Stanford Anesthesia Chronic Pain Rotation

Resident Orientation
Points of Contact

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Ming Kao, MD, PhD
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Alyssa Martinez
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Why Pain?

Institute of Medicine Report

100 million American adults suffer from chronic pain
   - Major public health issue
   - Greater than hear disease, DM, cancer – combined!
   - ~10% of post-surgical pts develop chronic pain

Pain costs the US over $600 billion/year in lost productivity

Across health care and society alike, there are major gaps in knowledge/education regarding pain
Key Points and Goals for Rotation

- To understand that chronic may present as a disease in itself
- Interdisciplinary care is the gold standard of care
  - Biopsychosocial model is greater than biomedical model alone
  - Treatment = Medical + Physical Rehab + Psychological + Self Management
- Understanding chronic pain will enhance and supplement your perioperative knowledge, skills and abilities
  - Example: Seeing epidural steroid injections under fluoroscopy will aide your ability to do epidurals in the operating room
- This rotation will allow you to assist not only your patients, but family, friends and loved ones regarding pain
Stanford Pain Division

Mission Statement

Predict, prevent, and alleviate pain through science, compassion, and education
Stanford Pain Clinic: Overview

- We are large tertiary/quaternary referral center with a large catchment area
- > 15,000 patient visits/year
- > 100 faculty/staff
  - Diverse group including anesthesia, PM&R, Neurology, Medicine, PhD-Psychology, PhD-PT, NPs, PAs, RNs, SW, etc.
  - 7 ACGME Clinical Pain Fellows
  - 2 APA Clinical Pain Psychology Fellows
  - Numerous NIH funded research projects + others
Stanford Pain Center: Integrated Comprehensive Model of Care

- **GI Pain** (Collaboration with GI Medicine)
- **Headache** (Collaboration with Neurology)
- **Pelvic Pain** (Collaboration with Urology)
- **Orofacial Pain** (Collaboration with Dentistry, ENT, Neurology, Neurosurgery)
- **Pain and Addiction** (Collaboration with Psychiatry)

**Stanford Pain Management Center**

Pain Medicine Physicians, Pain Psychology, Physical Therapy, Nutrition, Acupuncture, Biofeedback, Nursing, Pain Registry, Research Infrastructure
Pain Division Leadership

Sean Mackey, MD, PhD
Redlich Professor
Division Chief
Director, SNAPL
Anesthesia, Pain

Einar Ottestad, MD
Assoc. Div. Chief
of Acute Pain
Anesthesia, Pain

Ming Kao, MD, PhD
Clinic Chief
Physiatry, Pain

Meredith Barad, MD
Assoc. Div. Chief
of Education
Neurology, Pain
Additional Faculty

VOLUNTEER/ADJUNCT CLINICAL FACULTY

- Sheena Aurora, MD
- William Brose, MD
- Steven Feinberg, MD
- Annu Navani, MD
- Jordan Newmark, MD
- Gabriel Schonwald, MD

AFFILIATED FACULTY

- David Clark, MD, PhD
  - Clinical Professor, Palo Alto VA Hospital
- Peter Barelka, MD
  - Pain Physician, Palo Alto VA Hospital
Education during Rotations

Metrics:
- Medhub evaluations used to evaluate rotation and faculty (anonymous)
- Medhub for case-logs and duty hours (log cases for anesthesia residency)
- Feedback will be provided through Medhub at the end of the rotation from faculty that you worked with

Common Pain Conditions to Learn/Review:
- Chronic neck and low back pain
- Headaches
- Post surgical/post-traumatic pain
- Neuropathic/nerve injury pain
- MSK related pain
- CRPS
- Abdominal and Pelvic Pain
- Cancer Pain
- Safe Opioid Prescribing
Overview of the Rotation

You will alternate between clinic and procedures – generally, there is 1 clinic resident and one procedure resident, though at times there may be 2 clinic residents.

In the event of absence/illness, procedure resident will come and cover clinic. Please inform your co-resident to prepare to go to clinic and send email to Chief Resident, Meredith Barad, Anuj Aggarwal, and Alyssa Martinez.

In procedures, the resident will generally work with the solo attending if there is one (if not, with attending and fellow).

In clinic, the resident will work with A2 attending (or A3 when no A2 scheduled such as on Wednesdays).
Checking who is on...

