Western
UNIVERSITY · CANADA

PAIN MEDICINE RESIDENCY

2023-24

HANDBOOK

Department of Anesthesia & Perioperative Medicine
St. Joseph's Health Care London ,
Western University,
London Health Sciences Centre, and
the University of Windsor

TABLE CONTENT

WELCOME
MESSAGE

Dr.Mani Rajarathinam

Program Director, Pain Medicine Residency, Western University

Welcome to the Pain Medicine Residency Program at Western University!
On behalf of the faculty and staff, we extend a warm welcome to you as you embark on your Pain Medicine Residency Program at Western University. We are thrilled to have you join us and look forward to collaborating with you throughout your residency tenure.
Our program is designed to provide you with comprehensive training in pain medicine through a multidisciplinary approach. We believe that a well-rounded education, comprising of didactic lectures, hands-on training, and clinical rotations, will enable you to become proficient in pain management and improve patient care.
This handbook serves as a valuable resource and guide to assist you in navigating through the program. We have included essential information, such as program goals and objectives, educational curriculum, clinical rotations, policies, and procedures. Our aim is to provide you with the necessary tools and support to help you achieve success throughout your residency.
Please know that we are here to support you in every way possible. If you have any questions or concerns, please do not hesitate to reach out to us. We are committed to helping you excel in your professional and personal endeavors.
Once again, welcome to the Pain Medicine Residency Program at Western University. We wish you all the best as you begin this exciting journey.

Sincerely,

Dr. Manikandan Rajarathinam, MBBS, MD, MSc(Epi), FIPP, CIPS.

Ms. Charlotte Sikatori,
Program Administrator,
Pain Medicine Residency,
Western University.

WELCOME
MESSAGE

Dr.Geoff Bellingham

St. Joseph’s Pain Clinic Medical Director

Welcome to St. Joseph's Pain Management Clinic! We are pleased to have you consider our Pain Medicine Residency training program and welcome those of you who have joined us for your training.

Our clinic specializes in non-cancer pain problems, including musculoskeletal complaints and neuropathic pain syndromes. Our physician membership consists of those from the Department of Anesthesia and Perioperative Medicine, Department of Physical Therapy and Rehabilitation, and the Clinical Neurological Sciences Department. Our team also consists of a dedicated group of nurses and allied health professionals from social work, psychology, pharmacy, occupational therapy, and physical therapy.

Our goal is to improve quality of life and functioning through specialized services and treatment programming. Our multidisciplinary team emphasizes self-management of chronic illness. Programming includes Pain Management Group sessions and educational programs on various pain management topics. Work in our clinic includes collaboration between team members and residents have abundant opportunities to be included in this treatment process.

Medical management of pain includes work with our pain clinic pharmacist to provide recommendations for pharmacological optimization. We also offer interventional pain management using fluoroscopic or ultrasound guided procedures. We believe in the importance of restorative therapies provided by occupational or physical therapy, which are required to start and continue interventional management strategies.

At St. Joseph's Pain Management Clinic, we are committed to providing comprehensive care, empowering our patients, and optimizing outcomes. We invite prospective residents to consider our program and congratulate accepted residents on joining us in making a positive impact in the lives of those living with chronic pain.

Geoff A. Bellingham, MD, FRCPC
St. Joseph’s Pain Clinic Medical Director
Associate Professor, Department of Anesthesia and Perioperative Medicine
Schulich School of Medicine & Dentistry

ABOUT
THE PROGRAM

Following the formal recognition of Pain Medicine as a subspecialty by the Royal College of Physicians and Surgeons of Canada in 2010, Western University established the first Pain Medicine residency program in Canada. The training of the first cohort of Pain Medicine subspecialty trainees began at Western University in London, Canada in July 2014

The Pain Medicine Residency program follows successful completion of Royal College certification in Anesthesiology, Emergency Medicine, Internal Medicine, Neurology, Pediatrics, Physical Medicine and Rehabilitation, Psychiatry, or Rheumatology. It is a subspecialty of medicine that aims to prevent and manage pain, and provides evaluation, diagnosis, treatment, and rehabilitation services for patients with acute or chronic pain of any cause.

OUR GOAL

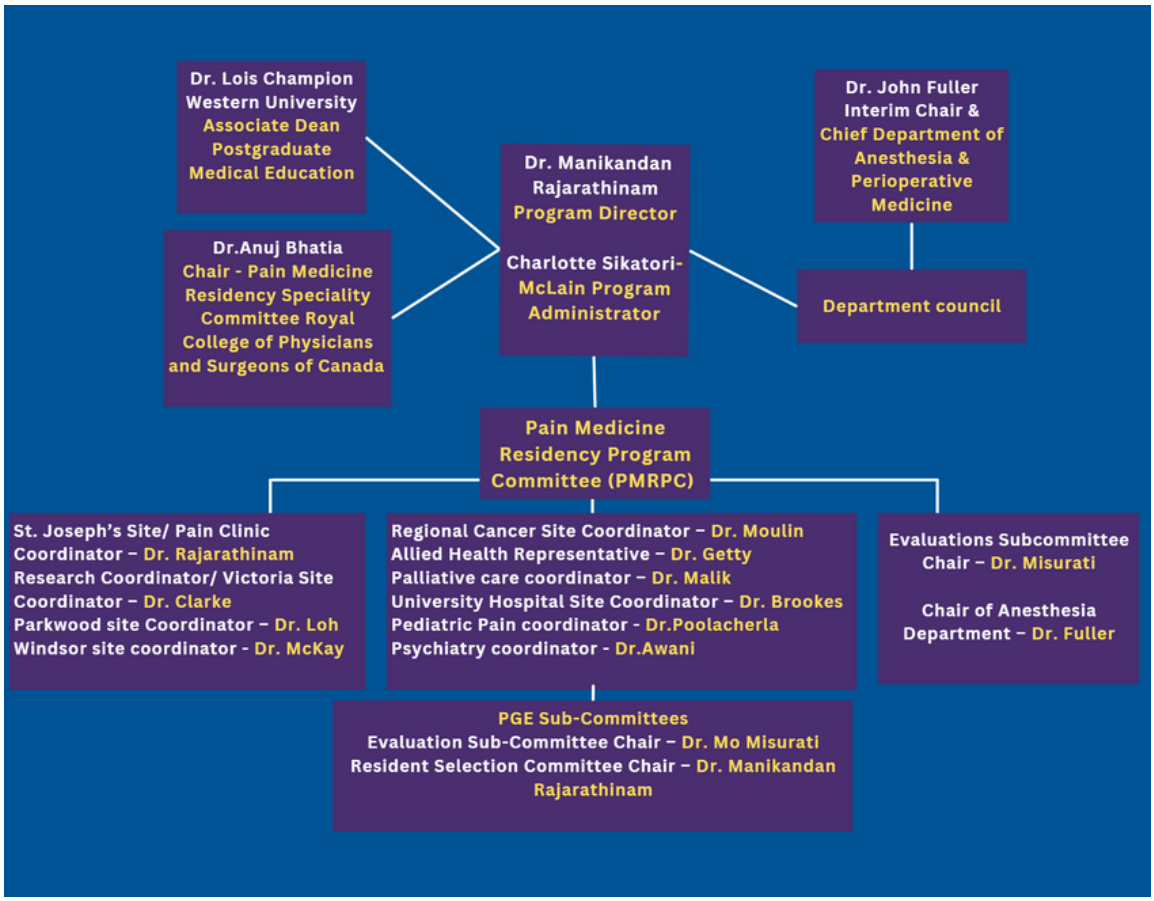
"The goal of our Pain Medicine residency program is to offer physicians focused training to help them excel as Pain Medicine experts. We aspire to empower our residents with the knowledge and skills required to offer broad-spectrum pain management services, amalgamating elements from pharmacology, procedural interventions, and psychology to deliver the finest care possible. The crowning ambition of this program is to shape proficient and empathetic Pain Medicine specialists. These specialists will not merely deliver comprehensive care to those grappling with pain, but they will also act as significant contributors in enhancing these patients' quality of life and fostering improved functionality"

VALUES

- **Our pain clinic embraces a holistic, interdisciplinary approach to comprehending and treating pain.**
- **We prioritize evidence-based practice, ensuring that our treatments are rooted in scientific research and proven methodologies.**
- **We actively encourage the continual pursuit and sharing of knowledge in pain management.**
- **We empower individuals with self-management strategies to take control of their pain and improve their well-being.**

ADMINISTRATIVE STRUCTURE

Pain Medicine Residency Program



PAIN MEDICINE RESIDENCY PROGRAM COMMITTEE MEMBERS

Dr.Heather Getty
Psychology
Representative

Dr.Geoff Bellingham
Director, Pain Clinic,
Anesthesiology

Dr. Eldon Loh
PM&R Coordinator
Physiatry

Dr.Raju Poolacherla
Director, Pediatric Pain
Anesthesiology

Dr.Collin Clarke
Research Coordinator
Anesthesiology

Dr.Dwight Moulin
Cancer Pain Coordinator
Neurology

Dr.Abdulrahman Alboog
Resident
Representative

Dr.Tuoyo Awani
Psychiatry Coordinator
Psychiatry

Dr.Mo Misurati
Competence Committee
Chair, Anesthesiology

PAIN MEDICINE RESIDENCY PROGRAM COMMITTEE MEMBERS

Dr.Jonathan Brookes	University Hospital Coordinator
Dr.Qutaiba Tawfic	Acute Pain Service, Coordinator
Dr.Robert McKay	Windsor site/ Addiction Medicine, Coordinator
Dr.Shiraz Malik	Palliative Medicine, Coordinator

CURRICULUM

PAIN MEDICINE

Introducing the New Competence by Design Curriculum for Pain Medicine in Canada

The new Competence by Design (CBD) curriculum for Pain Medicine in Canada, a groundbreaking approach to medical education that aims to enhance the training and assessment of pain medicine specialists. Developed by the Royal College of Physicians and Surgeons of Canada (Royal College), the CBD curriculum represents a shift towards competency-based medical education, ensuring that pain medicine specialists possess the essential knowledge, skills, and attitudes required to provide exceptional care to patients.

