

This document applies to those who begin training on or after July 1st, 20xx.

(Please see also the "Policies and Procedures.")

DEFINITION

Pain Medicine is a medical subspecialty concerned with the prevention, evaluation, diagnosis, treatment, and rehabilitation of the whole spectrum of acute, chronic, non-cancer and cancer pain.

GOALS

Upon completion of training, a resident is expected to be a competent specialist in Pain Medicine capable of assuming a consultant's role in the specialty. The resident must acquire a working knowledge of the theoretical basis of the specialty, including its foundations in the basic medical sciences and research.

Only candidates certified by the Royal College of Physicians and Surgeons of Canada (Royal College) in Anesthesiology, Neurology, Rheumatology, Physical Medicine & Rehabilitation or Psychiatry may be eligible for certification in Pain Medicine. Candidates certified in any other medical or surgical specialty may, under special consideration, be deemed eligible for training and Royal College certification in Pain Medicine. Entry may also be granted under special consideration, to those who have obtained a two-year CCFC s a third year of training in an area of focused practice accredited by the College of Family Physicians of Canada (CFPC) such as Anesthesia or Palliative care.

Residents must demonstrate the requisite knowledge, skills, and attitudes for effective patient-centered care and service to a diverse population. In all aspects of specialist practice, the graduate must be able to address issues of gender, sexual orientation, age, culture, ethnicity and ethics in a professional manner.

PAIN MEDICINE COMPETENCIES

At the completion of training, the resident will have acquired the following competencies and will function effectively as a:

Medical Expert

Definition:

As *Medical Experts*, Pain Medicine specialists integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional attitudes in their provision of patient-centered care. *Medical Expert* is the central physician Role in the CanMEDS framework.

Medical Expert is the central role of the Pain Medicine specialist. As *Medical Experts*, the core skill of the Pain Medicine physician is to synthesize available information in a manner which places the patients' predicament in a bio-psycho-social framework, and to then advise as to the best method of pain management for that individual.

Key and Enabling Competencies: Pain Medicine specialists are able to...

1. Function effectively as consultants, integrating all of the CanMEDS Roles to provide optimal, ethical and patient-centered medical care

- 1.1. Perform a consultation, including the presentation of well-documented assessments and recommendations in written and/or verbal form in response to a request from another health care professional
- 1.2. Demonstrate use of all CanMEDS competencies relevant to Pain Medicine
- 1.3. Practice Pain Medicine in the context of a multi-disciplinary pain clinic setting
- 1.4. Identify and appropriately respond to relevant ethical issues arising in patient care
- 1.5. Demonstrate the ability to prioritize professional duties when faced with multiple patients and problems
- 1.6. Demonstrate compassionate and patient-centered care
- 1.7. Respond to the ethical concerns in medical decision-making
- 1.8. Demonstrate medical expertise in situations other than patient care, such as providing expert legal testimony or advising governments, as needed
- 1.9. Demonstrate knowledge of components of health administration required to establish pain management services, either at a secondary community-based facility or in a tertiary university-affiliated clinic

2. Establish and maintain clinical knowledge, skills and attitudes appropriate to Pain Medicine

- 2.1. Apply knowledge of the clinical, socio-behavioural, and fundamental biomedical sciences relevant to Pain Medicine. The Pain Medicine specialist will demonstrate proficiency in the following areas of medicine, relevant to the practice of Pain Medicine:

2.1.1. Basic Science of Pain Medicine

- 2.1.1.1. Define the disorder of chronic pain and utilize the International Association for the Study of Pain (IASP) Classification of Chronic Pain

OBJECTIVES OF TRAINING IN PAIN MEDICINE (2011 DRAFT)

