

**UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL
ANESTHESIOLOGY RESIDENCY PROGRAM**

**GOALS AND OBJECTIVES
CHRONIC PAIN MANAGEMENT ROTATION
CA-2 REQUIRED**

Overview:

This rotation is available to CA-2 residents as the mandatory one-month pain management rotation. Emphasis is on an interventional approach toward the management of chronic pain in an outpatient hospital-based clinic. This rotation takes place in a private practice environment. Patients best served by a multidisciplinary approach are referred elsewhere for psychological/psychiatric care and for rehabilitation services (physical or occupational therapy.)

CA-3 residents may choose to spend elective months as well, in which mastery of all CA-2 cognitive and skill objectives will be expected, along with more independence in patient evaluation and management.

GOAL

The goal of this rotation is to provide adequate educational opportunities such that a resident will be able to adequately assess a patient with history of chronic pain syndrome, and develop and initiate a management plan with guidance.

COMPETENCIES

I. PATIENT CARE

At the conclusion of the rotation, the resident should be able to:

- Conduct a pain-related history and physical exam
- Recognize psychological and social effects of chronic pain
- Perform appropriate interventional procedures with minimal guidance, including:
 - Trigger point injection
 - Epidural steroid injection
 - Stellate ganglion block
 - Lumbar sympathetic block
 - Epidural catheter placement and dosing
 - Intercostal nerve block
- The level of training and experience of the resident will allow for more participation in interventional procedures by a CA-3 resident. The CA-3 resident should be able to perform, with guidance,
 - Facet joint injection
 - Facet nerve injection (medial branch block)
 - Facet neurolysis

II. MEDICAL KNOWLEDGE

At the conclusion of the rotation, the resident should:

- Be able to discuss the necessary components of a basic pain-related history and physical exam

- Discuss the pathophysiology, presentation and treatment options for a variety of pain syndromes, including:
 - Myofascial pain
 - Fibromyalgia syndrome
 - Facet arthropathy
 - Radiculopathy
 - Discogenic pain
 - Complex regional pain syndrome [CRPS, reflex sympathetic dystrophy]
 - Neuropathic pain [central and peripheral]
 - Acute herpes zoster
 - Post herpetic neuralgia
 - Intercostal neuralgia, post thoracotomy pain syndrome
 - Cancer pain.

- Be able to discuss the difference between tolerance, physical dependence, and addiction

- Know pharmacology of simple analgesics, opiates adjuvant analgesics, hydrocortisone, and side effects of these medications

III. PROFESSIONALISM

At the conclusion of the rotation, the resident must

- Demonstrate the ability to work efficiently in an private outpatient setting
- Demonstrate the ability to work cooperatively with all clinic staff
- Properly document
- Demonstrate an understanding of confidentiality issues within the particular setting

IV. COMMUNICATION AND INTERPERSONAL SKILLS

At the conclusion of the rotation, the resident will

- Properly identify his/her role in the patient's care
- Demonstrate the ability to elicit a complete history, and communicate same to faculty
- Demonstrate the ability to communicate effectively and understandably with the patient presenting with a chronic pain issue
- Discuss pre and post procedure instructions and expectations regarding treatment and its effect to the patient

V. PRACTICE-BASED LEARNING

At the conclusion of the rotation, the resident will be able to

- Express an understanding of the anesthesia provider's role in any adverse outcome which develop, as well as discuss learning points gained from such experience

VI. SYSTEMS-BASED PRACTICE

At the conclusion of the rotation, the resident will be able to discuss

- The referral issues encountered by patients seeking admission to the Pain Clinic
- The reimbursement issues in patients involved with chronic pain management
- Issues of patient discharge into the community practice setting
- The reasons why some patients may not be completely free of pain despite all possible treatments, and discuss the implications of that in future care of the patient

Evaluation and feedback:

Pre-rotation meeting will take place before clinic hours on the first day of the rotation. The goals and objectives for the rotation will be discussed with the resident, and reading material will be provided.

The entire rotation is spent working one-on-one with an attending. Daily feedback will be provided on a case-by-case basis.

Post-rotation evaluation will be provided by the attending using Evaluate. The resident may also use Evaluate to provide post-rotation evaluation of the attending.

Didactic experience:

The resident will be expected to participate in all daily lectures held at the University Campus.

Reading material pertinent to chronic pain management will be provided, and will be updated regularly as current information is published. A combination of chapters from textbooks and various reprints will be provided to the resident at the beginning of the rotation.

Topics will be discussed each month, including (but not limited to) the following:

- Radiation safety
- History and Physical exam of pain patient
- Epidural/intrathecal opioids
 - Site of action, pharmacodynamics, pharmacokinetics, rostral migration, ventilatory depression
- Cancer pain treatment [WHO ladder and interventional therapies]
- Opioids and nonmalignant pain
- Low back pain – diagnosis and treatment
- Facet arthropathy – diagnosis and treatment
- Epidural steroid injections - indications, outcomes
- Radicular low back pain – diagnosis and treatment
- Complex regional pain syndrome (CRPS, reflex sympathetic dystrophy):
 - Diagnosis and treatment
 - Stellate block - anatomy, procedure, complications
 - Lumbar sympathetic block - anatomy, procedure, complications
- Celiac plexus block - anatomy, indications, procedure, complications.
- Shingles, post herpetic neuralgia.
- Neurolytic block – by chemical, heat, cold.