

**TORONTO REHAB PAIN AND OPIOID STEWARDSHIP
ROTATION DESCRIPTION****SITE/PRECEPTOR:**

Toronto Rehab: Laura Murphy, Naomi Steenhof

DURATION:

4 weeks

OUTCOMES:

The resident will develop the clinical knowledge, skills, and professional values to:

- A. Provide evidence-based patient care as a member of interprofessional teams,
- B. Provide medication- and practice-related education,
- C. Manage one's own practice of pharmacy,

for patients of Toronto Rehab outpatient chronic pain clinics and inpatient units as pain consultants.

GOALS and OBJECTIVES:

Please refer to the ***University Health Network General Pharmacy Residency Program: Clinical Rotation Goals and Objectives*** document for the core goals and objectives of this rotation.

In addition, residents will be expected to be able to:

- acquire/reinforce and practise applying disease, drug and patient facts and concepts which are required to manage straightforward and complex drug-therapy problems occurring in the patients seen by this service.
- demonstrate an appreciation and insight into the role of the pharmacist in an interprofessional pain clinic and inpatient consultant by being able to describe the various roles and responsibilities of the pharmacist
- provide pharmaceutical care to outpatients as a member of the interprofessional team, and inpatients as a consultant, with a focus on, but not limited to, the following disease states:
 1. Pain (acute, persistent/chronic, transitional)
 2. Mental health disorders
 3. Sleep disorders
 4. Substance use and use disorders
- accurately perform best possible medication histories, medication reconciliation and assessments on referred pain patients
- make recommendations regarding appropriate medication management for patients referred to the pharmacist.
- demonstrate proficiency in documenting pharmaceutical care assessments and plans in paper chart and Electronic Patient Record (EPR).
- identify ethical, cultural, and socioeconomic issues as they relate to the development and implementation of pharmacy care plans for patients with pain.

- engage in respectful, empathetic, compassionate conversations with patients and external caregivers (eg. community pharmacies, family health team professionals, primary care physicians) to provide seamless patient care.
- participate in the buprenorphine/naloxone clinic
 - explain the steps and factors that should be considered in buprenorphine/naloxone induction
 - assist with monitoring of buprenorphine/naloxone for outpatients and inpatients (if applicable)

DESCRIPTION:

- During this 4-week rotation, residents will be working with an inter-professional team to provide pharmaceutical care to patients in outpatient pain clinics at Toronto Rehab.
- The resident will be expected to provide evidence-based care as a member of the interprofessional team, administrative and support staff team, and other learners.
- Teaching will be provided by a variety of methods including self-directed learning, observation of clinician/patient interactions, inter-professional patient care rounds, resident-preceptor therapeutic discussions, multidisciplinary teaching rounds, team case conferences, and pharmacy department rounds (clinical sharing sessions, clinical foundations etc).
- Residents can expect to participate in peer to peer teaching and learning.

RESIDENT RESPONSIBILITIES:

The resident will:

1. Provide previous rotation assessment, longitudinal knowledge tracking, and rotation specific objectives to preceptor at start of rotation.
2. Provide pharmaceutical care to the patients selected by the resident and preceptor according to the rotation objectives and the resident's experience and interest. The number of patients selected varies from resident to resident, but an estimate of the expectation is 2-4 new patients/week.
3. Use an appropriate tool to complete work-ups on assigned patients, identify and prioritize drug-therapy problems/issues, develop a pharmacy care plan, and document patient's progress and follow-up. The resident will be the primary pharmacy care-giver responsible for providing pharmaceutical care to these patients.
4. Document all pharmacy interventions/activities on the patient's medical record with the preceptor's co-signature.
5. Meet regularly with preceptor to review and discuss issues. Specific meetings include:
 - Discussions on pharmaceutical care patient work-ups
 - Pre-selected therapeutic discussions
 - Resident progress/challenges
6. Actively participate during interprofessional team rounds/meetings. If applicable, the resident will bring to the attention of other health care professionals the actual or potential drug therapy problems, and discuss well thought-out plans for the prevention and resolution of these problems.

