

Family Medicine Clerkship

Curriculum Resources



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Chronic Pain

OVERVIEW

The management of both acute and chronic pain is an important issue for the family physician and has been identified by the Institute of Medicine as an under-taught topic in medical education. Getting a pain assessment is considered the fifth vital sign. Only 13% of patients receive adequate pain management, according to a recent study. Family physicians are in the position of proactively identifying and managing chronic pain to improve comfort and function.

TOPIC LEARNING GOALS AND OBJECTIVES (Organized by ACGME Competencies)

Patient Care

GOAL: Students will accurately assess chronic pain in every patient suffering such pain.

OBJECTIVES: Students will be able to:

- Appropriately ask open-ended questions to evaluate symptoms of pain and their impact.
- Use visual analog scales J to assess chronic pain.
- Perform appropriate history and physical examination to determine causes of pain.

GOAL: Students will appropriately discuss chronic pain management with patients.

OBJECTIVES: Students will be able to:

- Appropriately discuss with patients indicators of functional control and functional goals for pain management.
- Describe complications of untreated and under-treated chronic pain.
- Identify addiction, tolerance, and physical dependence in treatment of chronic pain.

GOAL: Students will be sensitive to individual and cultural differences in their development of treatment plans.

OBJECTIVES: Students will be able to:

- Discuss with patients and families the importance of lifestyle changes in the management of chronic pain management.
- Develop treatment plans in the context of each patient's life and environment.

Medical Knowledge

GOAL: Students will understand the impact of chronic pain on the overall well-being of patients, including health promotion and disease prevention.

OBJECTIVES: Students will be able to:

- Discuss the epidemiology of chronic pain, including racial, gender, and cultural differences.
- Discuss the demographic epidemiology of under-treatment of chronic pain.
- Describe the recommendations for screening for pain (JCAHO, Canada, etc).
- Describe the diagnosis and treatment of chronic pain specifically related to cancer.

GOAL: Students will understand the diagnosis and major mechanisms of chronic pain.

OBJECTIVES: Students will be able to:

- Describe how to make the diagnosis of chronic pain.
- Discuss and defend the initial evaluation of a patient with a new diagnosis of chronic pain.
- Understand that chronic pain is a chronic disease and a frequent comorbid condition with other common chronic diseases (e.g., diabetes).
- List common illnesses or patient characteristics that are associated with chronic pain.
- Apply the biopsychosocial model to explain the mechanisms of chronic pain.

GOAL: Students will understand the rationale for treatment plans for chronic pain.

OBJECTIVES: Students will be able to:

- Identify well-known resources (see resources below) documenting appropriate therapy for chronic pain.
- Define functional goals for management of chronic pain.
- Discuss the evidence for the role of lifestyle changes and complementary and alternative therapies: environment, stress management, biofeedback, massage therapy, and bodywork.
- Discuss classification and mechanisms of action of commonly used medications for chronic pain (e.g., antidepressants, opioids, and anti-convulsants) and rationale for their use.
- Discuss the side effects of commonly used medications and their prevention (e.g., constipation).
- Define addiction, tolerance, and physical dependence.
- Discuss the costs of commonly used medications and other modalities.
- Discuss appropriate role of narcotics in treatment of chronic pain and cancer-related pain.

Practice-Based Learning and Improvement

GOAL: Students will understand the role of screening for chronic pain in practice and community settings.

OBJECTIVES: Students will be able to:

- Apply screening tools (e.g., visual analog scale) appropriately for assessment of pain.

- Consider the impact of environment and neighborhood on adherence to treatment plans and lifestyle changes.

GOAL: Students will understand the role of practice-based improvement.

OBJECTIVES: Students will be able to:

- Describe how clerkship site assesses overall proficiency in screening and treatment of population with chronic pain using practice analysis.
- Describe how narcotic use is managed and monitored in the assigned clerkship site.

GOAL: Students will apply current best evidence to the point of clinical care.

OBJECTIVES: Students will be able to:

- Identify gaps in their own knowledge and frame appropriate clinical questions in regard to chronic pain.
- Use best evidence to answer clinical questions about chronic pain.

Interpersonal and Communication Skills

GOAL: Students will understand the importance of effective communication with patients and families in the management of chronic pain.

