

2013
VERSION 1.0

This document applies to those who begin training on or after July 1st, 2013.

DEFINITION

Pain Medicine is a medical subspecialty concerned with the prevention, evaluation, diagnosis, treatment, and rehabilitation of patients with acute and chronic cancer and non-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 subspecialty. The resident must acquire a working knowledge of the theoretical basis of the subspecialty, including its foundations in the basic medical sciences and research.

Candidates certified by the Royal College in Anesthesiology, Emergency Medicine, Internal Medicine, Neurology, Pediatrics, Physical Medicine & Rehabilitation, Psychiatry, or Rheumatology are eligible for certification in Pain Medicine. In addition, entry from the following Royal College accredited disciplines is possible in exceptional cases, with the approval of the Specialty Committee in Pain Medicine: Medical Oncology, Neurosurgery, Orthopedic Surgery, or Palliative Medicine.

Residents must demonstrate the requisite knowledge, skills, and attitudes for effective patient-centered care and service to a diverse population. In all aspects of subspecialist 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-centred care.

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 patient's clinical presentation 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 an interprofessional 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-centred 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

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

- 2.1. Apply knowledge of the clinical, socio-behavioral, 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. Foundational knowledge of Pain Medicine
 - 2.1.1.1. Describe the anatomy and neurophysiology of nociception
 - 2.1.1.2. Describe the pathophysiology of acute pain including mechanisms, modulation and associated physiologic consequences
 - 2.1.1.3. Define the disorder of chronic pain utilizing the International Association for the Study of Pain (IASP) Classification of Chronic Pain

OBJECTIVES OF TRAINING IN PAIN MEDICINE (2013)

- 2.1.1.4. Describe the pathophysiology of chronic pain including origins, mechanisms, modulation and associated physiologic consequences
- 2.1.1.5. Describe current concepts of the placebo response and their implications for assessment and therapy
- 2.1.1.6. Describe known genetic influences on pain and pharmacotherapy for pain as well as the role of genomic techniques in investigating pain physiology
- 2.1.1.7. Summarize the mechanism of action, pharmacology, side effects and monitoring of the following drugs or drug classes:
 - 2.1.1.7.1. Opioid receptor agonists
 - 2.1.1.7.2. Serotonin/norepinephrine re-uptake inhibitors
 - 2.1.1.7.3. Calcium channel blockers
 - 2.1.1.7.4. Sodium channel blockers
 - 2.1.1.7.5. Prostaglandin inhibitors
 - 2.1.1.7.6. N- Methyl D- Aspartic acid (NMDA) receptor antagonists
 - 2.1.1.7.7. Cannabinoids
 - 2.1.1.7.8. Acetaminophen
- 2.1.1.8. Explain the administration, scoring, interpretation, limitations, and clinical utility of at least one validated outcome measure in each of the following domains:
 - 2.1.1.8.1. Pain
 - 2.1.1.8.2. Mood
 - 2.1.1.8.3. Function
 - 2.1.1.8.4. Sleep
 - 2.1.1.8.5. Quality of life and health care utilization
- 2.1.2. Psychiatry
 - 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. Describe 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
 - 2.1.2.4. Identify characteristics of patients with pain who would most benefit from a formal psychological assessment

OBJECTIVES OF TRAINING IN PAIN MEDICINE (2013)

