**New Application: Pain Medicine**

**Review Committee for Anesthesiology, Neurology, or
Physical Medicine and Rehabilitation**

**ACGME**

*This application is locked for filling in forms only, so some features of Word may not be available.*

**Oversight**

**Participating Sites**

1. Indicate which of the four sponsoring specialty ACGME-accredited residency programs with responsibility for the multidisciplinary pain medicine program are in place at the Sponsoring Institution and/or its participating sites. These specialties are: anesthesiology; physical medicine and rehabilitation; and child neurology or neurology: [PR 1.2.a.]

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| **ACGME-Accredited Residency Program** | **Yes or No** | **Program Name / Number** |
| Anesthesiology | [ ]  YES [ ]  NO | Click or tap here to enter text. |
| Physical medicine and rehabilitation | [ ]  YES [ ]  NO | Click or tap here to enter text. |
| Child neurology | [ ]  YES [ ]  NO | Click or tap here to enter text. |
| Neurology | [ ]  YES [ ]  NO | Click or tap here to enter text. |

a) Explain how each of the participating programs indicated above will contribute to the program. [Limit response to 250 words]

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| Click or tap here to enter text. |

2. Is there an institutional policy governing the educational resources committed to multidisciplinary pain medicine that ensures cooperation of all involved disciplines? [PR 1.2.b.] [ ]  YES [ ]  NO

(A copy of the policy should be attached to the application).

3. Provide a list of multidisciplinary pain medicine committee members by specialty. How frequently does the committee meet? [PR 1.2.b.]

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| Click or tap here to enter text. |

4. How will the program maintain the multidisciplinary nature of the specialty? Include a description of how the program will collaborate with related disciplines. [Limit response to 250 words] [PR 1.2.a.1.]

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5. If applicable, list any other ACGME-accredited pain medicine fellowship programs within the Sponsoring Institution, and the number of approved fellows for each program. [1.2.b.]

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**Resources**

1. Is there a pain center offering subspecialty education designed specifically for the management of pain patients? [PR 1.8.a.1.] [ ]  YES [ ]  NO

 Explain if no:

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| Click or tap here to enter text. |

2. Describe the monitoring and life support equipment available where invasive pain management procedures are performed. [Limit response to 250 words] [PR 1.8.a.2.]

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3. If applicable, describe how the program resources will be shared with other pain fellowship programs within the Sponsoring Institution.[Limit response to 250 words] [1.8.-1.8.e.]

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4. Describe facilities that will be provided for: [PR 1.8.b.-1.8.c.]

a) Conferences

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| Click or tap here to enter text. |

1. Research

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| Click or tap here to enter text. |

1. On-call services

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| Click or tap here to enter text. |

*Support Services*

Are the following support services available to the program for fellow education and patient care?

1. Appropriate radiologic imaging facilities [PR 1.8.d.1.] [ ]  YES [ ]  NO
2. Psychiatric/psychological services, including behavioral modification [PR 1.8.d.2.] [ ]  YES [ ]  NO
3. Physical and/or occupational therapy [PR 1.8.d.3.] [ ]  YES [ ]  NO
4. Social services [PR 1.8.d.4.] [ ]  YES [ ]  NO
5. Appropriate electrodiagnostic facilities [PR 1.8.d.5.] [ ]  YES [ ]  NO

*Patient Population (Clinical Resources)*

1. Indicate the number of patients available for fellows’ clinical educational experience in each category for the last 12 months. [PR 1.8.e.]

| **TYPE** | **# of Patients** |
| --- | --- |
| 1. Chronic pain (benign) | # |
| Inpatient | # |
| Outpatient | # |
| 2. Cancer pain | # |
| 3. Acute pain | # |
| Inpatient | # |
| Outpatient | # |
| 4. Palliative  | # |
| 5. Pediatric | # |
| Under 2 years of age2-18 years of age | # |
| # |
| 6. Interventional procedures | # |

**Personnel**

**Other Program Personnel**

1. What additional program personnel (e.g., technical, administrative) will be available to support the fellowship? [PR 2.11. and 2.12.]

