adopt strategies that promote patient safety for patients with and without a comorbid addiction history .

- 2. The resident will be able to demonstrate advanced knowledge and skills in managing symptoms in advanced illness.**

Specific competencies – The resident will be able to:

- Demonstrate the components of a comprehensive symptom assessment, including the use of validated assessment tools, appropriate history and physical examination skills, appropriate ordering interpretation of investigations;
- Describe the pathophysiology of each symptom.
- Propose an etiology of each symptom; and
- Propose a management strategy for each symptom. Symptoms include:
 - nausea and vomiting
 - dyspnea
 - delirium
 - constipation
 - skin and mouth care
 - pruritis
 - insomnia
 - anorexia, cachexia
 - weakness and fatigue
 - edema

- 3. The resident will be able to demonstrate appropriate knowledge, skills and attitudes in managing the psychosocial aspects of malignancy related illness.**

Specific competencies – The resident will be able to:

1. Identify psychological, social and spiritual issues associated with life-threatening illnesses and strategies for management
2. Identify and manage anger, fear, and strong affective responses to life-threatening illness
3. Identify and manage depression and anxiety
4. Demonstrate skills in working with and caring for the families of dying patients.

COMMUNICATOR

1. The resident will develop rapport, trust and ethical therapeutic relationships with patients and families.

Specific competencies – The resident will be able to:

1. Learn different techniques and approaches for communicating distressing information to patients and their families
2. Work in an interdisciplinary team with participation in rounds, team and family conferences
3. Work with patients and families to determine health care plans that reflect patient's health care needs and goals of care
4. Explain the advantages and disadvantages of interviewing a patient both alone or with their partner and/or family
5. Elicit the patient's expectations and wishes regarding the management of their illness and associated pain
6. Facilitate patient's participation in decision making to the degree that they wish
7. Manage anger and strong emotions in patients and their families sensitively and effectively.

2. The resident will be able to understand a patient's goals of care and communicate these goals to the health care team.

Specific competencies – The resident will be able to:

1. Communicate effectively within the multidisciplinary palliative care team and with referring physicians and other specialists in order to ensure optimal and consistent care of the patient and their family
2. Understand the importance of patient confidentiality and respect patient confidentiality
3. Assist patients and their families to identify, access and make use of information and communication technologies to support their care and manage their health
4. Exhibit professional behaviours in the use of technology-enabled communication
5. Demonstrate skill in addressing challenging communication issues such as anger, misunderstanding and grief reactions
6. Respect diversity and difference, including but not limited to the impact of gender, religion and cultural beliefs on decision-making.

3. The resident will be able to convey effective oral and written information about a medical encounter.

Specific competencies – The resident will be able to:

1. Effectively present verbal reports of clinical encounters and plans to all members of the healthcare team
2. Document and share written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy
3. Communicate effectively using a written health record, electronic medical record, or other digital technology
4. Share information with patients and others in a manner that respects patient privacy and confidentiality and enhances understanding

5. Disclose harmful patient safety incidents related to pharmacological and interventional pain management techniques to patients and their families
6. Appropriately prescribe common medications at end-of-life including opioids, benzodiazepines, anti-psychotics and anti-secretory medication
7. Provide psychosocial or spiritual support to both patient and families
8. Involve expert members of the interprofessional team to support both patients and families.

4. The resident will be able to demonstrate appropriate knowledge, skills and attitudes in managing the psychosocial aspects of malignancy related illness.

Specific competencies – The resident will be able to:

1. Identify psychological, social and spiritual issues associated with life-threatening illnesses and strategies for management.
2. Describe the role of coping styles in dealing with life-threatening illnesses
3. Identify and manage anger, fear, and strong affective responses to life-threatening illness
4. Identify and manage depression and anxiety
5. Demonstrate skills in working with and caring for the families of dying patients.

COLLABORATOR

1. The resident will be able to collaborate as an effective member of an interprofessional team.

Specific competencies – The resident will be able to:

1. Explain what team members contribute to the care plan and how they can contribute to management

2. Demonstrate how to organize and implement a treatment plan through collaboration with team members and other colleagues
3. Recognize that treatment plans are best formulated by the team in consultation
4. Ensure wide participation of team members so that all are able to make relevant contributions.

2. The resident will be able to consult effectively with other physicians and health care professionals.

Specific competencies – The resident will be able to:

1. Demonstrate effective consultation and communication skills when working with referring physicians and services; and
2. Effectively communicate their assessments and plans to referring physicians and services.
3. Determine when care for cancer pain management should be transferred to another physician or health care provider
4. Demonstrate safe and effective handover of care, both verbal and written, during a patient transition to another health care provider and/or health care setting.

LEADER

1. The resident will understand the importance of activities that contribute to the effectiveness of the healthcare organization within which they work.

Specific competencies - The resident will be able to:

1. Describe the roles of non-palliative care physicians (family doctors and specialists) in the provision of primary palliative care;

2. Demonstrate effective use of resources across the healthcare system, demonstrating awareness of the just allocation of healthcare resources;
3. Understand the principles behind quality assessment and improvement initiatives;
4. Demonstrate an ability to work with others, whether it is community or hospital-based;
5. Understand the role of administrator and leader.

2. Engage in the stewardship of health care resources

Specific competencies - The resident will be able to:

1. Allocate health care resources for optimal patient care
2. Apply evidence and management processes to achieve cost-appropriate pharmacological and non-pharmacological management of cancer pain.

HEALTH ADVOCATE

1. The resident will be able to demonstrate knowledge and skills in managing cancer pain in palliative care patients in their community.

Specific competencies - The resident will be able to:

1. Discuss with patients and families their options in regards to access to care at the place of their choosing (eg. Home, hospital, hospice, nursing home)
2. Recognize the value of patients and communities participating fully in decision making regarding palliative pain management issues
3. Describe resources and services available in the local area.

2. The resident will be able to demonstrate

the ability to act as an advocate within the health care system.

Specific competencies - The resident will be able to:

2. Assess the current state of pain management in Canada, including barriers to providing better care, including geographical, cultural and financial barriers
3. Identify the ethical and professional issues inherent in health advocacy, including altruism, social justice, autonomy, integrity and idealism
4. Demonstrate the ability to maximize and integrate community resources.

SCHOLAR

1. The resident will be able to develop a strategy for life-long learning.

Specific competencies – The resident will be able to:

1. Use reflective practice as a learning tool
2. Explain the principles and techniques of qualitative and quantitative research methodologies and outcome evaluation, including the statistical biases and limitations of current methods to assess the validity of neurologic research
3. Contribute to the interventional cancer pain management quality improvement program
 - Demonstrate leadership skills to enhance health care
 - Facilitate change in health care to enhance services and outcomes
 - Apply the science of quality improvement to contribute to improving the programs 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.

2. The resident will be able to incorporate evidence-based clinical decision-making in caring for patients with painful malignant diseases.

Specific competencies – The resident will be able to:

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. Apply critical appraisal skills to literature in cancer pain.

