

VALUE OF ACUTE SURGICAL PAIN MANAGEMENT FELLOWSHIP

Acute pain services (APS) were introduced in the late 1980s in order to meet the increasing challenges of effective post-surgical pain management. From the onset, the APS concept received immediate and strong support from a large number of medical and health-care organizations around the world.¹ Yet, despite the increased availability of APS, under-treatment of post-surgical pain relief continues to be a clinically significant issue, due in part, to the lack of anesthesia providers who have been trained specifically in acute surgical pain management.

A growing consensus among anesthesia providers suggests that the availability of APS would facilitate a more evidence-based approach to post-surgical pain management, a broader range of analgesic techniques available to the post-surgical patient, and improved patient outcomes.² Despite this growing consensus, questions remain as to the ideal structure and function of APS in the United States.

In response to the increased demand for anesthesia providers who have been trained in post-surgical pain management, acute surgical pain management fellowships have been developed to provide this training for anesthesiologists, and, in some instances, advanced practice nurses. Upp et al. suggest that the modern APS team can no longer be staffed entirely by anesthesiologists or registered nurses who are interested in acute pain management. Instead, they recommend that mid-level providers, such as CRNAs, should fill important roles as APS continue to develop and expand. This expanded CRNA role may prove to be especially true in rural and under-served areas of the United States. To date, no acute surgical pain management fellowships have been developed to educate and train CRNAs. A basic assumption of MTSA's Acute Surgical Pain Management Fellowship is that, given the increasing role of CRNAs in providing a broad range of anesthesia services, it is plausible to anticipate an expanded scope of CRNA practice to include the provision of APS. As a result, fellowship programs must be developed in order to provide CRNAs with the comprehensive theoretical and clinical foundation necessary to competently provide APS in their host institutions and broader communities.

(Adapted from: 1ASA Task Force for Acute Pain Management. (2012). Practice guidelines for acute pain management in the perioperative setting: An update report by the American Society of Anesthesiologists Task Force on Acute Pain Management. 116(2): 248-273.)

2ASA Task Force for Acute Pain Management. Practice guidelines for acute pain management in the perioperative setting: An update report by the American Society of Anesthesiologists Task Force on Acute Pain Management. 2012; 116(2): 248-273.

American Society of Regional Anesthesia and Pain Medicine. Guidelines for the fellowship training in regional anesthesia and acute pain medicine, (3rd ed.), Regional Anesthesia and Pain Medicine, 2015; 40(3): 213-217.