OBJECTIVES: Students will be able to:

- Perform a patient-centered discussion to elicit cultural and individual beliefs and biases related to chronic pain and treatment of chronic pain.
- Negotiate long-term treatment plans and functional goals for chronic pain.
- Include patients and families in the development of treatment plans.
- Demonstrate effective listening skills and empathy to improve patient adherence to lifestyle modifications (e.g., exercise, nutrition, and medications).

Professionalism

GOAL: Students will demonstrate the ability to care for patients with chronic pain from diverse patient backgrounds and at different points in their illnesses.

OBJECTIVES: Students will be able to:

- Demonstrate sensitivity and responsiveness with patients who are not adhering to treatment plans
- Acknowledge and reflect on their personal biases with regard to chronic pain and narcotic use.
- Reflect on their personal frustration with patients not adherent with treatment plans and/or the fact that pain-free status cannot always be achieved.
- Demonstrate understanding of the stereotypes related to culture, age, gender, and disabilities in the diagnosis and treatment of chronic pain (e.g., under-treatment of sickle cell crisis in African American patients in emergency rooms).

Systems-Based Practice

GOAL: Students will understand the impact of health care systems and environment on the management of chronic pain.

OBJECTIVES: Students will be able to:

- Describe cost-effective strategies for treatment of chronic pain using different formularies and different modalities.
- Analyze barriers to effective, integrated treatment of chronic pain, including personal and societal attitudes to chronic pain, limited resources and insurance regulations, provider fears of regulation for overuse of pain medications, and lack of integration between health care and social service disciplines.
- Consider the role of other disciplines (e.g., pharmacists and Pharm. D., nursing, social work, and community agencies, CAM providers) in the treatment of chronic pain.

EDUCATIONAL METHODS AND RESOURCES

Learning Units

- Palliative care and substance abuse topic areas

Published Material

- JAMA, November 2003 - focus on pain management
<http://jama.ama-assn.org/content/vol290/issue18/index.dtl>
- AAFP Online CME Bulletin on post herpetic neuralgia - "Postherpetic Neuralgia: Treatment and Pain Interventions"
<http://www.aafp.org/x26425.xml>
- Stankus SJ, Dlugopolski M, Packer D. Management of herpes zoster (shingles) and postherpetic neuralgia. Am Fam Physician 2000; 61:2437-44,2447-8.
<http://www.aafp.org/afp/20000415/2437.html>
- AAFP curricular guidelines for residency training on end of life care
<http://www.aafp.org/eduguide.xml>

Web Sites

- EPERC web site (Medical College of Wisconsin)
You can register for EPERC at: <http://www.eperc.mcw.edu/start.cfm> At the top of the screen, there is a Register button. It is free. It appears that the EPERC resources are largely aimed at residency training or postgraduate education of physicians.
- The American Academy of Pain Medicine (AAPM)
<http://www.painmed.org/>
- The American Pain Society
<http://www.ampainsoc.org/>
- American Society of Addiction Medicine <http://www.asam.org/ppol/opioids.htm>
- Useful consent form for chronic opioid therapy (a pdf file): http://www.painmed.org/productpub/statements/pdfs/opioid_consent_form.pdf
- Founded in 1998, Rx Laughter is a national nonprofit research, therapeutic