3. The resident will facilitate the learning of patients, students and other health care professionals when appropriate.

Specific competencies – The resident will be able to:

1. Provide clinical teaching and mentoring for junior trainees
2. Ensure patient safety is maintained when learners are involved
3. Participate in patient education regarding management of painful malignant diseases.

PROFESSIONAL

1. The resident will demonstrate a commitment to patients, their profession and society through ethical practice.

Specific competencies - The resident will be able to:

1. Demonstrate appropriate professional behaviour, such as honesty, integrity, commitment, compassion, respect and

altruism

2. Exhibit openness to exploring the culture of those from a different background from their own
3. Exhibit a non-judgemental attitude to the belief systems of others
4. Appropriately understand or manage conflict of interest
5. Demonstrate decision-making ability and acceptance of associated responsibilities
6. Establishing boundaries in patient/family relationships.

2. The resident will demonstrate a commitment to physician health and well-being to foster optimal patient care and sustainable practice.

Specific competencies - The resident will be able to:

1. Describe his or her own concerns about caring for dying patients and their families
2. Demonstrate how his or her own personal experiences of death and dying influence his or her attitudes
3. Discuss methods of managing his or her own stress associated with caring for dying patients
4. Recognize and respond to other professionals in need.
5. Exhibit self-awareness and manage influences on personal well-being and professional performance
6. Manage personal and professional demands for a sustainable practice throughout the physician life cycle
7. Promote a culture that recognizes, supports and responds effectively to colleagues in need.

3. Demonstrate a commitment to society by recognizing and responding to societal expectations in health care

1. Demonstrate a commitment to patient safety and quality improvement

Musculoskeletal System and Rehabilitation

MEDICAL EXPERT

1. The resident will be able to demonstrate a working knowledge of basic and clinical sciences that relate to painful musculoskeletal and rheumatic diseases:

1. Fibromyalgia
2. Myofascial pain syndromes
3. Axial syndromes: low back pain, spinal stenosis, intervertebral disc disease and radiculopathies, cervical pain syndromes, spondylolisthesis/spondylolysis
4. Regional musculoskeletal disorders: in addition to bursitis, tendinitis, or enthesitis occurring around each joint, the resident should be familiar with other disorders occurring at each specific joint site (e.g., shoulder-rotator cuff tear, adhesive capsulitis, impingement syndrome; wrist ganglions; knee synovial plicae, internal derangements, cysts; hallux rigidus, heel pain, and metatarsalgia; costochondritis; TMJ syndromes)
5. Biomechanical/anatomic abnormalities associated with regional pain syndromes: scoliosis and kyphosis, leg length discrepancy; amputation
6. Rheumatoid arthritis
7. Seronegative spondyloarthritides: ankylosing spondylitis, reactive arthritis, psoriatic arthritis
8. Connective tissue diseases

2. Perform a complete and appropriate assessment of a patient.

Specific competencies – The resident will be able to:

1. Identify and explore issues to be addressed in a patient encounter effectively, including the patient's context and preferences

2. Perform a focused physical examination that is relevant and accurate for the purposes of prevention and health promotion, diagnosis and/or management. These skills should include the following: measures of disease activity, tissue damage and deformity, and quality of life.
3. Select medically appropriate investigative methods in a resource-effective and ethical manner (eg, electromyography and nerve conduction studies, diagnostic imaging of joint and skeletal diseases)
4. Demonstrate effective clinical problem solving and judgment to address patient problems, including interpreting available data and integrating information to generate differential diagnoses and management plans.

3. Implement an effective non-pharmacologic and pharmacologic therapeutic management plan relevant to the musculoskeletal working diagnosis in collaboration with a patient.

1. Pharmacology: For each medication, understand the dosing, pharmacokinetics, metabolism, mechanisms of action, side effects, drug interactions, compliance issues, costs, and use in specific patient populations:
 - i. Nonsteroidal anti-inflammatory drugs
 - ii. Glucocorticoids: topical, intraarticular, systemic
 - iii. Narcotic and non-narcotic analgesics
 - iv. Botulinum toxin
2. Physical treatments:
 - i. Methods of rehabilitation: for each method, understand principles, mechanisms of action, indications, precautions and contraindications, potential side effects and costs (eg. Ultrasound, TENS, massage)
 - ii. Importance of multidisciplinary approaches to rehabilitation and pain control. Appropriate use of referrals to rehabilitation specialists.
 - iii. Exercise: range of motion, strengthening, conditioning and stretching

3. Elicit an appropriate musculoskeletal history, relevant review of systems, and assessment of functional status of patients with rheumatic disease symptoms
4. Demonstrate competency in performing and interpreting the examination of the structure and function of axial and peripheral joints, periarticular structures, peripheral nerves, and skeletal muscles.
5. Describe specific pain conditions relevant to patients with spinal cord injury, stroke, and amputation
6. Demonstrate effective clinical problem solving and judgment to address patient problems, including interpreting available data and integrating information to generate differential diagnoses and management plans
7. Describe the basic underlying principles and technical considerations in the use of plain radiographs, computed tomography, magnetic resonance imaging, ultrasonography and radionuclide scanning of bones, joints, and periarticular structures
8. Describe the basic principles of disability determination: impairment vs. disability, evaluation and measurement of these concepts

COMMUNICATOR

- 1. The resident will develop rapport, trust and ethical therapeutic relationships with patients and families.**

Specific competencies – The resident will be able to:

1. Understand the impact of good patient-physician communication on patient care, patient satisfaction, and clinical outcomes;
 2. Demonstrate skills in patient-physician communication, including active listening, reflection, use of non-verbal cues, etc.
- 2. The resident will be able to understand a patient's goals of care and communicate these goals to the health care team:**

Specific competencies – The resident will be able to:

1. Participate in and facilitate family meetings to discuss relevant issues such as goals of care and future planning of care. Goals of care refer to a patient's beliefs, hopes, expectations, and concerns regarding their musculoskeletal condition;
2. Understand the importance of patient confidentiality and respect patient confidentiality;
3. Demonstrate skill in addressing challenging communication issues such as anger and misunderstanding;
4. Respect diversity and difference, including but not limited to the impact of gender, religion, and cultural beliefs on decision-making.

- 3. The resident will be able to convey effective oral and written information about a medical encounter.**

Specific competencies – The resident will be able to:

1. Maintain clear, accurate, and appropriate records (e.g. written or electronic) of clinical encounters and plans;
2. Effectively present verbal reports of clinical encounters and plans to all members of the healthcare team.

COLLABORATOR

- 1. The resident will be able to collaborate as an effective member of an interprofessional team.**

Specific competencies – The resident will be able to:

1. Explain the roles of physical and occupational therapists in the provision of musculoskeletal disease care

2. Describe the role of inpatient rehabilitation in assisting patient recovery from musculoskeletal pathology
3. Describe the role of Pain Medicine to other health care providers practicing in musculoskeletal care
4. Participate in the interprofessional care of patients, including family and team meetings.

2. The resident will be able to consult effectively with other physicians and health care professionals.

Specific competencies – The resident will be able to:

1. Demonstrate effective consultation and communication skills when working with referring physicians and services
2. Effectively communicate assessments and plans to referring physicians and services.

