

#### Mohamed R. El Tahan, MD

Professor of Cardiothoracic Anesthesia & Surgical Intensive Care

Mansoura University, Mansoura, Egypt

European Association of Cardiothoracic Anaesthesiology (EACTAIC) Education Chair

# Application for EACTAIC accreditation in Anesthesia for Pediatrics Cardiac Surgery Program (PCA) in São Paulo/Brazil

Dear Prof. El Tahan,

It is with a great pleasure that we submit our application for EACTAIC accreditation in Anesthesia for Pediatrics Cardiac Surgery Program (PCA) in São Paulo/Brazil.

Since 2018, when our Centre (Dante Pazzanese Institute of Cardiology) has been accredited as one of the EACTAIC fellowship program for anesthesia in cardiac surgery (adults), a large number of younger anesthesiologists from Brazil and other countries in South America have been looking for a position in our program. Since then, 3 EACTAIC fellows have made the basic program and, currently we have other 3 fellows which are going to finish the basic program in February 2022.

Dante Pazzanese Institute of Cardiology has always been a reference for pediatrics heart surgery, cath-lab procedures and clinical treatment for congenital heart diseases. The hospital always had a large number of complex cases and long experience in this field. In meantime, anesthetists have been trained in the most different types of cardiac surgeries and procedures.

Our hospital is recognized as one of the most prestigious institutions specialized in the cardiovascular care (clinical, surgical and interventional procedures, including congenital heart diseases) of Latin America. Another important point is its strong connection with teaching, being pioneer in Brazil in the creation of formal programs of residency in Cardiology and Cardiovascular Surgery, constituting a strong postgraduate core "latu-sensu".

Recently, the IDPC and Education Center Aneste-Z® have signed an agreement of technical-educational cooperation for the practical training of anaesthesiologists in the field of cardiothoracic, vascular and heart transplant areas, which also includes pediatrics patients. Actually, Aneste-Z® is responsible for all the fellows' Theoretical and Practical Programs. This contract allows me, as the scientific director of Aneste-Z®, the EACTAIC-CTVA program director and the head of the hospital anesthesia department, free time to work



only with the fellows, which means that the minimum required of 20% of my weekly working hours for the fellows in each Adult and Pediatric programs (10% for adults and 10% for PCA programs), will be reached with no problems.

Currently, we have a very modern teaching-learning structure with a strong theoretical and practical programme to give to all the fellows the best training and, at least, the minimum number of procedures for training according to EACTAIC program recommendations. Our support team include anesthesiologists, cardiologists from different departments (Cath-lab, ICU) and cardiac surgeons, which are dedicated specifically to the congenital heart diseases team.

During this period, our curriculum also includes:

- A theoretical course for the PCA Program is offered to the fellows: this includes presential and online classes with topics strictly related to the anesthesia for congenital heart diseases (weekly).
   The teachers are cardiac anesthetists, cardiologists, cardiac surgeons and other teachers from different Universities.
- During the daily practice learning in the OR theathers, besides senior anesthetists, other expert instructors from Education Center Aneste-Z<sup>®</sup> are always present to assist the fellows.
- In addition, academic projects including preparation and publication of review articles, book chapters, clinical research or other academic activities are offered and strongly encouraged.
- Currently, we have a specific team for Anesthesia in Pediatrics Heart Surgeries, who help the fellows to receive the best training
- All instructors and coordinators are paid for their work
- We also have an agreement with HCOR (Hospital do Coração) that allows our fellows free access
  to the pediatrics heart surgeries and PICU in that hospital, where they can spend four weeks
  rotation (optional) during the program
- The fellows will receive their salary continuously during 1 year of the fellowship program

All these benefits are part of our program with free-access and no cost to the fellows.

As program director, I personally update our program according to the recent published regularities of the EACTAIC curriculum.

We believe that our Centre is able to accept two (02) EACTAIC fellows to the program yearly. Since when we were certified as an official EACTAIC Centre, we have been in great demand for São Paulo – EACTAIC-CTVA fellowship positions. I do believe the PCA program accredited by EACTAIC will succeed, as well.