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| Click or tap here to enter text. |

**Educational Program**

**ACGME Competencies**

**Professionalism**

1. Briefly describe the learning activity(ies), other than lecture, by which fellows will demonstrate a commitment to professionalism and an adherence to ethical principles. [PR 4.3.] (Limit response to 400 words)

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| Click or tap here to enter text. |

**Patient Care and Procedural Skills**

1. Indicate the settings and activities in which fellows will demonstrate competence in the following. Also indicate the method(s) used to assess competence.

| **Competency Area** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| Eliciting a detailed neurological history [PR 4.4.a.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Performing a detailed neurological examination to include at least mental status, cranial nerves, motor, sensory reflex, cerebellum examinations, and gait in patients [PR 4.4.b.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Identifying significant findings of basic neuro-imaging [PR 4.4.c.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Performing a comprehensive musculoskeletal and appropriate neuromuscular history and examination with emphasis on both structure and function as it applies to diagnosing acute and chronic pain problems [PR 4.4.d.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Identifying and prescribing rehabilitation interventions for specific spine and musculoskeletal conditions [PR 4.4.e.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Developing patient rehabilitation programs to include assessments of static and dynamic flexibility, strength, coordination, and agility for peripheral joint, spinal, and soft tissue pain conditions, including competence in the clinical evaluation and development of a rehabilitation plan [PR 4.4.f.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Identifying patients best suited for multidisciplinary team pain management, to include patients with psychiatric and psychosocial risk factors and designing patient-specific programs in these situations [PR 4.4.g.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Integrating therapeutic modalities and surgical intervention in the treatment algorithm [PR 4.4.h.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Carrying out a complete and detailed psychiatric history with special attention to psychiatric and pain comorbidities [PR 4.4.i.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Conducting a complete mental status examination [PR 4.4.j.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Explaining psychosocial therapy to a patient and making a referral when indicated [PR 4.4.k.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Obtaining intravenous access [PR 4.5.a.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Basic airway management that at a minimum includes competency in mask ventilation [PR 4.5.b.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Advanced airway management [PR 4.5.c.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Basic life support and advanced cardiac life support [PR 4.5.d.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Management of sedation,including exposure to administration of moderate procedural sedation [PR 4.5.e.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Recognizing and managing physiologic perturbations associated with neuraxial anesthesia/analgesia, including development of motor and sensory loss and cardiovascular and respiratory changes [PR 4.5.f.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Recognizing and managing physiologic perturbations associated with intravascular injection of local anesthetics, including mental status changes, seizure, and cardiovascular collapse [PR 4.5.g.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Performing interventional treatments [PR 4.5.h.1.- 4.5.h.8.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Performing a range of direct, hands-on interventional pain treatment techniques [PR 4.5.i.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Neuromodulation and managing intervertebral disc procedures [PR 4.5.j.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Recognizing risks and complications [PR 4.5.k.1.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Obtaining a complete informed consent identifying the appropriate risks and potential benefits of each procedure, including sedation [PR 4.5.k.2. ] | Click or tap here to enter text. | Click or tap here to enter text. |
| Identifying and mitigating risks for the following intervening factors: infection risk, opioid use, including the use of antagonists, anti-coagulation, pacemaker, and other implanted devices [PR 4.5.k.3.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Managing patients receiving opioids, including an understanding of opioid agreements, risk mitigation tools, and appropriate use of drug screening [PR 4.5.k.4.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Recognizing substance use disorders, including associated stigma [PR 4.5.l.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Identifying and implementing treatment options for substance use disorder, including medication-assisted treatment for Opioid Use Disorder [PR 4.5.m.] | Click or tap here to enter text. | Click or tap here to enter text. |

**Medical Knowledge**

1. Indicate the activities (lectures, conferences, journal clubs, clinical teaching rounds, etc.) in which fellows will demonstrate knowledge of the following areas. Also indicate the method(s) that will be used to assess knowledge in each area.