Specific rounds/meetings may include:

Reviewed: May 2019

- Project ECHO Ontario Chronic Pain Thursday 1230-230.
 - Interprofessional clinic case reviews (Thursdays)
 - Pharmacist – physician case review (shared care appointments)
7. Provide teaching sessions to pharmacists, pain medicine residents/fellows or other interprofessional team members as scheduled by preceptor. Present case/journal club/EBM presentations as per master yearly presentation schedule.
8. Attend the following educational rounds (as time permits – to be negotiated with preceptor):
- pharmacy education (clinical sharing, clinical coffee and/or clinical foundations)
 - journal clubs (optional)
 - pharmacy resident presentations (as applicable)
9. Complete the following assessments:
- written midpoint self-assessment (forward to preceptor prior to meeting to discuss)
 - verbal and written self-assessment after each presentation
 - written assessment of the rotation and preceptor at the end of the rotation
 - longitudinal knowledge tracking

RESIDENT ASSESSMENT:

Residents will be assessed in the following manner:

- verbal formative feedback provided on a daily and weekly basis.
- mid-point meeting and review of resident self-assessment (Clinical Rotation Assessment form)
- written final rotation assessment completed by preceptor (Clinical Rotation Assessment form).

Assessments will be based on patient care work-ups, therapeutic interventions, participation in inter-professional rounds, resident-preceptor therapeutic discussions, case presentations, teaching activities and professional conduct.

Appendix 1. Rotation readings and resources

Pain

1. Chronic Pain by Dr. Andrea Furlan (Youtube): <https://www.youtube.com/watch?v=dXtbjKCL2UA>
2. Fibromyalgia by Dr. Andrea Furlan (Youtube): https://www.youtube.com/watch?v=_1B8U-eEkE0
3. Moulin DE, et al. Pharmacologic management of chronic neuropathic pain – Revised Consensus statement and guidelines from the Canadian Pain Society. 2014. *Pain Res Manag.* 2014 Nov-Dec; 19(6): 328–335. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4273712/>
4. Opioid weaning and pain management in postsurgical patients at the Toronto General Hospital Transitional Pain Service. *Canadian Journal of Pain* 2018; 2(1). <https://www.tandfonline.com/doi/full/10.1080/24740527.2018.1501669>

Opioids

1. Murphy L, et al. A pharmacist framework for implementation of the Canadian Guideline for Opioids for Chronic Non-Cancer Pain. *Can Pharm J.* 2019 152(1):35-44. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6346336/>
2. Busse J, et al. 2017 Guideline for opioid therapy and chronic noncancer pain. *CMAJ* 2017; 189(18):E659-E666. <http://www.cmaj.ca/content/189/18/E659>
3. Murphy L, et al. Guidance on opioid tapering in the context of chronic pain: Evidence, practical advice and frequently asked questions. *CPJ* 2018. <https://journals.sagepub.com/doi/pdf/10.1177/1715163518754918>
4. Health Quality Ontario Standards: Prescribing Opioids for Acute Pain (<https://www.hqontario.ca/Evidence-to-Improve-Care/Quality-Standards/View-all-Quality-Standards/Opioid-Prescribing-for-Acute-Pain>) , Prescribing Opioids for Chronic Pain (<https://www.hqontario.ca/Evidence-to-Improve-Care/Quality-Standards/View-all-Quality-Standards/Opioid-Prescribing-for-Chronic-Pain>)
5. https://www.ismp-canada.org/opioid_stewardship/ (various resources)
6. Ontario Opioid Drug Observatory: <https://odprn.ca/ontario-opioid-drug-observatory/>
7. OCP Opioid Strategy for Pharmacy: <http://www.ocpinfo.com/about/key-initiatives/opioid/>
8. Chen, K. Y., Chen, L., & Mao, J. (2014). Buprenorphine-naloxone therapy in pain management. *Anesthesiology*, 120(5), 1262–1274