

Application for Hosting EACTA Thoracic Anaesthesia Exchange Training Programme

1. Institution Name	Consorcio Hospital General Universitario de Valencia, Spain				
Address	Avenida Tres Creus nº 2				
Website	https://chguv.san.gva.es				
Country	Spain	City	Valencia		
2. Chair Name	First name	Manuel	Last name	Granell Gil	
	Email	manuel.granell@uv.es		Phone	609232031
3. Programme Director	First name	Manuel	Last name	Granell Gil	
	Board Certification(s)	Full Professor of Anesthesiology, Medicine Faculty, University of Valencia, Spain.			
	Title/Affiliation	Chief Section of Anesthesiology. Consorcio Hospital General Universitario de Valencia, Spain.			
	Number of original publications	102			
	EACTA membership	Yes	If yes, membership's number	100456	
	ESA membership	Yes	If yes, membership's number	136114	
	Societies membership	Yes	If yes, membership's number	SEDAR	
	Email	manuel.granell@uv.es		Phone	https://chguv.san.gva.es
	Mailing Address	manuel.granell@uv.es		Fax	
	Street	Avenida Francia nº2 pta 37			
	Country	Spain	Region	Valencia	
	Zip code	46023			

Published Researches in PubMed

M. Granell et al. Review of analgesia techniques for post-thoracotomy pain. Journal of the Spanish Society of Pain, 1999. Vol 6: p. 207-26.

FIRST A56UPDATE ON Anaesthesiology and Resuscitation in thoracic surgery. Granell Gil M., editor. 2001. ISBN: 84-607-3510-9.

M. Granell et al. Respiratory and hemodynamic effects of epidural alfentanil after thoracic surgery. Revista Española de Anestesiología y Reanimación 2002; 49: 191-6.

M. Granell et al. Postoperative pain after thoracic surgery (Chapter 7). L.M. Torres editor, POSTOPERATIVE PAIN. Editorial Ergon, Madrid, 2003. ISBN: 84-8473-220-7; p. 133-154.

M. Granell et al. Postoperative pain after thoracic surgery (Chapter 7). L.M. Torres Morera editor, POSTOPERATIVE PAIN FOR SURGEONS. Editorial Ergon, Madrid, 2003. ISBN: 84-8473-221-5. p. 127-46.

García-Guasch R, Campos JH, Granell M, Peña JJ. Applications for bronchial blockers in thoracic surgery. Rev Esp Anestesiología y Reanimación. 2007 Nov;54(9):547-55.

M. Granell. "Preoperative evaluation: point of view of anaesthesiologist". Manual of Anaesthesia and Perioperative Medicine in thoracic surgery. Editorial Ergon, Madrid 2009; p. 73-80.

PROVHILO trial: a multicentre randomised controlled trial. Lancet 2014 Aug 9;384(9942):495-503.

Prospective External Validation of a Predictive Score for PPC. Anaesthesiology. 2014;121(2):219-31.

Manual of Anaesthesia and Perioperative Medicine in thoracic surgery. Editorial Ergon, Madrid 2009; pág. 73-80.

PROVHILO trial: a multicentre randomised controlled trial. Lancet 2014 Aug 9;384(9942):495-503.

Prospective External Validation of a Predictive Score for PPC. Anaesthesiology. 2014;121(2):219-31.

Individualised perioperative open-lung approach versus standard protective ventilation in abdominal surgery (iPROVE): a randomised controlled trial. Lancet Respiratory 2018, 6(3): 193-203.

Diaphragmatic ultrasound: early diagnosis when phrenic injury in thoracic surgery is suspected. Journal of Cardiothoracic and Vascular Anesthesia, 2018; (6) e7-e8.

The LAS VEGAS risk score for prediction of postoperative pulmonary complications. An observational study. Eur J Anaesthesiology 2018; Sep;35(9):691-701.

International multicenter observational study on assessment of ventilatory management during general anaesthesia for robotic surgery and its effects on postoperative pulmonary complication (AVATaR): study protocol and statistical analysis plan. BMJ open 2018; 28(8): e021643.

The Effects of an Open-Lung Approach During One-Lung Ventilation on Postoperative Pulmonary Complications and Driving Pressure: A Descriptive, Multicenter National Study. Journal of Cardiothoracic and Vascular Anesthesia 2018; 32(6) 2665-72.

