

Frequently Asked Questions: Pain Medicine

Faculty

[Program Requirement II.B.2.d]

Do the fellows have to rotate to a radiology department to read films and have direct supervision by a qualified radiology faculty member?

No. Pain medicine fellows may gain their radiology experience through the routine use of imaging in the diagnosis and treatment in the course of direct patient care. Any physician who has demonstrated expertise in the interpretation of imaging studies may provide this aspect of the educational program. Programs are encouraged to include radiologists in the educational program of pain medicine fellowships.

Patient Care

[Program Requirement IV.A.5.a]

How should programs maintain documentation of numbers of patients in each required category? How much detail should be included in the documentation?

Programs should develop a system for fellows to record patient encounters as specified in the Program Requirements. Ultimately, each fellow is responsible for maintaining adequate records that document all of the required experiences. The program director, however, should counsel all fellows at the start of their fellowships regarding the need for this record-keeping, suggest a method for keeping these records, and periodically review these patient logs to ensure that they remain up-to-date and accurate. Reliance on average patient volume from clinic or hospital billing records will NOT be considered adequate documentation of individual fellow experience. The intent of this requirement is to document the *actual* number of patients seen by *each* fellow. The documentation is to support that each fellow gains *at least* the minimal clinical exposure specified in the clinical components of the Program Requirements.

Specialty-Specific Curriculum Components (Anesthesiology, Neurology, Physical Medicine and Rehabilitation, and Psychiatry)

[Program Requirement IV.A.5.a).(1).(a)]

What constitutes an adequate curriculum for each of the subspecialty components of a pain medicine fellowship?

To meet the clinical experience requirements in anesthesiology, neurology, physical medicine and rehabilitation, and psychiatry, a program must demonstrate that each fellow is provided the educational experiences specified in the Program Requirements, and describe how these clinical experiences will allow fellows to develop the skills required for each of those specialty components of pain medicine education.

Program directors are also referred to the International Association for the Study of Pain (IASP) Core Curriculum for Professional Education in Pain

[available at <http://www.iasp-ain.org/AM/Template.cfm?Section=Home&Template=/CM/HTMLDisplay.cfm&ContentID=2307#TOC>] curriculum for the specific requirements for each area of didactic instruction and educational experience defined in the Program Requirements for Pain Medicine.

PLEASE NOTE:

It is expected that a Board-certified anesthesiologist will design and supervise the clinical and didactic anesthesiology components of the experience.

It is expected that a Board-certified neurologist will design and supervise the clinical and didactic neurology components of the experience.

It is expected that a Board-certified physical medicine and rehabilitation specialist will design and supervise the clinical and didactic physical medicine and rehabilitation components of the experience.

It is strongly encouraged to include a Board-certified psychiatrist in the design and supervision of the clinical and didactic psychiatry components of the experience.

Specialty-Specific Curriculum Components: Anesthesiology

Is experience with endotracheal intubation acquired on a simulator or mannequin acceptable to meet all or part of the anesthesiology experience for non-anesthesiologists in pain medicine programs?
[Program Requirement IV.A.5.a).(1).(a).(iii)]

No. Pain medicine fellows must gain their anesthesiology experience through direct care of patients in the operating room environment.

The Program Requirements state that the fellow will demonstrate competency in basic life support and advanced cardiac life support. Is certification in basic and advanced cardiac life support required for all pain medicine fellows?
[Program Requirement IV.A.5.a).(1).(a).(iv)]

The intent is that all pain medicine fellows receive education and achieve certification in basic and advanced cardiac life support during the 12-month fellowship.

Specialty-Specific Curriculum Components: Psychiatry

Would a clinical psychologist with a doctorate (PhD) be accepted as qualified psychiatry faculty?

Each program will be evaluated on a case-by-case basis. Programs are encouraged to establish meaningful educational relationships with a physician trained in psychiatry. However, it is recognized that a clinical psychologist may contribute in a meaningful way to the program.

Would a rotation at a psychiatrist's private office be an acceptable rotation for fellows?

Not unless the psychiatrist is a member of the program faculty.

Continuity Care Clinic

[Program Requirements IV.A.5.a).(2).(a)]

Is it expected that fellows will have primary responsibility for patients in the continuity care clinic?

The exact means by which fellows gain longitudinal experience will vary from one program to another. It is understood that optimal patient care requires the direct involvement of the supervising physician and often mandates that one attending physician retains primary responsibility for each patient. However, the structure of the educational program must allow for each fellow to gain repeated exposure to a significant number of patients during the course of the fellowship, and provide a mechanism for documenting this experience.

Longitudinal Experience

[Program Requirements IV.A.5.a).(2).(e and f)]

How is 'longitudinal' involvement in patient care defined?

