



AMERICAN OSTEOPATHIC ASSOCIATION

**Basic Standards for
Fellowship Training in
Acute and Chronic Pain Management
in Anesthesiology**

**American Osteopathic Association
and
American Osteopathic College of Anesthesiologists**

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Basic Standards for Pain Medicine

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Section I. Introduction

The following are the basic standards for fellowship training in Acute and Chronic Pain Management within the Specialty of Anesthesiology as approved by the American Osteopathic Association and the American Osteopathic College of Anesthesiologists. These standards are designed to provide the Osteopathic fellow with advanced and concentrated training in the field of Pain Management and to prepare the candidate for examination for subspecialty certification in Pain Management.

The subspecialty of Pain Management in Anesthesiology is a focused practice of medicine in both the peri-operative and long-term setting which includes the diagnosis and treatment of pain and painful conditions. It utilizes a multidisciplinary approach to achieve these goals. The purpose of fellowship training in pain management is to prepare the fellow to effectively diagnose the etiology of painful conditions, formulate efficacious and evidence based treatment and management plans, and effectively implement them. The fellow will also be prepared to act as a consultant in both the inpatient and outpatient settings. The fellow will enhance his/her cognitive and motor skills in the performance and teaching of regional anesthesia. The fellow will further his/her integration of Osteopathic principles and practices as they relate to Anesthesia and Pain Management. The Fellow will be provided a continuity of didactic and clinical experience to enable the development of special expertise in the field of Pain Management.

Section II. Mission Statement

The mission of the osteopathic acute and chronic pain management in anesthesiology 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 management physician.

Section III. Educational Program Goals

At the completion of the program the candidate is expected to demonstrate knowledge and mastery in the following areas.

A. General Knowledge

1. Anatomy and Physiology of nociceptors and pain transmission
2. The design, reporting, and interpretation of clinical research medicine, according to evidence based medicine, as it pertains to Pain Management.
3. The standards for ethics in Pain Management and Research.
4. Anatomic and physiological development of pain perception and transmission from fetus through adult.
5. Pharmacology and Physiology of Pain generation and modulation.
6. The design, implementation, and interpretation of pain assessment tools.
7. An understanding of the use and interpretation of epidemiologic studies pertaining to Pain Management. The use of these to understand the development of risk factors.
8. The use of psychological and psychosocial research and data, including testing modalities, and their influence on the understanding of pain and pain management.
9. The taxonomy of Pain including facility with the ICD and CPT guidelines

10. The appropriate use of detailed history and physical examination in the development of a diagnosis and its use in the differentiation of different painful conditions such as referred vs. radicular vs. local tissue pain.
11. The basic education in clinical and practice organization and management including appropriate coding and billing.

B. Anatomy and Physiology

1. Central Pain mechanisms including thalamocortical, segmental spinal cord, and dorsal horn
2. Mechanisms of the generation and perception of cephalgia
3. Anatomy of the head and neck
4. Anatomy of the Brachial Plexus and upper extremity
5. Anatomy of the Dorsal Spine and surrounding structures
6. Anatomy of the Lumbar Spine and surrounding structures
7. Anatomy of the Pelvis and surrounding structures including innervation and vascular supply
8. Anatomy of the lower extremities including lumbar plexus
9. The demonstration and use of an understanding of anatomy in performing interventional techniques
10. The anatomy of joints and muscles and their biomechanics
11. The anatomy of the viscera and the transmission and perception of pain generated by them
12. Neuropathic Pain
13. Headache
14. CRPS
15. Pelvic and Urogenital Pain

C. Pharmacology , Pharmacodynamics, Drug Interactions, Adverse Effects and Indications of Pharmacological Treatment including but not limited to

1. Local Anesthetics
2. Opioids
3. Antidepressants
4. Anticonvulsants
5. Muscle relaxants
6. Neuroleptics
7. Corticosteroids
8. NMDA antagonists

