

ST1-2 TRAINING IN PAIN MANAGEMENT – Supporting Advisory Documentation

In two years, the trainee must:

- **Keep a Log Book of Pain Cases**
- **Sign off 8 consultant supervised acute pain rounds, 2 case reports & 2 MINI CEX**
- **Keep a Log Book of Regional Blocks**
- **Sign off Competencies**

In two years, it is desirable for the trainee to attend:

- **4 Chronic Pain Clinics**
- **Palliative Care ward rounds**

Training opportunities must be actively sourced. Completion of this module is your responsibility.

Objectives:

To help the trainee attain the knowledge, skills, attitudes/behaviour & workplace training objectives contained in section 13: Pain Management; CCT II Competency Based Basic Level (ST Years 1 & 2) Training & Assessment (See over).

Also, to understand the importance of appropriate pain management and the role of an acute pain service.

Objectives to be achieved using the following:

- Ward and theatre based teaching, targeted references and computer assisted learning.
- A Log Book, recording pain rounds (Consultant or Clinical Nurse Specialist) & regional local anaesthetic techniques which they have performed as outlined above.
- ST1-2's should have achieved competencies in using PCA and epidural pumps in their hospital (Grasby 3300, Alaris PCAM and Abbott Pain Manager etc.).
- ST1-2's should have written up, in a structured format, 2 acute pain cases which will be discussed with them as part of their assessment. These cases should reflect the continuum of pain medicine involving acute pain, chronic pain, and palliative care issues as relevant.
- ST1-2's should have completed 2 MINI CEX
- In addition it is recommended that a formal audit of some aspect of pain management be carried out during ST1-2 training.

Assessment (See page 5)

- Log Book review including review of recommended targets for pain rounds.
- Review of pain case reports & MINI CEX
- PCA and epidural pump use, competency test completed and signed (See later).
- Specific review of the recommended method for assessment and management of acute severe pain in a postoperative patient (See later).
- No specific competency tests will be used for assessment of ST1-2 skills in use of regional nerve blocks apart from the existing Spinal Anaesthesia assessment recommended by the College.

Supervision (Local Lead Clinician for Acute pain or Educational Supervisor for Pain)

Dr _____ will be available for ongoing supervision and advice.

ST1-2 TRAINING IN PAIN MANAGEMENT - OBJECTIVES

ROYAL COLLEGE OF ANAESTHETISTS CCST IN ANAESTHESIA SECTION 13

Knowledge

Afferent nociceptive pathways, dorsal horn, peripheral and central mechanisms, neuromodulatory systems, supraspinal mechanisms.

Nociceptive pain, visceral pain, neuropathic pain.

Influence of therapy on nociceptive mechanisms.

The analgesic ladder.

Simple analgesics: Drugs and mechanisms.

Opioids: Drugs and mechanisms.

Non steroidal anti-inflammatory agents: Drugs and mechanisms.

Local anaesthetic agents: Drugs and mechanisms.

Measurement of pain.

Organisation and objectives of an acute pain service.

Skills

Assessment and management of postoperative pain and nausea.

Monitoring acute pain and pain relieving methods.

Use of simple analgesics: Paracetamol: NSAIDS

Opioids: Intravenous infusion, intravenous PCA, Subcutaneous, epidural, intrathecal.

Regional local anaesthetic techniques: lumbar epidural, caudal epidural, simple peripheral nerve blocks.

Inhalation analgesia.

Specific clinical groups: children, elderly, impaired consciousness, intensive care.

Contributing to an acute pain service.

Attitudes and Behaviour

Communication with patients, relatives, staff.

Rapid response to unrelieved pain.

Management tempered by awareness of potential complications and side effects.

Awareness of limitations in pain management.

Making efforts to follow patients up on the wards.

Recognition of need for team approach and partnerships in a pain team.

Workplace training Objectives

To prescribe appropriately for patients in pain awaiting surgery.

To prescribe pain management for patients after common surgical procedures.

To institute appropriate action to relieve pain quickly in recovery.

To become familiar and technically proficient with a variety of therapeutic methods listed above in the skills list.

ST1-2 TRAINING IN PAIN MANAGEMENT: INITIAL ASSESSMENTS

_____ (Trainees Name)

Pump Training/Competency Record

This assessment should be carried out early in anaesthetic training & ideally prior to starting on call duties. It is envisaged that the Acute Pain Nurse would carry out the necessary pump training on the PCA & Epidural equipment used in your hospital. Once completed a copy should be kept by the trainee & another copy kept by the local educational supervisor/lead clinician.

Pump Type	Date Competency Demonstrated	Hospital	Trainees Signature	Trainers Signature
Graseby 3300 Syringe Pump				
Alaris PCAM Syringe Pump				
Abbott Pain Management Provider				
Abbott Gemstar				

The above named person has satisfactorily demonstrated understanding in the use of the above named pumps at date of signing only. They must judge themselves competent whenever dealing with these pumps.

ST1-2 TRAINING IN PAIN MANAGEMENT: INITIAL GUIDE TO PAIN ASSESSMENT & MANAGEMENT

The Trainee should ideally be confident in these areas within the first few months of training. This format of patient assessment & management is recommended by the College as an appropriate approach to the peri-operative management of acute pain. The trainee is encouraged to discuss the benefits of this approach with consultants during theatre lists or pain rounds. Alternatively time spent in the recovery room learning about pain assessment & safe titration of opiate analgesia may suffice depending on local circumstances. When competence is achieved the trainee should tick the relevant box. This will be reviewed at their initial pain assessment at 6 months.

