



Application for Hosting EACTAIC Pediatric Cardiac Anesthesia (PCA) Fellowship Program

1. Fellowship Information	EACTAIC Pediatric Cardiac Anesthesia (PCA) Fellowship Program			
2. Institution Name	ONASSIS CARDIAC SURGERY CENTER			
Address	356 SYNGROU AVENUE, 17674 KALLITHEA, ATHENS			
Country	Greece	ATHENS		
Will your center stand alone to host the PCA Fellowship Program	Yes			
If, not please explain				
3. Program Director(s)	First name	THEOFILI	Last name	KOUSI
Affiliation	MD- PhD- EDAIC - Accreditation TOE			
Board Certification(s)	Greek certificate of completion of specialist training (CCST), Athens, Greece 2003, EDAIC 2004, Accreditation TOE			
EACTAIC membership	Yes	1596		
Email	theokousi@yahoo.gr	Phone	(306944) 635346	
Mailing Address		Fax	(+30210) 9493199	
Street	356 SYNGROU AVENUE			
Country	Greece	City	Athens	
Zip code	17674			

The program director and a minimum of two faculty members declare in writing that they will dedicate sufficient time (i.e. minimum 10% of working time) to attend to his or her responsibilities.

Yes

A documentary evaluation process will be undertaken at least once every 4 months.

Yes

Completion of the program will be acknowledged by the Department of Anesthesia and Intensive Care at the host centre in junction with European Association of Cardiothoracic Anaesthesiology and Intensive Care (EACTAIC) Candidate's requirements

Yes

4. Candidate's requirements

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

Yes

Language requirements

B2

Comments

GREEK AND ENGLISH LANGUAGE
MEMBER OF EACTIC, MEMBER OF GREEK MEDICAL SOCIETY, PRIVATE INSURANCE, ONE YEAR TRAINING IN ADULT CARDIAC ANAESTHESIA, ONE YEAR TRAINING IN PAEDIATRIC ANAESTHESIA, INTEREST IN PAEDIATRIC CARDIAC ANAESTHESIA, INTEREST IN RESEARCH, ACCOMMODATION

5. General Program Information

Aims, goals and objectives of the PCA Fellowship Program

AIMS:
1) to train young promising anaesthesiologists with special interest in paediatric cardiac anaesthesia
2) to work towards recognition of Paediatric Cardiac Anaesthesia as an official subspecialty because of ongoing interest in the field beyond Adult Cardiac Anaesthesia

GOALS:
1) to share knowledge with young anaesthesiologists
2) to expand the role of the Onassis Cardiac Surgery Center, which is already a training center in Adult Cardiac Anaesthesia, in the field of Paediatric Cardiac Anaesthesia

OBJECTIVES:
1) to create well trained, high quality cardiac anaesthesiologists ready to be employed by specialized cardiac centers or specialized paediatric centers
2) to unify training on paediatric cardiac anaesthesia in Europe in accredited centers like the Onassis Cardiac Surgery Center.

Preferred Duration: ONE YEAR

Start	May	1	End	April	30
-------	-----	---	-----	-------	----

Preferred Program Training: Clinical / Clinical Research

Number of Positions Per Year: 1

Type of fellowship training available: Clinical / Clinical Research

The fellow will have the opportunity to provide direct patient care during his/her training program, under supervision from the legal representative of the hosting institute. "i.e. hands-on practice".

Yes

The mentor must provide the Fellow with one-on-one clinical supervision during the first six-months of the training and based on the conditional independence on a case-by-case assessment by the mentor

Yes

Fellows may manage simple cases with supervision from elsewhere in the hospital, but complex cases must have direct supervision.

Yes

According to educational attainment, would the mentor's supervision of the Fellow become more indirect provided that the mentor should nevertheless be physically present in the hospital and promptly available within a short duration

Yes

Will the PCA fellowship training be not interrupted by prolonged periods of absence because of illness or personal circumstances

Yes

Absence from training for sick leave or personal circumstances requires a proportionate extension of the training period.

Yes

Program Director and Faculty Members Research Interest and/or Clinical Expertise

* Please, list at least three names and include the list of publications for the faculty members with the application form.

Name	EACTAIC member	Certification in Cardiothoracic and Vascular Anesthesia	Additional Qualifications	Email address	Contact address
Theofili Kousi	Yes	No	EDAIC, TOE CER	theokousi	356 Syngou Avenue 17674 Athens Greece
Theofani Antoniou	Yes	No	TOE CERTIFIED,	antoniou	356 Syngou Avenue 17674 Athens Greece
Ioanna Sofianidou	Yes	No		ioannasof	356 Syngou Avenue 17674 Athens Greece
Afroditi Karafotia	Yes	No		karafotia	356 Syngou Avenue 17674 Athens Greece