LEADER

1. The resident will understand the importance of activities that contribute to the effectiveness of the healthcare organization within which they work.

Specific competencies – The resident will be able to:

1. Describe the roles of non-rheumatology/physiatry physicians (family doctors and specialists) in the provision of musculoskeletal health care
2. Describe principles of health care financing with particular emphasis on the interface of private/public healthcare in Canada, drug benefit coverage, and models of physician remuneration
3. Demonstrate effective use of resources across the healthcare system, demonstrating awareness of the just allocation of healthcare resources

4. Understand the principles behind quality assessment and improvement initiatives.

HEALTH ADVOCATE

1. The resident will be able to demonstrate knowledge and skills in managing patients with musculoskeletal pain or painful rheumatic conditions in their community.

Specific competencies – The resident will be able to:

1. Assist patients and families in accessing health and social resources in the community including patient support groups
2. Describe the societal, environmental and resource allocation factors that are relevant to the care of those with painful musculoskeletal conditions.

2. The resident will be able to act as an advocate within the health care system:

Specific competencies – The resident will be able to:

1. Promote heightened awareness of the challenges and abilities of persons with disabilities
2. Formulate plans for return to work for patients with musculoskeletal conditions and rheumatic diseases
3. Assist patients in obtaining appropriate benefits when disabled
4. Identify opportunities for advocacy, health promotion, and disease prevention in the communities they serve (eg. Organizations including but not limited to the Arthritis Society and the Canadian Rheumatology Association).

3. The resident will be able to identify the determinants of health for the populations that they serve.

Specific competencies – The resident will be able to:

1. Identify the determinants of health of persons with disabilities, including barriers to access to care and resources
2. Promote heightened awareness of the challenges and abilities of persons with disabilities including environmental and attitudinal barriers.

SCHOLAR

- 1. The resident will be able to develop a strategy for life-long learning.**

Specific competencies – The resident will be able to:

1. Pose relevant clinical and scientific questions
2. Access the relevant literature in helping to solve clinical problems.
- 2. The resident will be able to incorporate evidence-based clinical decision-making in caring for patients with musculoskeletal pain or painful rheumatic conditions.**

Specific competencies – The resident will be able to:

1. Explain the principles and techniques of qualitative and quantitative research methodologies and outcome evaluation
2. Describe the principles of critical appraisal as they pertain to musculoskeletal literature, recognizing the challenges involved in the study of rare diseases, small populations, and complex outcome measures.
- 3. The resident will facilitate the learning of patients, students and other health care professionals when appropriate.**

Specific competencies – The resident will be able to:

1. Provide clinical teaching and mentoring for junior trainees
2. Provide effective feedback
3. Participate in patient education regarding disease prevention and management.

PROFESSIONAL

- 1. The resident will demonstrate a commitment to patients, their profession and society through ethical practice.**

Specific competencies – The resident will be able to:

1. Demonstrate appropriate professional behavior, such as honesty, integrity, commitment, compassion, respect and altruism
2. Demonstrate a commitment to delivering the highest quality of care
3. Recognize and manage ethical issues in their practice
4. Appropriately understand or manage conflict of interests
5. Maintain appropriate relations with patients.

- 2. The resident will demonstrate a commitment to physician health and sustainable practice.**

Specific competencies – The resident will be able to:

1. Describe his or her own concerns about caring for patients in pain
2. Demonstrate how his or her own personal experiences of pain influence his or her attitudes
3. Discuss methods of managing his or her own stress associated with caring for patients suffering from continuing pain
4. Recognize and respond to other professionals in need.

Neurology Rotation

MEDICAL EXPERT

- 1. The resident will obtain a fundamental knowledge of the basic science of pain transmission and pathophysiology of nerve injury.**

Specific competencies – The resident will be able to:

1. Describe the pathophysiological mechanisms responsible for neuropathic pain following injury to the peripheral and central nervous system
2. Describe the central nervous system changes following peripheral nerve injury or disease. Understand the concept of central sensitization and know that several forms of central sensitization occur
3. Explain the significance of activation in spinal astrocytes and microglia in chronic neuropathic pain
4. Explain the mechanisms of descending modulation of spinal nociceptive processing, and know that this phenomenon has both inhibitory and facilitatory components.

- 2. The resident will become skilled in performing a neuropathic pain consultation.**

Specific competencies – The resident will be able to:

1. Demonstrate a working knowledge of clinical sciences that relate to neuropathic pain conditions:

Peripheral conditions:

- i. Compression and entrapment syndromes
- ii. Ischemic nerve injuries
- iii. Infectious lesions including herpes zoster and post-herpetic neuralgia
- iv. Painful diabetic neuropathy

- v. Nerve root avulsions
- vi. Metabolic or nutritional disorders
- vii. Drug-induced disorders (eg. Neuropathy due to chemotherapy)
- viii. Complex regional pain syndrome Types 1 and 2
- ix. HIV sensory neuropathy

Central conditions:

- i. Poststroke pain
- ii. Cerebral tumors or abscesses compressing thalamus or brainstem
- iii. Traumatic brain injury
- iv. Multiple sclerosis
- v. Spinal cord injury
- vi. Syringomyelia

- 3. The resident will demonstrate the ability to perform a neurologic examination in patients complaining of neuropathic pain.**

Specific competencies – The resident will be able to:

1. Describe the common signs associated with neuropathic pain, including positive (mechanical and thermal allodynia and hyperalgesia, temporal and spatial summation), negative (sensory loss, weakness, and muscle atrophy), and other signs (neuroma signs, referred sensation, swelling, skin flare and discoloration, hyperhidrosis, hypohidrosis, and trophic changes)
2. Implement questionnaires that have been developed to differentiate neuropathic pain from non-neuropathic pain
3. Order appropriate metabolic testing to investigate the cause of peripheral neuropathies (ie TSH, B12, fasting glucose, renal and liver functions, VDRL, HIV etc)

4. Describe the advantages and limitations of investigations for neuropathic pain including conventional neurophysiological tests, quantitative sensory testing, and magnetic resonance imaging.

4. The resident will be able to demonstrate advanced knowledge and skill in managing neuropathic pain.

Specific competencies – The resident will be able to:

1. Implement an effective and safe pharmacologic therapeutic management plan in accordance with the Canadian Neuropathic Pain guidelines
2. Describe the role of topical analgesics and intravenous infusions of medications (eg, lidocaine, ketamine, bisphosphonates) in managing neuropathic pain conditions
3. Explain the role of non-pharmacological management in neuropathic pain including the use of psychology based interventions.