We are very welcome to accept and offer a site visit if it is required.

Attached is the final EACTAIC application and the Program.

We are very grateful for your support and we look forward to hearing from you soon. Fell free to send any questions, and please do not hesitate to contact us.



Yours Sincerely,

Caetano Nigro Neto PhD; MD

Head of Anesthesia Section

Dante Pazzanese Institute of Cardiology



European Association of Cardiothoracic Anaesthesiology and Intensive Care (EACTAIC)

**Education Commitee** 

Education Chair Prof. Mohamed R. El Tahan, MD

São Paulo, December 15th, 2021

In order to fulfill the needs for training and education I guarantee that the program director and head of the anesthesia section Prof. Caetano Nigro Neto a minimum of 10% of weekly working time for training the fellows in the Anesthesia for Pediatrics Cardiac Surgery Program of the EACTAIC. Prof. Caetano Nigro Neto will also have a minimum of 10% of weekly working time for training the fellows in the CTVA Program for adult patients.

My best regards,

ADELIA BERGWERK

President of the Education Center - Aneste-Z

President of CASP - Clinica de Anestesia São Paulo



and Intensive Care								
			Application for Hosting EACTAIC Pediatric Cardiac Anes	sthesia (PCA) Fellowship Program				
1. Fellowship Information			EACTAIC Pediatri	c Cardiac Anesthesia (PCA) Fello	wship Program			
2. Institution Name	Dante Pazzanese I	Institute of Ca	rdiology					
Address	Address  Or. Dante Pazzanies Street. 500							
Country	Brazi		City	São Paulo				
Will your center stand alone to host the Po	CA Fellowship Program	m	Yes					
If, not please explain			165					
,								
3. Program Director(s)	First name	Caetano		Last name	Nigro Neto			
	Affiliation	Caetano		r Ph.D Program Dante Pazzanese Institut		niversity of Sio Paulo (USP)		
	Board Certification(s	:)	Brasilian Society os Anesthesiology					
	EACTAIC membership		yes	If yes, membership's number		100348		
	Email	caenigro@uc			Phone 5.5119			
	Mailing Address		Peixoto Gomide street 502/173-B ZIP:01409-000 - Sao Paulo - E	Brazil	FAX 5.5113	3E+11		
		Street	Dr. Dante Pazzanese stree 500 - 11th floor					
		Country	Brazil	Region	São Pau	ulo.		
		Zip code	04012-909	magon				
The program director and a minimum of two face			that they will dedicate sufficient time (i.e. minimum 10% of working time) to a	ttend to his or her responsibilitie	s.			
	Yes							
A documentary evaluation process will be under		e every 4 mont	ths.					
C	Yes		sia and Intensive Care at the host centre in junction with European Association	-4Cdi-4bi- A4bi-l		Cons (FACTAIC) Condidately consistence		
completion of the program will be acknowledge	u by the bepartine	ent of Ariestne	sia and intensive care at the nost centre in junction with European Association	of Cardiothoracic Anaestriesiolog	y and intensive	care (EACTAIC) Candidate's requirements		
	Yes	1						
4. Candidate's requirements	163	4						
The candidates must be board certified or board eligible as	coording to European	recidency progra	m standards					
The candidates must be board certified or board engine in	Yes		III JURIOU GJ					
Language requirements	B2	Comments	Portuguese. Celpe Bras Test					
Specific requirements towards the attending fellow		_	The requirements include training or work experience for (1) one year in Paediatric general anes	thesia and (2) one year in adult cardiac a	nesthesia at any na	tional or international recognized center, preferably EACTAIC hosting centers if possible		
5. General Program Information								
Aims, goals and objectives of the PCA Fellowship Program								
	zil, has been establish	hed with the aim	of providing a solid clinical and academic experience in the perioperative management of paediatr	ic patients undergoing complex cardiova	scular procedures.	The main objective of our programme is to teach the fellows to work independly to become a senior anesthetist		
in pediatrics heart surgery .								
Preferred Duration	* Of note, the training pe	eriod should not be i	nterrupted by frequent and/or prolonged periods of secondment to other divisions / departments.					
Preferred Program Training	Start	March	1	End	February	28		
Number of Positions Per Year	3	Type of fellows	thip training available			Clinical only		
The fellow will have the opportunity to provide direct patien	nt care during his/her t	training program,	under supervision from the legal representative of the hosting institute. "i.e. hands-on practice"					
	Yes	1						
The mentor must provide the Fellow with one-on-one clinic	al supervision during	the first six-mon	ths 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 els		l, but complex ca	ses must have direct supervision.					
	Yes	<u> </u>						
According to educational attainment, would the mentor's si	yes Yes	ow become more	indirect provided that the mentor should nevertheless be physically present in the hospital and	promptly available within a short duratio	in			
Will the PCA fellowship training be not interrupted by prolo		J nce because of ill	ness or nersonal circumstances					
	Yes	1						
Absence from training for sick leave or personal circumstan	ces requires a proport	tionate extension	of the training period.					
	Yes							
Program Director and Faculty Members Research Interest and/o * Please, list at least three names and include the list of publica		mbers with the an	elication form.					
	FACTAIC member	Certification in	Additional Qualifications	Email address		Contact address		
Name	EACTAIC member	Cardiothoracic	Additional Qualifications	Email address		Contact address		
		and Vascular						
		Anesthesia						

