

Welcome to the Fellowship Directors letter of introduction to the Regional Anesthesia and Acute Pain Management Fellowship at the Cedars-Sinai Medical Center. Thank you for your interest in our program.

Cedars-Sinai's Regional Anesthesia and Acute Pain Management Fellowship Program was one of the first in the country to become ACGME-accredited and are proud to be participating in the common application and match process provided by SF match. As an ACGME accredited program, it ensures that we have a benchmark for exceeding all educational requirements.

During our interview process, you are scheduled to interview with each member of the regional anesthesia faculty leadership, our educational director, and a current regional anesthesia fellow. We follow up the interview schedule with an in-depth PowerPoint presentation of the regional fellowship program, the hospital, the diverse training and regional block experiences, and the regional team and its leadership. This is then followed by an open question and answer forum with the interview candidates.

Since inception of our fellowship in 2013, we have grown from 2 fellows a year to 6 fellows a year and graduated over 50 regional anesthesia physicians. Our fellows frequently reflect on how prepared they are for clinical practice and professional development and that they are able to integrate seamlessly and contribute significantly to their respective practice.

Our mission is to foster an environment that helps develop future leaders in regional anesthesia by balancing in-depth clinical experiences with extensive enriching didactics complimented with research experience and participation in professional presentations at the national level. We continue to expand our program and sustain our stellar quality of care and standing as one of the top programs in the country. This mission is aided by our high volume of surgical cases, hospital wide integration of regional anesthesia techniques and catheter management into acute pain management for our diverse surgical specialty cases, and the variety and complexity of our patients' treatment needs.

Our fellowship emphasizes expert training in state-of-the-art regional anesthesia techniques, inpatient and outpatient catheter management, and multimodal strategies for acute pain management through utilization of our busy and ever-expanding regional consult service. Our fellows learn to run a busy consult service, triage patients, oversee workflow, and supervise CA1 and CA2 residents rotating on the service and in the operating room. This is complimented by a robust didactic program, ultrasound workshops, sim-center education, journal clubs, problem-based learning discussions, invited guest lecturers, multidisciplinary lectures, patient-safety conferences, grand rounds, and clinical research. All our didactics are protected educational time.

The educational benefits that come from our well-integrated clinical demand for regional anesthesia paired with our immersive and comprehensive didactic curriculums that incorporate advanced regional anesthesia techniques, are reinforced through comprehensive ultrasound workshops and our use of live models in our Simulation Center. We utilize the latest technologies and techniques that center around ultrasound guidance and placement of over 1000 continuous perineural catheters per year for inpatient and home use.

During the fellowship year specific days are allocated for dedicated research days, attending the ASRA Spring conference, mock-oral board preparation and practice, time for job interviews, and moonlighting opportunities.

Our large and diverse regional faculty have a deep commitment to our fellow's development of clinical excellence and professionalism that meet the demands of a busy multidisciplinary care team model. The fellow's education is further enhanced through close mentorships paired with quality improvement projects, and research to be presented at ASRA's yearly national meeting. Our fellows finish their one year of advanced training with confidence and skills in leadership and are well-positioned to both integrate into an existing regional anesthesia practice, as well as being armed with the knowledge and experience necessary to start a new regional consult service.