

Updates from Regional Anesthesiology and Acute Pain Medicine

Edward R. Mariano, M.D., M.A.S.

Professor of Anesthesiology, Perioperative & Pain Medicine
Stanford University School of Medicine
Chief, Anesthesiology and Perioperative Care
Veterans Affairs Palo Alto Health Care System

Disclosures

- None



@EMARIANOMD

@EMARIANOMD

Brief History

- Regional Anesthesia Fellowships in the U.S. – Early 1980's
 - Virginia Mason, Brigham and Women's Hospital, Duke, Hospital for Special Surgery, Mayo Clinic, McGill, St. Luke's-Roosevelt/Columbia, U of Alberta, U of Florida, U of Manitoba, U of Texas/Houston, U of Toronto

Guidelines for Regional Anesthesia Fellowship Training

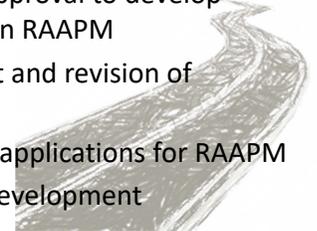
Mary Jean Hargett, B.S., James D. Beckman, M.D., Gregory A. Liguori, M.D., and Joseph M. Neal, M.D.

RAPM 2005;30:218-225

@EMARIANOMD

Road to Accreditation

- 2013 (May): Fellowship Directors agreed to pursue ACGME accreditation
- 2013 (Dec): Letter submitted to Dr. Nasca
- 2014 (Sept): ACGME approval to develop subspecialty program in RAAPM
- 2015-16: Development and revision of program requirements
- 2016: ACGME opened applications for RAAPM
- 2017-18: Milestones development



@EMARIANOMD



The road to accreditation for fellowship training in regional anesthesiology and acute pain medicine

Edward R. Mariano^a and Richard W. Rosenquist^b

Purpose of review

The purpose of this review is to provide the background and rationale for pursuing accreditation of regional anesthesiology and acute pain medicine (RAAPM) fellowships, explain specific steps and challenges in the process, and forecast the future of fellowship training.

Recent findings

In 2016, the first fellowship program in RAAPM was able to apply for accreditation from the Accreditation Council for Graduate Medical Education (ACGME). The establishment of this newly accredited subspecialty fellowship and the announcement of the first accredited programs represented a tremendous achievement in anesthesiology training and medical education in general and was the culmination of nearly 4 years of dedicated effort.

Summary

Programs with initial ACGME accreditation are on a 2-year term and will be reviewed to evaluate adherence to the program requirements and the quality of fellowship training. Deficiencies identified will need to be resolved or face loss of accreditation. However, a program's maintenance of accreditation represents a commitment to its fellows to provide a training experience that can be held as a benchmark for all programs.

Keywords

accreditation, acute pain medicine, anesthesiology, fellowship, regional anesthesiology

@EMARIANOMD



The road to accreditation for fellowship training in regional anesthesiology and acute pain medicine

Edward R. Mariano^a and Richard W. Rosenquist^b

KEY POINTS

- The process of accrediting fellowship programs in regional anesthesiology and acute pain medicine was initiated in 2013 with a letter to the Chief Executive Officer of the Accreditation Council for Graduate Medical Education.
- The review of the proposal and development of program requirements preceded the eventual opening of the application period and took approximately 3.5 years.
- Nine fellowship programs in regional anesthesiology and acute pain medicine were accredited in the first round with a total of 12 in the first year.
- Accredited programs will be reviewed regularly to evaluate adherence to the program requirements and the quality of fellowship training, and deficiencies identified will need to be resolved or face loss of accreditation.
- A program's maintaining accreditation represents a commitment to its fellows to provide a training experience that can be held as a benchmark for all programs.

Table 1. The first nine ACGME-Accredited Regional Anesthesiology and Acute Pain Medicine Fellowship Programs

Stanford University
Cedars-Sinai Medical Center
University of California, San Francisco
Massachusetts General Hospital
Brigham and Women's Hospital
Montefiore Medical Center/Albert Einstein College of Medicine
Icahn School of Medicine at Mount Sinai/St. Luke's-Roosevelt Hospital
Duke University Hospital
Vanderbilt University Medical Center

ACGME, Accreditation Council for Graduate Medicine Education.

