

Regional Anesthesia and Acute Pain Fellowship

Duration: 1 year

Number of positions: 2

Fellowship Co-Directors

Karoll Rodelo Ceballos, MD, FRCPC (Montreal General Hospital)

Juan Francisco Asenjo, MD, FRCPC (Montreal General Hospital)

Other Key Faculty

Alex Amir, MD, FRCPC (Montreal General Hospital)

Type of fellowship: This is primarily a (80%) clinical fellowship, but the candidate is expected to complete at least one clinical research or academic project during the fellowship (mandatory).

General Description

The Regional Anesthesia Fellowship at McGill University is a year-long training that provides candidates with the perioperative knowledge and technical skills necessary to manage simple and complex patients undergoing surgery that requires the performance of peripheral or central neuraxial blocks.

The fellow is expected to develop and demonstrate proficiency in the basic competencies outlined by the Royal College of Canada: Medical Expert, Communicator, Collaborator, Leader, Health Advocate, Scholar and Professional.

The fellow is expected to develop an anesthetic plan, demonstrate sound judgment and insight. The Trainee should perform the anesthetic management and all related technical procedures in a skillful and safe manner, adapting to unanticipated findings or changing clinical circumstances. The fellow should engage in respectful shared decision-making with physician and other colleagues.

By the end of the fellowship the trainee is expected to:

Medical Expert

1. Select the most appropriate regional anesthesia technique in the context of the patient, procedure, resources and local policies
2. Obtain and document informed consent, explaining the risks and benefits and the rationale for the proposed procedure
3. Demonstrate and perform peripheral nerve blocks and all related procedures in a safe and skillful manner
4. Manage the encountered complications of regional anesthesia
5. Establish a plan for post anesthesia care
6. Diagnose and manage the complications of various acute pain management strategies
7. Establish the most appropriate pain modality for the acute pain patient

Communicator

8. Document all aspects of the anesthesia encounter 1

Vacations