- 2.1.1.2. Outline the anatomy and neurophysiology of nociception
- 2.1.1.3. Explain the pathophysiology of acute pain including mechanisms, modulation and associated physiologic consequences
- 2.1.1.4. Identify characteristics of patients who would most benefit from a formal psychological assessment
- 2.1.1.5. Explain the pathophysiology of chronic pain including origins, mechanisms, modulation and associated physiologic consequences
- 2.1.1.6. Describe current concepts of the placebo response and their implications for assessment and therapy
- 2.1.1.7. Cite known genetic influences on pain and pharmacotherapy for pain; describe the role of genetic techniques in investigating pain physiology
- 2.1.1.8. Summarize the mechanism of action, pharmacology, side effects and monitoring of the following drug classes:
 - 2.1.1.8.1. Mu-receptor agonists
 - 2.1.1.8.2. Serotonin/norepinephrine re-uptake inhibitors
 - 2.1.1.8.3. Calcium channel blockers
 - 2.1.1.8.4. Sodium channel blockers
 - 2.1.1.8.5. Prostaglandin inhibitors
 - 2.1.1.8.6. NMDA receptor antagonists
 - 2.1.1.8.7. Cannabinoids
 - 2.1.1.8.8. Other adjunctive analgesics
- 2.1.1.9. Describe and use at least one validated outcome measure available to assess each of pain, mood, function, sleep, quality of life and health care utilization; explain their administration, scoring, interpretation, limitations, and clinical utility.

2.1.2. **Psychiatry/addiction medicine:**

- 2.1.2.1. Describe how psychiatric illness, relevant to pain medicine, may be modulated through predisposing, precipitating, perpetuating and protecting factors
- 2.1.2.2. List important psychological mechanisms involved in pain and suffering
- 2.1.2.3. Explain how neuro-biologic predisposition, childhood and early life experiences, cultural and societal environments may impact pain perception and experience using a bio-psycho-social model.

OBJECTIVES OF TRAINING IN PAIN MEDICINE (2011 DRAFT)

2.1.2.4. Identify characteristics of patients who would most benefit from a formal psychological assessment

2.1.2.5. Is able to outline indications, contraindications, benefits (efficacy) and risks (safety) and summarize the evidence that supports these clinical treatments.

Cognitive behavioral therapy
Mindfulness based stress reduction (MBSR)
Mindfulness Based Cognitive Therapy (MBCT)
Biofeedback
Hypnosis
Imagery training
Patient education programs
Exercise and fitness training
Patient self-management techniques, goal setting.

2.1.2.6. Define catastrophizing and kinesophobia as predictors of chronic pain treatment outcomes; describe common assessment tools for detecting each and outline interventions that can be used to reduce the severity of each condition.

2.1.2.7. For the following psychiatric disorders, list diagnostic criteria, provide examples of appropriate screening questionnaires, outline the fundamentals of treatment strategies (and contraindications for other treatments), and state the indications for psychiatric or psychological referral.

2.1.2.7.1. Major depressive disorder

2.1.2.7.2. Bipolar mood disorders

2.1.2.7.3. Post-Traumatic Stress Disorder, Panic Disorder, Social Anxiety Disorder, Generalized Anxiety Disorder

2.1.2.7.4. Substance use Disorders

2.1.2.7.5. Attention Deficit Disorder

2.1.2.7.6. Somatoform Disorder

2.1.2.7.7. Personality Disorders

2.1.2.8. Explain the potential effect of pain treatments on psychiatric comorbidities

2.1.3 Sleep Medicine

2.1.3.1. Describe how sleep disorders may be relevant to pain medicine and may be modulated through predisposing, precipitating, perpetuating and protecting factors.

2.1.3.2.

Explain the interaction between pain, sleep, medications, non prescribed substances, anxiety and mood disorders

OBJECTIVES OF TRAINING IN PAIN MEDICINE (2011 DRAFT)

- 2.1.3.3. Describe the basic classification of sleep disorders according to the International Classification of Sleep Disorders (ICSD).
- 2.1.3.4. Identify characteristics of those patients who would most benefit from a referral to a Sleep Clinic
- 2.1.3.5 List common assessment procedures used in the diagnosis of sleep disorders
- 2.1.3.6 Outline non pharmacologic and pharmacologic treatment options for the common sleep problems that occur in association with chronic pain disorders.

