

THIS DOCUMENT MUST INCLUDE SPECIALTY SPECIFIC INFORMATION.

2011

INTRODUCTION

A university wishing to have an accredited program in Pain Medicine must also sponsor accredited programs in Internal Medicine, Anesthesiology, Neurology, Rheumatology, Physical Medicine and Rehabilitation Medicine, Pediatrics, and Psychiatry.

The purpose of this document is to provide program directors and surveyors with an interpretation of the general standards of accreditation as they relate to the accreditation of programs in Pain Medicine. This document should be read in conjunction with the *General Standards of Accreditation* and the *Objectives of Training* and the *Specialty Training Requirements in Pain Medicine*.

STANDARD B1: ADMINISTRATIVE STRUCTURE

There must be an appropriate administrative structure for each residency program.

Please refer to Standard B1 in the *General Standards of Accreditation* for the interpretation of this standard.

STANDARD B2: GOALS AND OBJECTIVES

There must be a clearly worded statement outlining the goals of the residency program and the educational objectives of the residents.

The general goals and objectives for Pain Medicine are outlined in the *Objectives of Training* and the *Specialty Training Requirements in Pain Medicine*. Based upon these general objectives, each program must develop rotation specific objectives, suitable for that particular program, as noted in Standard B2 of the *General Standards of Accreditation*.

STANDARD B3: STRUCTURE AND ORGANIZATION OF THE PROGRAM

There must be an organized program of rotations and other educational experiences, both mandatory and elective, designed to provide each resident with the opportunity to fulfil the educational requirements and achieve competence in the specialty or subspecialty.

The structure and organization of each accredited program in Pain Medicine must be consistent with the specialty training requirements as outlined in the *Objectives of Training* and the *Specialty Training Requirements in Pain Medicine*.

Residents must be provided with increasing individual professional responsibility, under appropriate supervision, according to their level of training, ability and experience.

In addition to offering the components noted in the specialty training requirements, all accredited programs in Pain Medicine should offer community-based learning experience outside the academic learning centre.

STANDARD B4: RESOURCES

There must be sufficient resources including teaching faculty, the number and variety of patients, physical and technical resources, as well as the supporting facilities and services necessary to provide the opportunity for all residents in the program to achieve the educational objectives and receive full training as defined by the Royal College specialty training requirements.

In those cases where a university has sufficient resources to provide most of the training in Pain Medicine but lacks one or more essential elements, the program may still be accredited provided that formal arrangements are made to send residents to another accredited residency program for periods of appropriate prescribed training.

Learning environments must include experiences that facilitate the acquisition of knowledge, skills, and attitudes relating to aspects of age, gender, culture, and ethnicity appropriate to Pain Medicine.

[PLEASE NOTE THAT THE WORDING UNDER THE RESOURCES SECTION MUST BE REVIEWED AND MODIFIED TO MEET THE REQUIREMENTS OF THE SUBSPECIALTY.]

1. Teaching Faculty

There must be a sufficient number of qualified teaching staff to supervise residents and provide teaching in the basic and clinical sciences related to Pain Medicine. The Program Director should have RCPSC certification in Pain Medicine.

At least two of the faculty (one of whom must be the program director) must have completed at least one year of formal training in Pain Medicine or have Pain Medicine experience in an academic centre for five or more years with a significant time commitment to pain medicine..

There must be sufficient numbers of qualified teaching staff from related disciplines to provide adequate instruction and supervision of residents in areas related to Pain Medicine.

2. Number and Variety of Patients

[SPECIALTY SPECIFIC INFORMATION REQUIRED]

There must be a sufficient number and variety of patients available to the program to provide each resident registered in the program with the opportunity to meet the following specific objectives:

- a. to permit residents to be exposed to the provision of Pain Medicine services across all age groups and health status;
- b. to provide for training in a multidisciplinary team approach for the management of

- acute, cancer, and chronic non-cancer pain;
- d. to provide experience in those subspecialties of particular importance to the Pain Medicine specialist. These would include anesthesiology, neurology, cancer medicine, pediatrics, psychiatry/addiction medicine, physical medicine and rehabilitation, rheumatology and from other relevant health professional disciplines;
- e. to provide opportunity for residents to manage patients with various pain conditions in a longitudinal setting.

3. Clinical Services Specific to Pain Medicine

[SPECIALTY SPECIFIC INFORMATION REQUIRED]

The program must provide experience in the following areas of the specialty:

- i. diagnosis and management of pain in patients presenting with a spectrum of acute and chronic pain arising from conditions that may be medical, surgical or traumatic
- ii. Diagnosis and comprehensive management of conditions that associate with pain such as sleep disorder and psychological and mood effects,
- iii. Multidisciplinary patient care
- iv. Rehabilitation of patients with chronic pain conditions

a. Inpatient

i) Consultation and ongoing care

The program must provide residents with the opportunity to obtain experience in the provision of adult or pediatric Pain Medicine consultative care for the spectrum of hospital in-patient services and for patients presenting in the hospital emergency department. Available services should allow participation in interprofessional and comprehensive care of patients to include, but not limited to: geriatrics, internal medicine, neurology, gynecology, general pediatrics, psychiatry, rheumatology and rehabilitation medicine, and general and orthopedic surgery.