- Amion.com
- Password: p@in

**A1** = attending working with 2 fellows

**A2** = often working with 1 fellow and resident

**OSC** = procedures in OR

Alyssa Martinez will often send out assignments at start of rotation

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Day to Day Schedule

Clinic
M and F – 7am lecture, clinic starts at 8:30am
T, W, Th – 8am lecture/teaching, clinic starts at 8:30am
W and F – Noon Multidisciplinary Conference (lunch provided)

At times other lunch time conferences (journal club, neuromodulation conference)

Procedures
M – 7am lecture, first procedure starts 8:15am
T, W, Th – first procedure starts at 7:10am
F – 7 am lecture, first procedure starts at 7:15am but you can join after lecture

Lunch provided in OSC – have to have signed up beforehand
Clinic....

Day to day will vary from faculty to faculty
Will typically see ~5 pts per day, most new patients, but can see return pts
You can see and participate in clinic/ultrasound procedures
Use of CHOIR (per Ming Kao – can give you access)
Please knock on doors, gel hands, obtain basic H+P, and present to faculty

But what about documentation??
Clinic Nuts and Bolts

Documentation:
- Use context “Pain Management” in EPIC (can see attending schedule here)
- Type notes and accept; attending will close encounter
- Can take smart phrases “clinicnewfellow” and “clinicfufellow” from either Dr. Barad or Dr. Aggarwal for note template – but use with caution
- Attending will help with orders and patient instructions

CHOIR
- Informatics platform developed at Stanford
- [www.choirprovider.org](http://www.choirprovider.org)
- Can utilize, if filled out by patient, for H+P; attending or fellow can show you how to utilize
OSC Pearls

Wear Black Scrubs only
Can assist with H+P, consent, positioning and prep
We do wide variety of procedures – ultrasound blocks, radiofrequency ablations, blood patches, implants, epidurals etc.

Doing procedures: Remember, the fellows get only 7 weeks of procedures for their entire training, respect if they are keen to do procedures

Ask attending and fellow to help interpret fluoroscopic images – even if you never do a fluoroscopic procedure, it will help you understand neuraxial anatomy for blind spinals and epidurals
How to get lunch at the OSC OR

1. Please provide your Stanford.edu email address to clongshore@stanfordhealthcare.org with the subject line: OSC MD lunch.

2. Once that is received, after ~24 hrs you will be able to create an online account at www.zoomcaffe.com (this is a one-time setup); half way down the page you will see “we do catering”, click that & it will direct you to the catering page
   a. Login (top right hand corner)
   b. Login with your email and password: first name + first initial of last name + 01 (no spaces) e.g. robertj01
   c. Click “create new order”
   d. Click “delivery”; select location OPC, date, time 1100
   e. Continue to Doctor’s Menu

   No one will be monitoring lunch boxes, we are relying on peoples’ honesty.

3. Every day you work at OSC you need to go online into your account & order your sandwich before 0900 from the Doctor’s Menu:
   a. Select item
   b. Place your order
   c. Fill in cost center # OSC020909
   d. Continue
   e. Select “450 Broadway” as address
   f. Continue
   g. “On account”
   h. Continue
   i. “Accept terms and confirm”

   You are responsible for ordering your own sandwich- no delegation.

   Lunch will be delivered to the staff lounge by 1100; your name will be on the box.

   There are vending machines for cold drinks/ chips, or complimentary hot beverages available.

   Website can be slow in the AM – using your phone can often lead to success.
Quick Didactics Review

- M + F – 7am lecture in the Pain Conference Room
- Do not attend anesthesia Grand Rounds unless instructed to
- Clinic resident has teaching T, W, Th at 8am
- Clinic resident attends team conference W + F
- Occasional journal club and neuromodulation conference other days
- OSC resident attendings M + F 7am lecture; for Fridays, this means procedure day will have started which is ok
Call Schedule

On Chronic Pain, there is no call from either clinic or procedures

You are assigned to acute pain call; very rarely, in circumstances when involving sickness/emergency, you maybe called to assist a fellow resident on the acute pain service instead of clinic

If you have not done acute pain before, please let Dr. Aggarwal know and we will get you additional information on responsibilities and expectations
Documents in Email

Chronic Pain Orientation Basics – nuts an bolts, quick reference sheet
Chronic Pain Syllabus – for reading, reference
Chronic Pain Common Pain Syndromes – for reading, reference

Acute Pain Materials included for your call
Logistics…

Parking – plenty of parking available currently at Redwood City; there is a shuttle from Caltrain station (not operated by Stanford, check commute.org – RWC – MidPoint route)

OSC scrubs and lockers available in locker room (3rd floor) – staff in the OSC can help get you access to scrub machines

Most access codes in clinic are 17227

Dress code – for clinic business/professional attire, white coat acceptable

To do:
1) Get picture of your badge to Esteban (front and back, back with ID number, to get badge access to OR and Clinic if not already obtained)
2) Walk around clinic and show ORs to orient
3) Show CHOIR
4) Get documentation templates