Longitudinal involvement in patient care means repeated interaction with the same patient over the course of the assessment and treatment of their painful condition. The fellow must see the required number of patients on two or more occasions. Longitudinal experience over brief intervals (e.g., several days in hospitalized patients; a single follow-up interaction in the outpatient setting) should not serve as the sole longitudinal experience for fellows. Rather, fellows must be provided with the opportunity to see the required number of patients repeatedly over the course of the fellowship year. This experience is essential for fellows to understand the usual course of common pain conditions and the expected results of the treatments they deliver.

How should the fellow document a longitudinal experience?

Documentation of all data, including numbers and dates of patient encounters, should be maintained. It is recommended that programs maintain these procedure logs in each fellow's portfolio.

How do the requirements for the longitudinal experience apply to fellows who are assigned for a period of six months at one institution, and for three months each at two other participating sites?

Fellows must be provided with the opportunity to see the required number of patients repeatedly over the course of the fellowship year, regardless of how their time is split among institutions for assignments.

Cancer Pain and Palliative Care Experience

[Program Requirements IV.A.5.a).(2).(e and f)]

How will patients receiving palliative care and cancer pain patients be distinguished from each other? Can there be overlap?

Palliative care and cancer pain patients may be mutually exclusive or there may be significant overlap, in that patients with a cancer diagnosis are being cured of their tumors with increasing frequency. The intent of the palliative care requirement is to expose fellows to the assessment and management of pain and other distressing symptoms in patients where curative treatment is no longer the primary goal.

How is ‘palliative’ care defined? Is it defined as only ‘end-of-life’ care? How is palliative care distinguished from ‘hospice’ care?

In contrast to curative treatment, palliative care is defined as the care of all patients for whom the relief of pain and suffering associated with illness is the primary goal of treatment. As such, many of these patients are likely to be nearing the end-of-life. A subset of patients receiving palliative care is likely to be cared for in a formal hospice program. A hospice program is defined as a *structured program in the inpatient or outpatient setting focused on relieving the suffering of patients as they near the end-of-life.*

For the ‘cancer pain experience’ are there any requirements for supervision of fellows by oncology faculty?

There is no requirement that oncology faculty members be directly involved in a fellow’s cancer pain experience during the pain medicine fellowship. The ongoing involvement of oncologists in the educational program is encouraged.

Interventional Procedures

[Program Requirement IV.A.5.h)]

Is it permissible to add additional procedure categories to the Program Information Form, as it does not include a number of interventional procedures currently performed by fellows?

Yes, it is permissible to add interventional procedure categories not listed but performed by fellows. The current list of interventional procedures includes those viewed as interventional procedures most frequently taught in pain medicine programs at the time the current Program Requirements became effective (2007). Understanding the rapid pace of evolution of pain treatment during the current era, it is expected that the types of procedures taught in pain medicine fellowships will change over time. Program directors are encouraged to fully and accurately report the exact number and types of procedures that their fellows perform during the course of the fellowship. Program directors are required to create a final letter for each fellow completing the program, verifying that the fellow has demonstrated sufficient competence to enter practice without direct supervision.

PLEASE NOTE: Program directors are advised that a fellow may complete a pain fellowship and not have achieved competence in any of the listed

interventional procedures. With the exception of fellows who have been defined as participants in an Advanced Interventional Track, other fellows are only required to complete a total of twenty-five interventional procedures.

Duty Hours

[Program Requirement VI.F.]

Who should be part of the interprofessional teams?

Contributors to effective interprofessional teams in pain medicine may include consulting physicians, psychologists, psychiatric nurses, social workers and other professional and paraprofessional mental health personnel involved in the treatment of patients.

Other

What is the review process for pain medicine fellowships?

In preparation for a scheduled site visit, the program director must prepare and submit a completed electronic Program Information Form (PIF) to the ACGME. An ACGME site visitor conducts a survey of the program on a predetermined date and prepares a written report, which is forwarded to the Residency Review Committee. The ACGME administrative personnel then prepare a file which is forwarded to two Review Committee members, each of whom writes a reviewer report; the information in the file which the reviewers consider includes:

- the program's history, including previous citations and the institutional history;
- a copy of the completed PIF;
- the results of the Resident Survey; and,
- the Site Visitor Report.

The two reviewer reports are discussed by the full Review Committee; an accreditation action including the approximate date of next survey is determined. The ACGME executive director prepares a Letter of Notification to the program director summarizing the outcome of the program review; this letter includes the following:

- citations (areas of noncompliance with the Program Requirements, as identified by the Review Committee);
- an accreditation status;
- the number of approved fellow positions;
- the length of the program;
- the approximate date of the next internal review;
- the approximate date of the next site visit;
- the date of a progress report submission (if applicable); and,
- areas of 'Notable Practice' identified during the review, as applicable.