Martin to send to Dr. MF and Pam
(Addiction to follow shortly)

2.1.4 Musculoskeletal system and rehabilitation:

- 2.1.4.1 Describe the epidemiology, pathophysiology, natural history, diagnosis, treatments and prognosis of common painful musculoskeletal diseases which will include inflammatory and degenerative joint disease, soft tissue rheumatism and diffuse body pain
- 2.1.4.2 Demonstrate knowledge of diagnosis, appropriate investigations and management of common rheumatic conditions such as rheumatoid arthritis, connective tissue diseases, seronegative arthritis, polymyalgia rheumatica, inflammatory myopathy and soft tissue pain disorders such as myofascial pain and fibromyalgia
- 2.1.4.3 Describe specific pain conditions relevant to patients with spinal cord injury, stroke, post trauma and amputation
- 2.1.4.4 Demonstrate knowledge of diagnosis and management of common spine pathologies causing pain, including mechanical back pain, intervertebral disc herniations with radiculopathy, spinal stenosis and whiplash associated disorders. List "red flag" conditions such as tumor, fracture, myelopathy, and infection
- 2.1.4.5 Describe the indications for diagnostic imaging (plain films, CT, bone scan, MRI, Ultrasound, PET); identify expected imaging abnormalities for common pain diagnoses; explain the relationship between imaging findings and pain
- 2.1.4.6 Formulate an appropriate treatment plan for managing musculoskeletal pain
- 2.1.4.7 Outline injection formulations and techniques that may be used to treat painful soft tissue and joint disorders

OBJECTIVES OF TRAINING IN PAIN MEDICINE (2011 DRAFT)

- 2.1.4.8 Describe the principles, indications and limitations of physical treatments (exercise based treatment, passive physical therapies such as ultrasound, transcutaneous electrical stimulation (TENS), manual therapies, manipulation and massage) in the management of musculoskeletal pain
- 2.1.4.9 Describe the principles, indications and limitations of occupational therapy management (pacing, ergonomics and work/daily activity modification) in the management of musculoskeletal pain
- 2.1.4.10 Cite current evidence for the potential role of complementary and alternative medicine, commonly used in managing musculoskeletal pain.
- 2.1.4.11 Identify functional domains as outcome measures for pain. Summarize the principles of functional restoration in individuals with pain, and specify the evidence supporting different types of chronic pain activation programs
- 2.1.4.12 Describe the concepts of impairment, disability and handicap and how these apply to individuals with pain, and define the medico-legal concepts of disability.

2.1.5 Neurology

- 2.1.5.1 Describe the epidemiology, pathophysiology, natural history, diagnosis, treatments and prognosis of common conditions causing neuropathic pain
- 2.1.5.2 Describe the features of neuropathic pain including peripheral and central sensitization; list common symptoms and signs of each and explain their role in the persistence of pain
- 2.1.5.3 Demonstrate knowledge of diagnosis, appropriate investigations and management of common painful peripheral nervous system disorders including compression and entrapment syndromes, ischemic nerve injuries, infectious lesions including herpes zoster and post-herpetic neuralgia, and painful diabetic neuropathy
- 2.1.5.4 Demonstrate knowledge of diagnosis, appropriate investigations and management of common painful central nervous system disorders including post-stroke pain, spinal cord injury, and multiple sclerosis.
- 2.1.5.5 List clinical tests used to diagnose neuropathic pain including positive signs (mechanical and thermal allodynia and hyperalgesia, temporal and spatial summation), negative signs (sensory loss, weakness and muscle atrophy) and associated signs such as referred sensation, swelling, alterations in sweating, changes in colour and temperature, and trophic changes

OBJECTIVES OF TRAINING IN PAIN MEDICINE (2011 DRAFT)

- 2.1.5.6 Describe the indications and limitations of imaging, nerve conduction studies, electromyography and quantitative sensory testing in the diagnosis of neuropathic pain
- 2.1.5.7 List common validated tools that have been developed to assess neuropathic pain; identify their purpose, scoring, interpretation and limitations
- 2.1.5.8 Explain the classification, mechanisms, assessment and management of persistent headache syndromes, facial and orodental pain syndromes. Identify the red flags for life-threatening headache including early morning nausea and vomiting and focal neurological signs and symptoms.
- 2.1.5.9 Formulate a step-wise approach to pharmacotherapeutics and pain interventions for a patient with neuropathic pain, applying published consensus guidelines, and taking into consideration the patient's individual medical complexity.