Association between night-time surgery and occurrence of intraoperative adverse events and postoperative pulmonary complications. British Journal of Anaesthesia 2019; 122(3) :361-9.

Protective ventilation with high versus low positive end-expiratory pressure during one-lung ventilation for thoracic surgery (PROTHOR): study protocol for a randomized controlled trial. Trials 2019; 20(1): 213.

Post-anaesthesia pulmonary complications after use of muscle relaxants (POPULAR): a multicentre, prospective observational study. Lancet Respiratory Medicine 2019; 7(2): 129-40.

Anesthesia in Thoracic Surgery. Changes of paradigms (Granell M, Sentürk M editors). Anesthesia and Analgesia 2020; Dec 1;131(6):e244.

Thoracic Anesthesia of Patients With Suspected or Confirmed 2019 Novel Coronavirus Infection: Preliminary Recommendations for Airway Management by the European Association of Cardiothoracic Anaesthesiology Thoracic Subspecialty Committee. J Cardiothorac Vasc Anesth. 2020;Sep;34(9):2315-27.

European Association of Cardiothoracic Anaesthesiology (EACTA) Cardiothoracic and Vascular Anesthesia Fellowship Curriculum: First Edition. J Cardiothorac Vasc Anesth. 2020; 34(5) : 1132-41.

Intraoperative ventilator settings and their association with postoperative pulmonary complications in neurosurgical patients: post-hoc analysis of LAS VEGAS study. BMC Anesthesiology. 2020 Apr 2;20(1):73.

Effects of oxygen on post-surgical infections during an individualized perioperative open-lung ventilatory strategy: a randomized controlled trial. Br J Anaesth. 2020 Jan;124(1):110-120.

A noninvasive postoperative clinical score to identify patients at risk for postoperative pulmonary complications: the Air-Test Score. Minerva Anesthesiology. 2020 Apr;86(4):404-415.

Totaltrack videolaryngoscope and VivaSight SL with bronchial blockers insertion without using fiberoptic. A new way to make lung

isolation. Journal of Thoracic and Vascular Anesthesia 2017; 31(1): S53-S54.
 A novel approach to difficult airway management in Thoracic surgery with Totaltrack videolaryngoscope and bronchial blockers. European Journal of Anaesthesiology. 2017; Vol 34, e-Supplement 55: 265.
 Postoperative pain management in thoracic surgery: paravertebral block versus thoracic epidural. European Journal of Anaesthesiology 2018. Vol 35, e-Supplement 56: 193.
 Three Methods of lung isolation using a bronchial blocker and laryngeal mask in patients with a difficult airway. European Journal of Anaesthesiology 2018. Volume 35, e-Supplement 56: 193.
 Orotracheal intubation guided with a vivasight single lumen tube in unanticipated difficult airway P. Journal of Cardiothoracic and Vascular Anesthesia 2019, Vol 33S2 September 2019 (supplement): S107-S108.
 Retrospective evaluation of the use of left sided double-lumen endobronchial tubes with an embedded camera VivaSight-DL during lung separation in 30 thoracic surgery patients. Journal of Cardiothoracic and Vascular Anesthesia 2019, Vol 33S2 September 2019 (supplement): S119.
 Anesthesia in robotic thoracic surgery: case series. Journal of Cardiothoracic and Vascular Anesthesia 2019, Vol 33S2 September 2019 (supplement): S124-S125.
 Complications associated with the surgical position in robotic surgery. European Journal of Anaesthesiology 2019. Vol 36, e-Supplement 57: 324.
 Study on patients undergoing thoracic surgery. Incidence of chronic pain and influence of the type of intraoperative analgesia. Journal of Cardiothoracic and Vascular Anesthesia 2020, Vol 34S1: S33.
 Atypical ACTH-producing carcinoid tumor of thymic origin. Anesthetic management. Postoperative complications. European Journal of Anaesthesiology 2020. Vol 37, e-Supplement 58: 218.

Will the Programme director devote sufficient time to provide substantial leadership to the programme and supervision for the trainees?

