

### **Responsibilities/clinical role of the pain fellow:**

The pain fellow has usually completed the CA3 anesthesiology work, and is accepted into the program to hone in the skills needed for expert management and consultations on issues related to acute, chronic and cancer pain management. The fellow is expected to acquire the characteristics of an excellent physician with an objective approach to solving problems. He is expected to be proficient in the general areas of patient care, medical knowledge, practice-based learning and improvement, interpersonal communications, professionalism and system-based practice. Periodic evaluation is done using the continuous quality improvement paradigm.

Evaluation of the general competencies, as required in the ACGME outcome project is done using specific tools. The aim is to ensure that the educational system results in a well rounded fellow able to interact appropriately with patients, colleagues and coworkers. The specific areas include:

#### **PATIENT CARE**

Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. They are expected to:

- communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families
- gather essential and accurate information about their patients
- make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
- develop and carry out patient management plans
- counsel and educate patients and their families
- use information technology to support patient care decisions and patient education
- perform competently all medical and invasive procedures considered essential for the area of practice
- provide health care services aimed at preventing health problems or maintaining health
- work with health care professionals, including those from other disciplines, to provide patient-focused care

#### **MEDICAL KNOWLEDGE**

Fellows demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care. They are expected to:

- demonstrate an investigatory and analytic thinking approach to clinical situations
- know and apply the basic and clinically supportive sciences which are appropriate to their discipline

### **PRACTICE-BASED LEARNING AND IMPROVEMENT**

Fellows are able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices. They are expected to:

- analyze practice experience and perform practice-based improvement activities using a systematic methodology
- locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems
- obtain and use information about their own population of patients and the larger population from which their patients are drawn
- apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness
- use information technology to manage information, access on-line medical information; and support their own education
- facilitate the learning of students and other health care professionals

### **INTERPERSONAL AND COMMUNICATION SKILLS**

Pain fellows must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients families, and professional associates. They are expected to:

- create and sustain a therapeutic and ethically sound relationship with patients
- use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills
- work effectively with others as a member or leader of a health care team or other professional group

### **PROFESSIONALISM**

Pain fellows must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. They are expected to:

- demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supercedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development

- demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
- demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities

### **SYSTEMS-BASED PRACTICE**

Pain fellows are expected to demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. They are expected to:

- understand how their patient care and other professional practices affect other health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice
- know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources
- practice cost-effective health care and resource allocation that does not compromise quality of care
- advocate for quality patient care and assist patients in dealing with system complexities
- know how to partner with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance.

### **Assessment Methods:**

A variety of tools are used for evaluation of the fellow's performance and progress throughout the training.

1. **Global rating of live performance:** as already performed by all faculty members using the web-based evaluation tool.
2. **Case logs:** maintained by the residents and DA
3. **Chart/record review:** as performed by the attending pain physician when assessing the documentation of E&M services including dictated consultations to the referring physicians, consents and procedure notes
4. **360 degree evaluations:** For evaluation, the program director obtains evaluations from the support staff, nursing staff, medical students, fellows and faculty members that the residents interact with during their rotation.
5. **Specific evaluation forms** measuring the different competencies.
6. **Written examination:** Multiple choice examinations developed by pain faculty members of the department.

## **Acute Pain**

The pain fellow is responsible for follow up on patients who receive intrathecal opioids, thoracic or lumbar epidurals, femoral catheter and other infusion devices as part of their peri-operative pain management, under supervision of the attending pain physician.

He observes and learns the indications, management, efficacy and side effects of regional block techniques in acute pain management.

The fellow prescribes and manages PCA under supervision of the attending pain physician.

Degree of supervision is based on clinical experience, abilities and fund of knowledge of the fellow.

Participate in the education and supervision of junior residents. Delegates functions to them as appropriate.

Serves as a resource person on pain issues for other providers of care and education of junior residents while on acute pain service.

## **Chronic Pain**

- (1) Master use of nerve blocks as part of multimodal therapy.
- (2) Takes focus history and physical examination and becomes familiar with the indications of physical therapy, psychological therapy, acupuncture and interventional procedures.
- (3) Attend departmental Morbidity and mortality meetings, didactic lectures, and journal club. Occasionally, the fellow will be the chief presenter for such meetings, lectures or journal club.
- (4) Teach the concepts of chronic pain and its management to individuals of lower academic standing.
- (5) Participate in the education and supervision of junior residents.