- 2.1.2.5. Outline indications, contraindications, benefits (efficacy) and risks (safety) and summarize the evidence that supports the following clinical treatments
 - 2.1.2.5.1. Biofeedback
 - 2.1.2.5.2. Cognitive Behavioral Therapy
 - 2.1.2.5.3. Hypnosis
 - 2.1.2.5.4. Goal setting
 - 2.1.2.5.5. Imagery training
 - 2.1.2.5.6. Mindfulness Based Cognitive Therapy (MBCT)
 - 2.1.2.5.7. Mindfulness Based Stress Reduction (MBSR)
 - 2.1.2.5.8. Patient education programs
 - 2.1.2.5.9. Patient self-management techniques
- 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. List diagnostic criteria, describe appropriate screening questionnaires, outline the fundamentals of treatment strategies (and contraindications for other treatments), and state the indications for psychiatric or psychological assessment for the following psychiatric disorders
 - 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 disorders
 - 2.1.2.7.6. Somatoform disorders
 - 2.1.2.7.7. Personality disorders
- 2.1.2.8. Explain the potential effect of pain treatments on psychiatric comorbidities
- 2.1.3. Addiction Medicine
 - 2.1.3.1. Define addiction, tolerance and physical dependence
 - 2.1.3.2. Describe the heterogeneity of opioid users in the population (abuse, misuse, diversion in pain and non-pain patients) and identify the health consequences of both untreated pain and opioid misuse or abuse

OBJECTIVES OF TRAINING IN PAIN MEDICINE (2013)

- 2.1.3.3. Describe the core clinical features and treatment of patients with pain and addiction
 - 2.1.3.4. Stratify patients into low, moderate or high risk categories and identify patients who should be referred for addiction consultation prior to or during opioid therapy
 - 2.1.3.5. Describe the concept of "universal precautions" as it applies to treatment with opioids
 - 2.1.3.6. Employ validated risk assessment tools, and interviewing techniques to perform an appropriate risk assessment for a patient in whom opioids, benzodiazepines or cannabinoids are being considered
 - 2.1.3.7. Identify patients with co-morbid psychiatric and coping difficulties and select appropriate therapeutic strategies for pain management
 - 2.1.3.8. List aberrant drug-taking behaviors in patients prescribed opioids, identify which are more or less predictive of abuse, misuse or diversion and describe differential diagnoses for these behaviors
 - 2.1.3.9. Describe a range of treatment strategies for pain management in patients with addiction either active or in remission
 - 2.1.3.10. Identify strategies to reduce opioid diversion, including but not limited to health provider education, patient education regarding safe storage, improved treatment resources for patient with pain, government collaboration regarding surveillance and regulations, and abuse-resistant formulations)
 - 2.1.3.11. Outline appropriate withdrawal schedules and strategies for managing withdrawal symptoms for opioids and benzodiazepines
- 2.1.4. Sleep Medicine
- 2.1.4.1. Describe how sleep disorders may affect patients with acute and chronic pain and may be modulated through predisposing, precipitating, perpetuating and protecting factors
 - 2.1.4.2. Describe the interaction between pain, sleep, medications, non-prescribed substances, anxiety and mood disorders
 - 2.1.4.3. Describe the basic classification of sleep disorders according to the International Classification of Sleep Disorders (ICSD)
 - 2.1.4.4. Identify the characteristics of patients who would most benefit from referral to a sleep clinic
 - 2.1.4.5. List common assessment procedures used in the diagnosis of sleep disorders
 - 2.1.4.6. Outline non pharmacologic and pharmacologic treatment options for the common sleep problems that occur in association with chronic pain disorders

OBJECTIVES OF TRAINING IN PAIN MEDICINE (2013)