Yes

Completion of the programme will be acknowledged by the Department of Anaesthesia and Intensive Care at the host centre in junction with European Association of Cardiothoracic Anaesthesia (EACTA) Candidate's requirements

Yes

5. Candidate's requirements

The candidates must be board certified or board eligible according to European residency programme standards

Yes

Language requirements

Yes

Comments

Specific requirements towards the attending trainee

ENGLISH or SPANISH Language : level 3 of fluency (5-being "perfect")
 Anaesthesiology specialists., Good standing EACTS membership,
 Certificate issued by the country of origin that proves that the interested party has not been convicted in his country for any offense against sexual freedom and indemnity, referred to in the Spanish law: article 13.5 of Organic Law 1/1996, of January 15 , of Legal Protection of Minors. (send a copy in advance, we will need the original one).
 Civil Liability insurance and health care insurance. (send a copy in advance, we will need the original one)
 Copy of ID/Passport and the Degree certificate
 When they arrive, they will get an identity card, so they have to bring an original "passport size" photo and they will also sign a confidentiality agreement.

4. General Programme Information

Aims, goals and objectives of the Fellowship Programme

Aims: The aim of the two weeks' Training period as Observer is to improve the practical knowledge and to acquire technical skills in preoperative assessment, anaesthesia, monitoring and postoperative care of thoracic surgery including both conventional thoracic surgery , video-assisted thoracoscopic surgery (VATS) and Thoracic Robotic Surgery.

Goals:

1. Assessment and patient preparation for thoracic surgery.
2. Advanced knowledge of airway management:
 - a. Lung isolation management (bronchial blockers like the Arndt B. Cohen, EZ Blocker, Unblock-er)
 - b. Pulmonary separation management (double lumen tubes with or without embedded camera)
 - c. Assessing the proper placement of the airway devices using a fiberoptic bronchoscope or an embedded camera into the endotracheal tube or double lumen tube
 - d. Methods to facilitate intubation in thoracic surgery:
 - Intubation by fiberoptic bronchoscopy
 - Use of intubating introducers (e.g. Eschmann, Frova, ...) and facilitating intubation cannulas (e.g. Williams, VAMA, ...)
 - Intubation by video laryngoscope (with or without channel)
 - Exchange Catheters using double lumen tubes and /or oro-tracheal tube
 - e. Safe extubation methods
3. Advanced knowledge of assisted ventilation in thoracic surgery:
 - a. Outline the basic physiologic principles of OLV
 - b. Apply one-lung ventilation strategy according to the principles of protective lung ventilation and open lung approach: Tidal volume - PEEP titration - Recruitment maneuvers – FIO2 – Respiratory rate – Pressure-controlled ventilation vs Volume controlled ventilation
 - c. Hypoxemia during one-lung ventilation: Incidence, risk factors for the development and treatment
 - d. Appropriate ventilation management after lung resection: gradual re-expansion
4. Analgesia methods in thoracic surgery:
 - a. Erector spinae block
 - b. Thoracic epidural blockade
 - c. Ultrasound-guided paravertebral blockade
 - d. Interpleural blockade
 - e. Other locoregional blockages
 - f. Multimodal analgesia

Objectives of the exchange rotation: At the end of the exchange training rotation the applicant could gain knowledge in thoracic anaesthesia, being exposed to a wide variety of clinical scenarios, including robotic thoracic surgery, VATS and open thoracic surgery.

Preferred Duration	2 weeks	Others, sepcify	
Preferred Months	March	Preferred seniority level	Junior

Number of Positions / Year	20
Comments	We prefer all the month except July or August . From 22th December to 7th January is a special period without the usual scheduled surgical activity.
Clinical interests	We are an Anesthesiologist Department with high experience in Thoracic Anaesthesia, especially in Airway management, Mechanical ventilation and Thoracic Analgesia.
Lab interests	Molecular biology changes are very important in cases of acute refractory cardiac and respiratory failure requiring immediate life-saving circulatory and respiratory support. Moreover lung resection results are influenced by some biomarkers as pro- and anti-inflammatory cytokines [interleukin (IL)-1 β , IL-6, IL-10 and tumour necrosis factor (TNF)- α], among others. We have an important laboratory research activity to study some analysis related with thoracic surgery patients.

5. Financial Statement

An employment contract will be signed with the candidate	No	Transportation/travel options are provided	No
Accommodation options are provided	No	Source of financial support for	Candidate's own expenses

6. Faculty

Thoracic Anaesthesia Faculty - Research Interest and/or Clinical Expertise. * Please, list at least three names.