## **Interventional Pain Management**

- (1) Learns the concept and importance of pre-procedure evaluation and preparation of patients in the out patient clinic.
- (2) Participates in interventional nerve blocks under the supervision of the attending and become proficient in various blocks including facets, nerve root blocks, epidurals, intrathecal injections of opioids, adjuvants, including neurolytic agents.

- (3) Works with attendings in the department of neurosurgery and pain medicine, to gain hand-on experience in placement stimulators, intrathecal pump, implantable epidural catheters and other neurosurgical interventional modalities.

Specific goals and objectives are:

- Describe the current role of fluoroscopy for improving utility and safety for different pain management procedures.
- Demonstrate practical methods to improve optimal image acquisition, reduce radiation exposure to both operator and patient, and improve outcomes.
- Explain practical uses of radiofrequency for common procedures such as facet joint rhizotomy and sympathetic ganglion ablation, including strategies to optimize results.
- Discuss spinal stimulation lead design, multiple lead placement and practical patient management strategies.
- Discuss patient selection and methods of predicting optimal patient response.

### **Acupuncture**

Know the basis and procedures for the use of acupuncture as part of the multimodal pain treatment.

Specific objectives are:

- Explain the basic theory of acupuncture and describe scientific evidence for efficacy.
- Identify the most successful use of acupuncture for acute and chronic pain states.
- Characterize the current role for acupuncture in pain states and identify emerging indications.

### **Quality Improvement**

- (1) Be a member of the pain improvement team and participates actively in decisions regarding experience-based changes observed during the pain clinic meetings as well as initial follow-up.
- (2) Be a member of the hospital – wide pain quality improvement team and attend the meetings regularly.
- (3) Tracts patients on the acute pain service, inpatient consults and delegates functions to junior residents as appropriate.
- (4) Be actively involved in teaching junior residents and assumes responsibility for routine patient care under the supervision of the attending specialist. Allocates blocks to residents.
- (5) Allocate and prioritize the order in which patients seen during acute pain rounds.
- (6) Communicate decision and follow-up with other services.
- (7) Oversee the maintenance of daily tract of patients and procedures on the acute pain service.

### **Consultant to other specialties.**

- (1) Consults from other physicians are to be seen by the pain medicine trainee under supervision of the attending pain management physician when appropriate.
- (2) Be a member of the multidisciplinary pain team, and conveys recommendation to other services when appropriate.

### **Teaching**

- (1) Instructs residents and medical students in routine patient care activities.
- (2) Participate in conference, didactic instructions as well as journal clubs.

### **Research**

- (1) Encouraged to participate in at least one publication during his training. Attend at least one educational/research conference related to pain or anesthesia under the auspices of the department. As an incentive, the fellow may attend as many conferences as preferred, if he is giving a presentation or if he is a part of the organizing committee of the conference.

### **Evaluation**

- (1) Participates in the evaluation of residents and medical students at the end of their rotation.
- (2) Evaluate attending physicians using the internet based departmental evaluation form.
- (3) The attending staff does evaluation of the fellow on a regular basis -initially monthly intervals, and these are discussed with the fellow orally and in written form on a quarterly basis, during meeting the program director/departmental chair.
- (3) Meet with Pain Director and/or departmental chair quarterly for discussion of feedback on his performance. More frequent meeting may be arranged if there is a red flag in performance.

### **Handling of Complaints:**

We maintain an open atmosphere, and the program director, as well as the other faculty members, are easily available to listen and address any complaints. Our goal is to make the training and learning environment as conducive as possible, while preparing for the real world.

Any complaint may be channeled to the program director, who personally makes time every week to review the status of things with the trainee. Complaints may also be channeled through other faculty members. If any of these channels are not conducive, the trainee can go directly to the Chairman of the department. Complaints may be resolved at any of these levels. If resolution at these levels is not acceptable, the trainee may go to the Human resources department of the hospital.

## **Supervision**

The pain management fellow is responsible in his/her clinical duties to the attending physician and history, physical exam and plans for patient treatment are to be discussed with the attending physician before implementation. See policy on duty hours and supervision.