Name	EACTAIC member		Additional Qualifications	Email address	Contact address
		Cardiothoracic			
		and Vascular			
		Anesthesia			
Program Director - Caetano Nigro Neto	Yes			caenigro@uol.com.br	Peixoto Gomide street 502/173-B ZIP:01409-000 - Sao Paulo - Brazil
	163		University of São Paulo (USP)		
Vinicius Tadeu N da Silva Nascimento	Yes	Yes	Cardiac Anaesthesia Consultant / NBE	nascimento-08@yahoo.com.br	litaoca street 110 apt 141 ZIP-04140-090 - são Paulo -Brasil
Gretel Oliveira Nicolau	Yes	Yes	Cardiac Anaesthesia Consultant / Congenital Heart Diseases Anaesthesia Specialist	greteloliveira@gmail.com	Guaripe street, 212 ZIP:04147-070 - São Paulo- Brazil
Radel Saurith Lindo	Yes	Yes	Cardiac Anaesthesia Consultant / Congenital Heart Diseases Anaesthesia Specialist	rsaurith85@hotmail.com	Chui street 207/62 ZIP 04104-051 - São Paulo - Brazil
Arthur Ribeiro Coutinho Furtado	Yes	Yes	Cardiac Anaesthesia Consultant / Congenital Heart Diseases Anaesthesia Specialist	arthurfurtado @hotmail.com	Martiniano de Carvalho street 926/121A ZIP: 01321-000 - São Paulo - Brazil
Mariana Nery Perfeito	Yes	Yes	Cardiac Anaesthesia Consultant / Congenital Heart Diseases Anaesthesia Specialist	mariana n@hotmail.com	Dona Carolina street 60/703 ZIP: 04110-030 - São Paulo - Brazil
Mayara Francy Pereira Nunes	Yes	Yes	Cardiac Anaesthesia Consultant / Congenital Heart Diseases Anaesthesia Specialist	mayarafrancy@yahoo.com.br	José Antônio Coelho street 889/124 ZIP: 04011-062 - São Paulo - Brazil

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 congenit	tal heart disease (CHD) patients	Yes	7	35
Number of PICU beds dedicated to Ci	HD patients	Yes	7	12
Is there an emergency department in	which CHD patients are managed 24 hours a day?	Yes	7	1
Are adult patients with CHD managed	in the host center?	Yes	7	1
Total number of adult patients with CH	4D undergoing surgery	Yes	7	4
Total number of adult patients with CH	D undergoing interventional cardiology	Yes	7	5
Is there monitoring and advanced life	support equipment representative of current levels of technology?	Yes	7	1
Outpatient Clinic for perioperative eva	aluation of patients undergoing cardiothoracic and vascular procedures	Yes	7	1
24-hours acute pain service available	of repaediatric patients undergoing different procedures	Yes	7	1
Meeting Rooms		Yes	7	2
Classrooms with visual and other edu	ucational aids	Yes	7	4
Charles assess for fallers		Van	7	

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?