Today (2019)

- 84 RAAPM fellowships in US and Canada (+9 from 2018)
- Fellowship directory
- 200+ positions available in the US and Canada

Fellowship directory

Physicians applying for a fellowship program in regional anesthesiology/acute pain medicine must be currently enrolled in, or have completed, an accredited anesthesiology residency program. Each individual program may have additional requirements such as medical licensing. The information published here has been supplied by the individual institutions. Please check back frequently for updates.

Show: All (66) Acute Pain/Regional Anesthesia (64) Chronic Pain (2)

- Alabama (1)
- California (59)
- Colorado (1)
- Connecticut (3)
- Florida (6)
- Georgia (1)
- Illinois (3)
- Iowa (1)
- Kansas (1)
- Louisiana (3)
- Maryland (2)
- Massachusetts (4)
- Michigan (1)
- Minnesota (2)
- Missouri (1)
- Nebraska (1)
- New Hampshire (1)
- New Mexico (1)
- New York (9)
- North Carolina (3)
- Ohio (3)
- Oregon (1)
- Pennsylvania (3)
- South Carolina (1)
- Tennessee (1)
- Texas (2)
- Utah (1)
- Virginia (2)
- Washingt (1)
- Wisconsin (1)
- Military (1)
- Canada (9)



<https://www.asra.com/fellowship-directory?showType=1>

1st Site Visits Spring 2019

- Stanford Health Care-Sponsored Stanford University Program
- Cedars-Sinai Medical Center Program
- University of California (San Francisco) Program
- Massachusetts General Hospital Program
- Brigham and Women's Hospital Program
- Montefiore Medical Center/Albert Einstein College of Medicine Program
- Icahn School of Medicine at Mount Sinai/St Luke's-Roosevelt Hospital Center Program
- Duke University Hospital Program
- Vanderbilt University Medical Center Program

<http://www.edmariano.com/archives/1252>

ACGME-Approved Programs (31)

+9 from November 2018

- Stanford
- Cedars-Sinai
- UCSF
- UCLA-Harbor
- Mayo Clinic (FL)
- Northwestern
- Univ Iowa
- Johns Hopkins
- Mass General
- Brigham & Womens
- Mayo Clinic (MN)
- Dartmouth
- Mt. Sinai SLR
- Columbia
- Cornell
- Mt. Sinai
- Duke
- Univ Cincinnati
- Univ Pittsburgh
- Vanderbilt
- Virginia Mason
- Univ Nebraska
- Montefiore
- Natl Cap Consortium
- Ochsner Clinic
- Ohio State
- OHSU
- Penn State
- UC Davis
- UIC Chicago
- Yale

Continued accreditation achieved in 2019 shown in red.

Fellowship Directors Group

- Formed organically ~2002 and informal
- Twice-yearly meetings (ASA and ASRA Spring) organized and hosted by HSS Department of Anesthesiology
- Initiatives:
 - Development of Fellowship Training Guidelines
 - Knowledge/Practice Sharing
 - ACGME Accreditation
 - Common Application (Dr. Brian Allen)

Time to Redefine What is Basic?

Editorial

Future directions in regional anaesthesia: not just for the cognoscenti



"Any intelligent fool can make things bigger and more complex. . . . it takes a touch of genius and a lot of courage to move in the opposite direction."

— Albert Einstein

Time to Redefine What is Basic?

Editorial

Future directions in regional anaesthesia: not just for the cognoscenti

Teach Transferable Skills

Table 1 Proposed high value basic ultrasound-guided regional anaesthetic techniques.

Anatomical location	Plan A (basic blocks)	Plan B/C/D (advanced blocks)
Upper limb		
Shoulder	Interscalene brachial plexus block [14]	Superior trunk block, combined axillary and suprascapular nerve blocks
Below shoulder	Axillary brachial plexus block [15]	Infraclavicular block, supraclavicular block
Lower limb		
Hip	Femoral nerve block [16]	Fascia iliaca block, lumbar plexus block
Knee	Adductor canal block [17]	Femoral nerve block, IPACK block
Foot and ankle	Popliteal sciatic block [18]	Ankle blocks, proximal sciatic nerve block
Trunk		
Chest wall	Erector spinae plane block [19]	Paravertebral block, sematus plane block, PECS blocks
Abdominal midline	Rectus sheath block [20]	Quadratus lumborum blocks

IPACK, interspace between the popliteal artery and the capsule of the posterior knee; PECS, pectoral nerves.

*Refers to selective blocks from the distal femoral triangle to Hunter's canal.