

Regional Anesthesia and Acute Pain Management Fellowship at Thomas Jefferson University

Fellowship Directors:

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Goals and Objectives:

The Regional Anesthesia and Acute Pain Management fellowship training is concentrated on the perioperative management of patients receiving neuraxial or peripheral neural blockade for anesthesia or analgesia as well as patients on the Acute Pain service. The program is designed to develop a base of expertise in the practice and theory of regional anesthesia, the organization of a consultant service, and the acquisition of operating room management skills as they relate to regional anesthesia. In addition, the program gives fellows the opportunity to develop a strong knowledge base with regards to perioperative management of acute pain, including both patients receiving regional analgesia as well as management of complex opioid tolerant patients. The fellow is also expected to enhance their teaching abilities working closely with residents and medical students and their comprehension and incorporation of practice guidelines. Each fellow will take a lead role in a research project and will actively seek opportunities to further research in the specialty.

Duration of Training:

The time required for fellowship training in regional anesthesia is twelve months.

Institutional Organization:

A) The fellow functions in close relationship with our ACGME-accredited residency in anesthesiology which includes specific rotations in regional anesthesia and acute pain management.

B) There is no ACGME designation or certification for regional anesthesia fellowships to date.

C) The fellowship stipend would be supported in part by the fellow's participation as a junior faculty anesthesiologist, 2.5 days per week, in the inpatient OR at Thomas Jefferson University Hospital.

D) The fellow will be required to have a PA medical and DEA license to practice in the hospital.

Program Director and Faculty:

A) The Director of the fellowship training program is a Board-Certified anesthesiologist who has completed a fellowship in regional anesthesia.

B) All faculty are Board-Certified or in the examination system in Anesthesiology. The number of faculty supervising fellowship training in regional anesthesia is three-five.

Resources:

A) Fellows will receive a personal expense account (PEA) to be used for meetings, books, etc.

B) The fellow will have full access to resources of the residency program (public computers, library access, and use of conference area for educational activities).

C) Depending of space availability, the fellow will also be allowed office space for independent academic and research projects for presentation at national meetings and presentation in peer-reviewed journals.

Benefits:

A) Fellow will receive 4 weeks of vacation plus a week of meeting time.

B) Fellow will receive the standard health benefits approved by the department.

Book Requirement:

1. Sinatra, de Leon, Casasola, Ginsberg, Viscusi. Acute Pain Management. Cambridge Press. 2009.

2. Hadzic. Hadzic's Peripheral Nerve Blocks and Anatomy for Ultrasound-Guided Regional Anesthesia. McGraw Hill. 2012.

Fellowship Responsibility:

A) Clinical Activities:

- 1) Participate in regional anesthesia cases at Thomas Jefferson University.
 - a. Initially, the fellow will be expected to perform all continuous peripheral blocks until an appropriate skill level is achieved. At that time the fellow will be tasked with teaching the residents how to perform continuous peripheral blockade.
 - b. The fellow will work closely with residents and develop skills necessary to teach ultrasound-guided peripheral nerve blocks as well as neuraxial techniques under the guidance to the Regional/Acute Pain attendings.
- 2) Follow care of patients receiving regional anesthesia catheters on acute pain management service.
 - a. The fellow designated as the "block fellow" for the day will be required to follow-up on each patient in the PACU to ensure success of the regional technique. Should a block fail it is the fellow's responsibility to address this issue and provide a re-block should the patient agree.
 - b. In addition, each fellow will be required to follow up on each inpatient for which they participated in their regional anesthetic.
- 3) Follow care of patients receiving ambulatory peripheral catheters.
 - a. We have developed a robust ambulatory peripheral catheter service. It is the responsibility of the fellow to counsel appropriate patients on this service, assemble and attach the ambulatory pumps, and follow-up with patients on the first postoperative day after discharge home.
 - b. The fellows will also be in charge of covering the Ambulatory Catheter service. One fellow will be listed on the call schedule each day and must be available via pager should a patient with an ambulatory catheter at home contact the hospital with questions.
- 4) Seek out surgical patients who may benefit from regional services (Thoracic & General Surgery cases).
 - a. It is the responsibility of the fellow to contact the anesthesia team as well as the surgical team regarding providing regional anesthesia/analgesia for vascular cases (AV fistulas), thoracic cases (thoracotomy/VATS), and general surgery cases (major abdominal). The fellow will be expected to review the schedule the night before in order to designate regional opportunities.

- 5) Round/write notes on patients in Acute Pain Management Service and perform consults.
 - a. Currently the busy regional days are Wednesday and Thursdays, the individual designated as fellow the other days of the week is expected to participate in Acute Pain rounds. With the expectation that by mid-year the fellow will direct Acute Pain rounds under the supervision of the Acute Pain attending.
- 6) Work as junior staff 2 days per week.
 - a. As a junior staff, you will work independently as well as with residents, CRNAs, and SRNAs. You will be assigned to a variety of cases, excluding cardiac and pediatrics.
 - b. As junior staff, you are also expected to actively pursue opportunities for intraoperative teaching.
- 7) Participate in late lists and overnight calls (weekday and weekend). Call burden is calculated based on each fellow functioning as an attending 40% of the week. Overall the amount of calls is relatively minimal.
- 8) Attend all grand rounds lectures on Thursday morning at 0700 and participate in all mock orals.
 - a. Mock orals are held quarterly. Each fellow is expected to administer two mock orals as well as take two mock orals.
- 9) Fellows will be responsible for teaching the residents and medical students assigned to the Acute Pain rotation ultrasound mechanics and needle control skills utilizing the department regional block phantoms. Each fellow (on a day not assigned as "block fellow") will be expected to work with the Acute Pain team on the phantoms at least once during their assigned month.