2.1.6 Pediatric pain management

- 2.1.6.1 List the common acute and persistent pain syndromes unique to pediatric patients, their epidemiology, pathophysiology, natural history, symptoms, signs, treatment and prognosis.
- 2.1.6.2 Explain how developmental, psychosocial, family and cultural factors affect the assessment of pain in pediatric patients and use this knowledge when formulating a treatment plan.
- 2.1.6.3 Use common validated tools to measure pain in neonates, children and adolescents, including children with cognitive impairment. Identify their purpose and explain their administration, scoring, interpretation, limitations and define clinical utility.
- 2.1.6.4 Describe the differences between adults and children with regards to common analgesic pharmacotherapy and use this knowledge when formulating a treatment plan.
- 2.1.6.5 Give examples of approved strategies for safe prescribing and monitoring of off-label pain therapies in pediatric patients.
- 2.1.6.6 Give examples of non-pharmacologic approaches used in pediatrics to reduce procedural pain and to treat pain, such as comfort measures, hypnotic techniques, and distraction.
- 2.1.6.7 Outline the evidence regarding adverse physiological and psychological effects of inadequate pain management in neonates and infants.

- 2.1.6.8 Describe the assessment and management of a child or youth who experiences pain sensitization following repeated or prolonged exposure to acute pain episodes, for example in Pediatric Rheumatologic, Oncologic or Neurologic conditions.

2.1.7 Acute pain management

- 2.1.7.6 List common acute pain conditions, their epidemiology, pathophysiology, natural history, treatment and prognosis
- 2.1.7.7 Describe the elements of an acute pain assessment; explain how it may differ from a chronic pain assessment.
- 2.1.7.8 Describe how specific patient characteristics might affect acute pain assessment such as ethnic identity, age, cognitive impairment, language barrier, level of consciousness. Identify specific assessment techniques to meet these needs.
- 2.1.7.9 Describe the adverse physiological and psychological effects, both immediate and long term of inadequate pain management in the acute care setting.
- 2.1.7.10 Identify patients whose injury, disease, or surgery, in combination with their psychological characteristics (anxiety, depression, past experience and expectations, catastrophizing) has put them at risk of developing chronic pain; describe treatments which might decrease that risk

2.1.7.6. Cite indications, contraindications, delivery routes, side effects, and complications of specific pharmacological interventions used for acute pain management including medications from the following analgesic classes: Mu-receptor agonists:

Serotonin/norepinephrine re-uptake inhibitors

Calcium channel blockers

Sodium channel blockers

Prostaglandin inhibitors

NMDA receptor antagonists

Cannabinoids

Other adjunctive analgesics??

2.1.7.7. Describe current methods of interventional techniques in acute pain management including their indications, contraindications, side effects, and complications including the following:

2.1.7.10.1 2.1.7.7.1 Neuraxial block technique

2.1.7.10.2 Peripheral Nerve and plexus block

2.1.7.11 Cite the evidence for non-pharmacological techniques used for acute pain relief and provide examples of how they can be successfully utilized in acute pain management.

2.1.7.12 Identify factors that complicate treatment of an acute pain patient including previous chronic pain condition, opioid tolerance, substance abuse and physio. factors

2.1.8 Cancer pain management

2.1.8.6 Outline common pain management problems that are unique to cancers or to their treatment. Describe the epidemiology, pathophysiology, natural history, treatment and prognosis of common cancers.

2.1.8.7 Explain how cancer cycles of recurrence and remission might affect pain assessment and treatment.

2.1.8.8 Describe the psychological, social, cultural and spiritual effects of a life threatening disease on pain assessment and treatment.

2.1.8.9 Utilize guidelines for the pharmacologic management of cancer pain; identify the differences with regards to utilizing opiates and co-analgesics in a variety of administration routes.

2.1.8.10 List the effects and manage pain related complications of chemotherapy, radiotherapy, pharmacotherapy and surgery.

2.1.8.11 Identify acute and life threatening complications of cancer including raised intracranial pressure, spinal cord compression, and hypercalcemia.

2.1.8.12 Describe the indications, contraindications, risks and benefits of anesthetic and neurosurgical procedures to control cancer related pain; including local anesthetic and neurolytic blocks, and neuraxial drug delivery systems.

2.1.8.13 Describe the elements of both an outpatient and inpatient Cancer Pain Service

Identify characteristics of patients who would most benefit from psychosocial intervention, palliative care and home care assistance.

