

The Arab League
Council of Arab Health Ministers
The Arab Board of Health Specializations
General Secretariat



جامعة الدول العربية
مجلس وزراء الصحة العرب
المجلس العربي للاختصاصات الصحية
الأمين العام

المجلس العلمي للتخدير والعناية المركزة

Scientific Council of Anesthesia and Intensive Care

دليل اختصاص تشخيص ومعالجة الألم

Guidebook of Pain Medicine

	الإطلاق	46
	التحديث	

TABLE OF CONTENT

1	Scientific board of pain medicine fellowship	
2	Program title	
3	Introduction:	
4	General goals	
5	Curriculum content	
6	Program objectives	
7	Skills	
8	Requirements of the institutes of training	
9	Accreditation of Training Canters	
10	Role &responsibilities of various Factuality Personnel	
11	Eligibility & selection criteria for training	
12	Evaluation of trainees	
13	Degree awarded	
14	Annex	

1- SCIENTIFIC BOARD OF PAIN MEDICINE FELLOWSHIP

Prof: Omer M.El.Dardiri

Anesthesia Consultant Faculty of Medicine University of Khartoum
Chairman, Scientific Board of Anesthesia and ICU, Arab Board of Health Specializations.
Convener Consultative Scientific Council

Dr. EltayebA.A.GadirElkhabir

MBBS, MD, FIPM, PG/dip Pain (UK-Cardiff)
Anesthesiologist and Pain Management Consultant Fedail Hospital
Vice-President of Anaesthesia Board SMSB
Executive Secretary of Pain Fellowship Program

MarounGhabach, MD

Professor in Anesthesia and ICU, Lebanese University
Consultant in Chronic Pain Management
Chairman of Anesthesia, Rosary Hospital
Chairman of Beirut Pain Management Clinic

Dr. Iyad Abbas Salman

Professor
Chairman of Scientific Council of Anesthesia and ICU, Iraqi Board
Founder and Chairman of Pain Management Fellowship, Iraqi Board

2- Program title

Pain medicine fellowship Curriculum

3- Introduction:

3.1- General Statement about the proposed program

- Develop a critical approach to pain management in the health setting;
- integrate knowledge in pain from different discipline areas such as the biological, psychological, sociological, pharmacological sciences;
- challenge traditional approaches to conceptualizing pain;
- challenge traditional treatments regarding pain;
- develop a multidisciplinary knowledge based on pain; encourage research activity to both consolidate and extend current theories, approaches and treatments regarding pain

3.2- Mission Of the program: -

1. To provide educational residency program leading to qualification of fellowship of pain medicine.
2. To improve standards and outcomes in acute and chronic pain management in Arab and other developing countries using critical approach to pain medicine in the health setting and integrate knowledge in pain from different discipline areas such as the biological, psychological, sociological, pharmacological sciences and interventional
3. To produce a well qualified pain specialist with the scientific knowledge and skills necessary for diagnostic and treatment of all types of pain in a team work.

4- General goals:-

The overall aim of the program is for trainees to develop a foundation for the ongoing development of clinical skills and abilities in pain medicine, establishing a professional team approach with patients, families, colleagues and staff, appraising evidence-based approaches to clinical problems and establishing self-education skills. Structured training program in pain

medicine for the candidates who are certified from the Arab board or similar local or international certification in 3 medical specialties namely anesthesia, physical medicine and orthopedics. Candidates will register for a two years training program through rotation a various Disciplines of the specialty in order to be allowed to sit for an exam to obtain a certificate from the Arab Board of pain medicine to practice as expert in the field independently.