6. Resources

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

Resources	Yes / No	Days per week	Number
Total pediatric ward beds for congenital heart disease (CHD) patients	Yes	7	14
Number of PICU beds dedicated to CHD patients	Yes	7	8 + 2 GUCH
Is there an emergency department in which CHD patients are managed 24 hours a day?	Yes	7	PICU
Are adult patients with CHD managed in the host center?	Yes	7	>150/year
Total number of adult patients with CHD undergoing surgery	Yes	7	39
Total number of adult patients with CHD undergoing interventional cardiology	Yes	7	85
Is there monitoring and advanced life support equipment representative of current levels of technology?	Yes	7	12
Outpatient Clinic for perioperative evaluation of patients undergoing cardiothoracic and vascular procedures	Yes	5	5-8/week
24-hours acute pain service available for paediatric patients undergoing different procedures	Yes	7	
Meeting Rooms	Yes	5	2
Classrooms with visual and other educational aids	Yes	3	2
Study areas for fellows	Yes	5	1

7. The skills and Responsibilities

Will your Program offer a 12 months fellowship education in fundamental clinical skills of medicine relevant to the practice of CHD?

If yes, for each rotation or experience below, specify the duration (in months, four weeks = one month) during the 12 months of education in fundamental clinical skills.

Caring for inpatients in	Number of performed produces/year	
	Center (1)	Center (2)
Total number of paediatric patients (16 years or younger) with CHD undergoing surgery using CPB per year	total 116 (49/ 5-16years)	
Total number of paediatric patients (16 years or younger) with CHD undergoing surgery without using the CPB per year	total 48 (0 /5-16yrs)	
Total number of paediatric patients (4 years or younger) with CHD undergoing surgery using CPB per year	36	
Total number of paediatric patients (4 years or younger) with CHD undergoing surgery without using the CPB per year	6	
Total number of paediatric patients (one year or younger) with CHD undergoing surgery using CPB per year	31	
Total number of paediatric patients (one year or younger) with CHD undergoing surgery without using the CPB per year	42	
Total number of adult patients with CHD undergoing surgery using CPB per year	36	
Total number of adult patients with CHD undergoing surgery without using the CPB per year	3	
Total number of paediatric patients (16 years or younger) with CHD undergoing interventional cardiology per year	213	
Total number of adult patients with CHD undergoing interventional cardiology per year	85	
Cardiac surgery without CPB	54	
Interventional Cardiac Catheterization	298	
PICU	30-40/month	
Electrophysiology Lab (e.g. mapping, ablation, pacemakers, ICDs)	124	
Heart, Lung, and Heart/Lung Transplants	adults only	
ECLS, VAD Procedures	adults only	
Echocardiography Lab	>3000/per yer	
Tracheo-Bronchial Surgery	N/A	
Basic or Advanced Research	2	
Rotations in	Number of cases	
Pediatric cardiac anesthesia	167	
Surgical cases with CPB	116	
VSD or ASD	59	
Atrioventricular spetal defect	10	
Tetralogy of Fallot	11	
Left-sided valve lesion	11	
Bidirectional Glenn	5	
Fontam procedure	4	
Rastelli and Damus-Kaye-Stansel procedures, intracardiac tumor	4	
Other	12	
Surgical cases without CPB	51	
Modified Blalock-Taussig shunts	6	
Coarctation repair	19	
Pulmonary artery banding	8	
PDA closure	5	
Treatment of vascular rings	4	
Other	9	
Paediatric interventional cardiac catheterization	213	
Diagnostic	35	
Neonatal aortic or pulmonary vessel or valve treatem (e.g. Pulmonary artery stenosis, coarctation)	53	
ASD, VSD, or PDA device closure	113	
Other therapeutic	12	
Care of adult patients with CHD	85	
Trans-esophageal and trans-thoracic echocardiography	>100	
Medical or surgical Critical Care Rotation	≥ 30 one month rotation	
Paediatric EPS	124	
Extracorporeal perfusion or ECLS technology (CPB, ECMO)	2	
Pediatric thoracic anesthesia	4	
Basic Research	1	
Clinical Research	1	

All fellows entering the PCA Program will complete each of the fundamental medical knowledge of requirements included in the EACTAIC PCA Curriculum

All fellows entering the PCA Program will complete each of the fundamental clinical / technical skills of requirements included in the EACTAIC PCA Curriculum

Clinical Responsibility

The Fellow will be involved in the pre-anaesthetic assesment, optimization of patients in terms of medical therapy and need for further investigation and in the whole process of the perioperative care of the patient in theatres and cath lab, including induction and maintainance in anaesthesia, interpretation of haemodynamic parametres and application of appropriate monitoring, patient blood management and transfusion, extubation or safe transport to the pediatric intensive care unit, postoperative care including pain service.