Yes

Yes

The dystens (in months, four weeks - one month) during the 12 months of education in fundamental clinical skill.

aring for inpatients in	Number of performed produces/ye	ear				
	Center (1)	Center (2)				
Total number of paediatric pasents (16 years or younger) with CHD undergoing surgery using CPB per year	353					
Total number of paediatric patients (16 years or younger) with CHD undergoing surgery without using the CPB per year	48					
Total number of paediatric patients (4 years or younger) with CHD undergoing surgery using CPB per year	263					
Total number of paediatric patients (4 years or younger) with CHD undergoing surgery without using the CPB per year	17					
Total number of paediatric patients (one year or younger) with CHD undergoing surgery using CPB per year	187					
Total number of paediatric patients (one year or younger) with CHD undergoing surgery without using the CPB per year	36					
Total number of adult patients with CHD undergoing surgery using CPB per year	46					
Total number of adult patients with CHD undergoing surgery without using the CPB per year	0					
Total number of paediatric patients (16 years or younger) with CHD undergoing interventional cardiology per year	526					
Total number of adult patients with CHD undergoing interventional cardiology per year	132					
Cardiac surgery without CPB	48					
Interventional Cardiac Catheterization	550					
PIGU	60					
Electrophysiology Lab (e.g. mapping, ablation, pacemakers, ICDs)	48					
Heart, Lung, and Heart/Lung Transplants	1					
ECLS, VAD Procedures	0					
Echocardiography Lab	480					
Tracheo-Bronchial Surgery	1					
Basic or Advanced Research	2					
Rotaions in	Number of cases					
Pediatric cardiac anesthesia	401					
Surgical cases with CPB	353					
VSD or ASD	80					
Atrioventricular spetal defect	45					
Tetralogy of Fallot	53					
Left-sided valve lesion	45					
Bidrectional Glenn	30					
Fontam procedure	35					
Rastelli and Damus-Kaye-Stansel procedures, intracardiac tumor	20					
Other	45					
Surgical cases without CPB	48					
Modified Blalock-Taussig shunts	11					
Coarciation repair	10					
Pulmonary arisey banding	10					
PDA closure	10					
Treatment of vascular rings	5					
Other	2					
Paediatric interventional cardiac catheterization	550					
Diagnostic	24					
Noonatal acrtic or pulmonary vessel or valve treatem (e.g. Pulmonary artery stenosis, coarctation)	80					
ASD, VSD, or PDA device closure	180					
Other therapeutic	266					
		132				