2.2 Describe the CanMEDS framework of competencies relevant to Pain Medicine

2.3 Apply lifelong learning skills of the Scholar Role to implement a personal program to keep up-to-date, and enhance areas of professional competence

2.4 Contribute to the enhancement of quality care and patient safety in Pain Medicine by integrating the available best evidence and best practices

3 Perform a complete and appropriate assessment of a patient

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

3.1.1. Perform an appropriate clinical assessment which will include a directed history and examination in order to identify the etiology of the acute/chronic or cancer pain condition.

3.1.2. Perform an assessment appropriate for age and development of the presenting complaint and important co-morbidities ,utilizing a biopsychosocial framework

3.1.3 Elicit a history that is relevant, concise and accurate to context and preferences for the purposes of diagnosis and/or management prevention and health promotion

3.1.4 Demonstrate appropriate use of common validated pain assessment tools and questionnaires used to measure the various components of the biopsychosocial pain assessment
Select, complete and interpret a variety of functional outcome assessment tools for monitoring effect of interventions

3.2 Perform a focused physical examination that is relevant and appropriate for the purposes of prevention and health promotion, diagnosis and/or management

3.2.3 Perform a directed musculoskeletal and/or neurological physical examination in order to differentiate painful processes arising from bones, joints, soft tissues, peripheral or central nervous system, or other tissues.

3.2.4 Be able to identify whether the pain complaint arises from an inflammatory or degenerative musculoskeletal condition and generate a differential diagnosis for the pain complaint using anatomical knowledge and, if applicable, evidence-based examination techniques

3.2.5 Perform a physical examination targeting to the assessment of (to follow) Dr. Smyth specific to the assessment of cancer pain.

3.3 Select medically appropriate investigative methods in a resource-effective and ethical manner

3.4 Demonstrate effective clinical problem solving and judgment to address patient problems, including evidence-based examination techniques, interpreting available data and integrating information to generate differential diagnoses.

3.4.3.1 Utilizing the Universal Precautions risk stratification and in accordance with National Opioid Use Guideline Group (NOUGG)

guidelines, develop and implement an appropriate management and follow up plan for a patient who requires opioids

- 3.4.3.1.1 Describe indications and interpretation of a urine drug test; utilize the results to construct a differential diagnosis and generate an appropriate follow-up plan
- 3.4.3.1.2 Describe appropriate documentation and strategies to deal with behaviors possibly associated with opioid misuse, abuse, diversion or addiction

3.6 Devise, as resources allow, an appropriate integrative, interdisciplinary management plan utilizing all appropriate interventions (preventative, psychological, non-pharmacologic, pharmacologic, interventional) based on the individuals' specific pain, co-morbidities, goals and other relevant factors to provide maximal functional restoration.

3.7 Implement a management plan where appropriate in collaboration with a patient and their family

4 Use preventive and therapeutic interventions effectively

- 4.1 Demonstrate appropriate and timely application of preventive and therapeutic interventions relevant to Pain Medicine
- 4.2. Cite evidence-supported therapeutic measures that can be used for prevention of:
 - post surgical pain
 - musculoskeletal pain
 - neuropathic pain
 - pain-related crises in cancer pain syndromes
 - pain related disabilities
 - medication and substance abuse disorders.
- 4.3 Ensure appropriate informed consent is obtained for off label therapies and opioid management
- 4.4 Utilize appropriate patient resources, including books, online information, support groups, and patient advocacy groups

5 Demonstrate proficient and appropriate use of procedural skills, both diagnostic and therapeutic

- 5.1 Demonstrate effective, appropriate, and timely use of the following diagnostic procedures taking into account the limitations of these diagnostic procedures, and the potential risks to patients
 - 5.1.1 Peripheral nerve and plexus blocks
 - 5.1.2 Neuraxial blocks
 - 5.1.3 Musculoskeletal injection

OBJECTIVES OF TRAINING IN PAIN MEDICINE (2011 DRAFT)

- 5.2 Demonstrate knowledge of effective, appropriate, and timely use of the following therapeutic procedures taking into account the limitations of these procedures, and the potential risks to patients.
 - 5.2.1 Peripheral nerve and plexus blocks
 - 5.2.2 Neuraxial blocks
 - 5.2.3 Musculoskeletal injection
 - 5.2.4. Neuromodulation and neuroablation procedures
 - 5.2.5. Sympathetic blocks
- 5.3 Identify procedures that require the use of appropriate image guidance including ultrasound, fluoroscopy, CT-guidance and endoscopic guidance and plan referrals accordingly
- 5.4 Document and disseminate information related to procedures performed and their outcomes
- 5.5 Ensure adequate follow-up is arranged for procedures

