UCSD Regional
Regional Anesthesia
And Acute Pain
Medicine
Fellowship

FELLOWSHIP DIRECTOR:
MATTHEW SWISHER, MD MS
Welcome to UCSD
CLINICAL SITES FOR UCSD RAAPM FELLOWSHIP

- Jacobs Medical Center
- UCSD Hillcrest
- Koman Outpatient Pavilion
- Sulpizio CV Center
EDUCATIONAL CURRICULUM

• Rotations
  • Regional Anesthesia at various sites
  • Acute Pain Service at Jacobs Medical Center
  • UCSD Perioperative Ultrasound
  • Elective of your choice

• Elective opportunities
  • Research rotation
    • Dr. Gabriel | Biomedical Informatics
  • Global health rotation in Rwanda
    • Dr. Swisher | Founder and Director of the East African Regional Anesthesia and Acute Pain Medicine Fellowship Program (Kigali)
  • Chronic pain rotation
  • Pediatric rotation at Rady’s Children Hospital
Educational Curriculum

- Objectives
  - Master basic single-shot and continuous peripheral nerve block techniques
  - Gain experience managing continuous perineural infusions for inpatients and outpatients
  - Understand how to build/manage a regional anesthesia service
  - Learn how to effectively manage acute pain (multimodal analgesia, epidurals, ERAS) and how to run an acute pain service

- Structure of fellowship
  - 3 regional/acute pain service days/week
  - 1 day/week in OR as attending (paid extra, solo or supervision)
  - 1 academic day/week available
  - Compensated OR/OB attending call readily available
  - Academic or QI project of your choice

Typical Number of Blocks per Fellow per Year

<table>
<thead>
<tr>
<th>Block Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paravertebral single-shot</td>
<td>200</td>
</tr>
<tr>
<td>Paravertebral catheter</td>
<td>50</td>
</tr>
<tr>
<td>Erector spinae</td>
<td>40</td>
</tr>
<tr>
<td>Infraclavicular single-shot</td>
<td>100</td>
</tr>
<tr>
<td>Infraclavicular catheter</td>
<td>75</td>
</tr>
<tr>
<td>Interscalene single-shot</td>
<td>30</td>
</tr>
<tr>
<td>Interscalene catheter</td>
<td>25</td>
</tr>
<tr>
<td>Thoracic epidural</td>
<td>60</td>
</tr>
<tr>
<td>Adductor single-shot</td>
<td>40</td>
</tr>
<tr>
<td>Adductor catheter</td>
<td>60</td>
</tr>
<tr>
<td>Femoral single-shot</td>
<td>10</td>
</tr>
<tr>
<td>Femoral catheter</td>
<td>10</td>
</tr>
<tr>
<td>Sciatic single-shot</td>
<td>40</td>
</tr>
<tr>
<td>Sciatic catheter</td>
<td>50</td>
</tr>
<tr>
<td>Supraclavicular single-shot</td>
<td>10</td>
</tr>
<tr>
<td>Axillary single-shot</td>
<td>5</td>
</tr>
<tr>
<td>Ankle block</td>
<td>5</td>
</tr>
<tr>
<td>TAP block</td>
<td>100</td>
</tr>
<tr>
<td>Quadratus lumborum block</td>
<td>5</td>
</tr>
<tr>
<td>Distal blocks (median, ulnar, radial, LABC, MABC, metacarpal)</td>
<td>80</td>
</tr>
</tbody>
</table>

Total Number of Blocks ~ 1000
THE BIG QUESTION: ACGME VERSUS NON-ACGME

• Benefits of non-ACGME programs
  • Opportunity to work as attending in OR (and not lose your OR skills your first year out of residency)
  • Greatly supplement your income
  • Greater autonomy
  • Year of fellowship is a great personal sacrifice, so we at UCSD aim to minimize the amount of sacrifice needed to become an expert RAAPM subspecialist

• Benefits of ACGME programs
  • Currently none
  • Far in the future, there might be a specialty exam in RAAPM, but until that time there are NO BENEFITS to trainees
  • Going ACGME only benefits individual departments and divisions by making them look more “official”
**Research Opportunities**

- **Clinical Trials**
  - Learn how to design and execute clinical trials
  - Peripheral neuromodulation for analgesia
  - Cryoanalgesia for acute pain
  - Acute Pain Service (i.e. benefits of ketamine/lidocaine infusions, ERAS protocols, pain pathways)
  - Comparison of regional anesthesia blocks for various surgeries

- **Biomedical Informatics**
  - Learn statistics and computer programming if interested to supplement research skills
  - National database research on opioid consumption/complications and perioperative outcomes
  - Institutional data analysis on quality improvement, multimodal analgesia, operating room efficiency, and perioperative outcomes
  - Predictive analytics (machine learning, AI) for patient outcomes
UCSD RAAPM FELLOWSHIP

• Eligibility Criteria
  • Board certification (or eligibility) in Anesthesiology
  • Current license in State of Residency (at time of application)
  • California medical license (when starting fellowship)

• Fellowship Positions and Application Process
  • Number of positions = 6 total/year with start dates in July, August, and September (flexibility)
  • Application deadline = March 31st
  • Interviews = March – April
  • Salary = ranges from $110,000-220,000 depending on the amount of OR/OB attending call taken
• Rodney A. Gabriel, MD, MAS – Division Chief
  • Medical School: UCSF | Residency: BWH | RAAPM Fellowship: UCSD

• Matthew Swisher, MD, MS – Fellowship Director
  • Medical School: Duke | Residency: UCSF/BWH | RAAPM Fellowship: UCSD

• Engy Said, MD – Acute Pain Service Director
  • Medical School: UCLA | Residency: USC/UCSD | RAAPM Fellowship: UCSD
UCSD RAAPM Faculty

• Wendy Abramson, MD
  • Medical School: Thomas Jefferson | Residency: Penn | RAAPM Fellowship: UCSD

• Richard Bellars, MD
  • Medical School: Georgetown | Residency: UCSD

• Rekha Chandrabose, MD
  • Medical School: UNC | Residency: UCSD | RAAPM Fellowship: UCSD

• Ching-Rong Cheng, MD
  • Medical School: Taipei Medical College | Residency: UVA and U of Louisville

• John F. Finneran, MD
  • Medical School: UCSD | Residency: UCSD | RAAPM Fellowship: UCSD
UCSD RAAPM FACULTY

• Brian M. Ilfeld, MD, MS
  • Medical School: UCSF | Residency: UCSF | RAAPM Fellowship: U of Florida

• Bahareh Khatibi, MD
  • Medical School: U of Chicago | Residency: UCSD | RAAPM Fellowship: UCSD

• NavParkash S. Sandhu
  • Medical School: Panjab University | Residency: NYU

• Preetham Suresh, MD
  • Medical School: Case Western | Residency: UCSF

• Jacklynn Sztain, MD
  • Medical School: UCLA | Residency: UCSD | RAAPM Fellowship: UCSD
RAAPM Fellowship Contact Information

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