



Recommended Curriculum Guidelines for Family Medicine Residents

Chronic Pain Management

This document was endorsed by the American Academy of Family Physicians (AAFP), the Association of Departments of Family Medicine (ADFM), the Association of Family Medicine Residency Directors (AFMRD) and the Society of Teachers of Family Medicine (STFM), and was developed in cooperation with the Rose Family Medicine Residency.

Introduction

This Curriculum Guideline defines a recommended training strategy for family medicine residents. Attitudes, knowledge and skills that are critical to family medicine should be attained through longitudinal experience that promotes educational competencies defined by the Accreditation Council for Graduate Medical Education (ACGME) <http://www.acgme.org>. The curriculum must include structured experience in several specified areas. Most of the resident's knowledge will be gained by caring for ambulatory patients who visit the family medicine center. Structured didactic lectures, conferences, journal clubs and workshops must be included in the curriculum with an emphasis on outcomes-oriented, evidence-based studies that delineate common and chronic diseases affecting patients of all ages. Targeted techniques of health promotion and disease prevention are hallmarks of family medicine. Appropriate referral patterns and provision of cost-effective care should also be part of the curriculum.

Program requirements specific to family medicine residencies may be found on the ACGME Web site. Current AAFP Curriculum Guidelines may be found online at <http://www.aafp.org/cg>. These guidelines are periodically updated and endorsed by the AAFP and, in many instances, other specialty societies as indicated on each guideline.

Each residency program is responsible for its own curriculum. ***This guideline provides a useful strategy to help residency programs form their curricula for educating family physicians.***

Preamble

Chronic pain is a leading cause of disability and one of the most common reasons patients visit a family physician. The undertreatment of pain is widely recognized as a significant public health problem. Pain is a universal and connecting experience capable of evoking empathy and compassion in others. However, complex psychosocial factors influence how individuals view and experience pain. As a result, pain management is a multifaceted challenge for family physicians.

Physicians are often hesitant to prescribe opioids because of fear of scrutiny by regulatory agencies and concern for abuse and diversion of prescriptions. In addition to preparing family medicine residents to adequately treat chronic pain, it is essential that training programs teach residents skills that will protect their future practices and licenses. This can be achieved by means of proper documentation as well as systematic detection of and response to aberrant behavior.

This curriculum guideline provides an outline of the attitudes, knowledge and skills that should be among the objectives of training programs in family medicine, and which will lead to the safe and appropriate management of chronic pain by future family physicians.

Competencies

By the completion of residency training, a family medicine resident should:

- Understand the pathophysiology and treatment of various types of chronic pain (Medical Knowledge).
- Demonstrate empathy and compassion towards the patient with chronic pain (Interpersonal and Communication Skills, Professionalism).
- Apply his or her knowledge of pain and systems to the care of the patient with chronic pain (Patient Care).
- Conduct a chronic pain chart review to identify strategies for improved care (Practice Based Learning and Improvement).
- Appropriately utilize available community resources to optimally manage pain (Systems-Based Practice).

Attitudes

The resident should develop attitudes that encompass:

- An acknowledgment of the subjective and individual nature of pain.
- An appreciation of the psychosocial effects of pain and the therapeutic value of empathy.
- An appreciation of the risk for abuse and addiction within the profession.

Knowledge

In the appropriate setting, the resident should demonstrate the ability to apply knowledge of:

1. Fundamentals of pain
 - a. Definitions
 - b. Epidemiology
 - c. Pathophysiology
 - d. The acute to chronic pain continuum
 - e. The psychology of pain
2. Assessing pain
 - a. Diagnosis
 - i. History, including past evaluations
 - ii. Physical exam, including Waddell's signs
 - iii. Appropriate laboratory evaluation
 - b. Comorbidities
 - i. Chronic disease
 - ii. Mental illness
 - c. Assessing risk of opioid aberrancy, abuse and diversion and utilizing selective investigative techniques and agencies as appropriate
3. Categories of chronic pain
 - a. Nociceptive (tissue pain)
 - i. Somatic
 - 1) Osteoarthritis
 - 2) Rheumatoid arthritis
 - ii. Visceral
 - 1) Pelvic pain
 - 2) Irritable bowel syndrome
 - b. Neuropathic
 - i. PNS and CNS dysfunction
 - ii. Soft tissue pain syndromes
 - iii. Complex regional pain syndromes
 - iv. Post-herpetic neuralgia
 - c. Mixed pain
 - i. Cancer pain
 - ii. Neck and back pain with radicular components
 - d. Headache pain
4. Monitoring pain
 - a. Pain and function scales