Under the CBD framework, pain medicine residents will experience a more structured and transparent training program. The curriculum outlines the core competencies expected of a pain medicine specialist, including pain assessment, diagnosis, management, interventional techniques, interdisciplinary collaboration, and professional ethics. The residents must achieve these comptencies as they progress through their training, ensuring a systematic and comprehensive acquisition of skills. EPAs, or Entrustable Professional Activities, are a key component of the Competence by Design (CBD) curriculum in medical education. They are specific tasks or responsibilities that a trainee is deemed capable of performing under indirect supervision, representing important professional activities within a Pain Medicine.

We are excited about the implementation of the new Competence by Design curriculum for Pain Medicine in Canada. This innovative approach to medical education will undoubtedly shape the future of pain medicine training, producing competent and compassionate pain medicine specialists who are equipped to address the complex needs of patients living with pain.

COMPETENCE BY DESIGN

1

TRANSITION TO DISCIPLINE

Orientation to the discipline, bridging from prior residency training to Pain Medicine training

2

FOUNDATIONS

Build upon initial competencies, delving deeper into pain management strategies, honing procedural skills, managing more complex cases

3

CORE OF THE DISCIPLINE

Manage increasingly complex cases, further refine procedural skills, take on leadership roles within the multidisciplinary team

4

TRANSITION TO PRACTICE

Independently manage complex cases, Learn administrative aspects of running a pain clinic and complete scholarly projects.

COMPETENCE BY DESIGN

1

TRANSITION TO DISCIPLINE

1-3 months in Multi disciplinary Pain Clinic

2

FOUNDATIONS

2-6 months in Multi disciplinary Pain Clinic

3

CORE OF THE DISCIPLINE

7-12 months including Acute Pain, Cancer Pain, Multi disciplinary Pain Clinic, Pediatric Pain Clinic, Psychiatry and Addiction medicine. Acute Pain Service calls

4

TRANSITION TO PRACTICE

3 months in Multi disciplinary Pain Clinic, Acute Pain Service calls and completion of scholarly project

LIST OF ENTRUSTED PROFESSIONAL ACTIVITIES

Stage	Name of EPAs and numbers required	Training site for EPAs
Transition to Discipline	1. Assessing patients with uncomplicated pain not due to cancer (2) 2. Developing management plans for patients with uncomplicated pain not due to cancer (2) 3. Recognizing clinically urgent or emergent situations and initiating management (2) 4. Documenting assessments and recommendations (2)	TTD 1-4 : Multi disciplinary Pain Clinic (MDPC) TTD 3 : MDPC/ Simulation
Foundations	1. Providing initial consultations (4) 2. Providing follow-up care (3) 3. Providing pharmacologic management for patients with common pain syndromes (2) 4. Sharing management plans with patients and their families (3) 5. Obtaining informed consent for common pain medicine procedures (2) 6. Performing basic interventional procedures (4) 7. Working effectively with the interprofessional pain medicine team (2)	F 1- 7 : MDPC C 4- Acute Pain Service calls
Core	1. Assessing and managing patients with complex pain disorders (6) 2. Assessing and managing patients with pain and comorbid substance abuse (3) 3. Assessing and managing complex psychosocial factors in patients with pain (4) 4. Providing pharmacological management for patients with pain disorders and comorbid medical conditions (5) 5. Performing the interventional image-guided procedures of Pain Medicine (9) 6. Identifying and referring patients who need advanced interventional procedures (2) 7. Working effectively with the interprofessional pain clinic team to facilitate integrated care (2) 8. Leading interprofessional team meetings and complex care discussions (1) 9. Delivering scholarly teaching for a variety of audiences (2)	C1-C9 : MDPC C1 : Cancer pain clinic, Pediatric Pain Clinic, C2 : Addiction medicine clinic, C3: Psychiatry clinic C4 : Acute Pain Service C9: Resident rounds, Journal club, Pain clinic rounds
Transition to practice	1. Managing the day of pain medicine clinic (2) 2. Transferring patient care responsibilities (4) 3. Teaching, coaching, and assessing junior colleagues (2)	C1-3 : MDPC

GENERAL RESIDENT GUIDELINES

Pain Clinic Assignments

Daily attendance is mandatory for the Core Pain Clinic rotation, starting promptly at 0730 hours. The schedule will be prepared before the start of each month. Once the schedule is finalized, it is important not to request any changes to your assigned tasks. Pain Medicine residents will be individually assigned to work with a Consultant in either the clinic or the procedure suites. Sufficient time will be provided for performing procedures during the training period. In the event of illness or unforeseen time off, please notify the consultant you are working with and inform the program director or program administrator about your absence.

Academic half days/ Rounds/ Journal clubs

Attending formal teaching sessions, rounds, and journal clubs is of utmost importance, and time for participation in these activities will be safeguarded from clinical duties. It is mandatory for you to be present at these events, and your attendance will be documented.

Vacation

You are entitled to four weeks (28 days, including weekends) of vacation per year according to the PARO Agreement. It is recommended to take vacation time in one-week increments whenever possible, but you have the flexibility to take it in any increment based on your professional and patient responsibilities. To ensure proper planning and coordination, please submit your vacation request at least one month in advance. Vacation time will be granted exclusively during the Pain Clinic rotations, as it can be challenging to accommodate vacation requests during the limited off-service rotations.

Professional Leave

Residents are granted an additional seven (7) days of paid leave, which can be utilized at their discretion. While this time is not specifically designated for conferences, we highly encourage residents to attend conferences during their residency. Professional leave can be used for various

purposes such as studying, but conference stipends/funds will only be provided when attending conferences. Requests for professional leave should be submitted through the same electronic format used for vacation requests. We adhere to the guidelines outlined in the PARO Agreement, and it is advisable to consult this contract for further information and specifics.

Conference and Educational allowance

Residents are strongly encouraged to attend Pain Medicine-related conferences, and to assist with the associated costs, the Department of Anesthesia & Perioperative Medicine provides an annual education allowance of $800 to each resident. Furthermore, if a resident is presenting at a meeting, the department will reimburse the expenses related to attending the meeting and preparing a poster, among other things.
Residents are also eligible for an additional top-up of $800 specifically designated for courses or conferences that exceed the typical costs associated with conferences.
Moreover, residents have the opportunity to apply for the Postgraduate Medical Education Resident/Fellow Travel Reimbursement Fund, which offers up to $2000 per applicant. Applicants must submit their application along with a letter of support from the Program Director.

For more detailed information on the award criteria, residents can refer to the Postgraduate Medical Education Webpage
https://www.schulich.uwo.ca/medicine/postgraduate/current_learners/awards/residentfellow_travel_award/residentfellow_travel_award_criteria.html

Assessments

Assessments will be done throught EPAs (Entrusted Professional Activities)
In training evaluation reports (ITERS)
Multi source feedback
Model exams
Scholarly project evaluation
Journal club and rounds evaluations.

Faculty evaluations

Periodically, residents in the program are provided with a one-page Faculty feedback form to anonymously share their feedback on the faculty members they have worked with. Similarly, visiting residents, fellows, and medical students are also given these forms to complete at the conclusion of their elective rotations. These forms are then collected, pooled together and submitted to the evaluations committee by the program administrator. Subsequently, the feedback is shared with the respective Consultant while ensuring the anonymity of the resident evaluations. This process enables teachers to receive feedback on their teaching performance while preserving the anonymity of the resident evaluations. Additionally, evaluations from the Academic Half Day program are summarized and shared with the presenter.