6 Seek appropriate consultation from other health professionals, recognizing the limits of their own expertise

- 6.1 Demonstrate insights into their own limits of expertise
- 6.2 Demonstrate effective, appropriate, and timely consultation of another health professional as needed for optimal patient care and specifically in situations where:
 - 6.2.1 An emergency referral to another specialist is required.
 - 6.2.2 Consultation with another medical specialist would be beneficial (including for diagnostic or treatment- related interventional procedures)
 - 6.2.3 Consultation with an allied health practitioner (i.e. Occupational or Physical Therapist) would be beneficial
- 6.3 Adapt the referral request to individual situations and consider, where possible, telephone or video consultation
- 6.4 Arrange appropriate follow-up care services for a patient and their family after consultation with others with the most responsible physician to facilitate longitudinal coordinated care

Communicator

Definition:

As *Communicators*, Pain Medicine specialists effectively facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during, and after the medical encounter.

Key and Enabling Competencies: Pain Medicine specialists are able to...

- 1. Develop rapport, trust, and ethical therapeutic relationships with patients and families**
 - 1.1 Utilizes effective physician-patient communication can foster patient satisfaction, physician satisfaction, adherence and improved clinical outcomes
 - 1.2 Establish positive therapeutic relationships with patients and their families that are characterized by understanding, trust, respect, honesty and empathy
 - 1.2.1 Communicate with patients in a way that is appropriate to their individual preferences and limitations including common emerging parameters of cultural differences
 - 1.2.2 Engage the pediatric patient in the discussions with his/her parents while leaving opportunities to both the patient and caregivers to discuss with the team privately
 - 1.2.3 Display high levels of communication skills by using a variety of techniques such as directive, explanatory, suggestive, supportive and distracting
 - 1.2.4 Practice the assessment and care of pain patients in a manner that validates the individual patient's subjective experience of pain.
 - 1.3 Respect patient confidentiality, privacy and autonomy
 - 1.4 Listen effectively
 - 1.5 Be aware of and responsive to non-verbal cues
 - 1.6 Facilitate a structured clinical encounter effectively
- 2. Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues, and other professionals**
 - 2.1. Gather information about a patient's beliefs, concerns, expectations and the impact of pain on their life
 - 2.2. Seek out and integrate relevant information from other sources appropriately, such as a patient's family, caregivers and other professionals
- 3. Convey relevant information and explanations accurately to patients and families, colleagues and other professionals**
 - 3.1. Deliver information to a patient and family, colleagues and other professionals in a humane manner and in such a way that it is understandable and encourages discussion and participation in decision-making

4. **Develop a common understanding on issues, problems and plans with patients, families, and other professionals to develop a shared plan of care**
 - 4.1. Identify and explore problems to be addressed from a patient encounter effectively, including the patient's context, responses, concerns, and preferences
 - 4.2. Respect diversity and difference, including but not limited to the impact of gender, religion and cultural beliefs on decision-making
 - 4.3. Encourage discussion, questions, and interaction in the encounter
 - 4.4. Engage patients, families, and relevant health professionals in shared decision-making to develop an individualized plan of care
 - 4.5. Address challenge communication issue effectively such as obtaining informed consent, delivering bad news, and addressing anger, confusion and misunderstanding
5. **Convey effective oral and written information about a medical encounter**
 - 5.1. Maintain clear, concise, accurate and appropriate records (e.g., written or electronic) of clinical encounters and plans
 - 5.2. Present verbal reports of clinical encounters and plans
 - 5.3. Present medical information to the public or media about a medical issue

Collaborator

Definition:

As *Collaborators*, Pain Medicine specialists effectively work within a health care team to achieve optimal patient care.

Key and Enabling Competencies: Pain Medicine specialists are able to...