5- Curriculum content

5.1- PROGRAM STRUCTURE

The general organization of the program:

First year theoretical and lectures

topic	Hours of study	duration
Pain medicine basic science(anatomy, physiology, pharmacology and research)	16 H	10w
Pain Medicine basic (pain measures, pain assessment, data interpretation and clinical evaluation and diagnosis	16H	10w
Interventional pain management(basic risk for interventional pain management, principle of neuro-modulation devices, radiological safety	12H	8w
Pain Medicine clinical syndromes(psychosocial and cultural aspects of pain, taxonomy of Pain Systems and epidemiology)	12H	8w

5.2- General practical and theoretical rotational program

Rotation	Duration
Pain Medicine basic science	6 months
Pain Medicine basic clinical evaluation and diagnosis	3months
Interventional pain management	3months
Pain Medicine clinical syndromes	3months
Physical Medicine and Rehabilitation	1 month
Psychiatric/ Psychological Assessment and Treatment	1 month
Palliative care and cancer pain medicine	2months
Pain service providers	1 month
Headache	1 month
Rheumatology	1 month
One month vacation for each year of training	2 months

6- Program objectives:-

6.1- General:

1. To participate in the training of doctors from other related Medical and Surgical Specialties.
2. To participate in the training of doctors from neighboring countries.

6.2- Specific:

On completion of this subspecialty, fellows should be able to

- Develop a critical approach to pain management in the health setting;
- integrate knowledge in pain from different discipline areas such as the biological, psychological, sociological, pharmacological sciences;
- challenge traditional approaches to conceptualizing pain;
- challenge traditional treatments regarding pain;
- develop a multidisciplinary knowledge based on pain; encourage research activity to both consolidate and extend current theories, approaches and treatments regarding pain

6.3- Medical Knowledge:-

6.4- Interpersonal & Communication:-

6.4.1- Services:

- To improve the pain service and general medical care.

6.4.2- Research:

- I. To take initiative in clinical research in related issues.
- II. To participate in the regional and international multicentre studies.

The breakdown to intended learning objectives iLOs is carried as shown in the curriculum and blue print attached:

7- Skills: - Professionalism:-

To commit to, and believe in the ethical and professional principles of:

- Altruism: the best care for the patient must be the principal driving force of practice
- Patient autonomy: patients' ability to determine their treatment
- Beneficence: the principle of "doing good" to patients
- Non-maleficence: the principle of not doing harm to patients
- Fidelity: faithfulness to one's duties and obligations. This principle underlies excellence in patient care, confidentiality, telling the truth, a commitment to continuing professional development and lifelong learning, and not neglecting patient care
- Social justice: the right of all patients to be fairly treated
- Utility: the principle of doing the most good for the greatest number of people
- Duty to oneself in terms of personal health care, and maintenance of competence to practice
- Accountability: the fellow is responsible for his/her actions

8- Requirements of the institutes of training:

(Must be approved by the Arab Board)

8.1- Program Director:-

8.1.1- Role: -

- Coordinate the sub committees in different Arabic countries to achieve the mission and goals of the program
- Ensuring the efficiency of the trainers and trainee
- Working closely to identify and better define weakness and develop action plan to address deficiencies in knowledge, skills and attitudes

8.1.2- Qualifications: -

- To have a higher degree of post graduate qualification in pain medicine from a recognized institution

8.1.3- Experience:

- have experience of practice of pain and teaching at least ten years

8.2- Program committees :- (to supervise, assessment and evaluate)

8.2.1- Qualifications: -

- To have a higher degree of post graduate qualification from a

recognized institution

8.2.2- Experience:

- Have experience of practice of pain and teaching at least 6 years or at least scientific activities of 40 CME hours /year.

9- Accreditation of Training Centers

- The board of pain medicine fellowship is responsible for ensuring excellence in pain management through setting and maintaining standards of patient care
- The responsibilities of the board include the supervision and follow-up of standards of trainee and trainers,
- Supervising and assessment examinations and the ongoing continuing medical education and professional development of all doctors working within pain centers approved or units of training.
- The 2 years of pain medicine training is based in accredited hospitals recognized by the pain fellowship board. Training is structured to maximize opportunities for learning and to provide a broad range of experience in different types of hospitals and of different sub-specialties in pain medicine.

9.1- The process of pain departments or clinics Inspections and Accreditation for pain medicine Training:

Aims:

- To ensure high quality training for trainees in each center approved for training. This involves an assessment of the training capacity of the center in terms of numbers and seniority of trainees and an assessment of the quality of training activities, both clinical and academic.
- Communication between the center / department and the board.
- Feedback from the Inspectors on the quality of training in the institution.