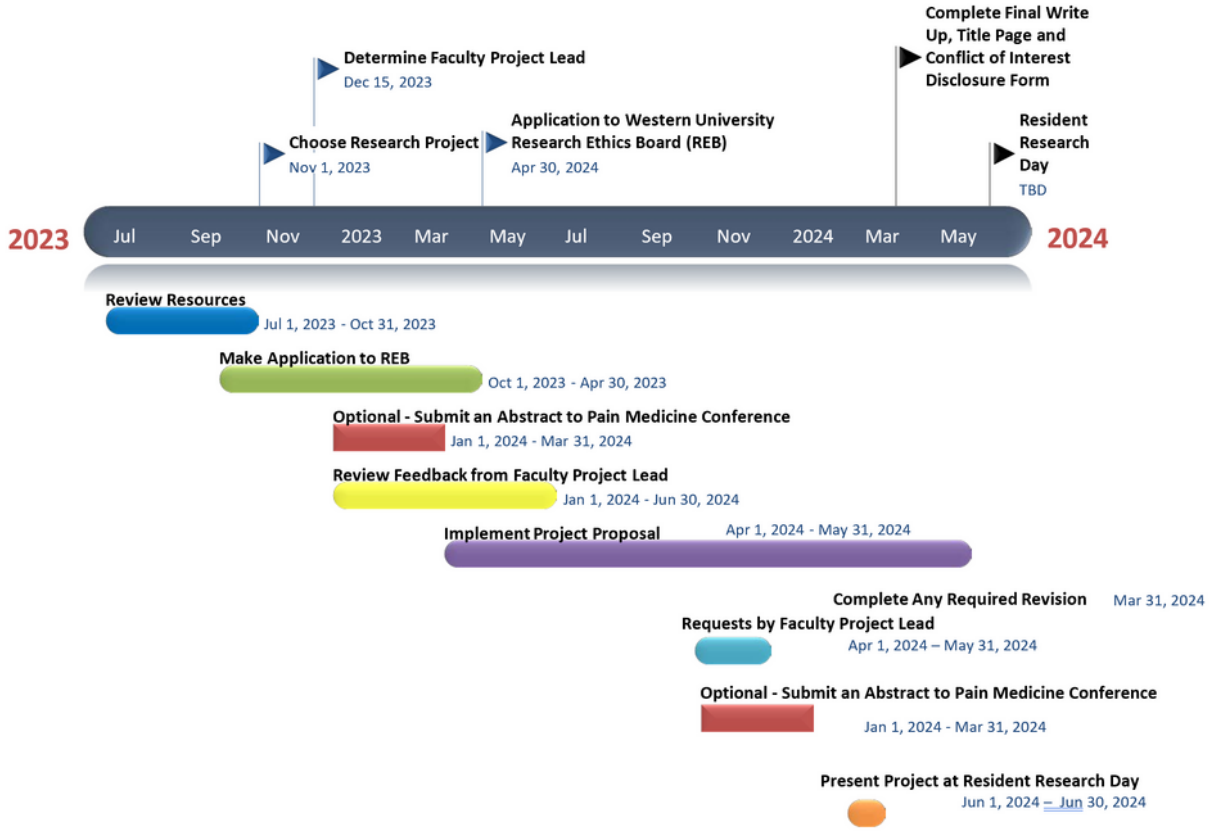
Scholarly Project

As outlined in the Royal College Pain Medicine Competencies 2023 version 1.0, residents must contribute to the creation and dissemination of knowledge and practices applicable to health. This competency promotes healthcare professionals' engagement in generating and sharing relevant knowledge and practices. It involves understanding research principles, recognizing the importance of evidence-based healthcare, upholding ethical standards, contributing to research programs, posing research questions, selecting appropriate methods, and effectively communicating findings to diverse audiences.

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

GENERAL RESIDENT GUIDELINES

Scholarly Project Timeline



Examination format

The Royal College Examination in Pain Medicine is a written-only examination. The pass score is 70%. The content of the examination is based on a blueprint that reflects the Objectives of Training in Pain Medicine. The content is balanced to ensure an appropriate representation of the relevant domains.

1. Foundational knowledge of Pain Medicine - 15 – 25 %,
2. Psychiatry / Psychology - 10 – 15 %,
3. Addiction medicine - 5 – 10%,
4. Sleep medicine - 0 – 5 %
5. Musculoskeletal system and rehabilitation - 15 – 20 %,
6. Neurology - 10 – 20 %,
7. Pediatric Pain - 0 – 5 %,
8. Acute pain management - 5 – 10 %,
9. Cancer pain management - 5 – 10 %,
10. Interventional - 0 – 5 %

The format of the examination is provided in the table below:

Component	Format	Number of items	Total test time
Written	Paper 1: SAQ	~35-50	3 hours
Written	Paper 2: SAQ	~35-50	3 hours

GENERAL RESIDENT GUIDELINES

Textbooks

- Bonica's Management of Pain, 5th edition. Wolters Kluwer 2018
- Essentials of Pain Medicine, 4th Edition. Elsevier 2018
- Wall & Melzack's Textbook of Pain, 6th Edition. Elsevier 2013
- Cancer Pain. Pharmacologic, Interventional, and Palliative Approaches. Saunders 2006
- Oxford Textbook of Paediatric Pain, Second Edition, Oxford University Press 2021
- The Science of Pain, An illustrated and Clinically Orientated Guide, Apple iBooks 2016
- Diagnostic and Statistical Manual of Mental Disorders (DSM-5). 5th Edition. American Psychiatric Association 2013
- Braddom's Physical Medicine and Rehabilitation, 6th Edition, Elsevier 2021
- La douleur: guide pharmacologique et thérapeutique; Pierre Beaulieu, Les Presses de l'Université de Montréal, 2013.

Additional resources to reading suggested by Royal College can be found in this webpage. https://www.royalcollege.ca/content/dam/documents/ibd/pain-medicine/pain-medicine-exam-format-e.html

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. 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.

Wellness resources

Wellness support is only a phone call away. The following confidential options are available.

- The PARO 24 Hour Helpline is available for any resident, partner or medical student needing help. It is separately administered by the Distress Centre of Toronto and is totally confidential. Phone: 1.866.435.7362 (1-866-HELP-DOC)
- Learner Experience at Schulich School of Medicine & Dentistry focuses on the physical, psychological and professional safety of learners, as well as supporting academic wellness and providing career guidance. The link to wellness resources is https://www.schulich.uwo.ca/learner_experience/wellness_resources/index.html. Dr. Sandra Northcott, Associate Dean, Learner Experience can be reached at snorthc2@uwo.ca and Dr. Laura Diachun, Assistant Dean, Postgraduate Learner Experience can be reached at Laura.Diachun@sjhc.london.on.ca

Learner Experience Office is an open and welcoming environment in which a learner is free to express him/herself. The Schulich Learner Experience Office will make every reasonable effort to handle inquiries, complaints and related proceedings in a manner that protects the privacy of all parties.

Western Mental Health services is available to students who need support. It is a safe space with professionally-trained mental health counsellors. Same-day crisis appointments available until 4:30p.m. Monday – Friday. The Canadian Mental Health Association (CMHA) offers after hours crisis counselling to students throughout the year. Launched in January 2023, Wellness & Equity Education and Ontario Shores Centre for Mental Health Sciences are collaborating to establish a Recovery College at Western University to enhance mental health support for students. The Western Wellness Hub (Formerly Recovery College) is a unique mental health and well-being learning center where people with lived mental health experiences (i.e., experts by experience) come together to co-create, co-deliver, and discuss courses on topics that support mental health (e.g., skill building, recreational, vocational, etc.). The Wellness Hub is rooted in the principles of connection, self-identity, hope, meaning, and empowerment.

PAIN MEDICINE COMPETENCIES

2023

Medical Expert

Definition:
As Medical Experts, Pain Medicine specialists integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional values in their provision of high-quality and safe patient-centred care. Medical Expert is the central physician Role in the CanMEDS Framework and defines the physician's clinical scope of practice.

Key and Enabling Competencies: Pain Medicine specialists are able to…
1. Practise medicine within their defined scope of practice and expertise
1.1. Demonstrate a commitment to high-quality care of their patients
1.2. Integrate the CanMEDS Intrinsic Roles into their practice of Pain Medicine
1.3. Apply knowledge of the clinical and biomedical sciences relevant to Pain Medicine
1.3.1. Anatomy and neurophysiology of nociception
1.3.2. Pathophysiology of acute and chronic pain, including mechanisms, modulation, and associated physiologic consequences
1.3.3. Genetic influences on pain perception and pharmacotherapy for pain
1.3.3.1. The role of genomics in investigating pain
1.3.4. Biopsychosocial influences on pain perception and experience
1.3.4.1. Neuro-biologic predisposition
1.3.4.2. Childhood and early life experiences
1.3.4.3. Cultural and societal environments
1.3.5. Psychological mechanisms involved in pain and suffering, including catastrophization and kinesiophobia
1.3.6. Factors relevant to pain and pain modulation in patients with concurrent conditions, including mental and sleep disorders

PAIN MEDICINE COMPETENCIES

Medical Expert (cont)

1.3.7. The placebo and nocebo response and implications for patient assessment and treatment
1.3.8. World Health Organization Disability Assessment Schedule (WHODAS), including the concepts of impairment, ability, and participation
1.3.8.1. Application of these concepts to individuals with pain
1.3.9. Predictors of treatment outcome
1.3.10. Validated assessment tools, including their clinical utility, limitations, administration, scoring, and interpretation, for the measurement of response to treatment for pain and its impact on
1.3.10.1. Function and abilities
1.3.10.2. Health care utilization
1.3.10.3. Intensity and quality of pain
1.3.10.4. Mood
1.3.10.5. Quality of life
1.3.10.6. Sleep

Acute pain
1.3.11. Common acute pain syndromes and their epidemiology, pathophysiology, natural history, clinical features, investigation, diagnosis, management, and prognosis
1.3.12. Adverse physiological and psychological effects, both immediate and long-term, of inadequate pain management in the acute care setting
1.3.13. Elements of an acute pain assessment
1.3.14. Factors that affect perception of acute pain, such as culture, age, cognitive impairment, language barrier, and level of consciousness
1.3.15. Factors that complicate treatment of patients with acute pain, including previous chronic pain disorders, opioid tolerance, substance misuse, and psychosocial factors
1.3.16. Factors that put a patient at risk of transitioning to chronic pain