5. The resident will be able to demonstrate knowledge and skill in managing headache.

Specific competencies – The resident will be able to:

1. Describe the International Classification of Headache Disorders as well as the accepted diagnostic criteria for the following headache disorders:
 - i. Migraine with and without aura
 - ii. Tension-type headache
 - iii. Cluster headache
 - iv. Chronic post-traumatic headache
 - v. Medication overuse headache
 - vi. Trigeminal neuralgia
2. Properly initiate investigation of headache
3. Explain medication overuse headache and how to stop the overuse to reduce headache severity

4. Employ pharmacological agents appropriately for the treatment of headache. Also know the rationale for use, appropriate dose and route of administration, and effects and side effects for the following pharmacological agents:

- i. Acetaminophen, acetylsalicylic acid, and other NSAIDs
- ii. Dihydroergotamine and triptans for acute attacks of migraine
- iii. Oxygen inhalation and sumatriptan for acute attacks of cluster headaches
- iv. Pharmacotherapeutic strategies for prophylaxis of migraine and cluster headaches

6. The resident will be able to demonstrate knowledge of neurosurgical techniques for managing neuropathic pain conditions:

Specific competencies – The resident will be able to:

1. Describe surgical approaches to pain management in patients with neuropathic pain such as decompression of entrapped peripheral nerves, microvascular decompression in trigeminal neuralgia, or controlled gangliolysis in trigeminal neuralgia
2. Explain the use of neurostimulation for the management of neuropathic pain.
3. Specific to spinal cord stimulation, describe the following:
 - i. Purported mechanism of action
 - ii. Indications and contraindication
 - iii. Patient selection and screening procedure
 - iv. Interaction of SCS systems with cardiac pacemakers and defibrillators
 - v. Interaction of SCS hardware with and contraindications to MRI
 - vi. Recognition of and knowledge about management of pulse generator end-of-life

vii. Recognition of complications

COMMUNICATOR

1. The resident will develop rapport, trust and ethical therapeutic relationships with patients and families.

Specific competencies – The resident will be able to:

1. Explain neuropathic pain to patients and their families using accessible and understandable
2. Be considerate and compassionate in communicating with patients and families, willingly provide accurate information appropriate to the clinical situation, with a reasonable attempt at prognosis of the painful condition.

2. The resident will be able to understand a patient's goals of care and communicate these goals to the health care team.

Specific competencies – The resident will be able to:

1. Communicate effectively and appropriately with nurses and other allied health professionals
2. When ordering investigative procedures, ensure there has been adequate communication about the patient with the person who will be performing and/or reporting the diagnostic study
3. Demonstrate skill in addressing challenging communication issues such as anger and misunderstanding;
4. Respect diversity and difference, including but not limited to the impact of gender, religion, and cultural beliefs on decision-making.

3. The resident will be able to convey effective oral and written information about a medical encounter.

Specific competencies – The resident will be able to:

1. Maintain clear, accurate, and appropriate records (e.g. written or electronic) of clinical encounters and plans;
2. Effectively present verbal reports of clinical encounters and plans to all members of the healthcare team.

COLLABORATOR

1. The resident will be able to collaborate as an effective member of an interprofessional team.

Specific competencies – The resident will be able to:

1. Recognize that treatment for a patient with neuropathic pain may require specific medical and surgical interventions, in addition to the elimination of risk factors
2. Consult physiotherapy for modalities such as desensitization and occupational therapy
3. Participate in the interprofessional care of patients, including family and team meetings
4. Communicate effectively and respectfully with interprofessional team members.

2. The resident will be able to consult effectively with other physicians and health care professionals.

Specific competencies – The resident will be able to:

1. Demonstrate effective consultation and communication skills when working with referring physicians and services

2. Effectively communicate their assessments and plans to referring physicians and services. In the case of neurostimulation requiring a surgical procedure, referral to anesthesia when needed to coordinate perioperative care

LEADER

1. **The resident will understand the importance of activities that contribute to the effectiveness of the healthcare organization within which they work.**

Specific competencies – The resident will be able to:

1. Indicate, by the treatment plan, that for the optimal treatment of many patients with neurological disorders that can be painful, a team approach is necessary
2. Describe the roles of non-clinician/surgeons in the provision of neuropathic pain care plans
3. Demonstrate effective use of resources across the healthcare system, demonstrating awareness of the just allocation of healthcare resources, especially in the context of the provision of neuromodulation devices
4. Describe the principles behind quality assessment and improvement initiatives
5. Demonstrate an ability to work with others, whether it is community or hospital bases.

HEALTH ADVOCATE

1. **The resident will be able to demonstrate knowledge and skills in managing patients with neuropathic pain in their community.**

Specific competencies – The resident will be able to:

1. Direct patients to community resources and related patient support groups
2. Provide assistance to access programs (eg.

Home care, occupational and physiotherapy)

3. Implements successful strategies for gaining drug coverage for medications required for neuropathic pain care
4. Describe the societal, environmental and resource allocation factors that are relevant to the care of those with painful neuropathic conditions.

2. **The resident will be able to act as an advocate within the health care system.**

Specific competencies – The resident will be able to:

1. Identify where an important role(s) can be played by diseased focused lay groups with regard to helping the patient and/or family and to facilitate its happening (eg. PARC – Promoting Awareness of RSD and CRPS in Canada)
2. Describe the role of national and international bodies (eg. Stroke and Multiple Sclerosis Societies) in the promotion of neurological health, and the prevention, detection, and treatment of neurological disorders
3. Identify the ethical and professional issues inherent in health advocacy, including altruism, social justice, autonomy, integrity and idealism
4. Demonstrate the ability to maximize and integrate community resources.

SCHOLAR

1. **The resident will be able to develop a strategy for life-long learning.**

Specific competencies – The resident will be able to:

1. Describe the design of randomized controlled trials and observational studies and the pros and cons of each study design

2. Explain the principles and techniques of qualitative and quantitative research methodologies and outcome evaluation, including the statistical biases and limitations of current methods to assess the validity neurologic research.

2. The resident will be able to incorporate evidence-based clinical decision-making in caring for patients with painful neuropathic conditions.

Specific competencies – The resident will be able to:

1. Access the relevant literature in helping to solve clinical problems
2. Be able to calculate absolute risk reductions, relative risk reductions and numbers needed to treat or harm.

3. The resident will facilitate the learning of patients, students and other health care professionals when appropriate.

Specific competencies – The resident will be able to:

1. Participate actively in all academic division activities, eg. Academic half day, Journal club
2. Provide clinical teaching and mentoring for junior trainees
3. Participate in patient education regarding prevention and management of painful neuropathic conditions.

PROFESSIONAL

1. The resident will demonstrate a commitment to patients, their profession and society through ethical practice.

Specific competencies – The resident will be able to:

1. Periodically review his/her own personal and

professional performance against national standards set for the specialty

2. Include patients in discussions concerning appropriate diagnostic and management procedures
3. Show appropriate respect for 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
4. Appraise accurately his/her own professional performances and show that he/she recognizes his/her own limitations with regard to skill and knowledge by appropriately consulting other physicians or allied health personnel when caring for the patient
5. Keep his/her practice current through reading and other modes of continuing medical education and develop a habit of maintaining current clinical skill and knowledge base through continuing medical education.

2. The resident will demonstrate a commitment to physician health and sustainable practice:

Specific competencies – The resident will be able to:

1. Discuss methods of managing his or her own stress associated with caring for patients suffering from continuing pain
2. Recognize and respond to other professionals in need.

