Basic Standards for Fellowship Training in Pain Medicine

American Osteopathic Association

and

American Academy of Osteopathy (AAO)
American College of Osteopathic Family Physicians (ACOFP)
American College of Osteopathic Internists (ACOI)
American Osteopathic College of Neurologists and Psychiatrists (AOCNP)
American Osteopathic College of Physical Medicine and Rehabilitation (AOCPMR)

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I. INTRODUCTION

These are the Basic Standards for Fellowship Training in Pain Medicine as established by the American Academy of Osteopathy (AAO), the American College of Osteopathic Family Physicians (ACOFP), the American College of Osteopathic Internists (ACOI), the American College of Osteopathic Neurologists and Psychiatrists (ACONP), and the American Osteopathic College of Physical Medicine and Rehabilitation (AOCPMR) and approved by the American Osteopathic Association (AOA). Pain Medicine is the discipline of medicine that specializes in the management of patients suffering from acute or chronic pain or pain in patients requiring palliative care.

II. MISSION

The mission of the osteopathic Pain Medicine training program is to provide fellows with comprehensive, structured, cognitive and clinical education that will enable them to become competent, proficient and professional osteopathic Pain Medicine physicians.

III. EDUCATIONAL PROGRAM GOALS

The goals of the osteopathic pain medicine program are to train residents to become proficient in the following core competencies:

A. Osteopathic Philosophy and Osteopathic Manipulative Medicine: Integration and application of osteopathic principles into the diagnosis and management of patient clinical presentations.

B. Medical Knowledge: A thorough knowledge of the complex differential diagnoses and treatment options in pain medicine and the ability to integrate the applicable sciences with clinical experiences.

C. Patient Care: The ability to evaluate, initiate and provide appropriate treatment for patients with acute and chronic conditions in both the inpatient and outpatient settings as well as promote health maintenance and disease prevention.

D. Interpersonal and Communication Skills: Use of clear, sensitive and respectful communication with patients, patients’ families and members of the health care team.

E. Professionalism: Adherence to principles of ethical conduct and integrity in dealing with patients, patients’ families and members of the health care team.

F. Practice-Based Learning and Improvement: Commitment to lifelong learning and scholarly pursuit in pain medicine for the betterment of patient care.

G. Systems-Based Practice: Skills to lead health-care teams in the delivery of quality patient care.

IV. INSTITUTIONAL REQUIREMENTS

A. Base Institution
4.1 The base institution must meet all of the requirements as formulated in the AOA Basic Document on Postdoctoral Training and must have an AOA approved residency program in a participating specialty.

4.2 The institution must provide a single multidisciplinary fellowship committee to regularly review the program’s resources and its attainment of its stated goals and objectives. The fellowship committee must include members from each of the participating groups if they are present at the institution.

B. Provisions

4.3 Space and Equipment

A pain center offering subspecialty education must be located within a hospital/medical office facility and must be designed specifically for the management of pain patients. Space for research and teaching conferences in pain medicine must be available.

4.4 Support Services. The following functions and support must be available:

   a. Medical imaging facilities
   b. Psychiatric/psychological services including behavioral modification
   c. Physical and/or occupational therapy
   d. Social services
   e. Electrodiagnostic facilities

4.5 Medical Information Access

Fellows must have ready access to specialty-specific and other appropriate reference material in print or electronic format. Electronic medical literature databases with search capabilities must be available.

V. PROGRAM REQUIREMENTS AND CONTENT

A. Duration of Fellowship

5.1 Subspecialty training in pain medicine shall consist of twelve (12) months of full time training, beginning after a satisfactory completion of an American Osteopathic Association (AOA)-approved residency program in a participating conjoint specialty.

B. Clinical Resources

5.2 Patient Populations (Clinical Resources). The program must be able to provide each fellow with the following clinical experiences:

   a. Continuity of care (longitudinal outpatient experience) including the management of chronic cancer and non-cancer pain
   b. Inpatient experience including the management of chronic cancer and non-cancer pain
   c. Experience in managing acute pain
   d. Exposure to interventional pain procedures
   e. A palliative care experience (longitudinal involvement with patients with pain who require palliative care)
f. Experience in Osteopathic Principles and Practice as it relates to pain medicine

C. Curriculum. The curriculum must contain the following educational components:

5.3 Overall educational goals for the program which the program must distribute to fellows and faculty annually

5.4 Competency-based goals and objectives for each assignment at each educational level, which the program must distribute to fellows and faculty annually, in either written or electronic form. These must be reviewed by the fellow at the start of each rotation