Trans-esophageal and trans-thoracic echocardiography					450		i		
Medical or surgical Critical Care Rotation  Paediatric EPS					80 40				
Extracorporeal perfusion or ECLS technology (CPB, ECMO)  Pediatric thoracic anesthesia					10 10				
Basic Research Clinical Research					2				
	h of the fundamental	l medical knowle	edge of requirements included in thr EACTAIC PCA Curriculum		-		Yes		
All fellows entering the PCA Program will complete ea	ch of the fundamenta	l clinical / techni	ical skills of requirements included in thr EACTAIC PCA Curriculum				Yes		
Clinical Responsibility	demonstrate compr	etency in the plac	flows include the preoperative preparation, direct patients care. This is required under operative preparation of peripheral and central venous lines and arterial catheters with and without u	rasound imaging; must recognize unique characte	eristics of pediatric cardiac ar	natomy and airway manageme	ent; to perform	perioperative transes op hag	eal and basic transthoracic
			ents; to know the physiology of coagulation and properly interpret coagulation tests, as ors, vasodilators, beta blockers, diuretics; to carry out a comprehensive preoperative as				perioperative p	eriod the following groups	of drugs: antiarrhythmics,
							Yes		
Non-technical skills	Fellows must develo	op effective comm	munication skills with members of other departments including surgeons, cardiologists rticipate in basic and pediatrics clinical research activities with the ability to critically int	intensive care physicians, and nurses. Fellows mu	est follow patients Safety Gui	idelines. The fellows are expected.	ted to act in a r	espectful, courteous, civil a	nd ethical manner, in the best
		, ,-	, , , , , , , , , , , , , , , , , , , ,						
List any other rotations (along with their duration, in mo	onths) offered in the P	rogram to augme	ent fellows' learning (e.g. General adult cardiac anesthesia, Adult TEE,).						
All activities will include patients with congenital heart dis	esse, children and adu	lts. During the pr	rogram, the fellows will have their practical activities in rotations trough the different se	ctions of the hospital: operating rooms, outpatier	et clinics, intensive care unit (	ICU) and Cath-lab for congen	nital heart diseas	se procedures.	
Will advanced subspecialty rotations reflect increased re	sponsibility and learn	ing opportunities				No			
Will the Fellow assume on call duties in the hospital?  If yes please provide whether this will be only for PCA or	will be for pediatric ar	nesthesia and/or	Yes cardiac anesthesia?				Yes		
How will be the financial aspects of these on call duties	,	The Anesthes	sia Company - CASP, witch has a contract with the hospital will provide payments for a	ny extra work that fellows does , including on-call	duties.				
Will the Fellow have a free day following an on call duty?			Yes						
How will be the financial aspect of these on call duties.		L	The on-call duties make at the hospital will be considered as an extra work, and will	e paid by the Anesthesia Company - CASP, wich h	as a contract with the hospit	:al			
Maximum Time in Non-Clinical Activities per week		8 hours							
Financial Statement     An employment contract will be signed with the candida	te		Yes						
Accommodation options are provided Transportation/travel options are provided			No No						
Monthly Salary	Amount	10000.0	Currency	Brasilian reais		Is VAT / Taxes inclu		Yes	
This opportunity is not funded by the centre		No	Source of financial support for the candidate: Others	The Education Center - ANESTEZ, which	has a signed agreement with		tional grant n Educational G	rant to the fellows monthly	,
Will the working hours directives be respected according	g to the prevailing nati	ional law?	Yes						
9. Educational and Academic Programs									
Didactic Sessions  What will be the frequency of the following educational									Follows
Critical care appraisal of the literature (i.e., journal dub)	Weekly	Bi-weekly No	Monthly		Quarterly	Semi-a	innually	Annually	Fellows' attendance would be monitored
Quality improvement (M&M, QA)	No	No	Yes Yes		No		Vo.	No	Yes Yes
Board review (e.g., oral exams, keywords)  Grand rounds	No Yes	No No	No No		No No	Y b		No No	Yes Yes
Other (specify) Click here to enter text.	enerific panels of ned	listrice and cardia	ac anesthesia. In addition, other short courses (seminars) are offered by the congenita	heart diseases department in our hospital for free	to all neonle involved with	andistrics nationts			
We have once a year, our reasonal congress that includes	apacine paners or pea	munica una curan	is uncontain. In addition, other store courses (seminary me oriented by the congestion	near adeases department in our nospitation nec	, to an people nivorica with	sectiones posteries.			
Formal Course Work Available in		https://www.ar	nestez.com.; https://ead.anestez.com.; instagram:aneste_z						
Extra-Institutional Educational Conference Support:			N/A						