Name	EACTA member	Certification in Cardiothoracic and Vascular Anaesthesia	Additional Qualifications	Email address	Contact address
Manuel Granell Gil	Yes	Educational delegate of EACTA and SEDAR. Chief section of Thoracic Anesthesia CHGUV. Professor of PROANES Master/SEDAR (Chapter of Thoracic Anesthesia)	Full Professor of Anesthesiology, Valencia University	manuel.granell@uv.es	
Ana Broseta Lleó	Yes	Professor of	Staff	ana.broseta@gmail.com	
Javier Morales Sarabia	Yes	Professor of PROANES Master/SEDAR (Chapter of Thoracic Anesthesia)	Staff Anesthesiologist, Consorcio Hospital General Universitario of Valencia, Spain.	jems.com@gmail.com	
Ruth Martínez Plumed	Yes	Professor of PROANES Master/SEDAR (Chapter of Thoracic Anesthesia)	Staff Anesthesiologist, Consorcio Hospital General Universitario of Valencia, Spain.	ruth.martinez.plumed@gmail.com	
Elena Biosca Pérez	Yes	Professor of PROANES Master/SEDAR (Chapter of Thoracic Anesthesia)	Staff Anesthesiologist, Consorcio Hospital General Universitario of Valencia, Spain.	ebipe@hotmail.com	
	Yes / No				
	Yes / No				
	Yes / No				
	Yes / No				
	Yes / No				
	Yes / No				
	Yes / No				
	Yes / No				
	Yes / No				
	Yes / No				
	Yes / No				

Publications lists of the faculty's members in PubMed

Granell M; Tatay J; Morales J; Cohen E. Anesthesia in Thoracic Anesthesia. Changes of paradigms, 2020. Chapter title: Bronchial blockers: Specific indications for different blockers. Springer editorial; pag 65-75. ISBN: 978-3-030-28527-2.

Granell M; Kawagoe I; Broseta A; Giner L; Sentürk M. Anesthesia in Thoracic Anesthesia. Changes of paradigms, 2020. Chapter title: Thoracic surgery in patients with a previous lung resection. Springer editorial; pag 313-325. ISBN: 978-3-030-28527-2 .

Campos J; Granell M. Anesthesia in Thoracic Anesthesia. Changes of paradigms. Chapter title: Difficult airway management in thoracic surgery. Springer editorial 2020; pag. 111-124. ISBN: 978-3-030-28527-2 .

Granell Gil M; Parra MJ; Planas A; Villalonga A; Jiménez MJ; Gallart L; Calvo JM; Valencia O. Anestesia y reanimación en cirugía torácica. Chapter title: Manejo de la vía aérea difícil en cirugía torácica (Difficult airway management in thoracic surgery). Editorial Médica Panamericana, 2018. Pag. 95-108. ISBN: 9788491101499

Ana María Broseta; Javier Morales; Jose Tatay Viv ; Elena Biosca. PROANES MASTER CHAPTER: THORACIC SURGERY'S ANESTHESIA

Manuel Granell Gil. CHAPTER : Difficult Airway management in Thoracic Anesthesia. MASTER online EN ACTUALIZACION EN ANESTESIOLOGÍA, REANIMACIÓN Y TERAPÉUTICA DEL DOLOR. Modalidad: Online Duración: 12 meses Titulación: Universidad CEU 60 créditos ECTS. Horas lectivas: 1.500h.

Huan IV. Granell M. Jiménez MJ. Management of antiaggregated and anticoagulated patients scheduled for thoracic surgery. Recommendations for venous