B) Academic Activities:

- 1) Participate in clinical research as a major activity of the year-long fellowship.
 - a. While each fellow will be involved in all ongoing research projects, each fellow is expected to take a lead role on one research project.
- 2) Maintain the goal of presentation of two abstracts and or 1 publication during the year.
 - a. Each fellow will be expected to participate and present at the annual American Society of Anesthesiology Meeting as well as the Annual American Society of Regional Anesthesia and Pain Medicine Meeting with poster, lecture, or problem-based learning presentations.

To accomplish these objectives, The RAAPM faculty will be committed to mentoring the fellow in the production of research, co-author papers as appropriate, and preparation of clinical research proposals with IRB approval prior to the start of the fellowship year.

C) Teaching Activities:

- 1) Fellows will present at one Grand Rounds during the second half of the fellowship year covering a topic or case relevant to Regional Anesthesia/Acute Pain.
- 2) Each fellow will give 1-2 resident lectures during the designated month-long Regional Anesthesia lecture series.
- 3) Fellows will be expected to develop teaching techniques by instructing residents in block rooms and on the Acute Pain service during rounds under the supervision of the faculty.
- 4) Review and enhance web-based teaching resources on the wiki-site, including the resident handbook, curriculum documents, and self-study and testing materials.

D) Practice-Based

- 1) Develop and improve skills to evaluate and apply evidence obtained from scientific studies, expert guidelines and practice pathways to patient's health problems.
- 2) Utilize information technology to obtain and record patient information, access institutional and national policies and guidelines and participate in self-education.
- 3) Fellows will be expected to evaluate their own practice with respect to patient outcomes (including success and complications from regional anesthesia/analgesia) and compare to available literature.

Interpersonal and Communication Skills:

Upon completion of the program, the fellow should be able to:

A) Provide information to the patient and family with respect to the options, alternatives, risks and benefits of regional anesthesia in a manner that is clear, understandable, ethical and appropriate.

B) Be able to communicate effectively with patients regarding acute pain management in the perioperative period. Demonstrate empathy and

compassion while recognizing instances of malingering or drug-seeking behaviors. Provide information regarding plan of care for acute pain, which the patient and family understand.

C) Employ effective listening skills and answer questions appropriately in the process of obtaining informed consent.

D) Work effectively in a team environment, communicating and cooperating with surgeons, nurses, pharmacists, physical therapists and other members of the perioperative team. This requires the fellow to:

- 1) Appreciate and respect the roles of other members of the team.
- 2) Communicate clearly in a collegial manner that facilitates the achievement of care goals.
- 3) Help other members of the team to enhance the sharing of important information.
- 4) Formulate care plans that utilize the multidisciplinary team skills, such as a plan for facilitated recovery.

Professionalism:

Upon completion of the program, the fellow should be able to

A) Continuously conduct the practice of medicine with integrity, honesty, and accountability.

B) Demonstrate a commitment to life-long learning and excellence in practice.

C) Show consistent subjugation of self-interest to the good of the patient and the health care needs of society.

D) Show a commitment to ethical principles in providing care, obtaining informed consent, and maintaining patient confidentiality.

Systems-Based Practice:

Upon completion of the program, the fellow should be able to:

A) Effectively balance the need for operating room efficiency with a high quality of patient care in the setting of a residency teaching program. The fellow will effectively choose surgeons, patients, techniques and approaches to achieve the best balance possible in order to use regional anesthesia to improve recovery.

B) Understand the interaction of the Acute Pain Management Service with other elements of the health care system including primary surgical and medical teams, other consultant services, nursing, pharmacy, and physical therapy.

C) Demonstrate awareness of health care costs and resource allocation, and the impact of their choices on those costs and resources.

D) Advocate for the patient and their family within the health care system, and assist them in understanding and negotiating complexities in that system.

Evaluation and Advising:

A) As per ACGME Residency Guidelines, the attending faculty will be evaluated by the fellows twice annually.

B) Written web-based evaluations of fellows by all faculty with whom they have worked shall occur monthly. Evaluation in the areas of the six competency categories as related to regional anesthesia will be evaluated and reported to the clinical competence committee. The results of these evaluations shall be recorded and reviewed with the fellows by the program director no less often than every three months.

D) The Fellowship Director will meet with the Fellow at regular intervals to review performance, scholarly activity, and achievement of personal and program objectives.

E) Fellows will also be responsible for completing daily resident evaluations for residents they have worked with on attending days.

Fellow Signature

Date

Fellowship Director Signature

Date