

Chronic Pain Rotation Objectives

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

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

Further expertise will require additional elective rotations.

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

There are two tertiary Pain Clinics in London, one at South St Outpatient Department run by Dr Dick Tilsworth and Dr Maria Batorowicz. Continuity of care of inpatient chronic pain inpatients as well as multidisciplinary aspects of their management will be a feature of the one-month rotation with daily rounds. St Joseph's Health Care is establishing a multidisciplinary model with a Clinical Specialist Nurse Practitioner, an affiliated psychologist, a dedicated RN as well as three physiatrists, one neurologist, and three anesthesiologists (Dr Rob Banner, Dr Jim Watson and Dr Pat Morley-Forster). A schedule is attached. There are concurrent clinics and the resident will not be able to attend all of them weekly. However, by the end of the rotation, the resident will be expected to have attended the five anesthesia-run clinics at least once. There is some scheduling flexibility depending on an individual's interest and needs. Residents from Family Medicine, Internal Medicine, Neurology, as well as an Anesthesia Fellow, may also be doing rotations in that particular month.

Please contact Dr Morley-Forster's office at (519) 646-6000 ext 65065 one week before the start of your rotation to clarify your schedule and objectives.

NB: In order to permit the best assessment of your work the evaluation form should be completed within one week of the end of your rotation by the staff anesthesiologist with whom you worked most closely.

Medical Expert / Clinical Decision-Maker:

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

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

Specific Knowledge Requirements:

- At the completion of the chronic pain clinic rotation, the resident will be able to:
- The resident will be able to apply knowledge gained in treatment of the following specific pain disorders.
- Complex Regional Pain Syndrome
- Neuropathic pain syndromes e.g. peripheral diabetic neuropathy, post-herpetic neuralgia
- Central pain syndromes
- Intractable anginal pain
- Visceral pain
- Pelvic pain
- Headaches
- Pain related to peripheral vascular insufficiency
- Role of personality disorders, anxiety states, and depression
- Compensation and disability

Communicator:

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

- Establish a professional relationship with patients and families.
- Obtain and collate relevant history from patients, and families.
- Listen effectively.

- Educate patients and families about their pain condition, as well as other members of the health care team.
- Demonstrate appropriate oral and written communication skills in inpatient, outpatient and operating room environments.

Collaborator:

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

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

Manager:

- At the completion of the chronic pain clinic rotation, the resident will be able to:
- Demonstrate basic knowledge of the management of an ambulatory care pain clinic.
- Utilize information technology to optimize patient care, and life-long learning.
- Demonstrate knowledge of the guidelines concerning controlled medication use as treatment for chronic cancer and non-cancer pain in Canada.
- Apply principles of quality assurance to outcomes in Chronic Pain Clinic.

Health Advocate:

- At the completion of the chronic pain clinic rotation, the resident will be able to:
- Be aware of national practice guidelines for chronic pain management.
- Identify the important determinants of health affecting chronic pain patients.
- Recognize opportunities for anesthesiologists to advocate for resources for chronic pain management.

Scholar:

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

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

Professional:

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

- Deliver highest quality care with integrity, honesty and compassion.
- Exhibit appropriate personal and interpersonal professional behaviors.
- Practice medicine ethically consistent with the obligations of a physician.
- Include the patient in discussions concerning appropriate diagnostic and management procedures.

- Respect the opinions of fellow consultants and referring physicians in the management of patient problems and be willing to provide means whereby differences of opinion can be discussed and resolved.
- Establish a pattern of continuing development of personal clinical skills and knowledge through medical education.

Reading List for Chronic Pain Management Rotation

Standard Texts:

- Barash, Clinical Anesthesia, pp.1427-1450 (Lippincott, 1989)
- Miller, anesthesia, third edition, pp. 1927-1950 (Churchill, Livingstone, 1990)

Specialty Texts:

Residents should read through one or the other of these texts to understand the subspecialty of “Chronic Pain Management”.

- Abram, Stephen E (ed), The Pain Clinic Manual (Lippincott, 1990)
- Warfield, Carol A (ed), Manual of Pain Management (Lippincott, 1990)
- Grady, KM, Severn AM. Key Topics in Chronic Pain (Bios Scientific Publishers, 2003)

Other References:

- Raj P, The Management of Chronic Pain by the Anesthesiologist, Lectures in Anesthesiology (1988/2), pp 39-51

A full file of “pain management” articles are available in the LHSC-UH library.