Overview

Wake Forest Baptist Medical Center is a 980-bed teaching hospital with 40 operating rooms. The section of Regional Anesthesia and Acute Pain Management (RAAPM) is responsible for the provision of regional anesthetics and acute pain management throughout the hospital and for ambulatory patients. We perform over 3,500 peripheral nerve blocks, 2,000 neuraxial blocks, and 600 continuous peripheral blocks yearly. This activity occurs in our state-of-the-art 6-bed RAAPM area built in 2008. Located within our OR suite, the RAAPM area is fully outfitted for the specific purpose of providing regional anesthesia and analgesia. Our routine practice includes nerve stimulating catheter techniques, thoracic epidural analgesia, ultrasound-guided PNB and cPNB, and ambulatory peripheral nerve block infusions. The RAAPM section manages these patients postoperatively using a systems-based approach to multimodal analgesia while employing a computer-based record for patient care and billing.

Target Audience

Clinicians, educators, administrators, and pharmaceutical and medical device industry personnel who wish to develop new regional anesthesia practices and expand the scope of their techniques, establish or improve an acute pain service, and update their documentation and billing procedures are invited to attend.

Typical Schedule

One- to five-day visits are available with three days recommended. A typical schedule involves one-on-one interaction with RAAPM faculty and observation of the course of clinical activity in the RAAPM area of the OR from 7:00 am to 4:00 pm. Alternatively, rounding with the Acute Pain Service is available from 8:00 am to noon every day. Departmental Grand Rounds and RAAPM sub-specialty conferences are scheduled Wednesdays at 6:45 am and 3:00 pm, respectively. A syllabus on CD-rom and catered lunches are provided to the participant. Please visit us on the web at www.WakeHealth.edu/Anesthesiology for more information regarding our section and our RAAPM practices.

Accommodations

Special rates, complimentary shuttle service, and continental breakfast are available through the Hawthorne Inn and Conference Center. Call toll-free 1-877-777-3099 and mention the preceptorship.

Tuition

Tuition: $495 for the first day
$225 for each consecutive day
Enrollment: Up to four participants/day
Make check payable to:
Wake Forest University Health Sciences

Transmittal of Payment: Payment may accompany registration form or be mailed later, but must be received no later than 10 working days prior to the planned start of preceptorship.

Cancellation/Refund Policy: Cancellations received in writing 10 working days prior to the schedule start of the preceptorship will receive a full refund minus an administrative charge of $50. Wake Forest Baptist Health is not responsible for any travel or hotel costs incurred.

Conflict of Interest Statement: It is the policy of Wake Forest School of Medicine to require disclosure of any significant financial interest or any other relationship a faculty or planning committee member has with the manufacturer of any commercial products discussed during the preceptorship. This information can be found in the syllabus materials.

Registration Form

Detach and mail to:
Attn: RAAPM Preceptorship
Department of Anesthesiology
Wake Forest School of Medicine
Medical Center Boulevard
Winston-Salem, NC 27157-1009
Phone: 336-716-7194
Fax: 336-716-8190
E-mail: lmarion@wakehealth.edu
Website: www.WakeHealth.edu/Anesthesiology
Upon completion of the clinical preceptorship, you should be better able to:

- Match specific patients and procedures at your home institution to specific block approaches and specific regional anesthetic block techniques.
- Make evidence-based selection of local anesthetics, doses, and adjuncts for nerve blockade in order to achieve the latency and duration you desire.
- Purchase appropriate equipment for neuraxial blockade, peripheral nerve blockade, ambulatory infusions, ultrasound guidance, and nerve stimulation.
- Describe the infrastructure (space, personnel, equipment, medical forms, patient preparation) needed to make regional anesthesia safe and successful.
- Discuss the potential for benefit in the utilization of a computer medical record designed to facilitate the provision of regional anesthesia using a systems-based approach to patient care.
- Purchase equipment appropriate for neuraxial blockade, peripheral nerve blockade, ambulatory infusions, ultrasound guidance, and nerve stimulation.
- Implement documentation practices with the intent to improve both billing compliance and patient care.

The RAAPM Section Faculty
Amber K. Brooks, MD
Amy B. DeRoche, MD
J. Douglas Jaffe, DO
Daryl S. Henshaw, MD
J. Wells Reynolds, MD
Robert S. Weller, MD

Regional Nurses
Mary F. Boles, RN
Sharon Lyon, RN
Pamela G. Nagle, MD
Carly Weikel, RN

Faculty
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