- 2.1.5. Musculoskeletal system and rehabilitation:
 - 2.1.5.1. Describe the epidemiology, pathophysiology, natural history, diagnosis, treatments and prognosis of common painful musculoskeletal diseases, including but not limited to inflammatory and degenerative joint disease, soft tissue rheumatism and diffuse body pain
 - 2.1.5.2. Demonstrate knowledge of diagnosis, appropriate investigations and management of common rheumatic conditions including but not limited to rheumatoid arthritis, connective tissue diseases, seronegative arthritis, polymyalgia rheumatica, inflammatory myopathy and soft tissue pain disorders such as myofascial pain and fibromyalgia
 - 2.1.5.3. Describe specific pain syndromes that may occur following spinal cord injury, post-stroke and after limb amputation
 - 2.1.5.4. Demonstrate knowledge of the diagnosis and management of common pathologies of the spine that may cause pain, including but not limited to mechanical back pain, intervertebral disc herniations with radiculopathy, spinal stenosis and whiplash associated disorders
 - 2.1.5.5. Demonstrate knowledge of diagnosis and management of emergent conditions of the spine, including but not limited to tumour, fracture, myelopathy, and infection
 - 2.1.5.6. Describe the indications for the various modalities of diagnostic imaging specific to MSK assessment; identify expected imaging abnormalities for common pain diagnoses; explain the relationship between imaging findings and pain
 - 2.1.5.7. Formulate an appropriate treatment plan for managing musculoskeletal pain
 - 2.1.5.8. Outline injection formulations and techniques that may be used to treat painful soft tissue and joint disorders
 - 2.1.5.9. Describe the principles, indications and limitations of physical treatments, including but not limited to exercise based treatment, passive physical therapies such as ultrasound, transcutaneous electrical nerve stimulation (TENS), manual therapies, manipulation and massage in the management of musculoskeletal pain
 - 2.1.5.10. Describe the principles, indications and limitations of occupational therapy management (pacing, ergonomics and work/daily activity modification) in the management of musculoskeletal pain
 - 2.1.5.11. Cite current evidence for the potential role of complementary and alternative medicine commonly used in managing musculoskeletal pain
 - 2.1.5.12. Identify functional domains as outcome measures for pain
 - 2.1.5.12.1. Summarize the principles of functional restoration in individuals with pain, and specify the evidence supporting different types of chronic pain activation programs

OBJECTIVES OF TRAINING IN PAIN MEDICINE (2013)

- 2.1.5.13. Describe the medicolegal concepts of impairment, disability and handicap and how these apply to individuals with pain

- 2.1.6. Neurology
 - 2.1.6.1. Describe the epidemiology, pathophysiology, natural history, diagnosis, treatments and prognosis of common conditions causing neuropathic pain
 - 2.1.6.2. Describe the features of neuropathic pain including peripheral and central sensitization; list the common symptoms and signs of each and explain their role in the persistence of pain
 - 2.1.6.3. Demonstrate knowledge of diagnosis, appropriate investigations and management of common painful peripheral nervous system disorders, including but not limited to
 - 2.1.6.3.1. Compression and entrapment syndromes
 - 2.1.6.3.2. Ischemic nerve injuries
 - 2.1.6.3.3. Infectious lesions including herpes zoster
 - 2.1.6.3.4. Post-herpetic neuralgia
 - 2.1.6.3.5. Painful diabetic neuropathy
 - 2.1.6.4. 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
 - 2.1.6.5. Explain the appropriate use of clinical tests used to diagnose neuropathic pain
 - 2.1.6.6. Describe the indications for and limitations of imaging, nerve conduction studies, electromyography and quantitative sensory testing in the diagnosis of neuropathic pain
 - 2.1.6.7. Describe common validated tools that have been developed to assess neuropathic pain; identify their purpose, scoring, interpretation and limitations
 - 2.1.6.8. Describe the classification, mechanisms, assessment and management of chronic headache, and facial and orodental pain syndromes
 - 2.1.6.9. Identify the critical factors for assessing life-threatening headache including but not limited to early morning nausea and vomiting and focal neurological signs and symptoms
 - 2.1.6.10. 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

2.1.7. Pediatrics

- 2.1.7.1. Explain the common acute and chronic pain syndromes unique to pediatric patients, their epidemiology, pathophysiology, natural history, symptoms, signs, treatment and prognosis
- 2.1.7.2. Describe how developmental, psychosocial, family and cultural factors affect the assessment of pain in pediatric patients and use this knowledge when formulating a treatment plan
- 2.1.7.3. 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 and limitations, and define clinical utility
- 2.1.7.4. Describe the differences between adults and children with regards to common analgesic pharmacotherapy and use this knowledge when formulating a treatment plan
- 2.1.7.5. Describe approved strategies for safe prescribing and monitoring of off-label pain therapies in pediatric patients
- 2.1.7.6. Describe non-pharmacologic approaches used in pediatrics to reduce procedural pain and to treat pain
- 2.1.7.7. Outline the evidence regarding adverse physiological and psychological effects of inadequate pain management in neonates and infants
- 2.1.7.8. 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