Patient Assessment	Achieved
Appropriate assessment and documentation of patient's pain	
Appropriate assessment of source of pain(s)	
Exclusion of surgical problems as source of acute severe pain	
Consideration of acute neuropathic pain as contributory factor	

Assessment of Analgesia	Achieved
Review analgesia given intraoperatively	
Confirm patient's analgesic requirements preoperatively	
Check for allergies and contraindications to any analgesic modalities	
Confirm postoperative analgesia given	

Management	Achieved
Titrate an appropriate analgesic to effect	
Demonstrate awareness of side effects	
Reassess pain at intervals during therapy	
Adjust prescription for ongoing analgesia in light of these interventions	

Communication	Achieved
Communicate empathetically and reassure patient	
Communicate with relevant staff including acute pain team who are responsible for ongoing pain management	
Accurate assessment and management documentation in patient's notes	

SUMMARY RECORD OF ST1-2 ASSESSMENTS IN PAIN MANAGEMENT

To be completed by the trainee & updated for each local assessment with the educational supervisor/lead clinician. This information will form the basis of a satisfactory report for the annual RITA process & any recommendations/comments can be logged to aid future development/discussion.

It is envisaged that the trainee should meet twice with the local educational supervisor in their first two years of training to discuss their progress & facilitate additional training if necessary. Two additional assessments of acute pain training will be incorporated in the formal RITA process, leading to a signing off of basic acute pain management competency if all assessments are satisfactory.

NAME OF TRAINEE:

DATE APPOINTED:

DATE LEFT:

Relevant pain experience prior to taking up post

Competency Assessments:

6/12 **Local** Y/N Including initial pump competency, patient assessment/management
Documentation, first case report & first MINI CEX

Comments: _____

12/12 **RITA** Y/N _____

18/12 **Local** Y/N Including second case report & second MINI CEX

24/12 **RITA** Y/N _____

Basic Acute Pain Management Competency Achieved Y/N

Signed _____ Date _____

SUMMARY RECORD OF ST1-2 TRAINING IN PAIN MANAGEMENT

**SUPERVISED/CONSULTANT
ACUTE PAIN ROUNDS:**

1) _____ / _____ / _____	5) _____ / _____ / _____
2) _____ / _____ / _____	6) _____ / _____ / _____
3) _____ / _____ / _____	7) _____ / _____ / _____
4) _____ / _____ / _____	8) _____ / _____ / _____

No of unsupervised rounds e.g. out of hours/weekends _____
(Trainees are encouraged to keep a log of all pain rounds carried out while on call)

CHRONIC PAIN CLINICS

1) _____ / _____ / _____	3) _____ / _____ / _____
2) _____ / _____ / _____	4) _____ / _____ / _____

PALLIATIVE CARE WARD ROUNDS

1) _____ / _____ / _____	2) _____ / _____ / _____
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Hospice Visit _____ / _____ / _____

PAIN RELATED AUDIT EXPERIENCE

1) _____

2) _____

CASE REPORT YEAR 1 _____

CASE REPORT YEAR 2 _____

MINI CEX YEAR 1 _____

MINI CEX YEAR 2 _____

ST1-2 TRAINING IN PAIN MANAGEMENT CASE REPORT PROFORMA

Acute Pain Case

Date Discussed _____ / _____ / _____

6/12 18/12 (ring as appropriate)

Brief outline of relevant history:

Pain history to include medication, previous pain experiences, details of current pain problem and assessment of severity of pain:

Treatment Plan:

Efficacy of treatment:

Follow-up Issues:

What have you learnt from this patient?

Would you do anything differently?

ST1-2 TRAINING IN PAIN MANAGEMENT – ADDITIONAL LEARNING/RESOURCES

SUGGESTED TUTORIAL TOPICS:

These tutorials could be incorporated into a department programme or delivered as short powerpoint presentations by the trainee either in theatre or at the end of the acute pain round.

Pain Pathways	<u> / / </u>
Analgesic ladder and simple analgesia	<u> / / </u>
Local anaesthetics	<u> / / </u>
Pain assessment	<u> / / </u>
Adjuvant drugs and balanced analgesia	<u> / / </u>
Complications of central blockade	<u> / / </u>
Pain management and outcome after surgery	<u> / / </u>
Role of the Acute Pain Team	<u> / / </u>
PONV	<u> / / </u>
Nerve stimulators	<u> / / </u>
Pain Journal Club	<u> / / </u>

WEB BASED RESOURCES:

1. New York Society of Regional Anaesthesia <http://www.nysora.com/>
2. The Oxford Pain Internet Site <http://www.jr2.ox.ac.uk/bandolier/booth/painpag/index2.html>
3. Australian Evidence Based Guidelines for Acute Pain Management (2nd edition)
<http://www.medeserv.com.au/anzca/publications/acutepain.htm>
4. West of Scotland School of Anaesthesia.
<http://www.gla.ac.uk/departments/anaesthesia/WOSSA/index.htm>

BOOKS:

1. Acute Pain Management: A practical guide P McIntyre B Ready .