Chronic pain
1.3.17. Definition, taxonomy, and classification of chronic pain utilizing the International Association for the Study of Pain (IASP) Classification of Chronic Pain
1.3.18. Elements of a chronic pain assessment, including multidimensional and multidisciplinary pain assessments
1.3.19. Adverse physiological and psychological effects, both immediate and long-term, of inadequate management of chronic pain
1.3.20. Factors that complicate treatment of patients with chronic pain, including concurrent disorders, opioid tolerance, substance misuse, and psychosocial factors

Headache and craniofacial pain
1.3.21. Anatomy and physiology of craniofacial pain pathways
1.3.22. Classification of headache according to the International Classification of Headache Disorders (ICHD)
1.3.23. Epidemiology, pathophysiology, natural history, clinical features, investigation, diagnosis, management, and prognosis of primary and secondary headache and craniofacial pain disorders
1.3.24. Signs and symptoms of life-threatening headache
Pain due to musculoskeletal disorders and disorders of the spine
1.3.25. Epidemiology, pathophysiology, natural history, clinical features, investigation, diagnosis, management, and prognosis of
1.3.25.1. Diffuse body pain
1.3.25.2. Inflammatory and degenerative joint disease
1.3.25.3. Disorders of the spine
1.3.25.3.1. Intervertebral disc herniation with radiculopathy

PAIN MEDICINE COMPETENCIES

Medical Expert (cont)

1.3.25.3.2. Mechanical back pain
1.3.25.3.3. Spinal stenosis
1.3.25.3.4. Whiplash-associated disorders
1.3.25.4. Pain syndromes occurring following spinal cord injury or limb amputation

1.3.26. Diagnostic features and management of emergency conditions of the spine, including cauda equina syndrome, tumour, fracture, myelopathy, and infection
1.3.27. Indications for and types of medical imaging relevant to musculoskeletal assessment

Neuropathic pain
1.3.28. Clinical features of neuropathic pain, including peripheral and central sensitization
1.3.28.1. Common symptoms and signs
1.3.28.2. Role in the persistence of pain
1.3.29. Epidemiology, pathophysiology, natural history, clinical features, investigation, diagnosis, management, and prognosis of
1.3.29.1. Peripheral nervous system disorders
1.3.29.1.1. Compression and entrapment syndromes
1.3.29.1.2. Diabetic neuropathy
1.3.29.1.3. Infections, including herpes zoster
1.3.29.1.4. Ischemic nerve injuries
1.3.29.2. Central nervous system disorders
1.3.29.2.1. Multiple sclerosis
1.3.29.2.2. Post-stroke pain
1.3.29.2.3. Spinal cord injury
1.3.30. Screening tools for neuropathic pain and their appropriate use
1.3.31. Indications for and limitations of medical imaging, nerve conduction studies, electromyography, and quantitative sensory testing in the assessment of neuropathic pain
1.3.32. Common validated tools used in the assessment of neuropathic pain, including their purpose, scoring, interpretation, and limitations

Nociplastic pain
1.3.33. Definition of nociplastic pain
1.3.34. Epidemiology, pathophysiology, natural history, clinical features, investigation, diagnosis, management, and prognosis of nociplastic pain syndromes

Visceral pain
1.3.35. Epidemiology, pathophysiology, natural history, clinical features, investigation, diagnosis, management, and prognosis of visceral pain syndromes
1.3.35.1. Abdominal
1.3.35.2. Pelvic

PAIN MEDICINE COMPETENCIES

Medical Expert (cont)

Pain due to cancer and its treatment

1.3.36. Epidemiology, pathophysiology, natural history, clinical features, investigation, diagnosis, management, and prognosis of common cancer-related pain syndromes
1.3.37. Pain-related complications of chemotherapy, radiotherapy, and surgery, and their management
1.3.38. Acute and life-threatening complications of cancer that present with pain, including raised intracranial pressure, spinal cord compression, and hypercalcemia
1.3.39. Effects of cyclic cancer recurrence and remission on pain assessment and treatment
1.3.40. Effects of life-threatening disease on pain assessment and treatment, including psychological, social, cultural, religious, and spiritual factors
1.3.41. Guidelines for the pharmacologic management of pain in patients with cancer, including the WHO analgesic ladder

Pain and mental disorders

1.3.42. Diagnostic criteria, principles of assessment (including appropriate screening questionnaires), treatment strategies, and indications for psychiatric or psychological assessment for the following disorders:
1.3.42.1. Anxiety
1.3.42.2. Attention-deficit/hyperactivity
1.3.42.3. Bipolar
1.3.42.4. Major depressive
1.3.42.5. Personality
1.3.42.6. Somatic symptom
1.3.42.7. Substance use
1.3.42.8. Trauma- and stressor-related
1.3.43. The potential effects of pain treatments on mental disorders

Pain and opioid use disorder

1.3.44. Definition of addiction, tolerance, physical dependence, and substance use disorder
1.3.45. Spectrum of opioid use, including abuse, misuse, and diversion
1.3.46. Health consequences of opioid misuse or abuse
1.3.47. Withdrawal schedules and management of withdrawal symptoms
1.3.48. Clinical features of patients with concurrent pain and addiction
1.3.49. Treatment strategies for pain management in patients with addiction, both active and in remission

Pain and sleep disorders

1.3.50. Classification of sleep disorders according to the International Classification of Sleep Disorders (ICSD)
1.3.51. Investigation of sleep disorders
1.3.52. Interactions between pain, sleep, medications, non-prescribed substances, anxiety, and mood disorders
1.3.53. Non-pharmacologic and pharmacologic treatment options for the common sleep problems that occur in association with chronic pain disorders

PAIN MEDICINE COMPETENCIES

Medical Expert (cont)

Therapeutics
1.3.54. Functional domains as outcome measures for pain
1.3.55. Physical treatments and management techniques, including the principles of, indications for, and limitations of
1.3.55.1. Exercise-based treatment and active and passive physical therapies
1.3.55.2. Occupational therapy
1.3.55.3. Complementary and alternative therapies
1.3.56. Psychological treatments and management techniques, including the indications, contraindications, benefits, risks, and evidence supporting
1.3.56.1. Biofeedback
1.3.56.2. Cognitive behavioural therapy (CBT)
1.3.56.3. Goal-setting
1.3.56.4. Hypnosis
1.3.56.5. Imagery training
1.3.56.6. Mindfulness-based cognitive therapy (MBCT)
1.3.56.7. Mindfulness-based stress reduction (MBSR)
1.3.56.8. Patient education programs
1.3.56.9. Patient self-management techniques
1.3.57. Pharmacologic treatments, including indications, contraindications, mechanisms of action, side effects, dosing, administration routes, benefits, risks, evidence supporting, complications, and monitoring
1.3.57.1. Acetaminophen
1.3.57.2. Gabapentinoids
1.3.57.3. Cannabinoids
1.3.57.4. N-methyl-D-aspartic acid (NMDA) receptor antagonists
1.3.57.5. Opioid receptor agonists, antagonists, and mixed agonist-antagonists
1.3.57.6. Prostaglandin inhibitors
1.3.57.7. Serotonin-norepinephrine reuptake inhibitors and tricyclic antidepressants
1.3.57.8. Sodium channel blockers
1.3.58. Safe prescribing of opioids
1.3.58.1. Standards, guidelines, and policies for opioid prescription for pain, including
1.3.58.1.1. The U.S. Centers for Disease Control and Prevention (CDC) guidelines
1.3.58.1.2. Canadian national practice guidelines
1.3.58.1.3. Canadian provincial/territorial medical regulatory authorities' policies, standards, and guidelines
1.3.58.2. Strategies to reduce opioid diversion, including
1.3.58.2.1. Abuse-resistant formulations
1.3.58.2.2. Government surveillance and regulation
1.3.58.2.3. Health provider education
1.3.58.2.4. Patient education regarding safe storage
1.3.59. Interventional treatments
1.3.59.1. Paravertebral and neuraxial anatomy, physiology, and pharmacology
1.3.59.2. Mechanism of pain relief from general, neuraxial, and regional anesthesia
1.3.59.3. Patient factors that influence selection for and response to interventions
1.3.59.4. Imaging modalities that facilitate interventions
1.3.59.4.1. Fluoroscopic techniques, including radiation safety
1.3.59.4.2. Ultrasound physics and the role of ultrasound in interventional treatments
1.3.59.5. Principles and practices of infection prevention and control
1.3.59.5.1. Safe injection practices
1.3.59.5.2. Sterile technique

PAIN MEDICINE COMPETENCIES

Medical Expert (cont)