Residents must be actively involved in the care of in-patients with acute or chronic pain through a process of consultation under the supervision of a consulting Pain Medicine physician to whom the resident is directly responsible. This latter process requires effective communication between the admitting service and the consulting Pain medicine service.

ii) Peri-operative and emergency

Adequate and prompt access to peri-operative and emergency support services must be available to all facilities in which training occurs. This must be sufficient to ensure quality of care and prevent inappropriate assumption of acute or intensive care roles on the part of pain medicine specialist and residents while on pain management services.

b. Ambulatory

The program must provide ambulatory care experiences including appropriate clinical space and support resources. This may be in a traditional hospital outpatient clinic area, or multidisciplinary clinic to allow residents to be involved in the initial assessment and longitudinal management of patients referred for pain management and their families where appropriate.

Supervision by an appropriate clinical preceptor must be readily available to the resident for consultation at all times, consistent with the resident's level of training and experience. Timely review of all consultations with the preceptor must occur.

c. Community Learning Experiences **[if applicable]**

Programs may offer community-based experiences. These experiences may contain any mix of inpatient, ambulatory care and consultation responsibilities occurring outside a tertiary rehabilitation centre or unit.

d. There must be opportunity for the resident to augment the learning obtained in the core Pain Medicine rotations by having experiences which will be individualized to the experience and goals of the resident with the approval of the program director. Suggested learning areas would include:

- Bioethics
- Child and adolescent medicine
- Education/curriculum development
- Public health and community health sciences
- Sleep medicine
- Diagnostic Imaging
- Palliative Care
- Surgery
- Obs and gyn
- gastro

4. Supporting Services - Clinical, Diagnostic, Technical

[SPECIALTY SPECIFIC INFORMATION REQUIRED]

a. Liaison with Other Specialties and Subspecialties

A full range of services should be available including clinical pharmacology, nursing, nutrition, psychology, and social work. Liaisons should also be maintained with subspecialty services previously named of particular importance to Pain Medicine. The following facilities and services must be available and coordinated with the overall program for the training of residents in Pain Medicine.

- a. There must be adequate physical resources for the resident to be able to carry out scholarly activities. This should include an office or work station, computer, internet access, and appropriate library facilities;
- b. a department of diagnostic imaging, with access to appropriate imaging procedures, including specialized techniques applicable to the investigation of pain conditions;
- c. anesthesia services involved in the procedures applicable to pain management;
- d. rehabilitation services organized to familiarize residents with rehabilitation requirements and services for patients with pain conditions;
- e. psychosocial services as required for patients with pain conditions;

- f. emergency room facilities with appropriate medical personnel and support services whereby the resident can gain experience in assessing patients with acute or chronic pain conditions presenting with emergent problems; and providing initial assessment and consultative service for patients presenting with emergent pain problems;

There must be liaison with the following clinical teaching services:

STANDARD B5: CLINICAL, ACADEMIC AND SCHOLARLY CONTENT OF THE PROGRAM

The clinical, academic and scholarly content of the program must be appropriate for university postgraduate education and adequately prepare residents to fulfill all of the CanMEDS Roles of the specialist. The quality of scholarship in the program will, in part, be demonstrated by a spirit of enquiry during clinical discussions, at the bedside, in clinics or in the community, and in seminars, rounds, and conferences. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.

Please refer to Standard B5 in the *General Standards of Accreditation*, the *Objectives of Training*, the *Subspecialty Training Requirements in Pain Medicine* and the CanMEDS Framework for the interpretation of this standard. Each program is expected to develop a curriculum for each of the CanMEDS roles, which reflects the uniqueness of the program and its particular environment. Specific additional requirements are listed below.

1. Medical Expert

In addition to the *General Standards of Accreditation*, the following requirements apply:

[SPECIALTY SPECIFIC INFORMATION REQUIRED]

There must be organized teaching in the basic and clinical sciences relevant to Pain Medicine. This would include teaching on the pathophysiology of pain, the comorbidities associated with pain, clinical pharmacology, and the social sciences as they relate to a patient with pain.

The program must provide opportunities for the attainment of the clinical skills required for the practice of Pain Medicine. This would include the ability to: obtain a relevant, concise and accurate history and physical examination of a patient with acute or chronic pain; select and interpret appropriate investigations; perform a task or symptom analysis; and, to evaluate the patient presenting with complex problems. This requires appropriate clinical exposure, the provision of feedback and, where required, remediation for the resident.

2. Communicator

OR

The *General Standards of Accreditation* apply to this section.

3. Collaborator

OR

The *General Standards of Accreditation* apply to this section.

4. Manager

OR

The *General Standards of Accreditation* apply to this section.

5. Health Advocate

OR

The *General Standards of Accreditation* apply to this section.

6. Scholar

OR

The *General Standards of Accreditation* apply to this section.

7. Professional

OR

The *General Standards of Accreditation* apply to this section.

STANDARD B6: EVALUATION OF RESIDENT PERFORMANCE

There must be mechanisms in place to ensure the systematic collection and interpretation of evaluation data on each resident enrolled in the program.

Please refer to Standard B6 in the *General Standards of Accreditation* for the interpretation of this standard.

Evaluation processes must include a process for conducting a Structured Assessment for Clinical Encounter Report (STACER) for each resident in the program.