Frequently Asked Questions: Regional Anesthesiology and Acute Pain Medicine

Review Committee for Anesthesiology

ACGME

Question	Answer
Oversight	
May more than one regional anesthesiology and acute pain medicine program be associated with a single anesthesiology residency program? *[Program Requirement: I.B.1.b)]*	No. The intent of the requirement that only one regional anesthesia and acute pain fellowship be associated with one anesthesiology residency program is to ensure that both the fellows and the residents have sufficient numbers of cases to allow an optimal learning environment for all. However, given the different areas of focus between the subspecialties of multidisciplinary pain medicine and regional anesthesia and acute pain medicine, both of these distinct fellowships may be associated with the same anesthesiology residency program. Having a regional anesthesia and acute pain fellowship associated with an anesthesiology residency program will not prohibit having fellowships in pain medicine, critical care medicine, cardiac anesthesiology, obstetric anesthesiology, or pediatric anesthesiology.
Educational Program	
Is the program responsible for fellows' maintenance of current certification in advanced cardiac life support (ACLS)? *[Program Requirement: IV.B.1.b)]*	The Program Requirements do not specifically dictate that fellows maintain current certification in ACLS. However, the Review Committee strongly encourages programs to work with their fellows to maintain the ACLS certification they achieved during their anesthesiology residency programs.
Why does the Review Committee require a specific minimum number of cases for each type of procedure? *[Program Requirements: IV.C.3.a)-e)]*	The Review Committee uses these minimums to ensure a program can provide each of its fellows with access to all required procedures. Minimum case numbers are not intended to serve as a benchmark for assessing competence along a spectrum towards mastery. Case logs should be maintained locally by the program through the applicable resident management system, and not submitted through the ACGME Case Log System. This provides programs with flexibility with interpretation for various procedure categories.

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Question	Answer
Why are the regional anesthesiology and acute pain medicine block case requirements broken down by area of the body rather than by specific techniques? *[Program Requirements: IV.C.3.a).(3).(a)-(b)]*	It is important that fellows graduate with expertise in procedures within various territories of innervation and a broad array of potential nerve block interventions that they can offer the patient who presents for surgery or with acute pain. Rather than require set numbers of specific block techniques, the Committee understands there are often many nerve block alternatives to cover the same area of innervation, and the choice of nerve block technique may depend on a balance of many factors. The justification for minimum numbers of both proximal and distal nerve block techniques is to avoid the potential for a fellow to satisfy the requirement for upper extremity, for example, by simply performing 100 of the same block technique. In addition, while new block types emerge in clinical practice and others fall out of favor, the need to block specific areas of the body remains more constant.
What constitutes a “unique” new patient and how should fellows document this in their Case Logs? *[Program Requirement: IV.C.3.b).(4)]*	A “unique” new patient encounter is one acute pain consult per patient, which may include the daily management of a patient’s continuous peripheral nerve block or epidural infusion. Managing the same patient for three consecutive days will count as one unique new patient encounter and not three. However, a fellow who inserts a continuous peripheral nerve block catheter and also manages the same patient’s acute pain after surgery may include this patient twice in their case logs as one continuous catheter insertion procedure and one acute pain encounter. Likewise, one fellow can log a nerve block procedure while a different fellow may count the same patient as a pain consultation encounter if that resident plays this distinct role in the same patient’s care.

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What constitutes experience with the age-assessment and treatment of acute pain in children if no direct care of pediatric patients is required? *[Program Requirement: IV.C.3.d).(1)]*	The Review Committee believes it is imperative that a fellow in an acute pain fellowship is aware of assessment and management of acute pain in children. This 'Detail' requirement ensures fellows are provided with a meaningful experience in acute pain medicine, with or without regional anesthesiology, in the pediatric population. That experience does not need to be a formal rotation, however. Examples of a quality pediatric experience in acute pain medicine include a dedicated block of time spent rounding with an inpatient pediatric pain service, intermittent encounters with pediatric patients on a combined adult/pediatric acute pain service, or time spent with a pediatric block/procedure service. This experience should include understanding the educational issues around the topic of pediatric acute pain and regional anesthesia and, when possible, practical clinical experience with working with parents, children, and performing blocks. While exposure to this patient population may be sporadic in certain settings where fellows have little or no exposure to children, fellows in all programs will nonetheless receive exposure to adolescents. The scope and value of the experience would be more in rounding on the pediatric pain service or participating in the consent process for pediatric cases. The experience does not necessarily have to involve the physical act of doing procedures on pediatric patients, however, as graduates of regional anesthesiology and acute pain medicine programs head into clinical practice, they may be asked to engage in the care of pediatric patients in locations where there are not preexisting robust pediatric pain services.
From which specialties should the program seek faculty member participation in multidisciplinary conferences outside the subspecialty? *[Program Requirement: IV.C.4.a).(4)]*	Regional anesthesiology and acute pain medicine programs need faculty members from non-medical disciplines and therapies to participate in their multidisciplinary conferences, as well as subspecialists outside of anesthesiology. While other anesthesiology subspecialty faculty members may participate in the multidisciplinary conferences, the requirement will not be met without the contributions of faculty members from outside anesthesiology. Surgeons, physical therapists, social workers, pharmacists, nurses, and other medical specialists are examples of some non-anesthesiology faculty members who might participate in such conferences.

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Question	Answer
Do “local” conferences include in-house multidisciplinary conferences? *[Program Requirement: IV.C.4.a).(4).(a)]*	Yes; local conferences include in-house multi-disciplinary conferences.

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