Steps:

9.1.1- Requests for Accreditation

- The department/center should apply for accreditation in writing to the training committee of the pain medicine fellowship Board. Applications should be accompanied by a completed Application Form for Hospital Inspection.
- The training committee of the pain medicine fellowship Board will nominate an inspection committee which may include a board member(s), a member of the Training Committee, and a Consultant Trainer from the department/center to conduct inspections.

9.1.2- The Accreditation Report

The Training Committee will then agree recommendations in relation to the number and seniority of posts to be recognized, the duration of training to be recognized, recommendations for changes to be implemented by the department/center inspected and the time before the next Inspection.

9.1.3- Reports Requiring Remedial Action

If an Accreditation visit or trainee report identifies problems in a department/center, the Training Committee will decide the appropriate action for remediation, to maintain the quality of training in the institution and to protect the interests of trainees. The Training Committee may require a satisfactory supplementary report within a set period of time or may require a re-inspection.

9.1.4- Approval of departments:

The board approves departments of pain management as a whole as being suitable for training. The number of trainees is decided by the hospital and the board, and it depends on the:

- I. Pain clinic with record and tools of pain assessment and diagnosis with At least 200 enrolled monthly patients under care and treatment of the specific training centre
 - II. The training centre should be equipped with necessary equipment for interventional practice mentioned in the curriculum.
 - III. The centre of the training should have at least two qualified specialist pain physician with experience of not less than five years.
 - IV. The centre should have the necessary and basic equipments for resuscitation with (defibrillator , basic and advanced airway management, basic hemodynamic monitoring
- B. Every department with trainees has at least one Tutor, who is responsible for overseeing training according to the guidelines laid out in the various training documents.
- C. Ratio of Trainers: Trainee is 1:2

10- Role &responsibilities of various Factuality Personnel

1. The educational standards of the teaching/training program.
2. The activities and responsibilities of the Fellows at each level.
3. The nature and volume of clinical material available to the program.
4. The senior teaching staff involved in the program.
5. The physical facilities and other resources available for the program.
6. The proposed number of fellows in each year of the program.
7. The committee organizes and follow the annual end exam using the blue print rules.

11- Eligibility & selection criteria for training:

To be admitted to Pain Medicine fellowship program the candidate must:

- Possess The Arab Board of Health Specializations certificate in Anesthesia, orthopedics and neurology or an equivalent recognized degree.
- Certificate of good standing from a national body in the specific country and or at least recommendation letter from two consultant showing that the candidate practicing pain management in the last six months.
- Provide written permission from his/her sponsoring institution allowing him/her to participate on full time basis for the entire period of the Program.
- Pay the annual registration fees which is 50% more than the existing fees

11.1- Application processes:

Online / written, documentation and fees required

As per Arab board regulations

12- Evaluation of trainees:

12.1- Annual review of competence Progression (ARCP):

- Evidence for the ARCP
 1. Evidence of success in the term exam..
 2. The result of work place-based assessment (WPBA):
 3. By choosing four (4) appropriate assessment instrument:
 - Direct Observation of Procedural Skills (DOPS)
 - Learner logbook and portfolio of learning
 - Mini Clinical Evaluation Exercise (Mini-CEX)
 - Case-Based Discussion (CBD)
 - Research/Quality project presentation and/or publication.
 4. A comprehensive Final In-Training Evaluation Report (FITER) by the local clinical supervisor.
 5. Evidence of participation and Attendance of academic activities
 6. The log book is the tool of assessment for the training program and should be evaluated and signed by the local national representative of the Arab board pain medicine fellowship committee.
 7. One written assignment per year selected from the basic science and practical or clinical topics from the curriculum.

12.2- content of Final Examinations:

Clinical skills

Operative skills

Seminars and tutorials sessions

Lectures

12.2.1-Written:

- 2 papers (Problem based single best answer questions, minimum of 100 questions each)

12.2.2- Clinical:

- OSCE/OSPE (10 to 15 stations).
- Structured clinical vivas: containing hands on cadaver or manikin under fluoroscopy and ultrasound
 1. Long case.
 2. Short case.
 3. Instrument/simulation.

12.2. - Exams Blue Print: Attached

- Part one containing one hundred and twenty single one best answer question(MCQ) and to be considered as selection exam

13- Degree awarded

Arab Board Fellowship of pain Medicine.