1.3.59.5.3. Antibiotic prophylaxis
1.3.59.5.4. Cleaning, disinfection, and sterilization
1.3.59.6. Injection formulations and techniques used to treat painful soft tissue and joint disorders
1.3.59.7. Interventions used for acute pain management, including their indications, contraindications, benefits, risks, evidence supporting, side effects, sedation and monitoring, and complications
1.3.59.7.1. Intravenous infusion therapies
1.3.59.7.2. Neuraxial block
1.3.59.7.3. Peripheral nerve block
1.3.59.7.4. Plexus block
1.3.59.8. Interventions used for chronic pain management, including their indications, contraindications, benefits, risks, evidence supporting, side effects, sedation and monitoring, and complications
1.3.59.8.1. Epidural and intrathecal drug delivery
1.3.59.8.2. Intravenous infusions, including ketamine, lidocaine, and dexmedetomidine
1.3.59.8.3. Neuroablative procedures, including radiofrequency, cryotherapy, and chemical neurolysis
1.3.59.8.4. Neuraxial block
1.3.59.8.5. Neuromodulation procedures
1.3.59.8.6. Plexus, peripheral, sympathetic plexus, and myofascial injections
1.3.59.9. Prevention and management of complications of neuraxial interventions, including
1.3.59.9.1. Arachnoiditis
1.3.59.9.2. Discitis
1.3.59.9.3. Epidural hematoma
1.3.59.9.4. Meningitis
1.3.59.9.5. Post-dural puncture headache
1.3.60. Principles of functional restoration in individuals with pain and the evidence supporting different types of activation programs for chronic pain
1.3.61. Multimodal pain management strategies for highly opioid-tolerant patients experiencing an acute event such as surgery or trauma
1.3.62. Treatments to decrease the risk of developing chronic pain
Emergencies related to interventions and sedation
1.3.63. Diagnostic features and management of emergencies arising in a pain clinic related to interventions and sedation
1.3.63.1. Loss of airway
1.3.63.2. Partial or complete airway obstruction
1.3.63.3. Cardiovascular collapse
1.3.63.4. Acute spinal cord compression
1.3.63.5. Bradycardia and vasovagal reactions, including vasovagal syncope
1.3.63.6. Hyper- or hypotension
1.3.63.7. Seizure
1.3.63.8. Oversedation
1.3.63.9. Local anesthetic systemic toxicity

Pain in the pediatric population
1.3.64. Epidemiology, pathophysiology, natural history, clinical features, investigation, diagnosis, management, and prognosis of common acute and chronic pain syndromes
1.3.65. Effect of developmental, psychosocial, family,3 and cultural factors on the assessment of pediatric patients and formulation of a treatment plan

PAIN MEDICINE COMPETENCIES

Medical Expert (cont)

1.3.66. Common validated tools to measure pain in neonates, children, and youth, including those with intellectual disability, including
1.3.66.1. Purpose and clinical utility
1.3.66.2. Techniques for administration
1.3.66.3. Scoring and interpretation
1.3.67. Adverse physiological and psychological effects of inadequate pain management in neonates and infants
1.3.68. Non-pharmacologic approaches to reduce procedural pain and to treat pain
1.3.69. Differences between adults and children with regard to the use of common analgesic pharmacotherapy
1.3.70. Strategies for safe prescribing and monitoring of off-label therapies
1.3.71. Assessment and management of a child or youth who experiences pain sensitization following repeated or prolonged exposure to acute pain episodes

Pain in pregnancy
1.3.72. Clinical features and management of pain due to pregnancy
1.3.73. Common pain conditions that may co-exist with pregnancy
1.3.74. Management considerations in pregnancy

Management of a pain service
1.3.75. Components of safe, effective, and efficient pain medicine services and their impact on health resource utilization
1.3.75.1. Acute pain service
1.3.75.2. Chronic pain service
1.3.75.3. Cancer pain and symptom management service, outpatient and inpatient
1.3.76. Health administration requirements to establish pain management services at secondary community-based facilities and tertiary university-affiliated clinics
1.4. Perform appropriately timed clinical assessments with recommendations that are presented in an organized manner
1.5. Carry out professional duties in the face of multiple competing demands
1.6. Recognize and respond to the complexity, uncertainty, and ambiguity inherent in Pain Medicine practice

2. Perform a patient-centred clinical assessment and establish a management plan
2.1. Prioritize issues to be addressed in a patient encounter
2.2. Elicit a history, perform a physical exam, select appropriate investigations, and interpret their results for the purpose of diagnosis and management, disease prevention, and health promotion
2.2.1. Perform an assessment of the presenting complaint and relevant co-morbidities using a biopsychosocial framework
2.2.2. Perform a directed history and physical examination specific to the patient presentation, including focused musculoskeletal and neurological examinations
2.2.3. Administer and interpret validated pain outcome questionnaires
2.2.4. Adapt the assessment to the patient's age, developmental stage, and cognition
2.2.5. Identify patient characteristics and biopsychosocial factors that may affect the assessment of pain and the formulation of a treatment plan
2.2.5.1. Identify patients who would benefit from a formal psychological assessment
2.2.6. Interpret imaging investigations to correlate the findings with the patient's signs and symptoms

PAIN MEDICINE COMPETENCIES

Medical Expert (cont)

2.2.7. Generate a differential diagnosis
2.2.7.1. Identify whether a given pain complaint arises from an inflammatory or degenerative musculoskeletal condition
2.2.7.2. Differentiate nociplastic, nociceptive, and neuropathic pain
2.2.7.3. Differentiate pain arising from a primary cancer or metastases, a complication from cancer or its treatment, or a pre-existing chronic pain condition
2.2.8. Identify the etiology of the acute or chronic pain condition
2.2.9. Perform a risk assessment when opioids or cannabinoids are being considered for treatment
2.2.9.1. Use validated risk assessment tools and interviewing techniques
2.2.9.2. Stratify patients into categories of low, moderate, or high risk for addiction
2.2.9.3. Identify patients who may need addiction consultation prior to or during opioid therapy
2.2.9.4. Generate a differential diagnosis for aberrant drug-taking behaviours in patients prescribed opioids, and identify those that are predictive of abuse, misuse, or diversion
2.3. Establish goals of care in collaboration with patients and their families, which may include slowing disease progression, treating symptoms, achieving cure, improving function, and palliation
2.3.1. Engage patients and their families in the development of a patient-centred end-of-life care plan
2.4. Establish a patient-centred management plan
2.4.1. Devise an integrative, multimodal management plan to provide maximal functional restoration based on the individual's specific pain, comorbidities, goals, and other relevant factors, making appropriate use of available treatment modalities
2.4.1.1. Select appropriate therapeutic strategies for patients with concurrent mental disorders or coping difficulties
2.4.1.2. Develop and implement management and follow-up plans for patients who require opioids
2.4.2. Employ treatment and monitoring strategies for patients with emerging aberrant drug-taking behaviours

3. Plan and perform procedures and therapies for the purpose of assessment and/or management
3.1. Determine the most appropriate procedures or therapies
3.1.1. Pain management strategies for patients with
3.1.1.1. Post-surgical pain
3.1.1.2. Musculoskeletal pain
3.1.1.3. Neuropathic pain
3.1.1.4. Pain-related crises in cancer pain syndromes
3.1.1.5. Pain-related disabilities
3.1.1.6. Medication and substance use disorders
3.1.2. Therapeutic options for management of acute and chronic pain
3.1.2.1. Non-pharmacologic
3.1.2.2. Psychological
3.1.2.3. Pharmacologic
3.1.2.4. Interventional
3.2. Obtain and document informed consent, explaining the risks and benefits of, and the rationale for, a proposed procedure or therapy
3.3. Prioritize procedures or therapies, taking into account clinical urgency and available resources
3.4. Perform procedures in a skilful and safe manner, adapting to unanticipated findings or changing clinical circumstances
3.4.1. Insert intravenous vascular access
3.4.2. Administer sedation and provide appropriate monitoring

PAIN MEDICINE COMPETENCIES

Medical Expert (cont)

3.4.3. Apply knowledge of the prevention of infectious complications, including sterile technique, cleaning, disinfection, and sterilization of equipment and supplies, and indications for antibiotic prophylaxis
3.4.4. Perform image-guided procedures
3.4.4.1. Peripheral nerve block
3.4.4.2. Lumbosacral spine and sacroiliac joint block
3.4.4.3. Sympathetic chain block
3.4.4.4. Musculoskeletal and joint injections
3.4.5. Ensure adequate follow-up is arranged for procedures

4. Establish plans for ongoing care and, when appropriate, timely consultation
4.1. Implement a patient-centred care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation
4.1.1. Arrange follow-up care for patients and their families
4.1.2. Determine the need and timing of referral to another health care provider or service for
4.1.2.1. Psychological assessment
4.1.2.2. Psychosocial intervention
4.1.2.3. Home care
4.1.2.4. Addiction consultation
4.1.2.5. Sleep assessment
4.1.2.6. Palliative care
4.1.3. Adapt the referral request to the patient's situation and request telephone or video consultation where appropriate
4.1.4. Manage complications of procedures
4.1.4.1. Perform advanced cardiac life support (ACLS)
4.1.4.2. Manage an obstructed airway with jaw thrust, oral airway, laryngeal mask airway, and orotracheal intubation
4.1.4.3. Manage moderate hypotension and hypertension, including vasovagal bradycardia and syncope
4.1.4.4. Manage oversedation and narcosis using reversal agents
5. 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
5.1. Recognize and respond to harm from health care delivery, including patient safety incidents
5.2. Adopt strategies that promote patient safety and address human and system factors

Communicator

Definition:
As Communicators, Pain Medicine specialists form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care.