Lluch JV, Granell M, Jimenez MV. Management of antiaggregated and anticoagulated patients scheduled for thoracic surgery. Recommendations for venous thromboprophylaxis. Postoperative care after thoracic surgery. Mert Şentürk editor. Springer. 2016. En prensa.
 Ricardo Guijarro Jorge, José Antonio de Andrés Ibáñez, Enrique Pastor Martínez, Manuel Granell Gil. Book Chapter: History of anesthesia and thoracic surgery. Manual de Anestesia y Medicina Perioperatoria en Cirugía Torácica. Ramón Moreno y Fernando Ramasco Editores. Barcelona. Ergon 2017. ISBN: 978-84-16732-14-2. P. g. 1-6.
 Manuel Granell Gil, et al. Book Chapter: Bronchial blockers. Applications in thoracic surgery. Manual de Anestesia y Medicina Perioperatoria en Cirugía Torácica. Ramón Moreno y Fernando Ramasco Editores. Barcelona. Ergon 2017. ISBN: 978-84-16732-14-2. Pág. 335-42.
 DIRECTOR of the 1st WORKSHOP ON AIRWAY MANAGEMENT SIMULATION IN THORACIC SURGERY. Valencia. 2013. University of Valencia (20 hours).
 ASSOCIATE PROFESSOR (Anaesthesiology). University of Valencia, from 200) to 2021 (19 years).

FULL PROFESSOR OF ANESTHESIOLOGY, MEDICINE AND DENTISTRY FACULTY, VALENCIA UNIVERSITY (from February 2021 since now)
 COORDINATOR OF THE COURSE ON "EXPERT AIRWAY MANAGEMENT" (25 ECTS. Duration: 6 months). University of Valencia.

7. Resources Check if each of the following is available at the host centre.

Resources	Yes / No	Working days per week	Number
Total thoracic ward beds	Yes	7	8
Number of ICU beds dedicated to thoracic surgery patients	Yes	7	2
Post-anaesthesia care unit for thoracic patients	Yes	7	4
Monitoring and advanced life support equipment	Yes	7	2
Assigned operating rooms for thoracic surgery	Yes	7	5
Available varied sizes of fiberoptic bronchoscopes	Yes	7	3
Available different tools for lung isolation (double lumen tubes, blockers)	Yes	7	2
Available facilities for thoracic epidural/paravertebral blocks, truncal blocks, ultrasound guided blocks	Yes	7	2
Pulmonology Labs	Yes	7	1
Interventional Pulmonology facility	Yes	7	1
Outpatient Clinic for perioperative evaluation of patients undergoing thoracic procedures	Yes	7	1
24-hours acute pain service available for patients undergoing thoracic procedures	Yes	7	1
Meeting Rooms	Yes	7	2
Classrooms with visual and other educational aids	Yes	7	2
Study areas for trainees	Yes	7	2
Office space for faculty members and trainees	Yes	7	3
Diagnostic facilities	Yes	7	1
Therapeutic facilities	Yes	7	1
24-hour laboratory services available in the hospital	Yes	7	1

8. Clinical Training

Caring for inpatients in	Duration	Number of performed produces/year
Thoracoscopic Surgery	3h	364
Pulmonary Resection	4h	420
Oesophageal Surgery	7h	40
Tracheo-Bronchial Surgery	4h	50
Interventional Pulmonology Procedures	2h	160
Acute and Chronic Pain Management for thoracic patients	0,5 h	625

List any other rotations (along with their duration, in months) offered in the Programme to augment trainee's learning.

Maximum Time in Non-Clinical Activities

9. Educational and Academic Programme

Didactic Sessions

Will faculty members' attendance be monitored?	Yes
Will trainees' attendance be monitored?	Yes
Will attendance be mandatory for faculty members?	Yes
Will attendance be mandatory for trainees?	Yes
Who of the following will provide content at conferences? Check all that apply.	Yes

Others (specify): Click here to enter text.

Faculty and anesthesiology residents

Patient Care

Competency Area	Settings/ Activities	Assessment Method(s)
Following standards for patient care and established guidelines and procedures for patient safety, error reduction, and improved patient outcomes.	Surgical chek list	Attendance control and survey at the end of stay
Pre-operative patient evaluation and optimization of clinical status prior to the thoracic procedure.	Preoperative clinical assessment	Attendance control and survey at the end of stay
Interpretation of cardiovascular and pulmonary diagnostic test data.	Preoperative and perioperative clinical assessment	Attendance control and survey at the end of stay
Haemodynamic and respiratory monitoring.	Perioperative clinical assessment	Attendance control and survey at the end of stay
Pharmacological and mechanical haemodynamic support.	Perioperative clinical assessment	Attendance control and survey at the end of stay
Peri-operative critical care, including ventilatory support and peri-operative pain management.	Perioperative clinical assessment	Attendance control and survey at the end of stay

