

Acute Pain Management Rotation

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Goals

During a one month rotation on the Acute Pain Service, the CA 2 anesthesiology resident should:

1. Learn techniques and theories of treating post-operative pain,
2. Learn techniques for preventing post-operative pain
3. Learn techniques for preventing the development of chronic pain states.
4. Learn to manage postoperative pain for orthopedic, urologic, gynecologic, general, and thoracic surgical procedures.

Objectives

A. Patient Care:

In order to achieve the goals and objectives set forth, the anesthesiology resident should:

1. Observe skills and management techniques of anesthesiologists with expertise in regional anesthetic techniques;
2. Perform procedures under direct supervision of anesthesiologists with expertise in regional anesthetic techniques; and
3. Observe multimedia presentations that demonstrate more complicated or uncommon procedures.
4. Evaluate a minimum of ten patients for acute and/or cancer related pain management.
5. Document involvement in the management of acute postoperative pain, including patient-controlled intravenous techniques, neuraxial blockade, and other pain-control modalities.

The regional blocks for surgical anesthesia and pain management performed under direct supervision of anesthesiologists with expertise in regional anesthetic techniques are:

1. the upper and lower extremity (including continuous catheter techniques);
2. the superficial cervical plexus;
3. intercostal nerve block;
4. intravenous regional anesthesia;
5. spinal anesthesia;
6. epidural anesthesia;
7. combined spinal epidural (CSE);
8. thoracic and lumbar paravertebral.

B. Medical Knowledge

The anesthesiology resident is expected to follow a comprehensive course of independent-study that includes the following resource materials:

Barash *Clinical Anesthesia* Chapter 55; and review:

1. *Opioids* (Chapter 14)
2. *Local Anesthetics* (Chapter 17)
3. *Peripheral Nerve Blockade* (Chapter 26)

C. *Interpersonal and Communication Skills*

1. Establish and maintain a professional relationship with the acute pain patients, their families and the recovery room and unit staff involved with their care.
2. Identify the special needs of communicating with patients having acute pain.

D. *Practice-based Learning and Improvement*

1. Self-monitor the effectiveness of your technique of lumbar and thoracic epidural placement and make adjustments in technique to improve success rate
2. Describe an evidence-based approach to choosing thoracic epidural over PCA in thoracotomy patients

E. *Professionalism*

1. Demonstrate a willingness to accept constructive feedback and change practice when indicated.
2. Interact with colleagues and support staff as a consultant in anesthesia.

F. *Systems-based Practice*

1. Explain your role in relation to other members of the acute pain management team
2. Ensure all patients and their treatments are recorded in the data base
3. Participate in interdisciplinary pain management rounds

Description of Resident Responsibilities:

1. Residents are expected to:
 - a. Document all duty hours in New-Innovations
 - b. Document all procedures and consultations in the ACGME data-base
 - c. Complete all medical records in a timely and accurate fashion
 - d. Self-monitor for fatigue
 - e. Dress appropriately
 - f. Act in professional and ethical manner in interactions with patients, nursing and medical staff
2. Residents are expected to participate in the following activities during the workday:

Sign Out: Your responsibilities typically begin at 7am when you check in with the pain nurses and/or pick up the APMS beeper from the on call resident when there is no APMS nurse. It is your responsibility to take sign out from whoever was covering the service. At this time, you obtain sign out on the floor patients and learn of the night's events, changes to the patients' pain regimens, and any other issues. Obtain a copy of the day's OR schedule and look for any opportunities for thoracic catheter placement.

Pre-round: Obtain the standardized note forms from the APMS nurse and pre-round on the patients. You should distribute the work to all other residents on APMS elective and/or any students on the APMS rotation. Fill out the standardized notes and bring them with you to rounds. If a patient does not have a note template, jot a note in the chart and leave space for the attending to cosign and append his or her plan to your note.

Round: Prior to rounds, quickly go over potential thoracic catheters with the attending. During rounds, you and your colleagues will present the patient to the group as you would on any medical consult service. You will also assist in the interviewing of the patient, pull regional/neuraxial catheters when appropriate, and interrogate PCA pumps to determine 12 and 24hr usage. You will need to be familiar with the JeffChart/LAST WORD IDX system for computerized order entry where you will be placing orders for epidurals, ketamine, and regional catheters. You will also be required to be able to check labs when applicable and access the "Charted Meds" view so you can determine when oral/iv meds were last given.

After Rounds: When rounds are completed, you are to finish any order assignments from rounds and complete consults as they come in. These consults are to be completed, discussed with the attending, with recommendations are to be placed in the chart. A call to the primary team to discuss the plan is also appropriate and after hours the consults go to the pain nurses with a hand written note in the chart. Finally sign out on the patient is to be given to the pain nurses to keep everyone on the same page.

3. Residents will abide by all ACGME work rules. Unapproved tardiness and absenteeism is not tolerated.

4. Residents will attend all Departmental didactic lectures when available. This includes: Tuesday & Thursday 6:15 am lectures and Thursday Grand Rounds. Additionally, residents assigned to Simulation Lab activities should participate, at the discretion of the supervising attending.

5. The development of clinical skills and mature clinical judgment requires that residents be given responsibility, under proper supervision and commensurate with their ability, for decision making and for direct patient care in all settings. The resident's patient care responsibilities should include the planning of care, and the writing of orders, progress notes and relevant records, subject to review and approval by senior residents and attending physicians.

Description of Didactic Experience:

1. Participate in skills workshops, daily lectures, resident core conferences, anesthesia grand rounds, assigned web-based multimedia presentations (NYSORA.com), multimedia, monitored self study, and independent self-study

2. **Review Wiki modules:** There are multiple APMS learning modules available on the Jefferson Anesthesiology Wiki site. You are responsible for reading the modules in addition to the pertinent textbook chapters. You will be responsible for adding to the knowledge base by completing a module on an APMS-related topic during your rotation.

Evaluation Process:

Electronic evaluations by supervising faculty from Acute Pain Medicine
Evaluation of rotation and faculty by resident

Feedback mechanisms:

Review of resident evaluations with program director or faculty advisor
Daily feedback from supervising faculty