All fellows entering the PCA Program will complete each of the fundamental non- technical skills of requirements included in the EACTAIC PCA Curriculum

Yes

Non-technical skills

The Fellow:
1) participates in Journal clubs, multidisciplinary discussions (once weekly), morbidity/mortality meetings,
2) participates in online webinars and annual congresses
3) actively participates in research projects held in the department,
4) develops skills of interpersonal communication with patients and parents and the personnel (provides the appropriate information to the patient and family in the perioperative as well as in the postoperative period, develops skills to announce bad news and complications, seeks collaboration with other members of the department, develops skills to effectively communicate with members of other departments and nursing staff)
5) strictly follows Patient Safety Quidelines

Rotation in PICU (1 month)

Will advanced subspecialty rotations reflect increased responsibility and learning opportunities?

Yes

Will the Fellow assume on call duties in the hospital ?

Yes

If yes please provide whether this will be only for PCA or will be for pediatric anesthesia and/or cardiac anesthesia?

How will be the financial aspects of these on call duties?

Fellows will be compensated for their on call duties on top of their monthly salary

Will the Fellow have a free day following an on call duty?

Yes

How will be the financial aspect of these on call duties. Please decribe in detail.

Fellows will perform 5 to 6 on call duties and paid accordingly (119 Euro/per on call duty on working days and 139 Euro/per on call duty at weekend

Maximum Time in Non-Clinical Activities per week

4 to 6 hours

8. Financial Statement

An employment contract will be signed with the candidate

Yes

Accommodation options are provided

No

Transportation/travel options are provided

No

Monthly Salary

Amount

1,600 €

Currency

euros

Is VAT / Taxes included?

Yes

This opportunity is not funded by the centre

No

Source of financial support for the candidate:

Sources

Others

Will the working hours directives be respected according to the prevailing national law?

Yes

9. Educational and Academic Programs

Didactic Sessions

What will be the frequency of the following educational topics in the program's schedule?

	Weekly	Bi-weekly	Monthly	Quarterly	Semi-annually	Annually	Fellows' attendance would be monitored
Critical care appraisal of the literature (i.e., journal club)	No	No	Yes	No	No	No	Yes
Quality improvement (M&M, QA)	No	No	Yes	No	No	No	Yes
Board review (e.g., oral exams, keywords)	No	No	No	No	Yes	No	Yes
Grand rounds	Yes	No	No	No	No	No	Yes

Other (specify) Click here to enter text.

Participation of the fellow in all activities related to the affiliation programme of the Onassis Cardiac Surgery Center with Great Ormond Street Hospital (GOSH), London. The affiliation programme includes one week site visits by the GOSH medical and nursing personnel three times a year, during which the fellow will participate in all clinical activities and other activities such as lectures and case-based discussions. Also, in between visits, the fellow will participate in webinars organised by OCSC and GOSH.

Formal Course Work Available in

the Hospital Intranet, Eacta webinars, webinars of Hellenic Society of Anaesthesiology

Extra-Institutional Educational Conference Support:

Web joint conference with GOSH

The Opportunity for Exchange with other training facilities

No

10. Assessment

The Program Director will evaluate each fellow every four months as per EACTAIC regulations

Yes

A documentary evaluation process will be undertaken at least once every four months

Yes

The 4-monthly evaluation will include

360-degree evaluation

Yes

Clinical skills evaluation (CSE)

Yes

Personal reports from the faculty

Yes

Reflection amd self-assessment by the Fellow

Yes

Learning goals for the next four months

Yes

Feedback from the fellow on the quality of education

Yes

11. Practice-based Learning and Improvement

1. Briefly describe the main learning activities regarding non-clinical skills and their assessment during the fellowship

The Fellow is matched with a Mentor Anaesthesiologist. S/he collaborates as a member of the care team.
The care team would include the preoperative and intraoperative staff, blood bank and laboratory staff, perfusionists, medical, surgical and critical care teams, and the anaesthesia care providers.
The fellow manages the care team during complex clinical situations such as emergencies and gradually is capable of coordinating care in simple and complex cases independently.
The mentor has direct supervision in the beginning which gradually becomes indirect, then independent under conditions until finally the fellow acts fully independently.

2. Briefly describe one planned quality improvement activity or project that will allow the fellows to demonstrate an ability to analyse, improve and change practice or patient care. Describe planning, implementation, evaluation and provisions of faculty support and supervision that will guide this process.

A quality improvement activity would be how to analyze and review near misses or adverse events.
For example, with the assistance of a faculty member, the fellow presents an update on departmental efforts to reduce wastage of ordered but not transfused fresh frozen plasma in infants undergoing cardiac surgery on CPB.
The fellow utilizes evidence-based data or institutional data to define opportunities to improve patient care.

3. Briefly describe how fellows will participate in the education of patients, families, students, fellows, and other health professionals.

The Fellow participates actively in the outpatient clinic, the preoperative evaluation of patients, weekly meetings and visits with trainee anaesthesiologists.
Due to Covid-19 pandemic, we have also incorporated web meetings to our educational programme.

12. Interpersonal and Communication Skills

1. Briefly describe one learning activity in which fellows demonstrate competence in communicating effectively with patients and families across a broad range of socioeconomic and cultural backgrounds, and with physicians, other health professionals, and health-related agencies.