9. Dietary supplements
 10. Recreational drugs
 11. Miscellaneous adjuvant drugs.
- D. The Indications and Implementation of Invasive Modalities, Their Risks and Complications, including but not limited to
1. Diagnostic and therapeutic nerve blocks
 2. Neurodestructive techniques
 - a. Radiofrequency lesioning
 - b. Cryotherapy
 - c. Surgical lesioning
 - d. Chemical neurolysis
 3. Stimulation analgesia
 4. Neuraxial drug delivery systems
- E. Diagnostic Testing and their Indications, Implications, Interpretation, and Limitations, including but not limited to
1. X-ray
 2. CT
 3. MRI
 4. EMG
 5. SSEP
 6. Psychological
 7. Radionuclides
 8. PET scanning
 9. Quantitative sensory testing
 10. MR spectroscopy
 11. Laser evoked potentials
- F. Pain in Special Population Groups, the Anatomic, Physiological, and Psychosocial aspects and implications, including but not limited to
1. Pain in Pregnancy
 2. Pain in infants, children, and adolescents
 3. Pain in the elderly
 4. Pain in the substance abuser

5. Pain in the non-communicative or poorly communicative patient
6. Pain in the physically and / or mentally impaired patient
7. Pain and Ethnography
8. Pain in the Cancer Patient
9. Complex Regional Pain Syndrome

G. Minimal Technical Skills and Goals

1. Use of fluoroscopy in Interventional Pain Management
2. Use of Sonography in Interventional Pain Management
3. Use of Nerve Stimulation in Regional Anesthesia and Pain Management
4. Techniques of Stimulation based analgesia trial placement and permanent implantation
5. Techniques of Neuraxial Drug Delivery trial and permanent implantation
6. Development of Palpatory Skills with respect to diagnosis of myofascial and musculoskeletal pain
7. Development of proficiency of Osteopathic Techniques in the Pain Patient
8. Development of proficiency in Physical Examination of the Pain Patient
9. Performance of Discography [?]
10. Proficiency of neural blockade including but not limited to
 - a. Occipital block
 - b. Medial Branch block
 - c. Selective Nerve Root block
 - d. Selective Epidural
 - e. Sympathetic Nerve Blocks
 - f. Cervical Plexus blocks (deep and superficial)
 - g. Brachial Plexus block (multiple techniques)
 - h. Facet Joint Injection (cervical, thoracic, and lumbar)
 - i. Intercostal block
 - j. Ulnar Nerve block
 - k. Median Nerve block
 - l. Radial Nerve block
 - m. Ilioinguinal block
 - n. Iliohypogastric block
 - o. Genitofemoral block

- p. Lateral Femoral Cutaneous block
 - q. Sciatic block (multiple techniques)
 - r. Lumbar Plexus block
 - s. Obturator block
 - t. Femoral block
 - u. Saphenous block
 - v. Ankle block
 - w. Continuous blocks
- H. At the completion of the program the physician fellow should be able to
- 1. Understand, utilize, and facilitate Pain Medicine services with other services in the health care system including surgical, medicine, pharmacology, nursing, rehabilitation, and social services
 - 3. Have a basic understanding of Medical Practice and Office Management

Section IV. Institutional Requirements

- A. The core institution to which the fellowship program is attached must have current AOA and AOCA approval for Residency and subspecialty training.
- B. The institution shall provide sufficient patient load, as determined by the AOCA, to properly train a minimum of two (2) Fellows in Pain Management.
- C. 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 should be available.
- D. The Institution shall have and maintain appropriate equipment and materials for the treatment of Acute and Chronic Pain.
- E. The Institution shall provide appropriate location and opportunity for the fellow to conduct consultations under the direction of a qualified faculty member as well as to act as a consultant to other medical specialties.
- F. The Institution shall execute a contract with each Fellow in accordance with the “Residency Training Requirements of the AOA”.
- G. Upon satisfactory completion of the training program, the institution shall award the fellow with an appropriate certificate. The certificate shall confirm the fulfillment of the program requirements, starting and completion dates of the program, and the name(s) of the training institutions(s), and the program director(s).

Section V. Program Requirements

- A. The Fellowship training program shall commence only after it has received approval by the

Executive Committee of the Council on Postdoctoral Training of the AOA.