Pediatric Pain

MEDICAL EXPERT

- 1. The resident will be able to demonstrate knowledge of theoretic foundations of pediatric pain.**

Specific competencies – The resident will be able to:

1. Describe the anatomical, biologic, physiologic and psychological development of pain in children
2. Describe the etiology, pathophysiology, classification, and characteristics of pediatric chronic pain.

- 2. The resident will be become skilled in performing a pediatric pain consultation.**

Specific competencies – The resident will be able to:

1. Demonstrate competency in taking a pain history in different ages of pediatric patient
2. Demonstrate proficiency in application of appropriate tools for assessment of pain in preterm/term infants, children, nonverbal and developmentally delayed children and adolescents.
3. Demonstrate ability to complete an appropriate physical examination.

- 3. The resident will be able to demonstrate appropriate knowledge, skills and attitudes in managing the psychosocial aspects of pediatric pain.**

Specific competencies – The resident will be able to:

1. Describe the impact of situational, behavioral, emotional and environmental

factors that modify children's pain experience and behaviors

2. Describe the biopsychosocial model and the importance of the interdisciplinary approach for management of pediatric complex pain.

- 4. The resident will be able to demonstrate knowledge and skill in management options for pediatric pain.**

Specific competencies – The resident will be able to:

1. Demonstrate knowledge of analgesic pharmacology, classification, dosing, titration, routes of administration, side effects, and toxicities relevant to developmental pediatric pharmacology
2. Describe strategies for safe prescribing and monitoring of off-label pain therapies in pediatric patients
3. Describe and understand the modalities used to treat acute postoperative pain eg. PCA, epidural catheters, peripheral nerve blocks
4. Identify the importance of multidisciplinary approach to evaluation and management of pediatric pain related to acute and chronic conditions as well as the contributions of non-physician health care providers such as psychologists, physical and occupational therapists, social workers and child life specialists.

- 5. The resident will be able to demonstrate knowledge, skills, and attitudes in managing complex pain in special pediatric populations:**

Specific competencies – The resident will be able to:

1. Describe the etiology, pathophysiology, classification, and characteristics of pediatric cancer pain

2. Identify unique and comparable issues between pediatric and adult palliative care
3. Identify common and/or distressing symptoms in pediatric palliative care
4. Describe the differences in providing pain management for developmentally delayed or preverbal children and their families.

6. The resident will 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.

Specific competencies – The resident will be able to:

1. Recognize and respond to harm from health care delivery, including patient safety incidents
2. Adopt strategies that promote patient safety and address human and system factors.

COMMUNICATOR

1. The resident will be able to demonstrate effective communication skills in dealing with pediatric patients and their families.

Specific competencies – The resident will be able to:

1. Identify barriers to effective communication, and modify approaches to minimize these barriers.
2. Utilize age appropriate language to assist pediatric patients in understanding their pain conditions and management options
3. Demonstrate effective verbal and written communication among members of the interdisciplinary medical care team and other health care professionals.
4. Disclose harmful patient safety incidents to patients and their families accurately and appropriately

5. Assist patients and their families to identify, access and make use of information and communication technologies to support their care and manage their health.

2. The resident will develop rapport, trust and ethical therapeutic relationships with patients and families.

Specific competencies – The resident will be able to:

1. Describe the impact of good patient-physician communication on patient care, patient satisfaction, and clinical outcomes;
2. Demonstrate skills in patient-physician communication, including active listening, reflection, use of non-verbal cues, etc.

3. The resident will be able to understand a patient's goals of care and communicate these goals to the health care team.

Specific competencies – The resident will be able to:

1. Participate in and facilitate family meetings to discuss relevant issues such as goals of care and future planning of care.
2. Describe the importance of patient confidentiality and respect patient confidentiality;
3. Demonstrate skill in addressing challenging communication issues such as anger and misunderstanding;
4. Respect diversity and difference, including but not limited to the impact of gender, religion, and cultural beliefs on decision-making.

4. The resident will be able to convey effective oral, written, and electronic information about a medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy.

Specific competencies – The resident will be able to:

1. Communicate effectively using a written health record, electronic medical record, or other digital technology
2. Effectively present verbal reports of clinical encounters and plans to all members of the healthcare team
3. Share information with patients and others in a manner that respects patient privacy and confidentiality and enhances understanding.

COLLABORATOR

- 1. The resident will be able to collaborate as an effective member of an interprofessional team.**

Specific competencies – The resident will be able to:

1. Describe the roles of other professions in the provision of pediatric pain care
 2. Describe the role of Pain Medicine to other health care providers practicing pediatric medicine
 3. Participate in the interprofessional care of patients, including family and team meetings
 4. Communicate effectively and respectfully with interprofessional team members
 5. Understand team function and methods to resolve conflicts within teams.
- 2. The resident will be able to consult effectively with other physicians and health care professionals.**

Specific competencies – The resident will be able to:

1. Demonstrate effective consultation and communication skills when working with referring physicians and services
2. Effectively communicate their assessments and plans to referring physicians and

services.

- 3. Hand over the care of a patient to another health professional to facilitate continuity of safe patient care.**

Specific competencies – The resident will be able to:

1. Determine when care should be transferred to another physician or health care professional
2. Demonstrate safe handover of care, both verbal and written, during a patient transition to a different healthcare professional, setting, or stage of care.

HEALTH ADVOCATE

- 1. The resident will be able to demonstrate knowledge and skills in managing pediatric patients with pain in their community.**

Specific competencies – The resident will be able to:

1. Describe the societal, environmental and resource allocation factors that are relevant to the care of children with conditions
2. Describe the practice communities that they serve.

- 2. The resident will be able to act as an advocate within the health care system.**

Specific competencies – The resident will be able to:

1. Identify barriers to effective care of pediatric patients with pain in different care settings across a community
2. Identify the barriers to adequate pain management for pediatric patients

LEADER

- 1. The resident will understand the importance of activities that contribute to the effectiveness of the healthcare organization within which they work.**

Specific competencies – The resident will be able to:

1. Describe the roles of allied health care professionals in the provision of pediatric pain care plans
 2. Demonstrate effective use of resources across the healthcare system, demonstrating awareness of the just allocation of healthcare resources for pediatric pain management services
 3. Understand the principles behind quality assessment and improvement initiatives
 4. Demonstrate an ability to work with others, whether it is community or hospital bases
 5. Understand the role of administrator and leadership in establishing pediatric pain management programs.
- 2. Contribute to improvement of health care delivery in teams, organizations, and systems.**

Specific competencies – The resident will be able to:

1. Apply the science of quality improvement to contribute to improving systems of patient care within the pain clinic
 2. Contribute to a culture that promotes patient safety
 3. Analyze pain clinic safety incidents to enhance systems of care.
- 3. Engage in the stewardship of health care resources.**

Specific competencies – The resident will be able to:

1. Allocate health care resources for optimal care
2. Apply evidence and management processes to achieve cost-appropriate care.

