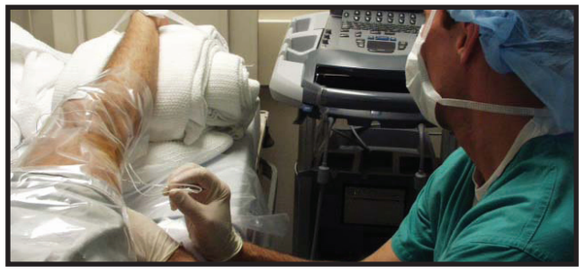
Why do an RAAPM Fellowship at Wake Forest School of Medicine?

The Regional Anesthesia and Acute Pain Management (RAAPM) Fellowship is an educational opportunity within the much larger teaching milieu of the Department of Anesthesiology of Wake Forest School of Medicine. The Department has a long-standing commitment to education, research, and patient care, and sponsors a fully accredited residency in Anesthesiology as well as other subspecialty Fellowships in Critical Care, Chronic Pain, Cardiac, Obstetric, and Neuroanesthesiology. As such, RAAPM Fellows have full access to the infrastructure for research and education provided by the Department and the School of Medicine. Wake Forest Baptist Medical Center is a 1004 bed hospital with 40 operating rooms. Direct faculty supervision and guidance are provided by anesthesiologists subspecialty-trained in RAAPM.



The RAAPM Section is responsible for the provision of regional anesthetics and acute pain management throughout the institution. The section performs about 4000 peripheral nerve blocks, 2000 neuraxial blocks, and 600 continuous peripheral blocks annually. This activity occurs in our state-of-the art, six-bed RAAPM area built in 2008. Centrally located within our OR suite, the RAAPM area is well staffed and equipped to provide regional anesthesia for a wide range of surgical specialties.

Our routine practice includes nerve stimulating catheter techniques, ultrasound guided peripheral nerve blocks, and ambulatory perineural infusions. The RAAPM section manages patients using a systems-based approach to multi-modal analgesia. We employ a RAAPM-specific, computer-based automated regional anesthesia record in the RAAPM area and computer-based progress notes throughout the institution to maintain process improvement in patient care, data collection for research, and billing compliance.

Each of our two Fellowship positions are designed to extend over one academic year.

Each day, one RAAPM faculty member, 2-3 residents and 1-2 fellows provide care for patients in the RAAPM area. RAAPM residents and fellows are not assigned to an operating room. Instead, fellows perform regional anesthesia procedures, instruct residents and SRNAs, as well as conduct clinical research under the direct supervision of the RAAPM faculty.

The Acute Pain Service (APS) is an integral part of the RAAPM Section. Unlike pain services at many other institutions, coverage of a Chronic Pain Clinic is not the intended responsibility of this service. Instead, our APS is fully integrated into the process of perioperative patient care. The APS is committed to providing 24/7 care to patients in acute pain. Every day, a second RAAPM faculty member, 1-2 residents, and 0-1 fellows integrate postoperative and ambulatory care plans with the regional anesthetics initiated in the RAAPM area. Faculty, fellows and residents provide call from home. The RAAPM fellow call commitment is always specific to the APS, always faculty supervised, and is approximately 1:8.

A strong didactic program enhances the RAAPM Fellowship education. Available didactics include Anesthesiology Grand Rounds, Regional Anesthesia subspecialty conference, Morbidity & Mortality conference, and oral board practice sessions. Our Section supports a Visiting Clinical Preceptorship to our facility, CME RAAPM workshops, and fresh cadaver dissections on a regular basis. Fellows are expected to participate and prepare presentations with faculty guidance. Each Fellow is also expected to participate in and present a research project with faculty mentorship by the end of the academic year.

Finally, an important element of the RAAPM Fellowship is the opportunity to maintain and enhance skills as a consultant anesthesiologist in a tertiary care facility. One day a week, the RAAPM fellow functions at the level of faculty—supervising residents and SRNAs or medically directing CRNAs for general OR cases. This responsibility is built into the other anesthesiology fellowships as well and means that a fellow's application must be of sufficient quality to support these activities in addition to those of his or her fellowship training.

Dr. Robert Weller is the RAAPM Fellowship Director and is directly responsible for fellows as an advisor. More information, including the RAAPM Fellowship application form and requirements, is available at:

www.wakehealth/anesthesiology

Alternatively, the attached "Contact Us" form can be mailed to request a paper application or to seek more information.

Winston-Salem is centrally-located in the beautiful state of North Carolina, an easy day's drive to the Appalachian Mountains or the wide, sandy beaches of the coast. The weather is temperate, with lots of sunshine, and warm seasons of Spring and Fall. With a population of 229,700, and a modest growth rate, it is known as a safe and attractive town for young families. For more information see:

www.visitwinstonsalem.com

Contact Us

Name | Title/Degree

Current Institution

References

Mailing Address

City/State/Zip

E-mail Address

Wake Forest School of Medicine

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Regional Anesthesia & Acute Pain Management

Outline of RAAPM Fellowship Goals & Objectives

Upon completion of the fellowship, the diplomate will be able to:

Patient Care and Medical Knowledge

Skillfully, efficiently, and safely perform a comprehensive variety of modern regional anesthesia techniques for achieving successful anesthesia and analgesia.

Employ evidence-based pain management strategies along with sound clinical decision-making in individual patients, both routine and complex.

Combine NSAIDs and non-opioid adjuncts with neuraxial and systemic opioids, to achieve highly effective multi-modal analgesia

Match specific patient and surgical procedure requirements with the most appropriate regional anesthetics

Discuss the current literature guiding selection of local anesthetics and adjuncts used for neural blockade.

Practice-Based Learning and Professionalism

Evaluate clinical research and participate in and present a research project in the field of RAAPM

Instruct residents in anesthesiology in the application of regional anesthesia techniques using clinical and didactic teaching

Function effectively within a care model of regional anesthesia delivery employing information management, nurses, equipment and a specialized facility.

Monitor and manage the provision of regional anesthesia within the framework of a complex OR schedule.

Systems-Based Practice

Build the infrastructure necessary to develop a service to provide RAAPM at any teaching or private hospital.

Integrate a patient- and surgeon-centered approach to the provision of acute pain management.

Utilize and describe the benefits of a computerized medical record specific to improving regional anesthesia practices.

Implement rigorous documentation practices to improve patient care and data collection for process improvement, research, and billing compliance.

The RAAPM Section

Faculty

Stephen J. Copeland, MD
James C. Crews, MD
Daryl S. Henshaw, MD
Thomas "Quinn" McCutchen, MD
Pamela C. Nagle, MD
J. Wells Reynolds, MD
Robert S. Weller, MD

Regional Nurses

Stephanie Anderson, RN
Melissa Brawley, RN
Tracye Jackle, RN
Sharon Lyon, RN

Chief CRNA

James Thomas, CRNA