

Frequently Asked Questions: Pain Medicine
Review Committees for Anesthesiology, Neurology, or Physical Medicine and Rehabilitation
ACGME

Question	Answer
Personnel	
<p>Could an individual with primary certification in a specialty other than those listed in requirement II.A.3.b) be eligible to serve as a program director in pain medicine?</p> <p><i>[Program Requirement II.A.3.b)]</i></p>	<p>Requirement II.A.3.b) refers to certification in the subspecialty of pain medicine and includes reference to all ABMS member boards and AOA certifying boards that offer this certification. It is recognized that some certifying boards may offer certification in pain medicine to individuals with primary certification in a specialty not listed in II.A.3.b), and the requirement should not be interpreted to mean that only individuals with primary certification by one of the boards listed in the requirement are eligible to serve as a program director of a pain medicine fellowship.</p>
<p>Could an individual with primary certification in a specialty other than those listed in requirement II.B.3.b).(1) be eligible to serve as a faculty member in pain medicine?</p> <p><i>[Program Requirement II.B.3.b).(1)]</i></p>	<p>Requirement II.B.3.b).(1) refers to certification in the subspecialty of pain medicine and includes reference to all ABMS member boards and AOA certifying boards that offer this certification. It is recognized that some certifying boards may offer certification in pain medicine to individuals with primary certification in a specialty not listed in II.B.3.b).(1), and the requirement should not be interpreted to mean that only individuals with primary certification by one of the boards listed in the requirement are eligible to serve as a faculty member in a pain medicine fellowship.</p>
<p>Would a clinical psychologist with a doctorate (PhD) be accepted as qualified psychiatry faculty?</p> <p><i>[Program Requirement: II.B.3.c)]</i></p>	<p>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.</p>

Educational Program	
<p>How should programs maintain documentation of numbers of patients in each required category, and how much detail should be included in the documentation?</p> <p><i>[Program Requirement: IV.B.1.b]</i></p>	<p>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 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 <i>actual</i> number of patients seen by <i>each</i> fellow. The documentation is to support that each fellow gains <i>at least</i> the minimal clinical exposure specified in the clinical components of the Program Requirements.</p>
<p>Do fellows have to rotate to a radiology department to read films and have direct supervision by a qualified radiology faculty member?</p> <p><i>[Program Requirement: IV.B.1.b).(1).(a).(iii).(c)]</i></p>	<p>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.</p>

<p>What constitutes an adequate curriculum for each of the subspecialty components of a pain medicine fellowship?</p> <p><i>[Program Requirement: IV.B.1.b).(1)]</i></p>	<p>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.</p> <p>Program directors are also referred to the International Association for the Study of Pain (IASP) Interprofessional Pain Curriculum Outline , available at http://www.iasp-pain.org, for additional information on areas of didactic instruction and educational experience listed in the Program Requirements for Graduate Medical Education in Pain Medicine.</p> <p>PLEASE NOTE: It is expected that a board-certified anesthesiologist will design and supervise the clinical and didactic anesthesiology components of the experience.</p> <p>It is expected that a board-certified neurologist will design and supervise the clinical and didactic neurology components of the experience.</p> <p>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.</p> <p>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.</p>
<p>Is experience with laryngeal mask airway and/or 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?</p> <p><i>[Program Requirement: IV.B.1.b).(2).(a).(iii).(a)]</i></p>	<p>No. Pain medicine fellows must gain their anesthesiology experience through direct care of patients in the operating room environment.</p>

<p>Is certification in basic and advanced cardiac life support required for all pain medicine fellows?</p> <p><i>[Program Requirement: IV.B.1.b).(2).(a).(iv)]</i></p>	<p>Yes. The intent of this requirement is that all pain medicine fellows will receive education and achieve certification in basic and advanced cardiac life support during the 12-month fellowship.</p>
<p>How should patients receiving palliative care and cancer pain patients be distinguished from each other, and can there be overlap as far as fulfilling the requirements related to palliative care?</p> <p><i>[Program Requirements: IV.B.1.c).(1).(a).(xvi), IV.B.1.c).(1).(b).(vii), IV.B.1.c).(1).(b).(x)]</i></p>	<p>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.</p>
<p>Would a rotation at a psychiatrist's private office be an acceptable rotation for fellows?</p> <p><i>[Program Requirement: IV.C.3.a)]</i></p>	<p>A rotation at a psychiatrist's private office would not be acceptable unless the psychiatrist is a member of the program faculty.</p>
<p>Is it expected that fellows will have primary responsibility for patients in the continuity care clinic?</p> <p><i>[Program Requirement: IV.C.3.a).(1)]</i></p>	<p>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 fellowship and provide a mechanism for documenting this experience.</p>
<p>Are there any requirements for supervision of fellows by oncology faculty members for the required cancer pain experience?</p> <p><i>[Program Requirement: IV.C.3.a).(4)]</i></p>	<p>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.</p>

<p>How is 'longitudinal' involvement in patient care defined?</p> <p><i>[Program Requirements: IV.C.3.a).(4) and (5)]</i></p>	<p>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 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 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.</p>
<p>How should fellows document a longitudinal experience?</p> <p><i>[Program Requirements: IV.C.3.a).(4) and (5)]</i></p>	<p>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.</p>
<p>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?</p> <p><i>[Program Requirements: IV.C.3.a).(4) and (5)]</i></p>	<p>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.</p>
<p>How is palliative care defined and how is it distinguished from hospice care?</p> <p><i>[Program Requirement: IV.C.3.a).(5)]</i></p>	<p>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 <i>a structured program in the inpatient or outpatient setting focused on relieving the suffering of patients as they near the end of life.</i></p>
<p>The Learning and Working Environment</p>	
<p>Who should be part of the interprofessional teams?</p> <p><i>[Program Requirement: VI.E.2.]</i></p>	<p>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.</p>

Other	
<p>What does the Review Committee require of a fellow taking approved medical, parental, or caregiver leave(s) of absence?</p> <p><i>[Institutional Requirement: IV.H]</i></p>	<p>The Review Committee allows for flexibility in approved leaves of absence at the program level, provided that all clinical and procedural experience requirements are met, and that the Clinical Competency Committee considers the affected fellow fully prepared for autonomous practice. The program director is also encouraged to seek guidance from the applicable specialty certifying board to ensure there will be no adverse effects on the fellow's board-eligibility and ultimate board certification.</p>