14- Annex

14.1- PAIN MEDICINE FELLOWSHIP PROGRAM TRAINERS ASSESMENT REPORT

14.2- The Arab board Pain medicine fellowship Portfolio Assessment

14.3- Blue print for pain medicine fellowship exam

**PAIN MEDICINE
FELLOWSHIP PROGRAM
YEAR ONE ROTATION PROGRAM**

**PAIN MEDICINE
FELLOWSHIP PROGRAM TRAINERS ASSESMENT REPORT**

Name				
Specialty				
Training Centre				
Hospital				
Academic year	1	2		
Name of Rota				
Rotation №				
Clinical Trainer				
Educational Supervisor				
Training Programme Director				
Date				

		1*	2*	3*	4*	5*
1	Obtaining relevant history.					
2	Performing objective examination.					
3	Requesting suitable investigations.					
4	Data interpretation & synthesis of diff. diagnosis.					
5	Deciding & putting into action correct treatment.					
6	Reliable and honest.					
7	Available and responsive to your junior doctors.					
8	In depth understanding of general clinical topics.					
9	Regularly read about clinical problem encounter					
10	Responsible and dependable.					
11	Demonstrate leadership.					
12	Show initiative and integrity.					
13	Role model and mentor to junior doctors.					
14	Maintains code of ethics & patient confidentiality.					
15	Maintain a presentable appearance.					
16	Communication with the patient and their families.					
17	Interact effectively with other team members.					
18	Plan, prepare for and carry out presentation.					
19	Punctuality					
20	Attendance & participation in academic activities					
21	Overall assessment					

Name of Educational Supervisor-----Signature-----

Date-----

*1/ Unsatisfactory *2/ Deficient *3/ Good *4/ V. good * 5/Outstanding

The Arab board

Pain medicine fellowship

Portfolio Assessment

This form to be completed at least every rotation during the mentoring / supervision meeting with the fellow

Fellow Name: Level of training:

Mentor Name: Date:

Clinical Rotation: Site of Rotation: Duration:

Domain		Achievement Required	Scoring: 0 = Poor ↔ 4 = outstanding					Remakes
Mini CEX	Minimum number achieved	Did the fellow do minimum of 2 Mini-CEX/ CBD last month?	0	1	2			
	Competency assessment score	What was the average results of the assessment?	0	1	2	3	4	
CBD	Minimum number achieved	Did the fellow do minimum of 2 CBD last month?	0	1	2			
	Competency assessment score	What was the average results of the assessment?	0	1	2	3	4	
DOPs	Minimum number achieved	Did the fellow do minimum of 2 DOPs last month?	0	1	2			
	Competency assessment score	What was the average results of the assessment?	0	1	2	3	4	
Learning contract / Objectives (2-3 objectives / week)		Did the fellow completed at least one sheet for the learning objectives, for an average of 2-3 objectives every week with feedback and signed by trainer?	0	1	2	3	4	
Evidence of Self- directed learning		Did the fellow show any document of self-directed learning (Conference /Topic Review /Journal club/course /workshop etc.)?	0	1	2	3	4	
Overall assessment of portfolio			/ 26					

Comments:

.....
Original for programme secretary (Fellow file) Copy for the fellow

Blue print for pain medicine fellowship exam

1- Paper MCQ best answer

- Pharmacology 15%
- Anatomy 10%
- Physiology 10%
- Pain Assessment / psychology 10%
- Diagnostic tests 15%
- Types of pain 15%
- Ethics, research, Professionalism and patient safety 10%

2- Osce

- | | |
|--------------------------------|------------|
| 1. History | 10% |
| 2. Examination | 15% |
| 3. Data interpretation | 20% |
| 4. Skills and relevant anatomy | 20% |
| 5. Equipment | 20% |
| 6. Resuscitation | 20% |

3 vivas

- | | |
|--------------------------------------|-----|
| 1. Nociceptive pain disease | 20% |
| 2. Neuropathic pain disease | 30% |
| 3. Sympathetic mediated pain disease | 20% |
| 4. Pain in special conditions | 10% |
| 5. Cancer pain and palliative care | 20% |