1. **Participate effectively and appropriately in an interprofessional health care team**
 - 1.1 Describe the Pain Medicine Specialist's roles and responsibilities to other professionals
 - 1.2 Describe the roles and responsibilities of other professionals within the health care team
 - 1.3 Display respect for the diversity of roles, responsibilities and competencies of other professionals in relation to their own.
 - 1.4 Work effectively with others when reviewing shared initiatives such as research projects, educational work, program review or administrative responsibilities

OBJECTIVES OF TRAINING IN PAIN MEDICINE (2011 DRAFT)

- 1.5 Demonstrate respect for team ethics, including confidentiality, resource allocation and professionalism
 - 1.6 Participate in interprofessional team meetings
 - 1.7 Enter into interdependent relationships with other professions for the provision of quality care
 - 1.8 Describe the principles of team dynamics
2. **Work with other health professionals effectively to prevent, negotiate, and resolve interprofessional conflict**
- 2.1. Demonstrate a respectful attitude towards other colleagues and members of an interprofessional team
 - 2.2. Choose collaborative negotiation to resolve conflicts
 - 2.3. Accommodate differences when appropriate and employ appropriate techniques to address misunderstandings with other professionals
 - 2.4. Describe one's own communication style and limitations that may contribute to interprofessional tensions

Manager

Definition:

As *Managers*, Pain Medicine specialists are integral participants in health care organizations, organizing sustainable practices, making decisions about allocating resources, and contributing to the effectiveness of the health care system.

Key and Enabling Competencies: Pain Medicine specialists are able to...

1. **Participate in activities that contribute to the effectiveness of their health care organizations and systems**
 - 1.1. Work collaboratively with others in their organization to promote an interdisciplinary team approach in the management of persistent pain
 - 1.2. Participate in systemic quality process evaluation and improvement, including patient safety initiatives, organization of delivery of new therapies/ services/programs and evaluation of these new therapies
 - 1.3. Describe the structure and function of the health care system as it relates to Pain Medicine, including the roles of physicians
 - 1.4. Participate in meetings that address principles of health care financing, including physician remuneration, budgeting and organizational funding
 - 1.5. Provide assistance to members of the team with respect to their professional development

2. Manage their practice and career effectively

- 2.1. Set priorities and manage time to balance patient care, practice requirements, outside activities and personal life
- 2.2. Manage a practice including finances and human resources
- 2.3. Implement processes to ensure personal practice improvement
- 2.4. Employ information technology appropriately for patient care

3. Allocate finite health care resources appropriately

- 3.1. Utilize just allocation of health care resources, balancing effectiveness, efficiency and access with optimal patient care
- 3.2. Apply evidence and management processes for cost-appropriate care

4. Serve in administration and leadership roles

- 4.1. Chair or participate effectively in committees and meetings
- 4.2. Lead or implement change in health care
- 4.3. Plan relevant elements of health care delivery
 - 4.3.1. Describe the components of a safe, effective and efficient acute pain service; describe its impact on health resource utilization.
 - 4.3.2. Describe the components of a safe, effective and efficient chronic non-cancer pain service; describe its impact on health resource utilization
 - 4.3.3. Describe the components of a safe, effective and efficient cancer pain and symptom management service; describe its impact on health resource utilization

Health Advocate

Definition:

As *Health Advocates*, Pain Medicine specialists responsibly use their expertise and influence to advance the health and well-being of individual patients, communities, and populations.

Key and Enabling Competencies: Pain Medicine specialists are able to...

1. Respond to individual patient health needs and issues as part of patient care

- 1.1 Identify the health needs of an individual patient
- 1.2 Identify opportunities for advocacy, health promotion and disease prevention with individuals to whom they provide care
 - 1.2.1 Assist individual patients in accessing appropriate diagnostic modalities and treatment in a timely fashion

OBJECTIVES OF TRAINING IN PAIN MEDICINE (2011 DRAFT)