Consistent communication with the patients' family about the perioperative planning and with conditional dependance the Fellow can declare complications to the family.
It is common for our hospital to treat children with a Roma or refugee background.
The Fellow should be trained to communicate effectively with patients and identify the need for resources (interpreters, patient representation, ethics consultation, etc)

2. Briefly describe one learning activity in which fellows demonstrate their skills and habits to work effectively as members or leaders of a health care team or other professional group. In the example, identify the members of the team, responsibilities of the team members, and how team members communicate to accomplish responsibilities.

Participation of the Fellow in the Blue Code team. The Fellow gets feedback from the members of the team.
A report is also sent to the Fellow's mentor and the mentor advices, discusses and makes plans for improvement of non technical skills.

Non technical skill workshop is organised yearly held by the Hellenic Society of Anaesthesiology.
The Blue Code team is consisted of doctors on duty, that is a cardiologist, anaesthesiologist, cardiac surgeon and nurses.
The cardiologist is the leader of the team and performs CPR in turns with the cardiac surgeon, who is also ready to perform emergency thoracotomy if needed, the anaesthesiologist is responsible for the airway and nurses are responsible for administrating drugs and organising transport if needed

3. Briefly describe how fellows will be provided with opportunities to act in a consultative role to other physicians and health professionals related to clinical information systems.

Coaches trainee anaesthesiologists and nurses in improving their skills.

4. Briefly describe how fellows will be provided with opportunities to maintain comprehensive, timely, and legible medical records, if applicable

The Fellow will be aquainted with the electronic file and is expected to fill in all relevant fields. There will be assesment by the Mentor.

5. Briefly describe how fellows will maintain a comprehensive anesthesia record for each patient, including evidence of pre- and post-operative anesthesia assessment, an ongoing reflection of the drugs administered, the monitoring employed, the techniques used, the physiologic variations observed, the therapy provided as required, and the fluids administered.

The Fellow will be trained to the electronic anaesthetic record (DIANE SYSTEM). Then s/he will be responsible for maintaining the patients' records under Faculty supervision. In the foreseeable future, OCSC will use SAP medical record software

6. Briefly describe how fellows will create and sustain a therapeutic relationship with patients, engage in active listening, provide information using appropriate language, ask clear questions, provide an opportunity for comments and questions, and demonstrate sensitivity and responsiveness to cultural differences, including awareness of their own and their patients' cultural perspectives.

Close pre- and postoperative communication and assesment of patient with a staff member if necessary.

13. Professionalism

Briefly describe the learning activity(ies), other than lecture, by which fellows demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles, including: compassion, integrity, and respect for others; responsiveness to patient needs that supersedes self-interest; respect for patient privacy and autonomy; accountability to patients, society, and the profession; and sensitivity and responsiveness to a diverse patient population, including to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation

1) Close pre- and postoperative communication with respect to privacy and diversity of the patients, and assesment of patients with a staff member if necessary
2) participates in institutional committees and workshops related to well being and patient care

14. Systems-based Practice

1. Describe the learning activity(ies) through which fellows achieve competence in the elements of systems-based practice: working effectively in various health care delivery settings and systems, coordinating patient care within the health care system; incorporating considerations of cost-containment and risk-benefit analysis in patient care; advocating for quality patient care and optimal patient care systems; and working in inter-professional teams to enhance patient safety and care quality

The Fellow can participate in working groups and Committees and functions of the hospital in order to develop competence in systems-based practice. S/he will participate in the M & M Meetings, Case Discussion Meetings, Journal Clubs, Internal Audit of the Hospital as required by the ISO 9001:2015. All meetings are held according to the instructions of the Infection Control Committee of the hospital.

2. Describe an activity that fulfils the requirement for experiential learning in identifying system errors and implementing potential systems solutions.

The fellow is introduced in quality protocols and procedures by studying and implementing the hospital literature on Quality. Fellow's proposals (proactive or corrective) for improvement are welcomed.

15. EACTAIC Site Visit (for 1-day)

Dates proposed for the visit (at least 3)