- B. The Subspecialty training program shall be a **minimum of 12 months** in duration.
- C. Institutional Organization
 1. The program will have a direct relationship to a Core Program. Institutions offering subspecialty training will have a direct affiliation with an AOCA approved residency program. The core program must meet all requirements in the current document “Residency Training Requirements of the AOA”. If the program is outside the institution a written approval from the AOA and AOCA linking the two is necessary.
 2. The fellowship should be approved by the core program’s department of Anesthesiology and the institution’s Department of Medical Education.
 3. The core institution is encouraged to participate in and evaluate the fellowship program.
- D. The majority of the program shall be clinical in nature.
- E. The approved Institution shall be the base of operation for training with appropriate outside rotations arranged to meet specific goals.
- F. The program will provide the fellow with mentoring and the opportunity and encouragement to perform independent research within the subspecialty and appropriate assistance in preparation for publication.
- G. The program will provide the Fellow a teaching experience correlating basic biomedical knowledge utilizing evidence-based principles within the clinical aspects of the subspecialty.
- H. The program shall provide supervised training in the performance of procedures and guidance in the development of expertise in technical skills integral to Pain Management. These shall include but not be limited to Regional Anesthetic Techniques and physical examination.
- I. The program shall provide the fellow with an understanding of the application of technical procedures with the practice of Pain Management and the judicious use of technical and fiscal resources.
- J. The program will provide opportunity for the Fellow to develop teaching skills. This may include but is not limited to, teaching residents, creating presentations for local or national meetings, preparing and presenting journal reviews.
- K. The program will provide an environment of professionalism conducting teaching and the practice of medicine with integrity, honesty, and accountability.
- L. The program will demonstrate a commitment to ethical practice and principles in providing care, obtaining informed consent, maintaining confidentiality, and maintaining academic integrity in scholarly endeavors.
- M. The program will provide appropriate objective evaluation of the Fellow at least every 6 months and provide appropriate constructive guidance for improvement and development.

- N. The majority of the faculty in the training program must be Board Certified in Anesthesiology by the AOBA or ABA. Participating faculty must also demonstrate expertise in the field of regional anesthesia as well as acute and chronic pain management.

Section VI. Program Director Requirements

- A. The program director's authority in directing the subspecialty training must be defined in the program documents of the sponsoring institution.
- B. The program director shall establish procedures for the continued evaluation of the clinical competence of Fellows. Evaluation should include intellectual abilities, manual skills, attitudes and interpersonal relationships, as well as patient management and decision making skills.
- C. The program director shall arrange affiliations and / or outside rotations necessary to meet the program objectives.
- D. The program director shall, in cooperation with the affiliated Osteopathic Postdoctoral Training Institution (OPTI) and the AOA Department of Education, prepare required materials for inspection.
- E. The program director shall provide the resident with all documents pertaining to the training program as well as the requirements for the satisfactory completion of the program.
- F. The program director shall be required to submit quarterly program reports to the director of medical education and administrator of the institution. Annual reports shall be submitted to the AOCA.
- G. The Program Director of the fellowship training program must be a Board Certified Anesthesiologist, certified by the AOBA. The Director will have completed an approved 1 yr Fellowship in Pain Management or have been practicing pain management in an academic setting in an accredited facility with an accredited Anesthesia training program, and be certified in Pain Management by the AOBA.

Section VII. Fellow Requirements

- A. Applicant
1. Have graduated from an AOA accredited College of Osteopathic Medicine
 2. Have satisfactorily completed an AOA approved residency training program in Anesthesiology or satisfactorily completed an ACGME approved training program in Anesthesiology.
 3. Be an active member of the AOA.
 4. Be licensed in the state in which the training is conducted.

B. Fellow

1. Satisfactorily complete the one year subspecialty training program to receive a certificate of completion.
2. Submit an annual report to the American Osteopathic College of Anesthesiologists.
3. Submit required logs.

Section VIII. Evaluation

A. In addition to meeting the evaluation requirements of the AOA basic document, fellow evaluation must include:

1. Regular evaluations by pain management attending physician.
2. Academic knowledge based on written quarterly examinations.
3. Annual evaluation by program director.