- entertainment, and health education organization devoted to the medical uses of comedy films and television for seriously ill children and adolescents undergoing medical procedures, and as a coping resource for the family and support system.
<http://www.rxlaughter.org/>
- National Headache Foundation Web site.
<http://www.headaches.org/>
 - Resources: <http://www.headaches.org/professional/educationindex.html>
 - Organization for Understanding Cluster Headaches Web site.
<http://www.clusterheadaches.org/>
 - Such resources as how to chart triggers of cluster headaches:
<http://www.clusterheadaches.org/triggers.htm>
 - about.com is a patient-oriented web site, with medication and self-help information.
<http://www.headaches.about.com/>
 - Trigeminal Neuralgia Association web site
<http://www.tna-support.org/>
 - The American Alliance of Cancer Pain Initiatives (AACPI)
 The American Alliance of Cancer Pain Initiatives (AACPI) is a national network of state-based Pain Initiatives. State Pain Initiatives are multi-disciplinary organizations that work to disseminate accurate pain management information, raise awareness of cancer pain, and promote change.
<http://www.aacpi.wisc.edu/>
 - American Academy of Orofacial Pain
<http://www.aaop.org/>
 - American Psychological Association
 Offers referrals, assistance, and resources for coping with the psychological aspects of trauma and terrorism.
<http://www.apa.org/>
 - American Society for Psychosocial and Behavioral Oncology/AIDS (ASPBOA)
 The mission of the American Society for Psychosocial and Behavioral Oncology/AIDS (ASPBOA) is to promote the psychological, social, and physical well-being of patients with cancer, AIDS, and allied diseases and their families at all stages of disease and survivorship through clinical care, education, research, and advocacy. The Society's membership represents fields such as psychiatry, social work, psychology, nursing, and chaplaincy. It has boundaries with all clinical oncologic specialties, epidemiology and cancer control, basic sciences, bioethics, palliative care, rehabilitation, clinical trials, and decision making.
<http://www.apos-society.org>
 - American Headache Society
 AHS is a professional society of health care providers dedicated to the study and treatment of headache and face pain.
<http://www.ahsnet.org>
 - American Society of Pain Management Nurses
<http://www.aspmn.org/>
 - American Society of Regional Anesthesia and Pain Medicine
<http://www.asra.com/>
 - The Center for Shingles and Postherpetic Neuralgia
 Harvard Medical School
 This site offers information on diagnosis and treatment of shingles; a glossary of terms related to shingles and postherpetic neuralgia; information on current clinical trials; frequently asked questions; and links to useful resources.
<http://www.shingles.mgh.harvard.edu>

- The Cochrane Collaboration

The Cochrane Collaboration is a nonprofit, worldwide, multidisciplinary group devoted to the preparation, dissemination, and periodic updating of systematic reviews on the effects of healthcare interventions. In 1998, a Collaborative Review Group on Pain, Palliative and Supportive Care ("PaPaS") was formally registered within the Cochrane Collaboration to join pre-existing CRGs on many other topics, including cancer, neuromuscular disorders and musculoskeletal disease. Information about PaPaS is accessible through the Cochrane Collaboration web site at www.cochrane.org. This CRG has a dual editorial site with Phil Wiffen serving as lead editor, focusing on palliative and supportive care, Frances Fairman of Oxford coordinating the activities of the entire review group, and Dan Carr leading on pain reviews at Tufts/ New England Medical Center, supported by Jocelyn Weiss. A very active component of this CRG concerns headache, under the direction of Doug McCrory, editor, and Becky Gray, administrator, both at Duke University.

<http://www.cochrane.org>
- Evidence Report/Technology Assessment Number 35 Volumes 1 and 2
Management of Cancer Pain
File Inventory
Prepared by
New England Medical Center EPC, Boston, MA Investigators: Leonidas Goudas, MD, PhD, Daniel B. Carr, MD, Rina Bloch, MD, Ethan Balk, MD, MPH, John P.A. Ioannidis, MD Norma Terrin, PhD, Maria Gialeli-Goudas, LLM, Priscilla Chew, MPH, Joseph Lau, MD (EPC director)

Overview

Pain related to cancer affects the lives of large numbers of patients and their families. The topic of cancer-related pain was selected by the Agency for Healthcare Research and Quality (AHRQ) in response to a request from the American Pain Society. In framing this request, the American Pain Society observed that a significant amount of scientific evidence had been published on this topic since the 1994 release of the clinical practice guideline, Management of Cancer Pain.

This evidence report, however, is a literature synthesis and not a clinical practice guideline or a survey of current practice. It is intended to provide background information and summaries of evidence for use by varied groups, including primary care practitioners, nurses, pharmacists, physical therapists, specialists in oncology, pain treatment, or other disciplines, as well as policy makers. We reviewed the published literature on the epidemiology of cancer pain and its relief and also summarized predominantly randomized controlled trials so as to gauge the efficacy of major treatments.