5.5 Regularly scheduled didactic sessions

5.6 Delineation of fellow responsibilities for patient care, progressive responsibility for patient management and supervision of fellows over the continuum of the program and

5.7 OGME Competencies. The program must integrate the following OGME competencies into the curriculum:

   a. Fellows must be able to provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health.

   b. The fellow must demonstrate competency in the diagnosis and treatment of Osteopathic Somatic Dysfunction. He or she must be able to incorporate the aforementioned into a comprehensive Osteopathic Pain Management treatment program. Ongoing integration of Osteopathic Manipulative Medicine (OMM) within the program must be evident. The program shall establish and maintain a continuing osteopathic education series.

   c. The fellow will demonstrate competency in:

      1. Obtaining intravenous access in a minimum of fifteen (15) patients

      2. Basic airway management including a minimum of mask ventilation in fifteen (15) patients and successfully complete a course in basic life support and advanced cardiac life support offered by the base institution

      3. Management of sedation including direct administration of sedation to a minimum of fifteen (15) patients

   d. The pain medicine fellow will demonstrate competency in obtaining a thorough and relevant biopsychosocial history including history of depression or psychiatric illness, physical or sexual abuse, drug misuse or addictive behaviors; recognizing the importance of medical comorbid conditions as potential generators of pain states; understanding the role of patient family and external support for pain patients; evaluating the effectiveness of adjunctive therapies (e.g. massage, nutriceuticals, exercise for relief of pain.

   e. The fellow shall be able to elicit a directed neurological history, perform a detailed neurological examination to include at least mental status, cranial nerves, motor, sensory, reflex, cerebellum examinations and gait in fifteen patients. Faculty shall verify this experience in a minimum of five (5) observed patient examinations. The fellow shall also become familiar with basic neuro-imaging and identify significant findings to include at least MRI and CT of the spine and brain on a minimum of fifteen (15) CT and/or MRI studies drawn from the examples within the following areas: brain, cervical, thoracic and lumbar spine. The program will provide formal
radiology rounds in conjunction with the department of radiology on a regular basis to provide education for the aforementioned studies. The inclusion of multiple specialties in these rounds will be encouraged.

f. The curriculum must be designed to emphasize the performance of 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 and developing rehabilitation programs for them. This must include assessments of static and dynamic flexibility, strength, coordination and agility for peripheral joint, muscle firing sequencing, spinal and soft tissue pain conditions. Fellows must gain an understanding of the natural history of various musculoskeletal pain disorders and be able to appropriately integrate therapeutic modalities and surgical intervention in the treatment algorithm. The fellow shall have an understanding of the indicators and interpretation of electrodiagnostic studies. Medical imaging training shall include diagnostic ultrasounds and ultrasound-guided injection. Fellows must gain significant hands on experience in the musculoskeletal and neuromuscular assessment of fifteen (15) patients and demonstrate proficiency in the clinical evaluation and rehabilitation plan development of a minimum of five (5) patients and the use of Osteopathic Manipulative Treatment as an adjunct to the treatment plan.

g. The fellow must carry out a complete psychiatric and/or psychological history with special attention to psychiatric and pain comorbidities, must conduct a complete mental status examination on a minimum of fifteen (15) patients and demonstrate this ability in five (5) patients to a faculty observer. The program must provide educational experience in frequent psychiatric and/or psychological and pain comorbidities which include substance-related, mood, anxiety, somatoform, factitious and personality disorders. The program must also provide educational experience in the effects of pain medications on mental status. The fellow must understand the principles and techniques of the psychosocial therapies with special attention to supportive and cognitive behavioral therapies, sufficient to explain to a patient and make a referral when indicated. The curriculum must include basic training in assessment of risk for addiction and diversion education.

h. Continuity experience will provide the fellow with supervised experience in the ongoing management of a diverse population of patients with chronic pain, including cancer pain. The experience must allow interaction with other specialists in a multidisciplinary model of chronic pain management. To this end, the pain medicine fellow must attend a supervised outpatient FULL-DAY clinic weekly throughout the year of the program. Fellows may be absent from continuity clinic experience only if the rotation site is more than one (1) hour from the core institution. The maximum allowable time away may be no more than four (4) months. This will provide a minimum of eight (8) months of experience (full time equivalent of at least sixty half days). Primary responsibility for fifty (50) different patients followed over at least two (2) months each must be documented.

i. Inpatient chronic pain experience must be supervised on a pain team responsible for the assessment and management of inpatients with chronic pain including cancer pain. Patients may be seen through either a consultation team or while on a designated inpatient pain medicine service. To establish this experience, the fellow
must document involvement with a minimum of fifteen (15) new patients assessed in this setting.