2.1.8. Acute pain management

- 2.1.8.1. List common acute pain conditions, their epidemiology, pathophysiology, natural history, treatment and prognosis
- 2.1.8.2. Describe the elements of an acute pain assessment; explain how it may differ from a chronic pain assessment
- 2.1.8.3. Identify specific assessment techniques for acute pain
- 2.1.8.4. Describe how specific patient characteristics such as culture, age, cognitive impairment, language barrier, level of consciousness might affect acute pain assessment
- 2.1.8.5. Describe the adverse physiological and psychological effects, both immediate and long term, of inadequate pain management in the acute care setting
- 2.1.8.6. Identify patients whose injury, disease, or surgery, in combination with their psychological characteristics may put them at risk of developing chronic pain
 - 2.1.8.6.1. Describe treatments which might decrease that risk

OBJECTIVES OF TRAINING IN PAIN MEDICINE (2013)

- 2.1.8.7. Describe the indications, contraindications, delivery routes, side effects, and complications of specific pharmacological interventions used for acute pain management including medications from the following classes:
 - 2.1.8.7.1. Opioid receptor agonists
 - 2.1.8.7.2. Serotonin/norepinephrine re-uptake inhibitors
 - 2.1.8.7.3. Calcium channel blockers
 - 2.1.8.7.4. Sodium channel blockers
 - 2.1.8.7.5. Prostaglandin inhibitors
 - 2.1.8.7.6. NMDA receptor antagonists
 - 2.1.8.7.7. Cannabinoids
- 2.1.8.8. Describe current methods of interventional techniques in acute pain management including their indications, contraindications, side effects, and complications including the following:
 - 2.1.8.8.1. Neuraxial block technique
 - 2.1.8.8.2. Peripheral nerve and plexus block
 - 2.1.8.8.3. Neuromodulation procedures
- 2.1.8.9. Describe the evidence for non-pharmacological techniques used for acute pain relief and describe how they can be successfully utilized in acute pain management
- 2.1.8.10. Identify factors that complicate treatment of a patient with acute pain including previous chronic pain condition, opioid tolerance, substance abuse and psycho-social factors
- 2.1.9. Cancer pain management
 - 2.1.9.1. Describe the epidemiology, pathophysiology, natural history, treatment and prognosis of common cancers
 - 2.1.9.2. Outline common pain management problems that are unique to cancers or to their treatment
 - 2.1.9.3. Describe the pain-related complications of chemotherapy, radiotherapy, pharmacotherapy and surgery
 - 2.1.9.4. Explain how cancer cycles of recurrence and remission might affect pain assessment and treatment
 - 2.1.9.5. Describe the psychological, social, cultural and spiritual effects of a life threatening disease on pain assessment and treatment
 - 2.1.9.6. 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

OBJECTIVES OF TRAINING IN PAIN MEDICINE (2013)

- 2.1.9.7. Outline the management of pain-related complications of chemotherapy, pharmacotherapy, radiation, and surgery
 - 2.1.9.8. Identify acute and life threatening complications of cancer including, but not limited to, raised intracranial pressure, spinal cord compression, and hypercalcemia
 - 2.1.9.9. Describe the indications, contraindications, risks and benefits of anesthetic and neurosurgical procedures to control cancer related pain, including but not limited to local anesthetic and neurolytic blocks, and neuraxial drug delivery systems
 - 2.1.9.10. Describe the elements of both an outpatient and inpatient cancer pain service
 - 2.1.9.11. Identify characteristics of patients who would most benefit from psychosocial intervention, home care, and palliative care
- 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, including the patient's context and preferences
 - 3.1.1. Perform an appropriate clinical assessment, including but not limited to 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
- 3.2. Elicit a history that is relevant, concise and accurate as to context and preferences for the purposes of diagnosis and/or management, prevention, and health promotion
 - 3.2.1. Demonstrate appropriate use of at least one validated pain outcome questionnaire chosen from each of the six domains in the Initiatives on Methods, Measurement, and Pain Assessment in Clinical Trials (IMMPACT) guidelines
- 3.3. Perform a focused physical examination that is relevant and appropriate for the purposes of prevention and health promotion, diagnosis and/or management
 - 3.3.1. 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