Key and Enabling Competencies: Pain Medicine specialists are able to…
1. Establish professional therapeutic relationships with patients and their families
1.1. Communicate using a patient-centred approach that encourages patient trust and autonomy and is characterized by empathy, respect, and compassion
1.1.1. Provide care in a manner that validates the patient's subjective experience of pain
1.2. Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety
1.3. Recognize when the perspectives, values, or biases of patients, patients' families, physicians, or other health care professionals may have an impact on the quality of care, and modify the approach to the patient accordingly

PAIN MEDICINE COMPETENCIES

Communicator (cont)

1.4. Respond to a patient's non-verbal behaviours to enhance communication
1.5. Manage disagreements and emotionally charged conversations
1.6. Adapt to the unique needs and preferences of each patient and to the patient's clinical condition and circumstances
1.6.1. Engage pediatric patients in a manner appropriate to their developmental stage
2. Elicit and synthesize accurate and relevant information, incorporating the perspectives of patients and their families
2.1. Use patient-centred interviewing skills to effectively gather relevant biomedical and psychosocial information
2.2. Provide a clear structure for and manage the flow of an entire patient encounter
2.3. Seek and synthesize relevant information from other sources, including the patient's family, with the patient's consent
3. Share health care information and plans with patients and their families
3.1. Share information and explanations that are clear, accurate, and timely, while assessing for patient and family understanding
3.2. Disclose harmful patient safety incidents to patients and their families
4. Engage patients and their families in developing plans that reflect the patient's health care needs and goals
4.1. Facilitate discussions with patients and their families in a way that is respectful, non-judgmental, and culturally safe
4.2. Assist patients and their families to identify, access, and make use of information and communication technologies to support their care and manage their health
4.2.1. Facilitate self-care and chronic disease management
4.3. Use communication skills and strategies that help patients and their families make informed decisions regarding their health
5. Document and share written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy
5.1. Document clinical encounters in an accurate, complete, timely, and accessible manner, in compliance with regulatory and legal requirements
5.1.1. Document aberrant behaviours possibly associated with substance misuse, abuse, diversion, or substance use disorder, and strategies applied to address those risks
5.1.2. Document and disseminate information related to procedures performed and their outcomes
5.2. Communicate effectively using a written health record, electronic medical record, or other digital technology
5.3. Share information with patients and others in a manner that enhances understanding and that respects patient privacy and confidentiality

Collaborator

Definition:
As Collaborators, Pain Medicine specialists work effectively with other health care professionals to provide safe, high-quality, patient-centred care.

Key and Enabling Competencies: Pain Medicine specialists are able to…
1. Work effectively with physicians and other colleagues in the health care professions
1.1. Establish and maintain positive relationships with physicians and other colleagues in the health care professions to support relationship-centred collaborative care
1.2. Negotiate overlapping and shared responsibilities with physicians and other colleagues in the health care professions in episodic and ongoing care
1.2.1. Apply knowledge of the expertise and scope of practice of the other health care professionals working in the pain clinic

PAIN MEDICINE COMPETENCIES

Collaborator (cont)

1.2.2. Exchange information effectively with colleagues and other health care professionals to facilitate delivery of consistent messages to patients and their families
1.3. Engage in respectful shared decision-making with physicians and other colleagues in the health care professions
1.3.1. Consult with other health professionals, including occupational and physical therapists
1.3.2. Develop a care plan for the patient in collaboration with members of the interprofessional team
1.3.3. Work effectively with physicians in allied services such as cancer pain and symptom management, palliative care, and addiction medicine
1.3.4. Work effectively with other specialists for diagnostic or treatment-related interventional procedures
2. Work with physicians and other colleagues in the health care professions to promote understanding, manage differences, and resolve conflicts
2.1. Show respect toward collaborators
2.2. Implement strategies to promote understanding, manage differences, and resolve conflict in a manner that supports a collaborative culture
3. Hand over the care of a patient to another health care professional to facilitate continuity of safe patient care
3.1. Determine when care should be transferred to another physician or health care professional
3.2. Demonstrate safe handover of care, using both oral and written communication, during a patient transition to a different health care professional, setting, or stage of care
3.2.1. Facilitate transfer of care to a primary care physician or another specialist
3.2.2. Provide guidance for results of outstanding investigations and/or next steps for management

Leader

Definition:
As Leaders, Pain Medicine specialists engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars, or teachers.

Key and Enabling Competencies: Pain Medicine specialists are able to…
1. Contribute to the improvement of health care delivery in teams, organizations, and systems
1.1. Apply the science of quality improvement to systems of patient care
1.2. Contribute to a culture that promotes patient safety
1.3. Analyze patient safety incidents to enhance systems of care
1.4. Use health informatics to improve the quality of patient care and optimize patient safety
2. Engage in the stewardship of health care resources
2.1. Allocate health care resources for optimal patient care
2.2. Apply evidence and management processes to achieve cost-appropriate care
3. Demonstrate leadership in health care systems
3.1. Demonstrate leadership skills to enhance health care
3.1.1. Lead the interprofessional pain management team, identifying and working with the roles and capabilities of individual team members to enable optimal team function and clinical service delivery
3.1.2. Lead interprofessional team meetings
3.2. Facilitate change in health care to enhance services and outcomes
4. Manage career planning, finances, and health human resources in personal practice(s)
4.1. Set priorities and manage time to integrate practice and personal life
4.2. Manage personal professional practice(s) and career
4.3. Implement processes to ensure personal practice improvement

PAIN MEDICINE COMPETENCIES

Health Advocate

Definition:
As Health Advocates, Pain Medicine specialists contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change.

Key and Enabling Competencies: Pain Medicine specialists are able to…
1. Respond to an individual patient's health needs by advocating with the patient within and beyond the clinical environment
1.1. Work with patients to address determinants of health that affect them and their access to needed health services or resources
1.1.1. Identify the social and economic determinants that may affect a patient's access to care, wellness, and functioning
1.1.2. Facilitate timely access to diagnostic modalities and treatment
1.1.3. Facilitate access to health services and community resources, particularly for disadvantaged and vulnerable populations
1.2. Work with patients and their families to increase opportunities to adopt healthy behaviours
1.2.1. Empower patients to advocate for improved pain management, quality of life, and access to health-related resources
1.2.2. Provide patients with educational resources, including books, online information, and access to support groups and patient advocacy groups
1.3. Incorporate disease prevention, health promotion, and health surveillance into interactions with individual patients
2. Respond to the needs of the communities or populations they serve by advocating with them for system-level change in a socially accountable manner
2.1. Work with a community or population to identify the determinants of health that affect them
2.1.1. Demonstrate awareness of regional, national, and international advocacy groups for persons living with pain
2.2. Improve clinical practice by applying a process of continuous quality improvement to disease prevention, health promotion, and health surveillance activities
2.3. Contribute to a process to improve health in the community or population they serve
2.3.1. Advocate for improvements in service for acute pain, chronic pain, and cancer pain within institutions, communities, populations, and provincial/territorial jurisdictions

Scholar

Definition:
As Scholars, Pain Medicine specialists demonstrate a lifelong commitment to excellence in practice through continuous learning, and by teaching others, evaluating evidence, and contributing to scholarship.

Key and Enabling Competencies: Pain Medicine specialists are able to…
1. Engage in the continuous enhancement of their professional activities through ongoing learning
1.1. Develop, implement, monitor, and revise a personal learning plan to enhance professional practice
1.2. Identify opportunities for learning and improvement by regularly reflecting on and assessing their performance using various internal and external data sources
1.3. Engage in collaborative learning to continuously improve personal practice and contribute to collective improvements in practice

PAIN MEDICINE COMPETENCIES

Scholar (cont)

2. Teach students, residents, the public, and other health care professionals
2.1. Recognize the influence of role modelling and the impact of the formal, informal, and hidden curriculum on learners
2.2. Promote a safe and respectful learning environment
2.3. Ensure patient safety is maintained when learners are involved
2.4. Plan and deliver learning activities
2.5. Provide feedback to enhance learning and performance
2.6. Assess and evaluate learners, teachers, and programs in an educationally appropriate manner
3. Integrate best available evidence into practice
3.1. Recognize practice uncertainty and knowledge gaps in clinical and other professional encounters and generate focused questions that can address them
3.2. Identify, select, and navigate pre-appraised resources
3.3. Critically evaluate the integrity, reliability, and applicability of health-related research and literature
3.4. Integrate evidence into decision-making in their practice
4. Contribute to the creation and dissemination of knowledge and practices applicable to health
4.1. Demonstrate an understanding of the scientific principles of research and scholarly inquiry and the role of research evidence in health care
4.2. Identify ethical principles for research and incorporate them into obtaining informed consent, considering potential harms and benefits, and vulnerable populations
4.3. Contribute to the work of a research program
4.4. Pose questions amenable to scholarly investigation and select appropriate methods to address them
4.5. Summarize and communicate to professional and lay audiences, including patients and their families, the findings of relevant research and scholarly inquiry

Professional

Definition:
As Professionals, Pain Medicine specialists are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health.