j. Acute pain inpatient experience must be supervised in the assessment and management of inpatients with acute pain. To establish this experience, the fellow must document involvement with a minimum of fifty (50) new patients.

k. Interventional experience must include understanding the selection criteria for a broad range of interventions, understanding the risks and potential advantages of these interventions and obtaining exposure to the technical components involved in these interventions. It may be integrated with continuity experience or inpatient experience. To establish this experience, the fellow must document involvement or direct observation with a minimum of twenty-five (25) patients who undergo interventional procedures.

l. Cancer pain experience must be a supervised, longitudinal experience in an ambulatory or inpatient population who requires care for cancer pain and may be integrated with continuity or inpatient experiences. The objectives must include the understanding of a clinical approach to the treatments that comprise multidisciplinary cancer pain care and the understanding of strategies to integrate the pain management into the treatment model. The fellow must document longitudinal involvement with a minimum of twenty (20) patients.

m. Palliative care must be a supervised longitudinal experience in an ambulatory or inpatient population that requires palliative care. The experience will include understanding a clinical approach to the multidimensional treatment model with specific focus on the management of distressing symptoms that may complicate and/or amplify pain (e.g. anxiety/depression, constipation/bowel obstruction, delirium, dyspnea). It may be integrated with continuity experience or inpatient experience. To establish this experience, the fellow must document longitudinal involvement with a minimum of five (5) patients who require palliative care.

5.8 Medical Knowledge

Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences as well as the application of this knowledge to patient care. Fellows must be exposed to the following areas through a formal structured didactic program:

a. Assessment of Pain
   1. Anatomy, physiology and pharmacology of pain transmission and modulation
   2. General principles of pain evaluation and management including neurological exam, musculoskeletal exam and psychological assessment and osteopathic structural exam
   3. Diagnostic studies: x-rays, MRI, CT and clinical nerve function studies
   4. Pain measurement in humans: experimental and clinical
   5. Psychosocial aspects of pain including cultural and cross-cultural considerations
   6. Taxonomy of pain syndromes
7. Pain of spinal origin including radicular pain, zygapophysial joint disease, discogenic pain
8. Myofascial pain
9. Ligament pain
10. Tendon pain
11. Arthrodial pain including arthritis/arthralgia, traumatic, compression or pathologic fracture pain
12. Neuropathic pain
13. Headache and orofacial pain
14. Rheumatological aspects of pain
15. Complex regional pain syndromes
16. Visceral pain
17. Urogenital pain
18. Cancer pain including palliative and hospice care
19. Acute pain
20. Assessment of pain in special populations: patients with ongoing substance abuse, the elderly, pregnant women, the physically disabled and the cognitively impaired
21. Functional and disability assessment

b. Treatment of Pain
   1. Osteopathic Principles and Practices
   2. Drug Treatment I: Opioids and Other Scheduled Medications
   3. To include appropriate prescribing practices including risk evaluation and mitigation strategies
   4. Monitoring for compliance
   5. Understand, diagnose and treat the possible consequences of chronic opioid therapy which include addiction, pseudo-addiction, hypo-gonadism, etc.
   6. Diversion Education
   7. Drug Treatment II: Non-Opioid Analgesics
   8. Drug Treatment III: Antidepressants, Anticonvulsants and Miscellaneous Drugs
   9. Psychological and psychiatric approaches to treatment including cognitive-behavioral therapy and treatment of psychiatric illness
   10. Prescription drug detoxification concepts
   11. Functional and vocational rehabilitation
   12. Surgical approaches
   13. Complementary and alternative treatments in pain management
   14. Hospice and palliative care

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c. General Topics, Research and Ethics
   1. Epidemiology of pain
   2. Gender issues in pain
   3. Placebo response
   4. Multidisciplinary pain medicine
   5. Organization and management of a pain center
   6. Continuing quality improvement, utilization review and program evaluation
   7. Patient and provider safety
   8. Designing, reporting and interpreting clinical trials of treatment for pain
   9. Ethical standards in pain management and research
  10. Animal models of pain, ethics of animal experimentation

d. Interventional Pain Treatment
   1. Airway management skills
   2. Sedation/analgesia
   3. Fluoroscopic imaging and radiation safety
   4. Pharmacology of local anesthetics and other injectable medications including radiographic contrast agents and steroid preparations. This must include treatment of local anesthetic systemic toxicity.
   5. Trigger point injections
   6. Peripheral and cranial nerve blocks and ablation
   7. Spinal injections including epidural injections; interlaminar, transforaminal, nerve root sheath injections and zygapophysial joint injections
   8. Discography and intradiscal/percutaneous disc treatments
   9. Joint and bursal injections including sacroiliac, hip, knee and shoulder joint injections
   10. Sympathetic ganglion blocks
   11. Epidural and intrathecal medication management
   12. Spinal cord stimulation
   13. Intrathecal drug administration systems
   14. Prolotherapy
   15. Platelet-rich plasma injections

