LETTER TO THE EDITOR

Letter to the Editor on: "Integrating a Cadaver Review Session into the Existing Regional Anesthesia Training for Anesthesiology Residents: an Initial Experience"

Dustin C. Lin[1] · Vincent Baribeau[2] · Jonathan J. Wisco[1] · John D. Mitchell[2]

To the Editor,

We read with great interest the work from Cale et al. regarding the integration of cadaver review sessions focused on anatomy relevant to peripheral nerve blocks (PNBs), as additions to regional anesthesia training [1]. Of note, post hoc evaluation demonstrated a significant short-term enhancement of resident anatomical knowledge. As a team of anesthesiologists and anatomists, we hosted similar cadaver review sessions with regional and pain anesthesia fellows, and would like to offer our perspectives on the merits of this supplemental education.

We held two one-hour cadaver review sessions over the span of one month. Our cadaver review sessions consisted of an anatomy faculty member, regional and pain anesthesiology attendings, and five to ten regional and pain fellows. During the sessions, the anatomy faculty member identified and described anatomical structures relevant to PNBs. Meanwhile, anesthesiology attendings oriented trainees to various needling approaches and provided anatomical reasoning for the analgesic spread and coverage of various blocks. The sessions were anecdotally perceived by anesthesia fellows as beneficial supplements to their training program.

While resources such as virtual learning platforms may effectively supplement anatomical education, we agree with the authors that direct experience with 3D, tangible anatomy is of particular benefit in regional anesthesia. The application of PNBs requires three-dimensional orientation and positioning of a needle [2]. Furthermore, as point-of-care ultrasound (POCUS) use continues to increase in both clinical training and practice, we believe cadavers may provide a unique opportunity to enhance one's imaging and orientation of sonographic anatomy relevant to PNBs.

Based on the authors commentary, as well as our team's experience conducting similar cadaver reviews, we support the consideration of incorporating cadaveric anatomy review into anesthesia training of residents and fellows. We believe that trainees could benefit from enhanced structural awareness and gain confidence in performing various PNB approaches. Procedures such as PNBs are able to be simulated on cadavers due to their high physical and functional fidelity [3]. Although cadavers are typically reserved for the pre-clinical years of medical education, our collective experiences working with cadavers at the resident and fellowship level lead us to propose that there should be greater emphasis to repurpose cadavers as high-fidelity simulators.

Declarations

Conflict of Interest The authors declare no competing interests.

References

1. Cale AS, Hendrickse A, Lyman M, Royer DF. Integrating a cadaver review session into the existing regional anesthesia training for anesthesiology residents: an initial experience. Med Sci Educ. 2020;30(2):695–703.
2. Kovacs G, Levitan R, Sandeski R. Clinical cadavers as a simulation resource for procedural learning. AEM Educ Train. 2018;2(3):239–47.
3. Orebaugh SL. A regional anesthesia cadaver dissection laboratory. J Educ Perioper Med JEPM. 2006;8(1).

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

✉ Dustin C. Lin
dclin@bu.edu

1 Department of Anatomy and Neurobiology, Boston University School of Medicine, Boston, MA, USA

2 Department of Anesthesia, Critical Care and Pain Medicine, Beth Israel Deaconess Medical Center, Boston, MA, USA