| **Area of Knowledge** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| **Assessment of pain, including: [PR 4.6.a.]** |
| Anatomy, physiology, and pharmacology of pain transmission and modulation [PR 4.6.a.1.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Natural history of various musculoskeletal pain disorders[PR 4.6.a.2.] | Click or tap here to enter text. | Click or tap here to enter text. |
| General principles of pain evaluation and management, to include neurological exam, musculoskeletal exam, and psychological assessment[PR 4.6.a.3.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Indicators and interpretation of electro-diagnostic studies, to include: x-rays; MRI; CT; and clinical nerve function studies[PR 4.6.a.4.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Pain measurement in humans, both experimental and clinical[PR 4.6.a.5.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Psychosocial aspects of pain, to include cultural and cross-cultural considerations[PR 4.6.a.6.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Taxonomy of pain syndromes[PR 4.6.a.7.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Pain of spinal origin, to include radicular pain, zygapophysial joint disease, and discogenic pain[PR 4.6.a.8.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Myofascial pain[PR 4.6.a.9.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Neuropathic pain[PR 4.6.a.10.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Headache and orofacial pain[PR 4.6.a.11.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Rheumatological aspects of pain[PR 4.6.a.12.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Complex regional pain syndromes[PR 4.6.a.13.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Visceral pain[PR 4.6.a.14.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Urogenital pain[PR 4.6.a.15.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Cancer pain, including hospice and palliative care[PR 4.6.a.16.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Acute pain[PR 4.6.a.17.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Frequent psychiatric and pain co-morbidities, to include substance-related mood, anxiety, somatoform, factitious, and personality disorders[PR 4.6.a.18.] | Click or tap here to enter text. | Click or tap here to enter text. |
| The effects of pain medications on mental status[PR 4.6.a.19.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Assessment of pain in special populations, to include patients with ongoing substance use disorders, the elderly, pediatric patients, pregnant women, the physically disabled, and the cognitively impaired[PR 4.6.a.20.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Functional and disability assessment[PR 4.6.a.21.] | Click or tap here to enter text. | Click or tap here to enter text. |
| **Treatment of pain, including: [PR 4.6.b.]** |
| Antidepressants, anticonvulsants, and miscellaneous drugs[PR 4.6.b.1.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Nonsteroidal anti-inflammatory drugs [PR 4.6.b.2.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Opioids [PR 4.6.b.3.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Management of acute or chronic pain in the opioid-tolerant patient [PR 4.6.b.4.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Pharmacokinetics of opioid analgesics, including bioavailability, absorption, distribution, metabolism, and excretion [PR 4.6.b.5.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Mechanism of action as related to systemic opioids [PR 4.6.b.6.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Chemical structure as related to systemic opioids [PR 4.6.b.7.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Mechanisms, uses, and contraindications for opioid agonists, opioid antagonists, and mixed agents [PR 4.6.b.8.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Use of patient controlled-analgesic systems [PR 4.6.b.9.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Post-procedure analgesic management in the patient with chronic pain and/or opioid-induced hyperalgesia [PR 4.6.b.10.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Psychological and psychiatric approaches to treatment, including cognitive-behavioral therapy, psychosocial therapies, and treatment of psychiatric illness[PR 4.6.b.11.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Prescription drug detoxification concepts[PR 4.6.b.12.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Functional and vocational rehabilitation[PR 4.6.b.13.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Surgical approaches[PR 4.6.b.14.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Complementary and alternative treatments in pain management[PR 4.6.b.15.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Treatments that comprise multidisciplinary cancer pain care[PR 4.6.b.16.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Strategies to integrate pain management into the treatment model[PR 4.6.b.17.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Hospice and multidimensional treatments that comprise palliative care[PR 4.6.b.18.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Treatment of pain in pediatric patients[PR 4.6.b.19.] | Click or tap here to enter text. | Click or tap here to enter text. |
| **General topics, research, and ethics, including: [PR 4.6.c.]** |
| Epidemiology of pain[PR 4.6.c.1.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Gender issues in pain[PR 4.6.c.2.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Placebo response[PR 4.6.c.3.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Multidisciplinary pain medicine[PR 4.6.c.4.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Organization and management of a pain center[PR 4.6.c.5.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Utilization review and program evaluation[PR 4.6.c.6.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Designing, reporting, and interpreting clinical trials of treatment for pain[PR 4.6.c.7.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Ethical standards in pain management and research[PR 4.6.c.8.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Animal models of pain and ethics of animal experimentation[PR 4.6.c.9.] | Click or tap here to enter text. | Click or tap here to enter text. |
| **Interventional pain treatment, including: [PR 4.6.d.]** |
| Selection criteria for a broad range of interventions, and an understanding of the ~~risks~~ indications and potential advantages and outcomes of these interventions[PR 4.6.d.1.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Airway management skills[PR 4.6.d.2.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Sedation/analgesia[PR 4.6.d.3.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Fluoroscopic imaging and radiation safety[PR 4.6.d.4.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Pharmacology of local anesthetics and other injectable medications, to include radiographic contrast agents and steroid preparations[PR 4.6.d.5.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Treatment of local anesthetic systemic toxicity[PR 4.6.d.5.a.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Trigger point injections[PR 4.6.d.6.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Peripheral and cranial nerve blocks and ablation[PR 4.6.d.7.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Spinal injections, to include epidural injections: interlaminar, transforaminal, nerve root sheath injections, and zygapophysial joint injections[PR 4.6.d.8.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Discography and intradiscal/percutaneous disc treatments[PR 4.6.d.9.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Joint and bursal injections, to include sacroiliac, hip, knee, and shoulder joint injections[PR 4.6.d.10.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Sympathetic ganglion blocks[PR 4.6.d.11.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Epidural and intrathecal medication management[PR 4.6.d.12.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Spinal cord stimulation[PR 4.6.d.13.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Intrathecal drug administration systems[PR 4.6.d.14.] | Click or tap here to enter text. | Click or tap here to enter text. |