09/09/2022

or

#####

or

13/01/2023

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

Yes

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

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

**EACTIC FELLOWSHIP PROGRAMME FOR PAEDIATRIC
CARDIAC ANAESTHESIA (PCA)
LIST OF PUBLICATIONS OF FACULTY MEMBERS**

THEOFILI KOUSI

1. European Association of Cardiothoracic Anesthesiology and Intensive Care Pediatric Cardiac Anesthesia Fellowship Curriculum: First Edition
El-Tahan, M.R., Erdoes, G., van der Maaten, J. Paternoster, **Th Kousi**, G., Momeni, M.
Journal of Cardiothoracic and Vascular Anesthesia this link is disabled, 2021
Citations:0
2. Intraoperative diagnosis of retroaortic left innominate vein in a patient with congenital heart disease
Kanakis, M., Bobos, D., Samanidis, G, **Th Kousi**,. et al.
Clinical Case Reports, 2021, 9(7), e04446
Citations:0
3. Right atrial thrombus mimicking cardiac tumor in a neonate
Samanidis, G., Kanakis, M., Bobos, D., **Th Kousi**, et al.
Clinical Case Reports, 2020, 8(12), pp. 3642–3644
Citations:0
4. Right superior vena cava draining into the left atrium in a patient with sinus venosus defect
Kanakis, M., **Th Kousi**, Bobos, D., et al
Journal of Cardiac Surgery this link is disabled, 2020, 35(11), pp. 3224–3226
Citations:0
5. Rare multiple bronchial abnormalities in a patient with congenital heart disease.
Chatzis AC, **Kousi T**. et al. Clin Case Rep. 2017, pp.727-28
Citation: 1
6. Pulmonary valve replacement in patients with corrected tetralogy of Fallot.
Mitropoulos FM, Kanakis MA, Ntellos C, Loukas C, Davlouros P, **Kousi T**, Chatzis
Cardiovasc Thorac Res. 2017;9(2):71-77. May
Citation: 8
7. Diversity of congenital cardiac defects and skeletal deformities associated with the Holt-Oram syndrome
Chrysostomidis, G., Kanakis, M., Fotiadou, V. **Th Kousi**, Azariadis, P., Chatzis, A.

International Journal of Surgery Case Reports this link is disabled, 2014, 5(7), pp. 389–392
Citations; 11

8. Atrial mass: a myxoma?
Chatzis AC, **Kousi T**, et al. Clin Case Rep. 2016. Transplant Proc International Journal of Surgery Case Reports 2014, 5(7), pp. 389–39
Citation: 2
9. A successful percutaneous removal of a ruptured and detached intra-aortic balloon pump with vascular entrapment.
Chatzikyriakou, S., Georgiadou, P., Malakos, J., Doulas, N., **Kousi T.**, Voudris, V. European Heart Journal 2013;34(suppl 1): 1704
Citation: 0
10. Mid-term results following surgical treatment of congenital cardiac malformations in adults.
Chatzis AC, Giannopoulos NM, Milonakis M, Contrafouris CA, Tsoutsinos A, Kolettis T, Panagiotou C, Zavaropoulos P, Maraki P, **Koussi T**, Sofianidou J, Kirvassilis GV, **Th Kousi**, Sarris GE. Cardiol Young. 2008 Oct;18(5):461-6.
Citations: 4
11. Anesthetic management for liver resection in a patient with myelodysplastic syndrome
G Kostopanagiotou, M Stamatakis, **Th Coussi**, P Matsota, V Smirniotis, A Pantazi. Archives of Medical Science 2008; 4:212-4
Citation:0
12. Emergency surgical intervention for runaway atrial septal defect closure devices: A word of caution
Contrafouris, C.A., Chatzis, A.C., Giannopoulos, N.M., Kirvassilis, G., **Th Kousi**, Sarris, G.E.
Journal of Thoracic and Cardiovascular Surgery this link is disabled, 2006, 132(5), pp. 1234–1235
Citation: 18
13. Nonfluoroscopic catheter navigation for radiofrequency catheter ablation of supraventricular tachycardia in children.
Papagiannis J, Tsoutsinos A, Kirvassilis G, Sofianidou I, **Koussi T**, Laskari C, Kiaffas M, Apostolopoulou S, Rammos S. Pacing Clin Electrophysiol. 2006 Sep;29(9):971-8.
Citations: 87

14. Surgical treatment of the atrial septal defect in adults: effective reduction in cardiac size and excellent overall clinical outcome
A Chatzis ¹, N Giannopoulos, C Vahlas, M Milonakis, C Contrafouris, D Bobos, **T Coussi**, J Sofianidou, P Maraki Ccp, C Panagiotou Rn, G Kirvassilis, G Sarris
Revista Portuguesa de Cirurgia Cardio-toracica e Vascular, 2006, 13(3):133-136
Citation: 4

15. Prevention of postoperative nausea and vomiting after laparoscopic gynaecological surgery. Combined antiemetic treatment with tropisetron and metoclopramide vs. metoclopramide alone
L Papadimitriou ¹, S Livanios, G Katsaros, D Hassiakos, **T Koussi**, T Demesticha
European Journal of Anaesthesiology 2006. Volume 18 (9)
Citation: 19

16. Hepatocyte function during experimental use of a bioartificial liver.
D Papadimitriou ¹, N Arkadopoulos, E Kouskouni, N Tsarouxa, Th Demesticha, Th Kousi, M Drakopoulou, S Mitrou, J Vassileiou, Th Katsorhis, Th Patargias
Transplant Proc Jul-Aug 2004;36(6):1741-3.
Citations: 8

17. Safety and efficacy of off-pump coronary artery bypass grafting in chronic dialysis patients
Lila J Papadimitriou ¹, Katerina P Marathias, Petros A Alivizatos, Alkiviadis Michalis, George M Palatianos, George T Stavridis, Theano Demesticha, Theophili Koussi, et al
Artif Organs Actions 2003 Feb;27(2):174-80
Citation: 30