5.9 Practice Based Learning and Improvement. Fellows must meet the following goals 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 life-long learning:

a. Identify strengths, deficiencies and limits in one’s knowledge and expertise
b. Set learning and improvement goals  
c. Identify and perform appropriate learning activities  
d. Systematically analyze practice using quality improvement methods and implement changes with the goal of practice improvement  
e. Incorporate formative evaluation feedback into daily practice  
f. Locate, appraise and assimilate evidence from scientific studies related to their patients’ health problems  
g. Use information technology to optimize learning and  
h. Participate in the education of patients, families, students, fellows and other health professionals

5.10 Interpersonal and Communication Skills  
Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families and health professionals. Fellows must:

a. Communicate effectively with patients, families and the public as appropriate across a broad range of socioeconomic and cultural backgrounds  
b. Communicate effectively with physicians, other health professional and health related agencies  
c. Work effectively as a member or leader of a health care team or other professional group  
d. Act in a consultative role to other physicians and health professionals  
e. Maintain comprehensive, timely and legible medical records if applicable

5.11 Professionalism  
Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Fellows must demonstrate the following:

a. Compassion, integrity and respect for others  
b. Responsiveness to patient needs that supersedes self-interest  
c. Respect for patient privacy and autonomy  
d. Accountability to patients, society and the profession  
e. Sensitivity and responsiveness to a diverse patient population including but not limited to diversity in gender, age, culture, race, religion, disabilities and sexual orientation

5.12 Systems Based Practice  
Fellows must demonstrate an awareness and responsiveness to the larger context and system of health care as well as the ability to call effectively on other resources in the system to provide optimal health care. Fellows must:

a. Work effectively in various health care delivery settings and systems relevant to their clinical specialty
b. Coordinate patient care within the health care system relevant to their clinical specialty

c. Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate

d. Advocate for quality patient care and optimal patient care systems

e. Work in interprofessional teams to enhance patient safety and improve patient care quality

f. Participate in identifying system errors and implementing potential systems solutions

5.13 Fellows’ Scholarly Activities

a. The curriculum must advance fellows’ knowledge of the basic principles of research including how research is conducted, evaluated, explained to patients and applied to patient care.

b. Fellows must participate in scholarly activity.

VI PROGRAM DIRECTOR / FACULTY

A. Program Director Qualifications

6.1 There must be a single program director with authority and accountability for the operation of the program.

6.2 Qualifications of the program director must include:

a. Current certification in the specialty by a primary osteopathic medical specialty board in a participating specialty.

b. Current medical licensure and medical staff appointment

c. Subspecialty certification in Pain Medicine.

B. Program Director Responsibilities

6.3 Approve a local director at each participating site who is accountable for fellow education

6.4 Approve the selection of program faculty as appropriate

6.5 Evaluate program faculty and approve the continued participation of program faculty based on evaluation

6.6 Prepare and submit all information required and requested by the conjoint evaluating committee, including but not limited to the program information forms and annual program fellow updates to the conjoint evaluating committee and ensure that the information submitted is accurate and complete

6.7 Provide each fellow with documented semi-annual evaluation of performance with feedback

6.8 Ensure compliance with grievance and due process procedures as set forth in the Institutional Requirements and implemented by the sponsoring institution

6.9 Provide verification of residency education for all fellows, including those who leave the program prior to completion
6.10 Monitor the need for and ensure the provision of backup support systems when patient care responsibilities are unusually difficult or prolonged

6.11 Comply with the sponsoring institution's written policies and procedures, including those specified in the Institutional Requirements for selection, evaluation and promotion of fellows, disciplinary action and supervision of fellows

6.12 Ensure that pain medicine conferences, including morbidity and mortality, journal review, and research are planned and presented by fellows and faculty.

C. Faculty

6.13 At each participating site, there must be a sufficient number of faculty with documented qualifications to instruct and supervise all fellows at that location.