- 1.2.2 Identify systemic obstacles to favorable outcomes in individuals, communities and populations of patients with pain
- 1.2.3 Outline strategies to assist the patient to become their own health advocate
- 1.3 Outline the possible conflicting interests between individual advocacy issues and the community at large.
- 2. Respond to the health needs of the communities that they serve**
 - 2.1. Identify opportunities for advocacy, health promotion and disease prevention in the communities that they serve, and respond appropriately
 - 2.2. Accommodate the competing interests between patients with pain, and other groups of patients seeking health care
- 3. Identify the determinants of health for the populations that they serve**
 - 3.1. Identify the determinants of health of the populations, including barriers to access to care and resources
 - 3.2. Identify vulnerable or marginalized populations within those served and respond appropriately
- 4. Promote the health of individual patients, communities, and populations**
 - 4.1. Outline an approach to changing a determinant of health of the populations they serve
 - 4.2. Describe how public policy impacts on the health of the populations served
 - 4.3. Identify points of influence in the health care system and its structure
 - 4.4. Describe the ethical and professional issues inherent in health advocacy, including altruism, social justice, autonomy, integrity and idealism
 - 4.5. Identify the possibility of conflict inherent in their role as a health advocate for a patient or community with that of manager or gatekeeper
 - 4.6. Describe the role of the medical profession in advocating collectively for health and patient safety

Scholar

Definition:

As *Scholars*, Pain Medicine specialists demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application and translation of medical knowledge.

Key and Enabling Competencies: Pain Medicine specialists are able to...

- 1. Maintain and enhance professional activities through ongoing learning**
 - 1.1 Describe the principles of maintenance of competence
 - 1.2 Describe the principles and strategies for implementing a personal knowledge management system
 - 1.3 Identify and reflect on learning issues in practice
 - 1.4 Conduct personal practice audits
 - 1.5 Pose an appropriate learning question
 - 1.6 Access and interpret the relevant evidence
 - 1.7 Integrate new learning into practice
 - 1.8 Evaluate the impact of any change in practice
 - 1.9 Document the learning process

 - 2. Critically evaluate medical information and its sources, and apply this appropriately to practice decisions**
 - 2.1. Describe the principles of critical appraisal
 - 2.2. Critically appraise retrieved evidence in order to address a clinical question
 - 2.3. Integrate critical appraisal conclusions into clinical care

 - 3. Facilitate the learning of patients, families, students, residents, other health professionals, the public and others**
 - 3.1. Describe principles of learning relevant to medical education
 - 3.2. Identify collaboratively the learning needs and desired learning outcomes of others
 - 3.3. Contribute to the education of all health disciplines in the principles and necessity of good pain management.
 - 3.4. Select effective teaching strategies and content to facilitate others' learning
 - 3.5. Demonstrate an effective lecture or presentation
 - 3.6. Assess and reflect on a teaching encounter
 - 3.7. Provide effective feedback
 - 3.8. Describe the principles of ethics with respect to teaching

 - 4. Contribute to the development, dissemination, and translation of new knowledge and practices**
 - 4.1. Describe the principles of research and scholarly inquiry
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- 4.2. Describe the principles of research ethics
- 4.3. Pose a scholarly question
- 4.4. Conduct a systematic search for evidence
- 4.5. Select and apply appropriate methods to address the question
- 4.6. Disseminate the findings of a study

Professional

Definition:

As *Professionals*, Pain Medicine specialists are committed to the health and well-being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behaviour.

Key and Enabling Competencies: Pain Medicine specialists are able to...

1. Demonstrate a commitment to their patients, profession, and society through ethical practice

- 1.1 Exhibit appropriate professional behaviors in practice, including honesty, integrity, commitment, compassion, respect and altruism
 - 1.2 Demonstrate a commitment to delivering the highest quality care and maintenance of competence
 - 1.3 Demonstrate an appropriate response to ethical issues encountered in practice
 - 1.4 Manage conflicts of interest
 - 1.5 Practice within the principles and limits of patient confidentiality as defined by professional practice standards and the law
 - 1.6 Maintain appropriate relations with patients
- 1.7 Demonstrate an awareness of own limitations and seeking advice when necessary

2. Demonstrate a commitment to their patients, profession and society through participation in profession-led regulation

- 2.1. Adapt appropriate professional, legal and ethical codes of practice
- 2.2. Fulfill the regulatory and legal obligations required of current practice
- 2.3. Demonstrate accountability to professional regulatory bodies
- 2.4. Respond to others' unprofessional behaviors in practice
- 2.5. Participate in peer review

3. Demonstrate a commitment to physician health and sustainable practice

3.1. Balance personal and professional priorities to ensure personal health and a sustainable practice

3.2. Display awareness Strive to heighten personal and professional awareness and insight

3.3. Recognize other professionals in need and respond appropriately.

Document review process:

CE
OE
SSRC
translation