OBJECTIVES OF TRAINING IN PAIN MEDICINE (2013)

- 3.3.2. Identify whether a given pain complaint arises from an inflammatory or degenerative musculoskeletal condition and generate a differential diagnosis using anatomical knowledge and, if applicable, evidence-based examination techniques
 - 3.3.3. Perform a directed history and physical examination specific to the assessment of the cancer patient in order to differentiate painful processes arising from cancer, or metastases, a complication from cancer or its treatment, or a preexisting chronic pain condition
 - 3.3.4. Conduct an appropriate assessment of oncologic emergencies including but not limited to, raised intracranial pressure, spinal cord compression, and hypercalcemia
 - 3.4. Select medically appropriate investigative methods in a resource-effective and ethical manner
 - 3.5. 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
 - 3.5.1. Utilizing the Universal Precautions risk stratification, and in accordance with Canadian Guidelines for Safe and Effective use of Opioids for chronic non cancer pain, develop and implement an appropriate management and follow up plan for a patient who requires opioids
 - 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
- 4. Use preventive and therapeutic interventions effectively**
- 4.1. Implement a management plan in collaboration with a patient and their family
 - 4.2. Demonstrate appropriate and timely application of preventive and therapeutic interventions relevant to Pain Medicine
 - 4.2.1. Identify treatment and monitoring strategies for patients with emerging aberrant drug-taking behaviours
 - 4.3. Describe evidence-based therapeutic measures that can be used for prevention of:
 - 4.3.1. Post-surgical pain
 - 4.3.2. Musculoskeletal pain
 - 4.3.3. Neuropathic pain
 - 4.3.4. Pain-related crises in cancer pain syndromes
 - 4.3.5. Pain related disabilities
 - 4.3.6. Medication and substance abuse disorders

- 4.4. Ensure appropriate informed consent is obtained
 - 4.4.1. Ensure appropriate informed consent is obtained for off-label therapies
 - 4.4.2. Ensure appropriate informed consent is obtained for opioid management
 - 4.5. Utilize appropriate patient resources, including books, online information, support groups, and patient advocacy groups
 - 4.6. Demonstrate knowledge of 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:
 - 4.6.1. Peripheral nerve and plexus blocks
 - 4.6.2. Neuraxial blocks
 - 4.6.3. Sympathetic blocks
 - 4.6.4. Urine drug screening tests
 - 4.7. 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
 - 4.7.1. Peripheral nerve and plexus blocks
 - 4.7.2. Neuraxial blocks
 - 4.7.3. Sympathetic blocks
 - 4.7.4. Neuromodulation and neuroablation procedures
 - 4.8. Demonstrate the ability to perform the following procedures:
 - 4.8.1. Insertion of intravenous vascular access
 - 4.8.2. Advanced cardiac life support
 - 4.8.3. Injection of myofascial trigger point
 - 4.9. Demonstrate effective and appropriate ability to obtain informed consent
 - 4.10. Identify procedures that require the use of appropriate image guidance including ultrasound, fluoroscopy, CT and endoscopy, and plan referrals accordingly
 - 4.11. Document and disseminate information related to procedures performed and their outcomes
 - 4.12. Ensure adequate follow-up is arranged for procedures
- 5. Seek appropriate consultation from other health professionals, recognizing the limits of their own expertise**
- 5.1. Demonstrate insights into their own limits of expertise