18. Anaesthesia using a laryngeal mask airway in a patient with osteogenesis imperfecta
G Kostopanagiotou, T Coussi, N Tsaroucha, D Voros
Anaesthesia . 2000 May;55(5):506
Citation: 21

IOANNA SOFIANIDOU

1. Right atrial thrombus mimicking cardiac tumor in a neonate
Samanidis, G., Kanakis, M., Bobos, D., **Sofianidou, I.**, Giannopoulos, N.
Clinical Case Reports, 2020, 8(12), pp. 3642–3644
Citations
2. Minimal invasive coronary artery fistula ligation
Mitropoulos, F.A., Kanakis, M.A., Chatzis, A., **Sofianidou, I.A.**, Lioulis, A.G.
Korean Journal of Thoracic and Cardiovascular Surgery [this link is disabled](#), 2014,
47(6), pp. 545–547
3. Nonfluoroscopic catheter navigation for radiofrequency catheter ablation of
supraventricular tachycardia in children.
Papagiannis, J., Tsoutsinos, A., Kirvassilis, G., ...Apostolopoulou, S., Rammos, S.
PACE - Pacing and Clinical Electrophysiology [this link is disabled](#), 2006, 29, pp.
971–8
Citations 66
4. Surgical results after total transatrial/transpulmonary correction of tetralogy of Fallot
Giannopoulos, N.M., Chatzis, A.C., Tsoutsinos, A.I., ...Zavaropoulos, P., Sarris,
G.E.
Hellenic Journal of Cardiology, 2005, 46(4), pp. 273–282
5. A randomized controlled trial of perioperative pregabalin administration for acute
and chronic pain after radical modified mastectomy (RMM): 14AP3-2
Macheridou, A.; Giannopoulou, A.; Karafotia, A.; Boutsikou, M.; Kaliviti, I.;
Michaloliakou, C. European Journal of Anaesthesiology: June 2012 - Volume 29 -
Issue - p 198. Impact Factor: 2,79

AFRODITI KARAFOTIA

1. A randomized controlled trial of perioperative pregabalin administration for acute and chronic pain after radical modified mastectomy (RMM): 14AP3-2
Macheridou, A.; Giannopoulou, A.; Karafotia, A.; Boutsikou, M.; Kaliviti, I.; Michaloliakou, C.
European Journal of Anaesthesiology: June 2012 - Volume 29 - Issue - p 198.
2. Right superior vena cava draining into the left atrium in a patient with sinus venosus defect (JOCS-2020-ICC-1129)
Kanakis M, Martens T, Laskari C, Kousi T, Karafotia A, Bobos D, Giannopoulos N.
J Card Surg. 2020 Nov;35(11):3224-3226. doi: 10.1111/jocs.14968. Epub 2020 Aug 21. PMID: 32827188.
3. Right atrial thrombus mimicking cardiac tumor in a neonate (CCR3-2020-07-1085-IV)
Samanidis G, Kanakis M, Bobos D, Kousi T, Dimitropoulou M, Karafotia A, Sofianidou I, Giannopoulos N.
Clin Case Rep. 2020 Oct 27;8(12):3642-3644. doi: 10.1002/ccr3.3396. PMID: 33364017; PMCID: PMC7752545
4. Morbidity and mortality after anaesthesia in early life: results of the European prospective multicentre observational study, neonate and children audit of anaesthesia practice in Europe (NECTARINE).
Nicola Disma¹, Francis Veyckemans², Katalin Virag³, **Karafotia A et al**⁷, NECTARINE Group of the European Society of Anaesthesiology Clinical Trial Network;
Br J Anaesth. 2021 Jun;126(6):1157-1172. doi: 10.1016/j.bja.2021.02.016. Epub 2021 Apr
5. Difficult tracheal intubation in neonates and infants. NEonate and Children audit of Anaesthesia pRactice IN Europe (NECTARINE): a prospective European multicentre observational study.
Nicola Disma¹, Katalin Virag², Thomas Riva³, Jost Kaufmann⁴, Thomas Engelhardt⁵, Walid Habre **Karafotia A et al**⁶, NECTARINE Group of the European Society of Anaesthesiology Clinical Trial Network;
Br J Anaesth. 2021 Jun;126(6):1173-1181. doi: 10.1016/j.bja.2021.02.021. Epub 2021 Apr
6. Peri-operative red blood cell transfusion in neonates and infants: NEonate and Children audit of Anaesthesia practice in Europe: A prospective European multicentre observational study Alexander Fuchs¹, Nicola Disma, Katalin Virag, Francis Ulmer, Walid Habre, Jurgen C de Graaff, Thomas Riva, **Karafotia A et al**⁶, NECTARINE Group of the European Society of Anaesthesiology and Intensive Care Clinical Trial Network.

Eur J Anaesthesiol 2022 Mar 1;39(3):252-260.

