Four-Monthly Evaluation

General aspects

1. Faculty members responsible for teaching Fellows will provide the PCA Program Director with critical evaluations of each Fellow's progress and competence at **four-month intervals** using a standardized format. Evaluations will assess essential and acquired character attributes, level of knowledge, clinical judgment, psychomotor skills, and specific procedural skills needed for patient management and critical analysis of clinical situations.

2. The PCA Program Director or a designate will provide feedback to Fellows on their evaluations **at least every four months** during their training, identifying areas in need of improvement, and document the communication in writing. Fellows must obtain a satisfactory overall evaluation on completion of their training to receive certification. A portfolio containing a logbook of all cases undertaken by Fellows is required for each assessment period using the EACTAIC's template (available on request).

3. The following elements will form part of the assessment of the Fellow during their training. In addition to evaluation by faculty members and EACTAIC Representative(s), it will be essential for the Fellow to learn from reflection on their training experiences.
   - **Four-monthly evaluation discussions** through the fellowship program.
   - During discussions with Fellows, the tutor or Head of Training will address:
     - Results of 360-degree evaluations* and clinical skills evaluations**
     - Personal reports from the faculty (if available).
     - Reflections and self-assessments by the Fellow.
     - Learning goals for the next four months.
     - Feedback from Fellows on the quality of the education and any aspects of the curriculum that has not been addressed in their training.

Please refer to https://www.eactaic.org/education-research/fellowship-in-pca to read the curriculum

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Four-Monthly Report Form

The four-monthly report form must include the following items:

1. **Anonymized record** of all patients managed by Fellows during their fellowship. The data set recorded for each case must include a minimum of age, weight, sex, RACHS-1, type of surgery or percutaneous intervention procedure, anaesthetic procedure(s), relevant comorbidities, and the performed techniques. The logbook should be sent every three months for each Fellow.

2. If applicable, **reports of TEE exams**. Reports of TOE exams (Excel sheet) must comply with the EACVI/EACTAIC reporting requirements.

3. Summaries of their four-monthly evaluations and related discussions.

4. Results of their **clinical skills evaluations (CSE)**.

   That is intended to give feedback to the Fellow about his ability to plan and perform various clinical tasks.

   CSE is performed by a supervisor, the head of training, or another appropriate person (cardiothoracic anaesthetist) based on the attached or equivalent local standardized form.

   The common skills to be evaluated are as follows.

   a. Pre-anesthetic evaluation, including risk estimation.
   b. Induction of anaesthesia in paediatric patients undergoing cardiothoracic surgery.
   c. Airway management in paediatric patients undergoing cardiothoracic surgery.
   d. Placement of central venous lines with or without ultrasonic imaging.
   e. Placement of arterial lines with or without ultrasonic imaging.
   f. Management of weaning from CPB.
   g. The use of TEE for diagnosis and management.
   h. The use of point-of-care coagulation testing.
i. The use of cerebral and somatic oxygenation monitoring.

j. Regional anaesthesia in paediatric patients.

k. Lung isolation techniques and fiberoptic bronchoscopy.

Complete CSEs (a.-k.) should be performed for each Fellow per training year. Programme Directors can use the conventional DOPS form or the eDOPS available through the EACTAIC Secretariat.

5. **The 360-degree multi-source feedback.**

During the training year, at least one 360-degree feedback must be conducted at least once. The 360-degree feedback includes at least five faculty members who are asked to submit an assessment of the Fellow's competencies. The feedback is limited to internal sources (senior anaesthesiologists, surgeons, nurses).

Programme Directors are free to choose the conventional MSF or the electronic MSF (eMSF) available through the EACTAIC Secretariat. In case of using eMSF, which is available in English and German, the EACTAIC Secretariat should be informed so that they can send a link to the Programme Director and the Fellow for evaluation by the relevant staff.

The EACTAIC Secretariat will then collect the completed forms and return them to the appropriate Programme Director and Fellow.

The 360-degree evaluations do not have to be transmitted to EACTA. It is sufficient if the Programme Director confirms that 360-degree evaluations have been done for each Fellow according to these regulations.

6. **Completed dataset (Excel sheet) for all newly added Fellows or faculty members.**

7. **The Programme Director must apply for the exit interview at the end of the training year.**

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