Key and Enabling Competencies: Pain Medicine specialists are able to…
1. Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards
1.1. Exhibit appropriate professional behaviours and relationships in all aspects of practice, demonstrating honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality
1.2. Demonstrate a commitment to excellence in all aspects of practice
1.3. Recognize and respond to ethical issues encountered in practice
1.4. Recognize and manage conflicts of interest
1.5. Exhibit professional behaviours in the use of technology-enabled communication
2. Demonstrate a commitment to society by recognizing and responding to societal expectations in health care
2.1. Demonstrate accountability to patients, society, and the profession by responding to societal expectations of physicians
2.2. Demonstrate a commitment to patient safety and quality improvement

PAIN MEDICINE COMPETENCIES

Professional (cont)

3. Demonstrate a commitment to the profession by adhering to standards and participating in physician-led regulation
3.1. Fulfil and adhere to professional and ethical codes, standards of practice, and laws governing practice
3.1.1. Adhere to regulations governing the prescribing of controlled substances
3.1.1.1. Opioids, including methadone and buprenorphine
3.1.1.2. Cannabis
3.1.2. Adhere to requirements for mandatory reporting, including driving restrictions and opioid diversion
3.2. Recognize and respond to unprofessional and unethical behaviours in physicians and other colleagues in the health care professions
3.3. Participate in peer assessment and standard setting
4. Demonstrate a commitment to physician health and well-being to foster optimal patient care
4.1. Exhibit self-awareness and manage influences on personal well-being and professional performance
4.1.1. Recognize and reflect on the personal impact of providing care for patients for whom treatment may be inadequate or futile
4.1.2. Recognize compassion fatigue and develop strategies to mitigate its effect on personal well-being and professional performance
4.2. Manage personal and professional demands for a sustainable practice throughout the physician life cycle
4.3. Promote a culture that recognizes, supports, and responds effectively to colleagues in need
4.3.1. Identify individuals at risk for or demonstrating compassion fatigue, and strategies and resources to assist them


Reception


EXIT

TEACHING ROUNDS
AND
ACADEMIC HALF DAYS

Teaching Rounds & Academic Half Days

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

ACADEMIC HALF-DAYS

The Pain Medicine Residency program has allocated 2-3 hours for lectures, which will typically take place on Wednesday afternoons starting at 13:00. The schedule for these lectures can be obtained from Charlotte Sikatori. However, there may be instances where lectures are scheduled on different days depending on lecturer availability and their work schedule. In such cases, the academic time required for that lecture will be taken from the Wednesday afternoon academic time of that specific week, and residents will be expected to engage in clinical work during that time.

The academic half-day for the Pain Medicine Residency is unique as only a small number of residents (no more than two per year) are enrolled in the program. These half-days will follow a tutorial format that encourages discussion between the teacher and students. Additionally, residents will have protected time to attend academic half-days organized by other departments that cover subjects relevant to Pain Medicine. The Department of Psychiatry has agreed to allow Pain Medicine residents to participate in selected teaching sessions that align with their training objectives.

The Departments of Physiatry conduct a summer academic lecture series focusing on topics such as anatomy, musculoskeletal conditions, spasticity, and Pain Medicine residents are encouraged to attend most of these sessions. Moreover, Pain Medicine residents have the opportunity to teach in one of those sessions. The Neurology and Rheumatology departments have also agreed to include our residents in their sessions that are relevant to Pain Medicine. The schedule allows for flexibility to accommodate residents' attendance at these lectures if they are not scheduled on Wednesday afternoons.

ONLINE PAIN MEDICINE MODULES

During periods when lectures are not scheduled, the academic half days will be utilized for residents to engage in a series of online modules and lectures covering specific topics in Pain Medicine. These online modules are a mandatory part of the Pain Medicine Residency curriculum. To assist with the completion of these modules, a separate handout will be provided to guide residents through the process. This handout will contain information and instructions related to the online modules, ensuring residents have the necessary guidance to successfully complete them.

ACADEMIC HALF-DAY CURRICULUM

The Pain Medicine Residency curriculum comprises a total of 24 half-day teaching sessions per year, taking into account holiday breaks and potential cancellations due to conferences. These teaching sessions will be presented once during a resident's training, meaning that the entire curriculum will be covered within a span of 26 blocks. On an annual basis, the curriculum will undergo review by the residency training committee. The committee will assess the effectiveness and relevance of the curriculum and make any necessary adjustments deemed appropriate. This ensures that the curriculum remains up-to-date and aligned with the evolving needs and advancements in Pain Medicine. Schedules of lectures will be planned on a quarterly basis and made available through Charlotte Sikatori. This enables residents to stay informed about upcoming lectures and allows for proper planning and preparation.

Teaching Rounds & Academic Half Days

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

HAND AND UPPER LIMB / REHABILITATION ROUNDS: Hand and Upper Limb/Rehabilitation Rounds are collaborative rounds that bring together the Hand and Upper Limb clinic and the Department of Physical Medicine & Rehabilitation. These rounds focus on various aspects related to the diagnosis, management, and treatment of painful upper limb conditions. Pain Medicine residents will be encouraged to attend these rounds whenever relevant topics pertaining to Pain Medicine are being presented. During their musculoskeletal block rotation, Pain Medicine residents will be expected to attend these rounds as part of their educational experience.

ANESTHESIA & PERIOPERATIVE MEDICINE GRAND ROUNDS: Anesthesia rounds are held weekly at each hospital and grand grounds 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.

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.

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.

POLICIES

Schulich School of Medicine & Dentistry
Pain Medicine Residency Program Resident Safety Policy

The purpose of this policy is to ensure the safety and well-being of Pain Medicine residents during their training period. The policy sets forth guidelines for creating a safe and healthy learning environment and reducing the risk of injuries, illness, and burnout among Pain Medicine residents. The well-being of the Pain Medicine resident is of primary importance, as is establishing an environment where the trainee can learn and work in safety.

The Pain Medicine Residency requires residents to engage in the following specific situations that may pose a safety risk:

- Exposure to potentially dangerous environments
- Exposure to respiratory infections like corona virus and influenza
- Exposure to potentially harmful bodily fluids
- Exposure to environmental hazards
- Encounters with potentially violent or aggressive patients
- Exposures to potentially dangerous equipment

Postgraduate Medical Education (PGE) Resident Health and Safety Policy
Please refer to the Post Graduate Medical Education Safety Policy (Nov 2022) which applies to the Pain Medicine Residency and provides information useful for all trainees.

Situations Specific to the Pain Medicine Training Program
Pain Medicine residents can be exposed to potentially hazardous situations, listed below. Caution should be exercised to minimize the risk to the resident and improve safety for the patient.

The purpose of the following information is to augment the PGE Resident Health and Safety Policy by identifying risks specific to the Pain Medicine Residency Program.

Notification
The resident is not required to perform a clinical duty that is potentially hazardous.(1)

There should be no negative repercussions related to decisions made by residents due to personal safety issues.

Residents who identify a potentially unsafe situation in the workplace should notify their rotation supervisor.

The resident should assure that there is timely notification of the workplace supervisor or the clinical service.

The residents should up to date on required immunizations.

Residents should not be expected to walk alone for any major or unsafe distances, particularly outside buildings at night. They should receive adequate support from Security where indicated.

(1) *When considering declining to provide clinical care, residents are encouraged to think and discuss with their supervising physician about whether the refusal might be perceived as discriminatory. Article 17 of the Canadian Medical Association's Code of Ethics states: "In providing medical service, do not discriminate against any patient on such grounds as age, gender, marital status, medical condition, national or ethnic origin, physical or mental disability, political affiliation, race, religion, sexual orientation, or socioeconomic status. This does not abrogate the physician's right to refuse to accept a patient for legitimate reasons."*

Schulich School of Medicine & Dentistry
Pain Medicine Residency Program Resident Safety Policy

Needle Stick Accidents and Body Fluid Exposure

- Universal precautions must always be followed.
- In the event of a needle stick accident or exposure to a patient's body fluids, the latest update of the Occupations Safety protocol is at the following Occupational Health and Safety websites:

St. Joseph's Health Care: https://www.sjhc.london.on.ca/medical-affairs/resources/health-review
London Health Sciences Centre:

https://intra.lhsc.on.ca/sites/default/files/uploads/BBP%20Website%20Information%20Jan%202022.pdf

Radiation Exposure

- Residents must complete the required radiation safety training through the MyEducation on-line training module.
- When working with radiation:
  - Residents must wear protective aprons and neck shields.
  - Wear radiation dosimeter badges.
  - Residents should maximize their working distance from the fluoroscopy unit.
  - Residents should minimize the time the fluoroscopy unit is active.
  - Fluoroscopy units should not be activated unless a radiology technician is present.
- Pregnant trainees are expected to be aware of specific risks to themselves and their fetus in the training environment and request accommodations where appropriate.

Patient Interviews

- It is recognized that, at times, residents may encounter patients who pose a risk to personal safety and wellbeing, e.g. a patient flagged as having violent behaviour.
- Residents are expected to consider the effect on themselves and the patient when deciding on a course of action. Every effort should be made to consult more experienced health care providers or staff and seek assistance, support or alternative courses of action.
- Residents will not be required to see patients alone if not appropriately supervised.
- Should residents fail to engage in such an experience (or engage in a manner other than what has been requested or previously expected of them) due to perceived safety concerns, the residents will report this to their supervisor immediately and to the residency Program Director at the earliest reasonable time.
- Residents are not to assess potentially dangerous patients without the backup of security, and an awareness of accessible exits.
- Residents are not to communicate with patients or families using a method that discloses the trainee's personal contact information.
- Ultimately, residents should use their judgment when deciding if, when, where, and how to engage in clinical and/or educational experiences.

Schulich School of Medicine & Dentistry
Pain Medicine Residency Program Resident Safety Policy

Travel

- Residents might be required to travel from one site to another in order to fulfill their academic/clinical/research duties during residency.
- If, in the opinion of the resident, it would not be safe on a day to travel due to weather conditions, the resident may elect not to attend. The resident will be responsible for communicating their absence to the appropriate personnel (e.g. Chief resident, faculty supervisor, or Program Administrator).
- When residents are traveling for clinical or other academic assignments by private vehicle, it is expected that they maintain their vehicle adequately and travel with appropriate supplies and contact information.
- Residents are not to be expected to travel long distances during inclement weather for clinical or other academic assignments. If such weather prevents travel, the resident is expected to contact the program office promptly. Assignment of an alternate activity is at the discretion of the Program Director.
- Residents should ensure that they are well rested before driving.