SCHOLAR

- 1. The resident will be able to develop a strategy for life-long learning.**

Specific competencies – The resident will be able to:

1. Use reflective practice as a learning tool
 2. Explain the principles and techniques of qualitative and quantitative research methodologies and outcome evaluation, including the statistical biases and limitations of current methods to assess the validity pediatric pain research.
- 2. The resident will be able to incorporate evidence-based clinical decision-making in caring for pediatric patients with painful conditions.**

Specific competencies – The resident will be able to:

1. Access the relevant literature in helping to solve clinical problems
 2. Apply critical appraisal skills to literature in pediatric pain.
- 3. The resident will facilitate the learning of patients, students and other health care professionals when appropriate.**

Specific competencies – The resident will be able to:

1. Provide clinical teaching and mentoring for junior trainees

2. Participate in patient education regarding prevention and management of painful pediatric conditions
3. Ensure patient safety is maintained when learners are involved.

PROFESSIONAL

1. The resident will demonstrate a commitment to patients, their profession and society through ethical practice:

Specific competencies – The resident will be able to:

1. Demonstrate appropriate professional behavior, such as honesty, integrity, commitment, compassion, respect and altruism
2. Demonstrate a commitment to delivering the highest quality of care
3. Recognize and manage ethical issues in their practice
4. Appropriately understand or manage conflict of interest
5. Maintain appropriate relations with patients.
6. Exhibit professional behaviours in the use of technology-enabled communication
7. Demonstrate a commitment to patient safety and quality improvement.

2. The resident will demonstrate a commitment to physician health and sustainable practice:

Specific competencies – The resident will be able to:

1. Describe his or her own concerns about caring for patients in pain
2. Demonstrate how his or her own personal experiences of pain influence his or her attitudes
3. Discuss methods of managing his or her own stress associated with caring for patients suffering from continuing pain
4. Recognize and respond to other

professionals in need.

5. Manage personal and professional demands for a sustainable practice throughout the physician life cycle
6. Promote a culture that recognizes, supports and responds effectively to colleagues in need.

Psychiatry and Addiction Medicine

MEDICAL EXPERT

1. The resident will demonstrate knowledge of the relationship between pain and psychiatric illness:

Specific competencies – The resident will be able to:

1. Describe the association of pain with a large number of psychiatric and psychological comorbidities including depression, anxiety, drug dependence, somatoform disorders, and bipolar disorder
2. Describe that patients with diffuse complaints and widespread pain are at greater risk of psychiatric disorder and functional impairment than are patients with specific and/or localized complaints.

2. The resident will become skilled in incorporating psychiatric assessments and diagnosing psychiatric illness requiring further treatment.

Specific competencies – The resident will be able to:

1. Diagnose major depression and dysthymic disorder and to distinguish these forms of mental disorder from the depressive symptoms that often accompany chronic pain

2. Diagnose other psychiatric disorders that might present with pain as a symptom as well as psychiatric disorders that might be comorbid with pain
3. Explain the possibility that comorbid alcohol or non-alcohol substance abuse disorders may increase pain disability or impede response to rehabilitation
4. Identify anxiety conditions that may augment pain and suffering in patients with chronic pain
5. Describe that some patients with persistent pain may demonstrate somatic complaints or pain out of proportion to the alleged organic findings, indicating that they may be suffering from a conversion disorder or hypochondriasis
6. Conduct a mental status examination and assess the potential for suicide and aggression.
7. Demonstrate knowledge and skills related to the use of the Mental Health Act and the Consent to Treatment Act.

3. The resident will be able to demonstrate advanced knowledge and skill in the screening, assessment, stabilization, and referral of substance abuse in a pain management setting.

Specific competencies – The resident will be able to:

1. Administer and interpret screening tools for substance misuse (eg. Opioid Risk Tool, CAGE questionnaire)
2. Describe the epidemiology of substance misuse within the chronic pain population
3. Have knowledge of and employ the concept of 'Universal Precautions' when prescribing a controlled substance
4. Describe the indications and proper interpretation of urine drugs screens and toxicological analysis by high pressure liquid chromatography
5. Formulate and implement safe prescribing

patterns of controlled substances for patients with painful conditions and concurrent risk for substance misuse

6. Recognize and treat the spectrum of presentation of withdrawal syndromes in the presence of concomitant medical complications
7. Implement appropriate referral practices to Addiction Medicine specialists
8. Demonstrate an understanding of the techniques of motivational interviewing
9. Describe the composition and function of multidisciplinary teams for the management of substance use disorders.

4. The resident will be able to demonstrate advanced knowledge and skill in the use of pharmacologic agents for managing psychiatric illness.

Specific competencies – The resident will be able to:

1. Describe the indications for the use of antidepressants for both mood and anxiety disorders
2. Describe the indications, contraindications, efficacy, use, drug interactions, and side effects of antidepressants for treating comorbid mood or anxiety disorders in patients with pain. This includes the use of first-generation agents (tricyclic antidepressants), as well as selective serotonin reuptake inhibitors, serotonergic-norepinephrine reuptake inhibitors, and norepinephrine-dopamine reuptake inhibitors.
3. Demonstrate an understanding of other antidepressants/mood-stabilizing agents (eg. Lithium, valproate, and carbamazepine).
4. Describe the use and roles of antidepressants and anxiolytics (eg. Benzodiazepines) to treat generalized anxiety disorder, panic disorder, social phobia, and obsessive-compulsive disorder

5. Describe the pharmacotherapy of psychotic disorders with first-generation and atypical neuroleptics. Delirium can complicate the clinical picture of patients with pain due to diseases associated with pain and their therapy. Consequently, it is important to be aware of the use of typical and atypical neuroleptics for delirium.

5. The resident will be able to demonstrate advanced knowledge and skill in diagnosing and treating sleep disturbances associated with painful conditions.

Specific competencies – The resident will be able to:

1. Be aware that many chronic pain patients complain of sleep disturbances and be aware of the variety of sleep disorders experienced by persons having chronic pain
2. Demonstrate familiarity with treatments available to treat sleep disturbances including behavioral instruction on proper sleep hygiene and antidepressants in low dose.

6. 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.

Specific competencies – The resident will be able to:

1. Recognize and respond to harm from health care delivery, including patient safety incidents
2. Adopt strategies that promote patient safety and address human and system factors.

COMMUNICATOR

1. The resident will develop rapport, trust and ethical therapeutic relationships with patients and families.

Specific competencies – The resident will be able to:

1. Practice calm, compassionate, courteous responses when facing patients who display disrespectful, verbally aggressive, and/or dismissive attitudes
2. Effectively counsel patients on both prevention and harm reduction strategies related to aberrant drug use or addiction
3. Understand the impact of good patient-physician communication on patient care, patient satisfaction, and clinical outcomes
4. Demonstrate skills in patient-physician communication, including active listening, reflection, use of non-verbal cues, etc.

2. The resident will be able to understand a patient's goals of care and communicate these goals to the health care team.