- 5.2. Demonstrate effective, appropriate, and timely consultation of another health professional as needed for optimal patient care and specifically in situations where:
 - 5.2.1. An emergency referral to another specialist is required
 - 5.2.2. Consultation with another medical specialist would be beneficial (including for diagnostic or treatment-related interventional procedures)
 - 5.2.3. Consultation with other health professionals, including but not limited to occupational or physical therapists, would be beneficial
- 5.3. Adapt the referral request to individual situations and consider, where possible, telephone or video consultation
- 5.4. 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. Utilize effective physician-patient communication in order to 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 cultural differences
 - 1.2.2. Engage the pediatric patient in developmentally appropriate discussions with his/her parents while leaving opportunities to both the patient and caregivers to meet with the team privately, when appropriate
 - 1.2.3. Display high levels of communication skills by using a variety of techniques
 - 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 challenging communication issues effectively such as obtaining informed consent, delivering bad news, and addressing anger, confusion and misunderstanding
 - 4.6. Describe appropriate documentation and strategies to deal with behaviours possibly associated with opioid misuse, abuse, diversion or addiction
 - 4.7. Consult with patient, family and caregivers to develop a patient-centred end-of-life care plan
- 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, including but not limited to other physicians, nurses, psychologists, pharmacists, social workers, occupational therapists and physiotherapists
- 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
- 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
- 1.9. Demonstrate leadership in a health care team, as appropriate

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. Work with other professionals to prevent conflicts
- 2.3. Employ collaborative negotiation to resolve conflicts
- 2.4. Accommodate differences, when appropriate, and employ appropriate techniques to address misunderstandings with other professionals
- 2.5. 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 chronic pain
- 1.2. Participate in systemic quality process evaluation and improvement, including but not limited to 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. Attend 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
- 1.6. 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. 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. Demonstrate knowledge of the management of a Pain Medicine 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 opportunities for advocacy, health promotion and disease prevention with individuals to whom they provide care
 - 1.1.1. Advocate for the needs of individual patients with acute pain, cancer pain and/or chronic pain
- 1.2. Assist individual patients with pain problems in accessing appropriate diagnostic modalities and treatment in a timely fashion
- 1.3. Promote patient self-advocacy to improve their pain, quality of life, and access to health related resources
- 1.4. 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. Describe the practice communities that they serve
- 2.2. Identify opportunities for advocacy, health promotion and disease prevention in the communities that they serve, and respond appropriately
 - 2.2.1. Advocate for improvements in service for acute pain, cancer pain and chronic pain within institutions and communities
- 2.3. 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 systemic barriers to access to care and resources for patients with acute or chronic pain
- 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 improving access to care for patients with acute or chronic pain, changing a determinant of health of the populations they serve
 - 4.1.1. Advocate for improvements in service for acute pain, cancer pain and chronic pain within populations and political jurisdictions
- 4.2. Identify the opportunity to shape public policy related to access to pain management services
- 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
- 4.7. Demonstrates awareness of regional, national and international advocacy groups for persons living with pain

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 related to Pain Medicine

- 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
 - 4.2. Describe the principles of research ethics
 - 4.3. Pose a scholarly question for a clinical research study, quality assurance audit or education project related to pain
 - 4.4. Select and apply appropriate methods to address the question
 - 4.5. Disseminate the findings of the study, audit or education project as per 4.3
 - 4.6. Complete a scholarly project undertaking primary responsibility for its design, methodology and dissemination

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 behavior.

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 limits and seek advice when necessary

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

- 2.1. Demonstrate knowledge and understanding of appropriate professional, legal and ethical codes of practice
- 2.2. Fulfill the regulatory and legal obligations required of current practice:
 - 2.2.1. Prescription of opioids, specifically methadone
 - 2.2.2. Prescription of medical marijuana
- 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. Strive to heighten personal and professional awareness and insight
- 3.3. Recognize other professionals in need and respond appropriately

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