6.14 The physician faculty must have current certification by a primary medical specialty board.
   a. The primary physician faculty must have current certification in an appropriate medical specialty and certification in Pain Medicine recognized by the AOA and/or the American Board of Medical Specialties (ABMS). At least three faculty members with expertise in pain medicine must be involved in pain medicine subspecialty training, and these must equal at least two full time equivalents. These numbers include the program director.
   b. Faculty must include board certified specialists from anesthesiology, internal medicine, family medicine, neurology, physical medicine and rehabilitation and/or psychiatry.
   c. A ratio of at least one full time equivalent faculty (salaried or non-salaried) to two fellows must be maintained. Qualified physicians with specialty expertise from a minimum of three of the cooperating disciplines involved in pain medicine must have a continuous and meaningful role in the fellowship.

6.15 The physician faculty must possess current medical licensures and medical staff appointment.

6.16 The faculty must establish and maintain a supportive environment of inquiry and scholarship with an active research component.
   a. The faculty must regularly participate in organized clinical discussions, rounds, journal clubs and conferences
   b. Members of the faculty must also demonstrate scholarship by one or more of the following:
      1. Peer reviewed funding
      2. Publication of original research or review articles in peer reviewed journals or chapters in textbooks
      3. Publication or presentation of case reports or clinical series at local, regional or national professional and scientific society meetings or participation in national committees or educational organizations

VII. FELLOW REQUIREMENTS
A. Fellow Requirements

7.1 Each fellow shall adhere to established policies and procedures for training as outlined in
7.2 The fellow shall maintain formal records and logs of all activities related to the educational program. These records and logs shall be submitted monthly to the program director for review and verification. Copies of these records and logs shall be kept on permanent file by the administration at the base institution and shall be available at the time of the inspection. These records and logs must document the fulfillment of the requirements of the program, describing the volume, variety and scope and progressive responsibility on the part of the fellow for pain medicine related cases and procedures performed under supervision.

7.3 The fellow shall be required to participate in professional staff activities (e.g. department meetings, hospital committees, house/staff associations, OPTI committees).

B. Fellow Appointments

7.4 Eligibility Criteria

The fellow must have completed a base residency in a participating conjoint specialty.

7.6 Fellow Transfers

Before accepting a fellow who is transferring from another program, the program director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring fellow.

A program director must provide timely verification of residency education and summative performance evaluations for fellows who leave the program prior to completion.

7.7 Appointment of Fellows and Other Learners

The presence of other learners (including, but not limited to, fellows from other specialties, subspecialty fellows, PhD students and nurse practitioners) in the program must not interfere with the appointed fellows' education. The program director must report the presence of other learners to the DME and GMEC in accordance with sponsoring institution guidelines.

VIII. EVALUATION

A. Faculty Performance.

At least annually, the program must evaluate faculty performance as it relates to the educational program.

8.1 These evaluations must include a review of the faculty's clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism and scholarly activities. This evaluation must include at least annual written confidential evaluations by the fellows.

8.2 The program must document formal, systematic evaluation of the curriculum at least annually and must monitor and track each of the following areas:

a. Fellow performance
b. Faculty development
c. Graduate performance including performance of program graduates on the certification
d. Program quality with specific regard to fellows and faculty having the opportunity to evaluate the program confidentially and in writing at least annually and the program using the results of the fellows' assessments of the program together with other program evaluation results to improve the program
e. If deficiencies are found, the program must prepare a written plan of action to document initiatives to improve performance in the areas listed in the Educational Program. The action plan must be reviewed and approved by the teaching faculty and documented in meeting minutes.

B. Fellow Evaluation

8.3 The program must:

a. Provide objective assessments of competence in patient care, medical knowledge, Osteopathic Principles and Practices, practice-based learning and improvement, interpersonal and communication skills, professionalism and systems-based practice

b. Use multiple evaluators (e.g. faculty, peers, patients, self and other professional staff)

c. Document progressive fellow performance improvement appropriate to educational level and

d. Provide each fellow with documented semiannual evaluation of performance with feedback

e. The evaluations of fellow performance must be accessible for review by the fellow in accordance with institutional policy.

8.4 The program must include evaluations of attitude, interpersonal relationship skills, fund of knowledge, osteopathic treatment, manual skills, decision-making skills and critical analysis of clinical situations. Subspecialty trainees in pain medicine must obtain overall satisfactory evaluations at completion of twelve (12) months of the fellowship to receive credit for the program.

8.5 Periodic evaluation of patient care (quality assurance) is mandatory. Subspecialty fellows in pain medicine must be involved in continuous quality improvement, utilization review and risk management.

8.6 The program director must provide a summative evaluation for each fellow upon completion of the program. This evaluation must become part of the fellow's permanent record maintained by the institution and must be accessible for review by the fellow in accordance with institutional policy. This evaluation must:

a. Document the fellow's performance during the final period of education and

b. Verify that the fellow has demonstrated sufficient competence to enter practice without direct supervision.