

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
الأمانة العامة

المجلس العلمي للتخدير والعناية المركزة

Scientific Council of Anaesthesia and Intensive Care

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Guidebook of Pain Medicine

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Pain medicine training program

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 teamwork.

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-year training program through a rotation training in all 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.

Program objectives:

General:

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

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

Core competencies:

Patient Care: delivering compassionate, appropriate, and effective care, including performing essential medical and invasive procedures competently

Residents must be able to provide patient- centered care in various settings (inpatient, outpatient, long-term care) that is both appropriate and compassionate and that is effective for the promotion of health and the treatment of health problems and disease.

Medical Knowledge: understanding and applying biomedical, clinical, and social sciences.

Residents must demonstrate knowledge about current and established clinical, biomedical, epidemiological, and social behavioral sciences and will apply this knowledge to patient care. Residents must Demonstrate understanding of physiology, pharmacology, and pathophysiology of clinical conditions.

Practice-Based Learning and Improvement: Evaluating and improving one's own patient care practices using self-assessment and scientific evidence, applying research methods and facilitating the learning of others, and the

scholarly activity requirements. To take initiative in clinical research in related issues. To participate in the regional and international multicenter studies

Residents must develop the capacity to investigate and evaluate their clinical practice, assess, incorporate scientific evidence, and to transfer their achievements to their own patient care and to their colleagues, as well as a commitment to continuing professional development and lifelong learning.

Systems-Based Practice: awareness of and ability to work within health care systems.

Residents must be responsive and aware of the larger health care system and framework and will effectively utilize system resources to provide superior patient care.

Interpersonal and Communication Skills: effectively exchanging information and collaborating with patients and colleagues.

Residents must demonstrate interpersonal and communication skills resulting in effective communication with patients, families and other medical professionals.

Professionalism: demonstrating ethical practice, accountability, and sensitivity to diversity.

Residents have an obligation to professionalism and sensitivity and must adhere to ethical principles within a diverse patient population. The ethical and professional principles:

- 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, and not neglecting patient care
- Social justice: the right of all patients to be fairly treated
- Utility: the principle of doing the best 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

Accreditation of training program:

Program Director 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

Program Director Qualifications:

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

Program Director Experience:

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

Training Program committees:

(to supervise, assess and evaluate)

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.

The procedures of accreditation:

The aims of the process of Inspections and accreditation pain management departments or clinics for Training in pain medicine:

- 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.

Accreditation process:

- The department/center should apply for accreditation.
- The specialty committee of the pain medicine fellowship will nominate an inspection team which may include a board member(s), a member of the training committee, and a consultant trainer from the department/center to conduct inspections.
- The Accreditation Report
- The inspection team will then agree recommendations in relation to the number and seniority of posts to be recognized, the duration of training to be accredited, recommendations for changes to be implemented by the department/center inspected and the time before the next Inspection.
- Reports including Remedial Action: the team will decide the appropriate action for remediation, to maintain the quality of training in the institution and to protect the interests of trainees. The decision may include a satisfactory supplementary report within a set period of time or may require a re-inspection.

Approval of departments:

The board approves departments of pain management as a whole as being suitable for training. The number of trainees depends on the following:

- 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 center.

- ii. The training center should be equipped with necessary equipment for interventional practice mentioned in the curriculum.
- iii. The center of the training should have at least two qualified specialist pain physicians with experience of not less than five years.
- iv. The center should have the necessary and basic equipment for resuscitation with (defibrillator, basic and advanced airway management, basic hemodynamic monitoring

Capacity of training

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. Ratio of Trainers: Trainee is 1:2

Role & responsibilities of training faculty

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.

Eligibility & selection criteria for training:

To be admitted to Pain Medicine program the candidate must:

- Possess The ABHS certificate in Anesthesia, orthopedics, rheumatology, physical rehabilitation, radiology, neurosurgery, 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

Training Curriculum

The content of training curriculum:

The 2 years training program in pain medicine 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. Encompasses all the major areas of knowledge, practical skills, and behavioural competencies that trainees are expected to master.

