

## **HIGHER TRAINING MODULE IN PAIN MANAGEMENT**

**(optional module ST5-7, 2 months)**

This module is designed for senior StRs (5-7) in the West of Scotland who wish to develop an interest in pain management. Following approval by the training committee, a start date for this module can be negotiated with the Regional Advisor in Pain Medicine and your College Tutor.

While the focus of this module is chronic pain, candidates can negotiate greater exposure to acute pain and palliative pain. If acute pain is of interest, Dr Judith Wilson at Falkirk should also be contacted. For palliative care exposure, Dr Helen Morrison, at the Beatson Oncology Centre, should be contacted to permit co-ordination of the module.

StRs should contact Dr Owen ([margaretowen@nhs.net](mailto:margaretowen@nhs.net)) at least two weeks before the start of their module to plan the module timetable and clarify the aims, objectives and requirements for assessment. They will also be contacted by the Advanced Pain Fellow to confirm any oncall dates and agreed leave in order to compile a rota.

### **Aims and Objectives:**

As outlined in "Curriculum for Anaesthetics 2010", on the Royal College of Anaesthetists website ([www.rcoa.ac.uk](http://www.rcoa.ac.uk)), Annex D (D-40, 41) – higher level training, see Appendix A of this document.

Briefly, these are as follows.

### **Learning outcomes:**

- **To build on the competencies achieved at basic and intermediate level**
- **Be fully competent in the assessment and management of Acute surgical and Acute on chronic Pain.**
- **To have knowledge and skills in the management of chronic and Cancer Pain.**
- **To be an effective member of a multi-professional Pain management service.**

### **Module Assessment:**

#### *Essential:*

For successful completion of this rotation and satisfactory RITA/ARCP assessment, the following documents must be submitted prior to the end of module.

- Logbook data (see below)
- 1 Case report (see guidance document)

*Pain Education Group*

*West of Scotland Sub-Committee for Post Graduate Medical Education in Anaesthesia*

- Two case presentations. At least one of these must be at the monthly tutorial morning and some evidence of the presentation (eg a power point presentation) should be submitted. The other can be at one of the clinical MDT meetings. (contact the Advanced Trainee for details of when and where these take place)
- Evidence of completed competency tests (2 x DOPS/ 1 x CbD/ 1 x MiniCEX).
- Multisource Feedback Exercise. At least 8 of the RCOA MSF forms should be distributed, and 5 must be completed and returned to Dr Owen
- Attendance at local pain meetings (such as the WOSPG) is encouraged

Guidance on completing the competency forms and paperwork can be found on the WOSSA/pain website, or on the RCOA, faculty of pain medicine website. At the end of the module an appraisal meeting will be organised at a mutually convenient time and an overall assessment form will be issued based on the above information.

The completion and return of assessment forms is the responsibility of the StR.

*Optional:*

As part of training in *consultation and communication skills*, where possible a new patient consultation may be recorded and the video tape reviewed using a standard assessment form before the end of week 6 of the module. Prior to this we strongly advise you to watch the video on communication skills. This type of assessment is still under development and provides useful reflective feedback to the trainee but is not currently used for formative assessment.

**Logbook**

We recommend using the Faculty of Pain Medicine Logbook which can be downloaded from the RCOA site or via the WOSSA website. Trainees should print out a copy of the summary page from this for their final assessment. In addition, trainees should keep a note of the following information:

Number of outpatient clinics attended  
Number of new patients seen by the trainee alone  
Number of DSU/treatment sessions attended  
Number of paediatric sessions attended  
Number of acute pain rounds  
Number of psychology, physiotherapy and nurse led clinics attended  
Time spent with palliative care service  
TOTAL NUMBER OF SESSIONS ATTENDED. (NB for successful completion of this module, the trainee must attend a minimum of *forty sessions*)

**Clinical Portal and e-form access**

As all pain clinics now use EPR, it is essential that trainees have not only access to the clinical portal, but arrange to have access to the chronic pain eforms, prior to the start of their block. Without this it will not be possible to see new patients independently in clinic. Trainees should contact the clinical portal team via the IT helpdesk at least two weeks before the start of the block to arrange this.

## **Timetable**

Due to the distribution of pain clinics around Glasgow and the number of trainees attending the clinics at any one time, there is some travelling involved in this rotation. Also, clinics and theatre lists are subject to cancellation due to leave, so to avoid chaos and maximize opportunities for all trainees, timetables are coordinated by the advanced (1 year) trainee, and corrected for clinic cancellations/avoidance of overcrowding, etc.

*As a point of courtesy, it is important that you e-mail or phone in advance to confirm your attendance at the out-of-Glasgow clinics.* If you know in advance that you will be unable to attend a timetabled session for any reason (e.g. leave, post-on call), please let the advanced trainee know at the start of your module. If you are unexpectedly unable to attend at short notice, please inform the relevant clinician/secretary. A link to the master timetable and contact details for all the relevant secretaries and clinicians can be found on the WOSSA/pain homepage.

## **Educational Opportunities**

Part of the educational component of this module includes a **tutorial morning**, usually a half day towards the end of the month. This session will be attended by all trainees. One or more of the pain consultants will facilitate the session. Please see the 'tutorial information' document on the website for further details or contact the advanced pain fellow.