Availability of Full Report

The full evidence report from which this summary was taken was prepared for AHRQ by the New England Medical Center under contract number 290-97-0019. Printed copies may be obtained free of charge from the AHRQ Publications Clearinghouse by calling 800-358-9295. Requesters should ask for Evidence Report/Technology Assessment No. 35, Management of Cancer Pain. The Evidence Report can also be downloaded as a zipped file online at: <http://www.ahrq.gov/clinic/evrptfiles.htm#cancerpain>

CAEPP conducts research to better understand the clinical, psychological, organizational, cross-cultural, and ethical complexities associated with advances in medical knowledge and technology. Based on that research, the center designs programs and resources aimed at improving clinical practice, health care decision-making, and, ultimately, patient and family well-being. Our focus has included end-of-

life care, pain management, organ donation, clinician-patient relationships, and a variety of ethical issues related to genetics and genomics

<http://caepp.edc.org/>

- Innovations in End-of-Life Care
Promoting Better Pain Management in Long-Term Care Facilities
Vol. 3, No. 1, 2001.
This international, on-line journal features peer-reviewed promising practices in end-of-life care, useful tools, selected bibliographies, and other resources.
Previously published bimonthly, as of October 2003, the journal will no longer post new issues. All 28 past thematic issues, from January 1999 through September 2003, are now archived at this site and are available to read, download, and print for free.
<http://www2.edc.org/lastacts>
- International Association for the Study of Pain
<http://www.iasp-pain.org/index.html>
- International Psycho-Oncology Society (IPOS)
Formed in 1984, the International Psycho-Oncology Society (IPOS) was created to foster international multidisciplinary communication about clinical, educational and research issues that relate to the subspecialty of psycho-oncology. The Society seeks to provide leadership and development of standards for educational training and research in the two psychosocial dimensions of cancer: the response of patients, families and staff to cancer and its treatment at all stages, and the psychological, social, and behavioral factors that influence tumor progression and survival. It has boundaries with all clinical oncologic specialties, epidemiology and cancer control, basic sciences, bioethics, palliative care, rehabilitation, clinical trials and decision making.
<http://www.ipos-society.org>
- Joint Commission on Accreditation of Healthcare Organizations
<http://www.jcaho.org>
- Last Acts Partnership Web Site
http://www.lastactspartnership.org/index_main.html
- Last Chapters: Stories about Living with Dying
Last Chapters offers a collection of inspiring stories and video interviews of people who are facing death or chronic illness.
<http://www.lastchapters.org>
- Living in Pain: Affliction for chronic pain sufferers, even hope can hurt
Part 1 of a two part series published by the San Francisco Chronicle
Living in Pain
City of Hope Pain/Palliative Care Resource Center
The purpose of the City of Hope Pain/Palliative Care Resource Center is to serve as a clearinghouse to disseminate information and resources that will enable other individuals and institutions to improve the quality of pain management. The COHPPRC is a central source for collecting a variety of materials related to pain, including pain assessment tools, patient education materials, quality assurance materials related to pain, research instruments used in pain research and other resources. The COHPPRC is a compilation of materials in use and disseminated by the City of Hope professionals and materials contributed by other individuals and organizations.
City of Hope Pain/Palliative Care Resource Center
Duarte CA
<http://www.cityofhope.org/prc/web/>
- National Network of Libraries of Medicine

- <http://nmlm.gov>
- Neurosciences on the Internet
<http://www.neuroguide.com>
- OncoLink: Pain Management
<http://www.oncolink.upenn.edu/specialty/pain/>
- PAIN, On-line Journal
- The official publication of the International Association for the Study of Pain, publishing original research on the nature, mechanisms and treatment of pain.
<http://www.elsevier.com/>
- Pain and the Law
Pain and the Law is a Web site developed by Saint Louis University and the American Society of Law, Medicine & Ethics. It is funded by a grant from the Mayday Fund. Contents include Statutes & Regulation, Malpractice & Civil Actions, Palliative Care & Criminal Action, Entitlement Programs, and Agencies & Organizations. Home page includes breaking news content, and an electronic newsletter is also available.
<http://www.painandthelaw.org>
- PainLink
PainLink is a virtual community of health professionals working in institutions that are committed to alleviating pain. It is an initiative of Education Development Center, Inc., made possible through the guidance and financial support of the Mayday Fund of New York City. Membership benefits for healthcare institutions include technical assistance, teaching cases, access to pain management resources, and member discussions.
<http://www.edc.org/PainLink/>
- Society for Neuroscience
<http://web.sfn.org/>
- Symptom Research: Methods and Opportunities
This site offers an interactive clinical research textbook suitable for courses or individual self-study by beginning or advanced researchers, guides to grant opportunities, research links, and more. It includes extended problem-oriented, interactive "chapters" dealing with specific symptoms such as pain, nausea, fatigue, dyspnea, and constipation, and specific research methods such as crossover clinical trials, small area epidemiological analyses, and clinical decision analyses; and directories of current grant opportunities and other resources that will help prospective investigators.
<http://symptomresearch.nih.gov>
- Systematic reviews on pain topics
Known meta-analyses/systematic reviews around the pain area.
<http://www.jr2.ox.ac.uk/bandolier/painres/MApain.html>
- TALARIA Guidelines for Cancer Pain
High-Tech Help for Cancer Pain Management
<http://www.talaria.org/>
- U. of Wisconsin Pain and Policy Studies Group
<http://www.medsch.wisc.edu/painpolicy/>