7. Corrigendum to 'Difficult tracheal intubation in neonates and infants. NEonate and Children audiT of Anaesthesia pRactice IN Europe (NECTARINE): a prospective European multicentre observational study'

Disma, N., Virag, K., Riva, T., ...Benoît, P., Katalin, V.
British Journal of Anaesthesia this I, 2021, 127(2), pp. 326



European Association of
Cardiothoracic Anaesthesiology
and Intensive Care

Checklist for Hosting EACTAIC Paediatric Cardiothoracic Anaesthesia Fellowship Programme

Institution Name

Address

Preferred Duration 12 months

Type of fellowship training available:

- Clinical only
- Clinical / Basic Research
- Clinical / Clinical Research
- Basic Research only
- Clinical Research only

Financial Statement

** The financial sources policy should be declared by the host centre.

** There should be a clear consensus between the host centre and the trainee about the financial statement before joining the programme.

An employment contract will be signed with the candidate Yes No

Accommodation options are provided Yes No

Transportation/travel options are provided Yes No

Monthly Salary: Amount Currency

The centre does not fund this opportunity Yes No

Source of financial support for the candidate:

- Host centre (monthly salary)
- Candidate 's centre
- Scholarship
- Educational grant
- Award
- Candidate's expenses
- Others

Please, describe

Programme Training and facilities of the host centre

1. The fellow should be authorized to provide direct patient care during their training programme under the supervision of the programme director and faculty's members, "i.e. hands-on practice."	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Declaration of financial recourses and signed agreement between the host centre and trainee.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Uninterrupted training for 12months.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. The head of the department or other advisory authority should approve the programme.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. The programme director should attain sufficient time to do his responsibilities.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



European Association of Cardiothoracic Anaesthesiology and Intensive Care

If yes, please define	
<input style="width: 100%;" type="text" value="3-4"/>	hours per day
<input style="width: 100%;" type="text" value="4-5"/>	days per week
<input style="width: 100%;" type="text" value="16-18"/>	days per month
6. At least two faculty members should be involved.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. Evaluation should be done every four months.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. A portfolio/logbook will be performed monthly and signed by the programme director	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9. The hosting centres should have:	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.1 Available pediatric ward beds for congenital heart disease (CHD) patients.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.2 Available PICU beds dedicated to CHD patients	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.3 Is there an emergency department in which CHD patients are managed 24 hours a day?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.4 Are adult patients with CHD managed in the host centre?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.5 Is there monitoring and advanced life support equipment representative of current levels of technology?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.6 Available an outpatient Clinic for perioperative evaluation of patients undergoing cardiothoracic and vascular procedures	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.7 24-hours acute pain service available for paediatric patients undergoing different procedures	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.8 Available Meeting Rooms	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.9 Available classrooms with visual and other educational aids	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.10 Available study areas for fellows	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.11 The volume of cases. *	
9.5.1 Minimum of 100 paediatric cardiac surgery (age of 16 years or younger) per calendar year. (the majority with using the CPB)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.5.2 Minimum of 50 pediatric cardiac interventional procedures (age of 16 years or younger) per calendar year.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.5.3 50% of cases should be performed in children aged younger than four years.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.5.4 20% should be performed in children aged younger than one month.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.5.5 Available simultaneous management of adults with congenital heart disease (ACHD).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.5.6 Accessibility for training in the electrophysiology procedures on paediatric patients.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.5.7 Accessibility for training in the dedicated paediatric intensive care unit for one month.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.5.8 Accessibility for training on the Extracorporeal perfusion or ECLS technology (CPB, ECMO)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.5.9 Accessibility for training on the paediatric thoracic anaesthesia	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.5.10 Accessibility for training on the basic and/or clinical research	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Decision Approve Reject
Conditions Yes No

If yes, please define

Click here to enter text.

Submit

Please fill in all required fields and send them to eactaic@mci-group.com



Onassis
Cardiac Surgery
Centre

16 February 2022

Professor Mohamed R. El Tahan, M.D.
Chair, Education Committee
EACTIC

Dear Professor El Tahan,

As General Manager of the Onassis Cardiac Surgery Center, I am happy and proud that our hospital hosts the Adult Fellowship Programme in Cardiothoracic and Vascular Anaesthesia. Therefore, we would like to expand this activity and be accredited with the Paediatric Cardiac Anaesthesia Fellowship. I would like to assure you that the Programme Director(s) and the Faculty Members will devote at least 10% of their time to attend their responsibilities according to the PCA Programme.

Faithfully yours,

Panos Minogiannis, Ph.D., MPH
General Manager



16 February 2022

Professor Mohamed R. El Tahan, M.D.
Education Chair
European Association
of Cardiothoracic Anaesthesiology
& Intensive Care (EACTIC)

Dear Professor El Tahan,

I am delighted that the Anaesthesiology Department of the Onassis Cardiac Surgery Center (OCSC) has been able to apply for the Paediatric Cardiac Anaesthesia (PCA) Programme, fulfilling all the requirements, as defined by the Education Committee in cooperation with the Paediatric & Congenital Committee in the recent publication.