**Psychology** clinics present a unique problem, because of the sensitive nature of consultations. As a general rule, the psychologists are happy for one trainee to sit in on new patient consultations, but not return clinics. To arrange a session please speak to the relevant psychologist directly. It is important you get some exposure to psychology during your module.

**Palliative Care:** To arrange a one week attachment please contact Dr Helen Morrison, BOC at least 1 month before you wish to undertake the palliative care sessions. The week may be either at the BOC or at a local hospice.

Additional ad-hoc sessions may be organised by prior arrangement with the consultant involved in any of the following areas that complement pain medicine:

- Pain Management Programme (Dr Williams/Dr Dunbar, Templeton Centre)
- Glasgow Back Pain Service (Dr Craig, VIC)
- Physiotherapy (A. Williams, STOB)
- Neurology clinics (SGH)
- Rheumatology
- Radiology
- Spinal surgery (INS, SGH)
- Rehabilitation medicine (SGH)
- Homeopathic Hospital (GGH)

**Audit and Research**

Audit, Research and taking part in the development of the Glasgow Pain service is strongly encouraged, and is, of course, helpful for your career progression too. There should be time during your 2 month block to become involved in some sort of project, depending on your interest. We would strongly advise trainees to speak to Dr Owen well in advance of the beginning of your rotation to plan what form this should take.

**Trainees planning to progress to advanced pain training should register with the Faculty of Pain Medicine during their Higher Block. The Faculty will keep them notified of training changes and developments in the forthcoming diploma exam.**

**Enjoy your higher training block!**

## **SUGGESTED READING LIST**

Key topics in Chronic Pain – Grady and Severn. *Good basic introduction and exam study aid*

Acute Pain Management (A Practical Guide) – McIntyre and Ready, 2<sup>nd</sup> Edition, WB Saunders. *Suitable for trainees at all levels*

Evidence Based Guidelines for Acute Pain Management (2<sup>nd</sup> edition) -  
[www.health.gov.au/nhmrc/publications/synopses/cp57syn.htm](http://www.health.gov.au/nhmrc/publications/synopses/cp57syn.htm)

Core Curriculum for Professional Education in Pain - IASP Press. *Core topics to complete during advanced training.*

Refresher Course Syllabus – IASP Press. *Bang up to date review articles*

Practical Pain Management – Raj. *Decent basic textbook*

Clinical Pain Management 2002, Arnold – Series Editors; Rice, Warfield, Justins, Eccleston. 4 Vol Series; Acute Pain, Chronic Pain, Cancer Pain & Practical Applications and Procedures. *Now regarded as best reference tome.*

Anaesthesia and Intensive Care Medicine, The Medicine Publishing Company Ltd. *Rolling monthly textbook aimed for FRCA I & II. Ideal for SHO and SpR 1 & 3 month blocks*

Pain – Melzack and Wall

The Management of Pain – Bonica

Pain – The Science of Suffering - Partick Wall

Interventional Pain Management – Waldman

A Guide to Symptom Relief in Advanced Disease – Regnard and Tempest, 4<sup>th</sup> Edition, Hochland and Hochland. *Excellent for Palliative Care*

ABC of Palliative Care – BMJ Publications

South Glasgow Hospitals Trust Cancer Pain Manual

## **USEFUL WEBSITES**

[www.jr2.ox.ac.uk/Bandolier](http://www.jr2.ox.ac.uk/Bandolier)

[www.painsociety.org](http://www.painsociety.org)

[www.nbpa.ac.uk](http://www.nbpa.ac.uk)

[www.wspg.org.uk](http://www.wspg.org.uk)

[www.wossa.org.uk](http://www.wossa.org.uk)

## **APPENDIX A**

### **KNOWLEDGE** (competencies PM\_HK\_01 TO 09)

Explains the advanced principles of neural blockade to include autonomic blocks, in Acute and chronic Pain (A-CEX, CBD).

Lists and explains the assessment and management principles of chronic Pain in a multi-professional context in inpatient and outpatient settings (A-CEX, CBD).

Explains the advanced assessment and management principles of Cancer Pain in a multi-professional context (A-CEX, CBD).

Explains the principles and describes the applications and side effects of physiotherapy and other physical therapies used for treating Pain (A-CEX, CBD).

Describes the psychological mechanisms in Pain and techniques for their management including cognitive behavioral approaches (A,-CEX CBD)

Explains the place of surgery in the management of Pain (A-CEX, CBD).

Explains the importance of disability and incapacity, and factors influencing their assessment (A-CEX, CBD).

Explains the importance of psychological, social and ethical issues around good Pain Medicine (CBD).

Explains the role of social, rehabilitation and other support services (A-CEX, CBD).

### **SKILLS**

Demonstrates techniques of assessment and management principles of Pain in a multi-professional context (A-CEX, CBD).

Demonstrates the ability to recognise patients with Pain who have psychological problems and who require psychological evaluation (A-CEX, CBD).

Demonstrates the ability to perform, within the context of a full and appropriate Pain management plan the following procedures under distant supervision (DOPS).

- Lumbar epidural steroid injection
- Lumbar facet joint / medial branch block
- Peripheral nerve blocks

Demonstrates the need to ensure continuity of care, including ability to communicate effectively with patients, relatives and professionals in primary or secondary health care or in other organizations (A,-CEX CBD).

Demonstrates an ability to assess incapacity and disability in Pain patients (A\_CEX, CBD).

Demonstrates the need to become an effective member of a multi-professional Pain Medicine service (MSF).