The training plan:

The general organization of the program: general practical and theoretical rotations

Rotation	Duration
Pain Medicine clinic	5 months
Ultrasound guided interventions	4 months
Fluoroscopy guided interventions	6 months
Physical Medicine and Rehabilitation	1 month
Palliative care and cancer pain medicine	3 months
Acute pain management	2 months
Neurology clinic	1 month
Rheumatology clinic	1 month
Radiology	1 month

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

Training and education methods

Regular educational activities: There must be an organized educational program that includes all learning activities covering all learning outcomes and cognitive domains. These include lectures on key topics delivered by consultants, scientific article clubs, morbidity and mortality meetings, case discussion sessions, and medical literature reviews presented by trainees.

Clinical rounds: Clinical educational rounds should also be conducted regularly, during which the trainee presents cases to the consultant and discusses the basic sciences of the disease, diagnostic methods, treatment options, social and psychological aspects, and the latest studies related to the discussed case. Weekly ground rounds and daily morning reports should be included.

Medical procedures: Participation in performing medical procedures as an observer, assistant, or performer should be recorded, with a tracking mechanism for the resident's performance. This system should ensure equal opportunities among all trainees (see the medical procedures log).

On-call schedule: Each program must have a clear method for scheduling trainee on-calls, ensuring the presence of more than one training level. The schedule should consider progressive workload distribution, with no more than ten on-calls per month for any training year.

The trainees' on-call schedule should be accompanied by the consultants' on-call schedule for the program, with a communication system available around the clock to ensure that the consultant can be reached and attend if necessary.

Logbook

The required skills in each program are divided into three levels. The program specifies the number required for each skill, the level of supervision needed for each, and designs them in the form of a handbook or a record, either in paper or electronic format, that can be converted into a PDF file. The record may be signed by the supervisor evaluating the skill or by the program director.

The skills are as follows:

Level 1: Basic Skills

To be learned and practiced early in residency, typically under direct supervision initially, then independently

Level 2: Intermediate Skills

Require moderate experience; performed with decreasing supervision as the fellow advances

Level 3: Advanced / High-Risk Skills

Performed typically under direct supervision or by certified personnel; often restricted to special settings

Course syllabi and recommended references:

Determining the course content and topics relevant to training and education that achieve the objectives and suggesting some scientific references.

Measurement and Evaluation

Competency-based training is monitored by the program director and the clinical competency committee at the training centre through periodic and continuous formative assessment to ensure the trainee achieves the required competencies to practice the profession efficiently and safely.

Methods of Ongoing Measurement and Evaluation:

Annual review of competence Progression (ARCP): Evidence for the ARCP

1. Evidence of success in the term exam.
2. The result of workplace-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.

A comprehensive Final In-Training Evaluation Report (FITER) by the local clinical supervisor.

Evidence of participation and Attendance of academic activities

The logbook 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.

One written assignment per year selected from the basic science and practical or clinical topics from the curriculum.

Summative Assessment

These take the form of written (knowledge) and clinical (practical) exams based on the learning outcomes.

Final knowledge Exam:

Ensures the trainee's knowledge and cognitive competence in advanced applied and clinical sciences relevant to their specialty. This is taken before the final practical exam. The format, number of questions, number of allowed trials and details are determined by the relevant scientific council according to general principles in cooperation with the measurement and evaluation administration and the Arab Board bylaw of academic regulations.

The final knowledge exam consists of a single paper containing 150 questions aligning with the training curriculum map.

Final Practical Exam:

A clinical-practical test to ensure the candidate possesses the knowledge, capabilities, skills, and professional behaviours necessary for safe and competent independent practice. The candidate must pass the final written exam before attempting this exam, which takes place one to two times a year, as set by the Arab Board.

Upon completion the training program successfully and fulfilling all the requirements and passing the final exams, the physician is awarded the Arab Board specialty certificate in pain medicine.

Annex

- Pain medicine fellowship program trainers' assessment report
- The Arab board pain medicine fellowship portfolio