Specific competencies – The resident will be able to:

1. Participate in and facilitate family meetings to discuss relevant issues such as goals of care and future planning of care
2. Understand the importance of patient confidentiality and respect patient confidentiality
3. Demonstrate skill in addressing challenging communication issues such as anger and misunderstanding.

3. The resident will be able to convey effective oral and written information, and electronic information about a medical encounter.

Specific competencies – The resident will be able to:

1. Convey patient needs to other consultants and allied health professionals in the overall management of patient care need

2. Maintain clear, accurate, and appropriate records (e.g. written or electronic) of clinical encounters and plans.
3. Share health care information and plans with patients and their families
4. Disclose harmful patient safety incidents to patients and their families accurately and appropriately
5. Share information with patients and others in a manner that respects patient privacy and confidentiality and enhances understanding.

4. Engage patients and their families in developing plans that reflect the patient's health care needs and goals.

Specific competencies – The resident will be able to:

1. Assist patients and their families to identify, access and make use of information and communication technologies to support their care and manage their health.

COLLABORATOR

1. The resident will be able to collaborate as an effective member of an interprofessional team.

Specific competencies – The resident will be able to:

1. Describe the roles of other professions in the provision psychiatric and psychologic care
2. Interact with community caregivers and other health resources to obtain and synthesize relevant information about the patient
3. Develop a care plan which involves the family physician, home care, and other caregivers in the development of long-term community health planning
4. Describe the role of Pain Medicine to other health care providers practicing in psychiatric and psychologic care
5. Participate in the interprofessional care of patients, including family and team meetings
6. Communicate effectively and respectfully

with interprofessional team members.

2. The resident will be able to consult effectively with other physicians and health care professionals.

Specific competencies – The resident will be able to:

1. Demonstrate effective consultation and communication skills when working with referring physicians and services
2. Effectively communicate their assessments and plans to referring physicians and services.

3. The resident will be able to hand over the care of a patient to another health professional to facilitate continuity of safe patient care.

Specific competencies – The resident will be able to:

1. Determine when care should be transferred to another physician or health care professional
2. Demonstrate safe handover of care, both verbal and written, during a patient transition to a different healthcare professional, setting, or stage of care.

LEADER

1. The resident will understand the importance of activities that contribute to the effectiveness of the healthcare organization within which they work.

Specific competencies – The resident will be able to:

1. Describe the roles of non-clinicians in the provision of psychiatric and psychologic care
2. Prioritize consults based on urgency
3. Demonstrate knowledge of the workflow of allied health practitioners involved in the psychiatric and/or addiction consultation team

Demonstrate the ability to coordinate, manage, or assist in the use of resources for an individual in need of interventions to prevent, reduce or eliminate a substance use problem.

2. Contribute to the improvement of health care delivery in teams, organizations, and systems.

Specific competencies – The resident will be able to:

1. Apply the science of quality improvement to contribute to improving systems of patient care
2. Contribute to a culture that promotes patient safety
3. Analyze patient safety incidents to enhance systems of care.

3. Engage in the stewardship of health care resources.

Specific competencies – The resident will be able to:

1. Allocate health care resources for optimal patient care
2. Apply evidence and management processes to achieve cost-appropriate care.

HEALTH ADVOCATE

1. The resident will be able to demonstrate knowledge and skills in managing patients with psychiatric and psychological illness in their community.

Specific competencies – The resident will be able to:

1. Become familiar with community addiction and mental health resources available in Southwestern Ontario
2. Link patients with community mental health and addiction resources appropriate to their

stage of disease and motivation.

2. The resident will be able to act as an advocate within the health care system.

Specific competencies – The resident will be able to:

1. Act as an effective advocate for the rights of the patient and family in clinical settings
2. Identify the ethical and professional issues inherent in health advocacy, including altruism, social justice, autonomy, integrity and idealism
3. Demonstrate the ability to maximize and integrate community resources.

3. The resident will be able to identify the determinants of health for the populations that they serve.

Specific competencies – The resident will be able to:

1. Identify barriers to effective care of patients in pain in different care settings across a community
2. Identify the barriers to adequate care for vulnerable or marginalized patients.

SCHOLAR

1. The resident will be able to develop a strategy for life-long learning.

Specific competencies – The resident will be able to:

1. Use reflective practice as a learning tool
2. Read and discuss key psychiatric and addiction medicine research articles related to the population being served.

2. The resident will be able to incorporate evidence-based clinical decision-making in caring for patients with mental illness, addiction, and pain.

Specific competencies – The resident will be able to:

1. Access the relevant literature in helping to solve clinical problems
2. Apply critical appraisal skills to literature in pain, addiction, and mental illness.
- 3. The resident will be able to teach students, residents, the public, and other health care professionals.**

Specific competencies – The resident will be able to:

1. Participate actively in all academic division activities, eg. Academic half day, Journal club
2. Provide clinical teaching and mentoring for junior trainees
3. Participate in patient education regarding prevention and management of painful neuropathic conditions
4. Ensure patient safety is maintained when learners are involved.

PROFESSIONAL

- 1. The resident will demonstrate a commitment to patients, their profession and society through ethical practice.**

Specific competencies – The resident will be able to:

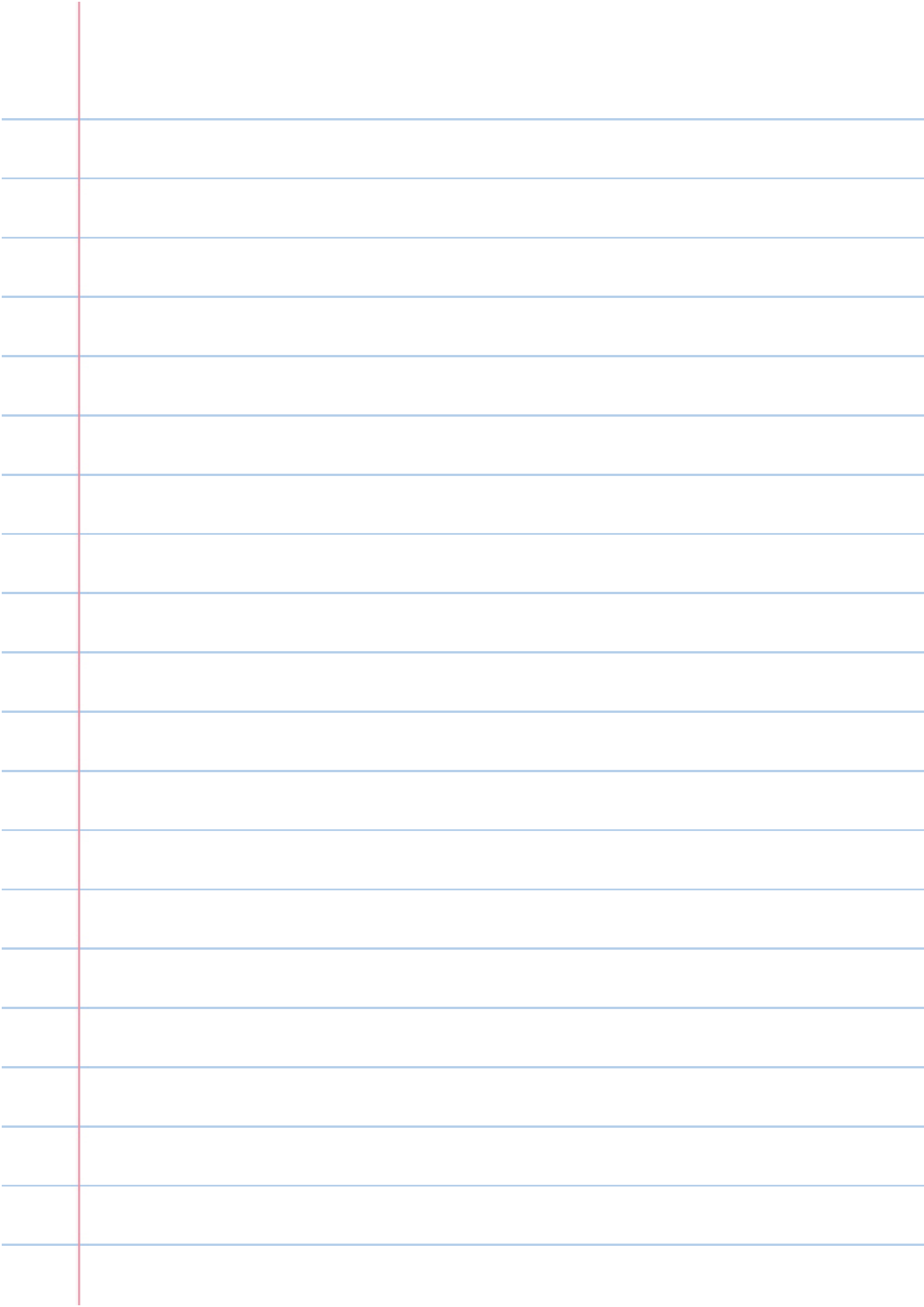
1. Demonstrate an ability to reflect upon and manage emotional triggers encountered during patient meetings
2. Exhibit a non-judgemental attitude towards colleagues and others who are not patients regarding views on substance abuse
3. Demonstrate appropriate professional behavior, such as honesty, integrity, commitment, compassion, respect and altruism
5. Appropriately understand or manage conflict of interest
6. Maintain appropriate relations with patients.
7. Exhibit professional behaviours in the use of technology-enabled communication

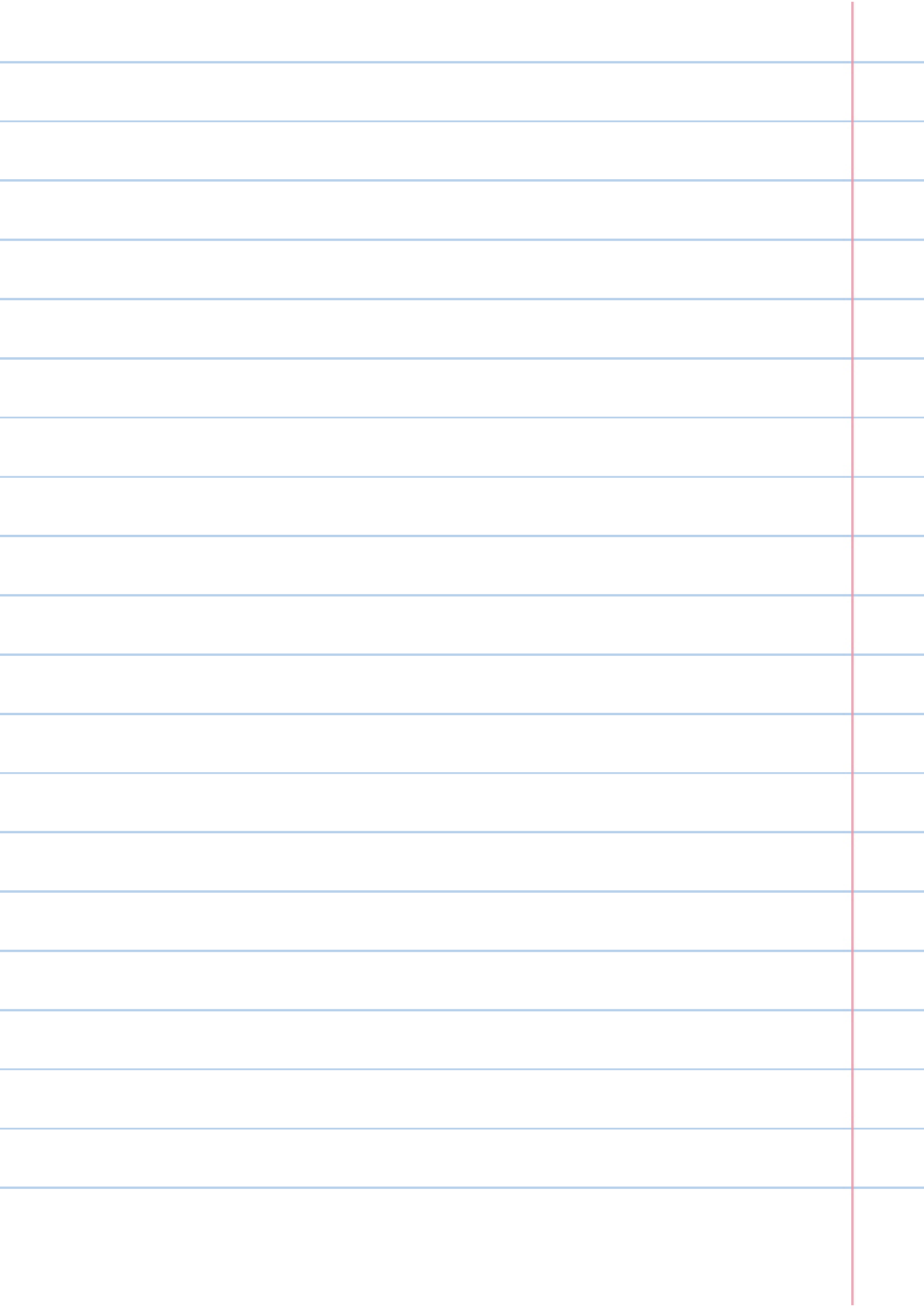
8. Demonstrate a commitment to patient safety and quality improvement.

- 2. The resident will demonstrate a commitment to physician health and sustainable practice.**

Specific competencies – The resident will be able to:

1. Describe his or her own concerns about caring for patients with psychiatric illness and addiction
2. Demonstrate how his or her own personal experiences of mental illness and addiction influence his or her attitudes
3. Discuss methods of managing his or her own stress associated with caring for patients suffering from mental illness
4. Recognize and respond to other professionals in need.
5. Promote a culture that recognizes, supports and responds effectively to colleagues in need
6. Exhibit self-awareness and manage influences on personal well-being and professional performance
7. Manage personal and professional demands for a sustainable practice throughout the physician life cycle.







University
of Windsor

Schulich School of Medicine & Dentistry
Western University

Pain Medicine Residency Program

Handbook