Contact People

- STFM Group on Pain Management and Palliative Care
The Group on Pain Management and Palliative Care continues to serve as a resource for those interested in palliative care education, practice, and research. Members of the group have been involved in the AMA's EPEC Training program, have published an article in Academic Medicine (May 1999), "Preparing the Ground: Contributions of the

Preclinical Years to Medical Education for Care Near the End of Life," and have developed a faculty/student exchange program with Hospice Uganda and Makerere University in Uganda, East Africa. As care for those near the end of life has gained a place on the national agenda, the group will continue to support STFM members and others as they work to improve the education of students, residents, fellows, and practicing physicians.

Chair:

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Other

- American Society of Addiction Medicine
<http://www.asam.org/>

ASSESSMENT STRATEGIES

Other

- General assessment strategies: [ACGME toolbox](#)

FACULTY DEVELOPMENT

Links to general teaching resources

- Table 3 Dose equivalents for opioid analgesics (Adapted from <http://www.stat.washington.edu/TALARIA/table10.html>)

Drug	Approximate equianalgesic dose Oral	Usual starting dose for moderate to severe pain Oral
Opioid agonist[1]		
Morphine	30 mg q 3-4 h (repeat around-the-clock dosing)	30 mg q 3-4 h
Morphine, controlled-release (MS Contin, Oramorph)	90-120 mg q 12 h	90-120 mg q 12 h
Hydromorphone (Dilaudid)	7.5 mg q 3-4 h	6 mg q 3-4 h
Levorphanol (Levo-Dromoran)	4 mg q 6-8 h	4 mg q 6-8 h

Methadone (Dolophine, other)	20 mg q 6-8 h	20 mg q 6-8 h
Combination opioid preparations		
Codeine[2](with aspirin or acetaminophen)	180-200 mg q 3-4 h	60 mg q 3-4 h
Hydrocodone		
(in Lorcet, Lortab, Vicodin, others)	30 mg q 3-4 h	10 mg q 3-4 h
Oxycodone		
(Roxicodone, also in Percocet, Percodan, Tylox, others)	30 mg q 3-4 h	10 mg q 3-4 h

[1] Caution: Recommended doses do not apply to patients with renal or hepatic insufficiency or other conditions affecting drug metabolism and kinetics.

[2] Caution: Codeine doses above 65 mg often are not appropriate because of diminishing incremental analgesia with increasing doses but continually increasing nausea, constipation, and other side effects.

Note: Published tables vary in the suggested doses that are equianalgesic to morphine. Clinical response is the criterion that must be applied for each patient; titration to clinical responses is necessary. Because there is not complete cross-tolerance among these drugs, it is usually necessary to use a lower than equianalgesic dose when changing drugs and to retitrate to response.

Definitions

The American Academy of Pain Medicine, the American Pain Society, and the American Society of Addiction Medicine recognize the following definitions and recommend their use.

I. Addiction

Addiction is a primary, chronic, neurobiologic disease, with genetic, psychosocial, and environmental factors influencing its development and manifestations. It is characterized by behaviors that include one or more of the following: impaired control over drug use, compulsive use, continued use despite harm, and craving.

II. Physical Dependence

Physical dependence is a state of adaptation that is manifested by a drug class specific withdrawal syndrome that can be produced by abrupt cessation, rapid dose reduction, decreasing blood level of the drug, and/or administration of an antagonist.

III. Tolerance

Tolerance is a state of adaptation in which exposure to a drug induces changes that result in a diminution of one or more of the drug's effects over time.

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For questions or comments, please contact [Webmaster](#) or [Ardis Davis](#)

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