**Practice-based Learning and Improvement**

1. Briefly describe one learning activity in which fellows will demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. [PR 4.7.] (Limit response to 400 words)

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**Interpersonal and Communication Skills**

1. Briefly describe one learning activity in which fellows will demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. [PR 4.8.] (Limit response to 400 words)

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| Click or tap here to enter text. |

**Systems-based Practice**

1. Briefly describe the learning activity(ies) through which fellows will demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources in the system to provide optimal health care. [PR 4.9.] (Limit response to 400 words)

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**Curriculum Organization and Fellow Experiences**

1. Describe how the program will provide fellows with clinical experiences/rotations of sufficient duration and with sufficient continuity of supervising faculty members that the progressive learning needed to support fellow development is not compromised. [PR 4.11.a.] (Limit response to 400 words)

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| Click or tap here to enter text. |

1. Clinical Experience: Indicate whether clinical experiences will be provided in each of the specified areas:

| **List all sites that apply** | **Site #** | **Y** | **N** |
| --- | --- | --- | --- |
| **Outpatient (Continuity Clinic)**Will fellows attend a supervised outpatient clinic, at least one half-day weekly when averaged throughout the year? (50 different patients per fellow for whom the fellow has primary responsibility, followed over at least two months) [PR 4.11.a.1.a. and 4.11.a.1.b.] | # |[ ] [ ]
| **Inpatient (Chronic Pain)**Will fellows have assessment and management of patients with chronic pain, seeing patients through a consultation team or on a designated inpatient pain medicine service? (15 new patients assessed in this setting) [PR 4.11.a.2.a.- 4.11.a.2.a.1.] | # |[ ] [ ]
| **Acute Pain (Inpatient)**Will fellows have a supervised experience in the assessment and management of a minimum of 50 new patients with acute pain? [PR 4.11.a.3.a.- 4.11.a.3.a.1.] | # |[ ] [ ]
| **Cancer Pain**Will fellows have a supervised longitudinal experience for an ambulatory or inpatient population requiring care for cancer pain? [PR 4.11.a.4.a.] | # |[ ] [ ]
| **Palliative Care**Will fellows have a supervised longitudinal experience in an ambulatory or inpatient population requiring palliative care? [PR 4.11.a.5.a.] | # |[ ] [ ]
| If the program elects to offer a track in advanced interventional pain medicine, briefly describe both didactic and clinical experiences that will be offered. (Limit response to 400 words)Click or tap here to enter text. |

**Fellow Scholarly Activity**

1. Provide an example of a scholarly project that fellows will complete, and describe the method of dissemination of the results of the project. [Limit response to 250 words][PR 4.15. and 4.15.a.]

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**Evaluation**

1. Describe how fellows will be evaluated on attitude, interpersonal relationship skills, fund of knowledge, manual skills, decision-making skills, and critical analysis of clinical situations.[Limit response to 250 words] [PR 5.1.h.]

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1. Describe the continuous quality improvement program that will be provided during the 12-month program. Will fellows regularly participate in quality assurance activities? [Limit response to 250 words][PR 5.1.i.]

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**The Learning and Working Environment**

1. Explain how the program will ensure continuity of care experiences for fellows during 24-hour call assignments. Include information as to the level of responsibility expected of fellows on call. [Limit response to 250 words] [PR 6.16.]

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