Psychological Safety

- Learning environments must be free from intimidation, harassment, and discrimination.
- The residents will be provided with a link to Western University's policy on Harassment, Intimidation, and Unprofessional Behaviour.
- It is expected that residents will be aware of an have easy access to the available sources of immediate and long-term help for psychological problems, substance abuse problems, harassment, and inequity issues amongst others. Resources include but are not limited to the OMA Physician Health Program, the Learner Experience Office, and PARO 24-hour helpline.

Critical Incidents

- The resident will receive support from the program after an adverse event or critical incident.
- Reporting and discussion of adverse events, critical incidents, near misses and safety concerns is encouraged by the program. Discussion is free and open, subject to usual patient confidentiality guidelines.

Personal Computer and Phones

- Trainees are not required to use their own computers and phones in the course of work.
- Residents are provided with a Cerner login for computer access. Computers are available on all wards and clinics with internet connectivity. Review This policy will be reviewed next in 2026 or as required if concerns arise sooner.

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Pain Medicine Residency Program Committee - Terms of Reference

Mandate

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).

Composition

- Includes physician specialists in anesthesia, psychiatry and addiction medicine, neurology, palliative care, pediatrics, rheumatology, physical medicine and rehabilitation, and psychology
- Chair of Anesthesiology, Current and past Pain Medicine Program Director,
- Coordinators for each major component of the program
  - London Regional Cancer Center
  - London Health Sciences Center (University Hospital and Victoria Campus)
  - St. Joseph's Health Centre
  - Parkwood Hospital
  - London Regional Mental Health
- Include representation from non-physician members of the interprofessional pain clinic
- A representative with expertise in research activity should be a member of the PMRPC
- 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.
- Evaluations committee chair
- Ex-officio members of the PMRPC with voting privileges will include: Previous residency program director (PD) if applicable and the Chair of Anesthesiology
- 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
- PMRPC members will be invited by the PD to serve on the committee for a three-year period. The PD will have the option to extend the term of individual members at his/her discretion.
- An individual member may be the representative for more than one training site.

Responsibilities

The PMRPC is responsible for assisting the Residency Program Director (PD) in the planning, organization, and supervision of the Program

- The 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.
- Review and advise on the resident admission process and ensure that fair and transparent process is in place.
- Review evaluation process 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-trainingevaluation
- Assist in the development of remedial measures for residents experiencing difficulties in the program

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Pain Medicine Residency Program Committee - Terms of Reference

- Provide appropriate support to residents experiencing difficulties in the program
- Meet with residents regarding appeals of evaluations
- Assist the PD in determining whether residents successfully complete all components of the program
- To periodically review and adopt applicable postgraduate office and learning site policies and processes.
- To identify, advocate for, and plan for resources needed by the residency program.
- Responsibilities on resident safety and wellness:
  - Ensure there is an established process for the RPC to receive departmental input on: resident wellness, resident safety, patient safety and quality of care.
  - Ensure that residents are aware of policies on safety and wellness.
  - Manage issues of real or perceived lack of resident safety.
  - Provide a prompt review of any resident concerns regarding the educational program (i.e. environment, curriculum, resources, etc.)
  - Maintain and environment free of intimidation, harassment, and mistreatment and manage any issues in a timely, efficient, and sensitive manner in accordance with PGME and Schulich policies.

Meetings

- The Pain Medicine Residency Program Director will chair the meeting
- The PMRPC must meet three times a year and minutes must be taken. The residency program administrative assistant will take minutes and distribute one week prior to each meeting along with the meeting agenda
- Quorum for this committee will consist of at least 50% of members, and must include the PD
- 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 dully seconded, the proposal is then presented and voted upon by the PMRPC members. A proposal will pass at over 50% agreement.
- Votes may be cast by email at the discretion of the Program Director

Accountability

The PMRPC is accountable to:

- Associate Dean, Postgraduate Medical Education
- Chair/Chief of the Department of Anesthesia and Perioperative Medicine

Schulich School of Medicine & Dentistry

Important policies

The Postgraduate Medical Education (PGME) Office develops and updates policies to support and oversee residency education. Policies are drafted by the PGME Policy Subcommittee, which is a subcommittee of the PGME Committee.

The following 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)

https://www.schulich.uwo.ca/medicine/postgraduate/academic_resources/pgme_committee.html

CONTACTS

Pain Medicine Contacts

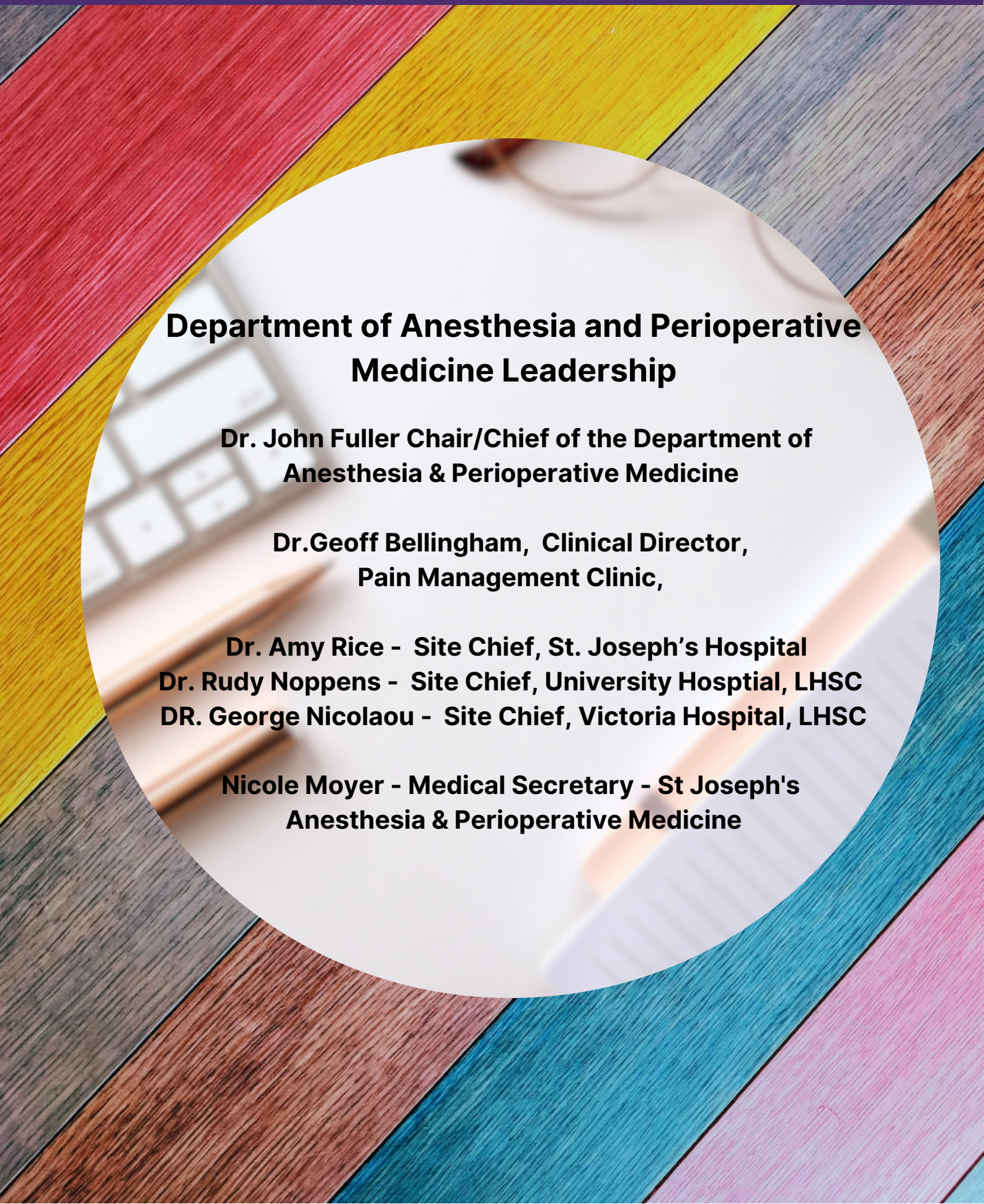
Charlotte Sikatori

Program Administrator,
University Hospital,
London Health Sciences Centre (LHSC)
339 Windermere Road, Room B3-411
London, Ontario, Canada,N6A 5A5
PHONE 519-685-8500 ext. 75813
EMAIL: charlotte.sikatori@lhsc.on.ca

Manikandan Rajarathinam

Program Director
St. Joseph's Health Care London
268 Grosvenor Street, Room B6-666
London, Ontario, Canada, N6A 4V2
PHONE 519-646-6000 ext.16005
EMAIL: Manikandan.Rajarathinam@sjhc.london.on.ca

CONTACTS



Department of Anesthesia and Perioperative Medicine Leadership

Dr. John Fuller Chair/Chief of the Department of Anesthesia & Perioperative Medicine

Dr.Geoff Bellingham, Clinical Director, Pain Management Clinic,

Dr. Amy Rice - Site Chief, St. Joseph's Hospital
Dr. Rudy Noppens - Site Chief, University Hosptial, LHSC
DR. George Nicolaou - Site Chief, Victoria Hospital, LHSC

Nicole Moyer - Medical Secretary - St Joseph's Anesthesia & Perioperative Medicine