Providing anaesthesia care for patients undergoing thoracic surgery, including operations on the lung, oesophagus, and thoracic aorta.	Perioperative clinical assessment	Attendance control and survey at the end of stay
--	-----------------------------------	--

Medical Knowledge

Area of Knowledge	Settings/ Activities	Assessment Method(s)
Indicate the activity(ies) (lectures, conferences, journal clubs, clinical teaching rounds, etc.) in which trainees will demonstrate knowledge in each of the following areas. Also indicate the method(s) used to assess competence.		
Embryological development of the thoracic structures.	Weekly Clinical Session of Anaesthesiology for specialists and residents. Weekly sessions for Simulation in anaesthesiology.	Attendance control and survey at the end of stay
Pathophysiology, pharmacology, and clinical management of patients with respiratory disease, to include pleural, bronchopulmonary, neoplastic, infectious, and inflammatory diseases	Weekly Clinical Session of Anaesthesiology for specialists and residents. Weekly sessions for Simulation in anaesthesiology.	Attendance control and survey at the end of stay
Pathophysiology, pharmacology, and clinical management of patients with thoracic vascular, tracheal, oesophageal, and mediastinal diseases, to include infectious, neoplastic, and inflammatory processes.	Weekly Clinical Session of Anaesthesiology for specialists and residents. Weekly sessions for Simulation in anaesthesiology.	Attendance control and survey at the end of stay
Non-invasive pulmonary evaluation, to include pulmonary function tests, blood gas and acid-base analysis, oximetry, capnography, and pulmonary imaging.	Weekly Clinical Session of Anaesthesiology for specialists and residents. Weekly sessions for Simulation in anaesthesiology.	Attendance control and survey at the end of stay
Pre-anaesthetic evaluation and preparation of adult thoracic patients.	Weekly Clinical Session of Anaesthesiology for specialists and residents. Weekly sessions for Simulation in anaesthesiology.	Attendance control and survey at the end of stay
Peri-anaesthetic monitoring, both non-invasive and invasive (intra-arterial, central venous, pulmonary artery, mixed venous saturation, cardiac output).	Weekly Clinical Session of Anaesthesiology for specialists and residents. Weekly sessions for Simulation in anaesthesiology.	Attendance control and survey at the end of stay
Pharmacokinetics and pharmacodynamics of medications prescribed for medical management of adult thoracic patients.	Weekly Clinical Session of Anaesthesiology for specialists and residents. Weekly sessions for Simulation in anaesthesiology.	Attendance control and survey at the end of stay
Pharmacokinetics and pharmacodynamics of anaesthetic medications prescribed for thoracic patients.	Weekly Clinical Session of Anaesthesiology for specialists and residents. Weekly sessions for Simulation in anaesthesiology.	Attendance control and survey at the end of stay
Oesophageal surgery, to include varices, neoplastic, colon interposition, foreign body, stricture, and tracheoesophageal fistula.	Weekly Clinical Session of Anaesthesiology for specialists and residents. Weekly sessions for Simulation in anaesthesiology.	Attendance control and survey at the end of stay
Pulmonary surgery, to include segmentectomy (open or video-assisted), thoracoscopic or open, lung reduction, bronchopulmonary lavage, one-lung ventilation, lobectomy, pneumonectomy and bronchoscopy, including endoscopic, fiberoptic, rigid, laser resection.	Weekly Clinical Session of Anaesthesiology for specialists and residents. Weekly sessions for Simulation in anaesthesiology.	Attendance control and survey at the end of stay
Post-anaesthetic critical care of adult thoracic surgical patients.	Weekly Clinical Session of Anaesthesiology for specialists and residents. Weekly sessions for Simulation in anaesthesiology.	Attendance control and survey at the end of stay
Pain management of adult thoracic surgical patients.	Weekly Clinical Session of Anaesthesiology for specialists and residents. Weekly sessions for Simulation in anaesthesiology.	Attendance control and survey at the end of stay
Ethical and legal issues, and practice management.	Weekly Clinical Session of Anaesthesiology for specialists and residents. Weekly sessions for Simulation in anaesthesiology.	Attendance control and survey at the end of stay

10. Evaluation of Trainees

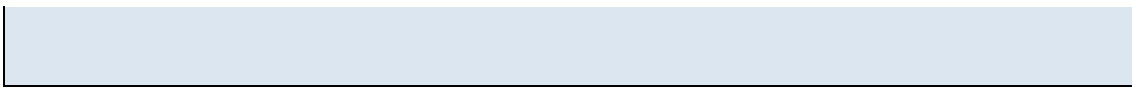
The Programme Director will give an appraisal for each trainee following the observership

The centre will be able to maintain a register of those fellows who have entered and successfully completed a training programmes.

