

RONALD REAGAN UCLA MEDICAL CENTER ACUTE PAIN GOALS AND OBJECTIVES

GOALS	EDUCATIONAL OBJECTIVES	CLINICAL RESPONSIBILITIES / ACTIVITIES	EVALUATIONS
<p>Patient Care: To provide the resident with clinical experience in the perioperative pain management of adults and pediatric patients undergoing the surgical treatment that is compassionate, appropriate, and effective.</p>	<ol style="list-style-type: none"> 1. How to assess acute pain. 2. Management of postoperative epidural analgesia. 3. Acute pain management with systemic medications. 4. The technical aspects of epidural catheter placement. 5. How to assess for proper placement of an epidural catheter. 6. How to prescribe and administer epidural local anesthetics. 7. How to prescribe and administer epidural opioids. 8. The clinical assessment of the efficacy of epidural analgesia. 9. The clinical assessment and treatment of side effects of epidural analgesia. 10. Prescription of intravenous and oral opioid therapy. 11. Assessment and treatment of side effects of systemic opioid therapy. 12. Initiation and subsequent adjustment of intravenous opioid PCA therapy. 13. Prescribing medications for discharge after surgery. 14. How to assess the efficacy of and adjust oral analgesic therapy for discharge planning. To give an oral presentation at the Monday afternoon Pain Medicine Conference on a topic selected by the trainee and the pain service faculty. 	<ol style="list-style-type: none"> 1. The primary responsibility of the service is to consult and manage in-patients' pain needs upon request of the primary service. 2. On a daily basis, residents' Acute Pain Service clinical activities will begin in the Main Operating Room, assisting with and/or placing neuraxial and/or regional blocks for surgical cases. Daily in-patient acute pain service rounds will follow. 3. Call responsibilities are taken from home via pager. Pain service patients requiring bedside evaluation and management decisions will be referred to the in-house call team. 	<ol style="list-style-type: none"> 1. Monthly on-line faculty evaluations. 2. 360 evaluations. 3. Quarterly meeting with program director.
<p>Medical Knowledge: To acquire the clinical and applied science knowledge pertinent to the perioperative pain management of the surgical patient under.</p>	<ol style="list-style-type: none"> 1. Intravenous opioid patient-controlled analgesia (PCA). 2. To use a pain rating scale to assess resting and active pain. 3. The neuraxial anatomy pertinent to epidural analgesia. 4. Possible complications of epidural anesthesia and analgesia. 5. The use and limitations of an epidural test dose. 6. The side effects of epidural local anesthetics. 7. The side effects of epidural opioids. 8. The use of systemic adjuvants with epidural analgesia. 9. How to safely manage epidural analgesia and anticoagulant therapy. 10. Benefits and limitations of intravenous opioid PCA therapy. 11. Dosing conversion between parenteral and enteral forms of opioids. 12. The pharmacology of non-steroidal anti-inflammatory drugs (NSAID's). 13. Contraindications to and complications of NSAID's. 14. Clinical use of NSAID's in acute pain management. 	<ol style="list-style-type: none"> 1. Patient evaluations. 2. Individual supervision and instruction. 3. Directed independent study. 4. Annually scheduled lectures. 5. Daily lectures on a one-on-one basis as determined by the cases of the day. Subjects include topics listed under Educational Objectives. 	<ol style="list-style-type: none"> 1. Monthly on-line faculty evaluations. 2. Quarterly meeting with program director.
<p>Practice Based Learning: To be able to investigate and evaluate their own patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices.</p>	<ol style="list-style-type: none"> 1. Use information technology, on-line resources, expert consultation, and primary texts to expand their knowledge base. 2. Learn to critically evaluate the pain literature. 3. Apply scientific evidence to decision making. 4. Compare evidence-based practice to commonly taught experience based decision making to develop a personal practice strategy. 5. Understand how to assess the impact of one's actions on outcomes. 	<ol style="list-style-type: none"> 1. Obtain feedback from the supervising faculty. 2. Review and discuss supporting literature with the supervising faculty. 3. Participation in departmental Q/A 4. Faculty lectures on statistics and critical literature evaluation 	<ol style="list-style-type: none"> 1. Daily faculty-resident interaction. 2. Self evaluations. 3. Monthly on-line faculty evaluations. 4. Quarterly meeting with program director.

<p>Interpersonal and Communication Skills: To be able to demonstrate communication skills that result in effective information exchange and appropriate interaction with colleagues, surgeons, patients, and ancillary personnel.</p>	<ol style="list-style-type: none"> 1. Understand the importance of effective communication between the anesthesiologist, the surgeon, and nurses. 2. Learn techniques to decrease patient and patient family anxiety. 3. Learn effective communication techniques during periods of stress in order to decrease patient and family anxiety. 4. Demonstrate the ability to effectively communicate concerns with surgeons. 	<ol style="list-style-type: none"> 1. Modeling by the pain faculty 2. Interact with patients and their families. 3. Discuss patient evaluations and plans with the supervising faculty and pertinent members of the health care team. 	<ol style="list-style-type: none"> 1. Daily faculty-resident interaction. 2. 360 evaluations. 3. Monthly on-line faculty evaluations. 5. Quarterly meeting with program director.
<p>Professionalism: Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.</p>	<ol style="list-style-type: none"> 1. Demonstrate compassionate and respectful behaviors when interacting with patients and their families. 2. Learn communication techniques with patients and families of different cultural backgrounds who possibly speak little English. 3. Demonstrate sensitivity to patients various age, gender, ethnic, and religious backgrounds. 4. Understand the legal and ethical issues involved in patient consent. 5. Demonstrate a commitment to advocating patient care that is appropriate for their individual needs. 6. Adhere to institutional and departmental standards and policies. 7. Demonstrate ability to appropriately take on, share and delegate patient care responsibilities. 8. Demonstrate the ability to effectively balance one's own personal affairs with clinical and educational duties as outlined in this document. 9. Demonstrate a commitment to ongoing professional development. 10. Learn how to discuss and record cases with complications and/or poor outcomes. 	<ol style="list-style-type: none"> 1. Modeling by the pain faculty 2. Attendance at conferences where many of these issues are discussed. 	<ol style="list-style-type: none"> 1. Daily faculty-resident interaction. 2. 360 evaluations. 3. Monthly on-line faculty evaluations. 4. Quarterly meeting with program director.
<p>Systems Based Medicine: To be familiar with the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.</p>	<ol style="list-style-type: none"> 1. Learn the cost of the drugs, monitoring equipment and overall procedures involved in perioperative pain management. 2. Understand how to do cost analysis for health care systems 3. Understand the complex systems that form the foundation for care of patients suffering from various diseases. 4. Learn how to effect improved operating room efficiency safely. 5. Appreciate the complex interactions that go on between primary care teams, surgeons, anesthesiologists, and pain specialists in the overall hospital management of these complex patients. 6. Learn how to effectively use information management for patient evaluations. 	<ol style="list-style-type: none"> 1. During their experience on the pain service, the trainees will interact in a unique environment, which will require sensitivity to structured and multidisciplinary, simultaneous patient care. 	<ol style="list-style-type: none"> 1. Daily faculty-resident interaction. 2. 360 evaluations. 3. Monthly on-line faculty evaluations. 4. Quarterly meeting with program director.