- b. The 4 A's of monitoring and documentation
 - i. Analgesic effect
 - ii. Activity/function
 - iii. Adverse reactions
 - iv. Aberrant behaviors
 - c. Setting realistic goals
5. Non-pharmacologic treatment
- a. Self-management through lifestyle modification
 - b. Psychologic treatment
 - i. Psychotherapy
 - ii. Biofeedback basics
 - c. Complementary / alternative medicine
 - d. Indications for osteopathic manipulation
 - e. Indications for electrical stimulation
 - f. Indications for surgical referral
6. Non-opioid medications
- a. Anti-nociceptives
 - i. Acetaminophen
 - ii. Non-steroidal anti-inflammatories
 - iii. Anesthetics
 - b. Adjuvants
 - i. Antidepressants
 - ii. Anti-convulsants
 - iii. Muscle relaxants
 - c. Corticosteroids
 - d. Herbs and homeopathy
7. Opioid Treatment
- a. Indications and contraindications
 - b. Regulatory issues
 - c. Informed consent
 - d. Managing side effects
 - e. Dosing and titrating guidelines
 - f. Preventing and reducing aberrant behaviors and abuse
 - i. Tools to predict risk
 - ii. Structured management based on risk
 - iii. Urine drug screening

8. Delivery system design
 - a. Primary care office
 - i. The chronic pain contract
 - ii. Documentation guidelines
 - iii. Managing disruptive patients
 - iv. Approach to the new patients already on opioids
 - v. The role of support staff
 - b. Interdisciplinary collaboration
 - i. Referral for addiction and pain treatment
 - ii. Referral for drug detoxification
 - iii. Reporting guidelines and the DEA

Skills

In the appropriate setting, the resident should demonstrate the independent ability to:

1. Accurately monitor pain and function.
2. Evaluate opioid abuse risk using a validated screening tool.
3. Effectively establish a chronic pain contract.
4. Properly interpret urine toxicology screening tests.
5. Perform a chart review and adjust treatment plans based on diagnosis and risk for opioid abuse.
6. Treat and monitor pain patients at the highest risk for abuse.
7. Prescribe narcotic alternatives (e.g. methadone).
8. Perform joint injection techniques.
9. Treat special populations.

Implementation

The curriculum should be structured as a combination of didactic presentations, workshops, reading materials, web-based modules, case conferences, and chart reviews. Since pain management occurs in a variety of settings throughout training, the curriculum is well-suited to a longitudinal structure. In addition to the components listed above, faculty should model effective pain and systems management in the family medicine center. The residency website can be used to host didactic content, calendars, tests, patient-care resources and tools, as well as opportunities for advanced training.

Resources

Nicholson B, Passik SD. Management of chronic noncancer pain in the primary care setting. South Med J 2007; 100(10):1060.

Stanos, S.. Appropriate Use of Opioid Analgesics in Chronic Pain. Journal of Family Practice_ 2007:(suppl):23-32.

Webster, L. Structuring Opioid Therapy. Practical Pain Management. 2007; 7(7):12-16.

Toombs, JD, Kral LA. Methadone treatment for pain states. Am Fam Physician 2005; 71(7): 1353-8.

Web Sites

Twelve learning modules in chronic pain management from the American Medical Association

http://www.ama-cmeonline.com/pain_mgmt/

International Association for the Study of Pain (IASP) Clinical Pain Updates

<http://www.iasp-pain.org/publications>

“Pain: Current Understanding of Assessment, Management and Treatments” from The American Pain Society (U.S. chapter of the IASP)

<http://www.ampainsoc.org/ce/enduring.htm>

Clinical resources from The American Academy of Pain Medicine

http://www.painmed.org/clinical_info

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