Onassis Cardiac Surgery Centre (OCSC) is a standalone centre in Athens, Greece, which offers the whole gamut of cardiology and cardiac surgery services to patients of all ages from neonates to adults. The Congenital Heart Unit comprises of surgical, cardiology, intensive care, anaesthesia, and perfusion components. There are three other centres in Athens, and actually in all of Greece, two of them private, and in terms of volume, OCSC is the largest provider of surgical treatment of congenital heart defects in Greece, covering more than half of all cases. The department was originally established in 1997 and since 2018 we have been taking part in the national on call rota for all emergent cases in paediatric cardiology and cardiac surgery, covering at least half of them.

Hosting the EACTA CTVA Fellowship Programme since 2018 has offered us valuable experience. As the highest volume paediatric cardiac surgery centre in Greece, we believe OCSC is the only hospital in the country able to host the PCA Fellowship Programme. We believe, we can offer young anaesthesiologists the chance to train in such a specialized field and become certified members of the anaesthetic teams in the already existing and the future centres of congenital heart surgery in Greece.

The Anaesthesiology Department of OCSC (Chair Theofani Antoniou) employs 12 consultant Anaesthesiologists, all of which are experts in training and educating-teaching Fellows either from the CTVA Fellowship Programme, or from the National Training Programme in Cardiac Anaesthesia. Three Anaesthesiologists, Dr. Kousi (senior consultant/leader paediatric cardiac anaesthesia), Dr. Sofianidou (senior consultant paediatric cardiac anaesthesia) and Dr. Karafotia (consultant/paediatric cardiac anaesthesia) are exclusively dedicated in taking care of children and adults with congenital heart disease. All three provide anaesthesia in the OR, in the Cath Lab and in CT/MRI imaging, tend patients in the PICU, cover pain management service and participate in joint meetings of the congenital heart unit.

Dr. Kousi is more than willing to dedicate more than 10% of her working time for the PCA Fellow and together with Dr. Sofianidou and Dr. Karafotia can offer 1:1 supervision not only in the OR, cath lab, but also in the preoperative evaluation, joint meetings, conferences and all departmental activities.

Furthermore, by December 2021 a contract was signed between OCSC and Great Ormond Street Hospital of London (GOSH) where both parties agreed to a three -year consultancy and advisory plan for the development of cardiac surgery services at OCSC. Most of the envisaged education delivery is around updating clinical guidelines, policies, and procedures, with case-based discussions by a multi-professional team with a closing the loop approach within each clinical scenario.

Moreover, in the near future, a new promising phase in the treatment of congenital heart disease will start with the new Onassis Paediatric Unit which will be part of the Onassis National Transplant Center, built adjacent to the Onassis Cardiac Surgery Center. The Onassis Paediatric Unit will be the first autonomous transplant unit in Greece exclusively for children and will provide children with specialized, high-level transplant and heart surgery services. There will be 12 ICU beds for children, with five beds dedicated to neonates.

Our hospital is able to provide one position for the Pediatric Cardiac Anaesthesia Fellowship per year. We strongly believe that the experience gained by CTVA Fellowship Programme will guide us in the effective implementation of the PCA Fellowship Programme and the learning curve will not be steep.

We are very grateful for your support and we are looking forward to hearing from you. If you have further questions, please do not hesitate to contact us.

Yours sincerely,



Theofani Antoniou
Anaesthesiology Chair
Onassis Cardiac Surgery Center



Theofili Kousi
Assistant Director
Anaesthesiology Department
Onassis Cardiac Surgery Center

**EACTAIC Fellowship Programme for Paediatric Cardiac Anaesthesia,
Onassis Cardiac Surgery Center, Athens**

Operation area	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>
OR	Ped card surgery	Ped card surgery	Ped card surgery	Ped card surgery	GUCH
Cath Lab		Diagnostic/ intervention	EPS/ ablation		Diagnostic/ intervention
Diagnostics				CT/MRI	
Cardiac PICU	Every day	Every day	Every day	Every day	Every day

This is an example of a weekly schedule during the Fellow's rotation at the OCSC for the PCA Programme.

Onassis Cardiac Surgery Center (OCSC) is a tertiary hospital and is considered the most distinguished Center in cardiac surgery for adults and pediatrics in the country. At the moment, we function four operating rooms, and three cath lab rooms daily. An extension of our hospital is under construction and we will be having a state of the art hybrid operating theater by 2023.

One of four operating theaters is dedicated to paediatric cardiac surgery, where we perform one – two cases per day.

Pediatric Cardiologists have access to the cath lab from Tuesday to Friday. Our department provides anaesthesia three times a week.

We also provide anaesthesia for CT/MRI once a week.

The Fellow will rotate in the cardiac PICU for one month.

The PCA Fellow will not compete with any other resident or trainee on the number of PCA cases.