Yes
Yes

Other Comments

--



11. EACTA Site Visit (for 1-day)

Dates proposed for the visit **if required** (at least 3)

or

or

I hereby accept the regulations of the Hospital Visiting especially to take in charge the travel costs and the hotel accommodation of the 2 reviewers on the most reasonable base

Other comments

Fifteen anesthesiologists have attended and finished their Thoracic Anesthesia Exchange Programme stay at the Consorcio Hospital General Universitario of Valencia Host center since 2017.

To be completed by the Head of department or the authorised deputy.

Please fill in all required fields and send to eacta@aimgroup.eu

From : Professor Manuel Granell Gil (Chief section of Anesthesiology of Consorcio Hospital General Universitario of Valencia, Spain. University of Valencia, Spain)

To: Professor Mohamed R. El Tahan

Professor of Cardiothoracic Anaesthesia & Surgical Intensive Care, Mansoura University, Mansoura, Egypt.

European Association of Cardiothoracic Anaesthesiology and Intensive Care (EACTAIC) Education Chair.

Dear EACTA Educational Chairman,

It's a pleasure work with the Educational Committee in the Exchange Training Programme in Thoracic Anaesthesia at Valencia General Hospital since 2017.

The objectives of the exchange rotation at the end of the exchange training rotation is that the applicant could gain knowledge and skills in thoracic anesthesia, being exposed to a wide variety of clinical scenarios, including robotic thoracic surgery, VATS and open thoracic surgery:

1. Assessment and patient preparation for thoracic surgery.
2. Advanced knowledge of airway management (a. Lung isolation and lung separation management; b. Assessing the proper placement of the airway devices using a fiberoptic bronchoscope or an embedded camera into the endotracheal tube or double lumen tube; c. Methods to facilitate intubation in thoracic surgery; d. Safe extubation methods)
3. Advanced knowledge of assisted ventilation in thoracic surgery (one-lung ventilation strategy according to the principles of protective lung ventilation and open lung approach: Tidal volume - PEEP titration - Recruitment maneuvers - FiO₂ - Respiratory rate - Pressure-controlled ventilation vs Volume controlled ventilation).
4. Analgesia methods in thoracic surgery (Erector spinae block, Thoracic epidural blockade, Ultrasound-guided paravertebral blockade, Interpleural blockade, Other locoregional blockages, Multimodal analgesia)

Since 2017, fifteen anesthesiologists have attended and successfully completed their Thoracic Exchange stay at our center in Valencia from different European, American and Asian countries.

We think that the special interest for these assistants is that our hospital has an advanced thoracic surgery level that includes robotic thoracic surgery, together with an excellent level in airway anesthetic management (eg double lumen tubes with / without a embedded camera, insertion of bronchial blockers guided by fiberscope or single lumen tube with embedded camera, ...), locoregional blocks (eg, ultrasound-guided erector spinae block and paravertebral block) and management of lung protection ventilation (eg National Coordinator of PROTHOR in Spain), among other aspects of the thoracic anesthesia.

In summary, we hope that the EACTA Board will consider our center suitable to re-accreditate and continue providing this training to anesthesiologists interested in learning anesthetic management in thoracic surgery in different scenarios from open surgery, VATS or robotic surgery. **We have time enough to dedicate for fellowship and exchange training.**

Kind regards,

Manuel Granell
Gil

Firmado digitalmente por Manuel
Granell Gil
Fecha: 2021.06.22 16:52:33 +02'00'

Professor Manuel Granell Gil
Director of Thoracic Anaesthesia Exchange
Training Programme at Valencia General
Hospital, Spain

Tenured Professor José De Andrés
Chief of Anesthesia/Critical Care and
Pain relief Department of Valencia
General Hospital, Spain (CEO)