The Opportunioty for Exchange with other training facili	ties		Yes	The centre also has an agreement with	HCOR (Hospital do Coração)	that allows the fellows free a	ccess to the pa	ediatrics heart surgeries and	PICU. The fellows will receive
10. Assessment				their salary continuously during the ex	change training rotations du	ring the fellowship program.			
The Program Director will evaluate each fellow every for			•	Yes					
A documentary evaluation process will be undertaken The 4-monthly evaluation will include	at least once every fo	our months.		Yes					
360-degree evaluation				Yes					
Clinical skills evaluation (CSE) Personal reports from the faculty				Yes					
Reflection and self-assessment by the Fellow				Yes					
				Yes Yes					
Learning goals for the next four months  Feedback from the fellow on the quality of education									
Learning goals for the next four months  Feedback from the fellow on the quality of education  11. Practice-based Learning and Improvement				Yes Yes					
Learning goals for the next four months Feedback from the fellow on the quality of education  11. Practice-based Learning and Improvement  1. Briefly describe the main learning activities regarding				Yes Yes Yes	35e				
Learning goals for the next four months Feedback from the fellow on the quality of education  11. Practice-based Learning and Improvement  1. Briefly describe the main learning activities regarding			t during the followship coult and participate in case discussions and surgical proposals, as well as discuss with	Yes Yes Yes	ise.				
Learning goals for the next four months Feedback from the fellow on the quality of education  11. Practice-based Learning and Improvement  1. Briefly describe the main learning activities regarding				Yes Yes Yes	zie.				
Learning goals for the next four months Feedback from the fellow on the quality of education  11. Practice-based Learning and Improvement  1. Briefly describe the main learning activities regarding				Yes Yes Yes	35 C.				
Learning goals for the next four months Feedback from the fellow on the quality of education  11. Practice-based Learning and Improvement  1. Briefly describe the main learning activities regarding				Yes Yes Yes	ase.				
Learning goals for the near four months receivable from the Geldow on the quality of education 11. Practice-based Learning and Improvement 1. Birdly describe the main learning activities regarding feelows must make pre-anesthetic visits and attend multi-	disciplinary clinical me	etings to learn ab		Yes Yes Yes Yes He supervisor the anesthetic proposals for each c		and supervision that will guid	de this process.		
Learning goals for the next four months redeback from the Glow on the quality of education  11. Practice-based Learning and Improvement  1. Briefly describe the man learning activities regarding redown must make pre-anesthetic visits and attend multicommunity and the pre-anesthetic visits and attend multicommunity and attend multico	disciplinary clinical mer disciplinary clinical mer divity or project that wi	etings to learn ab	oout and participate in case discussions and surgical proposals, as well as discuss with  sometimes of the surgical proposals, as well as discuss with  sometimes of the surgical proposals and surgical proposals. The surgical proposals are surgically as to demonstrate an ability to analyse, improve and change practice or patient care. De-	Yes	rovisions of faculty support	and supervision that will guid	Je this process.		
Learning goals for the next four months redeback from the Glow on the quality of education  11. Practice-based Learning and Improvement  1. Briefly describe the man learning activities regarding redown must make pre-anesthetic visits and attend multicommunity and the pre-anesthetic visits and attend multicommunity and attend multico	disciplinary clinical mer disciplinary clinical mer divity or project that wi	etings to learn ab	cout and participate in case discussions and surgical proposals, as well as discuss with	Yes	rovisions of faculty support	and supervision that will guic	de this process.		
Learning goals for the next four months redeback from the Glow on the quality of education  11. Practice-based Learning and Improvement  1. Briefly describe the man learning activities regarding redown must make pre-anesthetic visits and attend multicommunity and the pre-anesthetic visits and attend multicommunity and attend multico	disciplinary clinical mer disciplinary clinical mer divity or project that wi	etings to learn ab	oout and participate in case discussions and surgical proposals, as well as discuss with  sometimes of the surgical proposals, as well as discuss with  sometimes of the surgical proposals and surgical proposals. The surgical proposals are surgically as to demonstrate an ability to analyse, improve and change practice or patient care. De-	Yes	rovisions of faculty support	and supervision that will guild	Je this process.		
Learning goals for the next four months redeback from the Glow on the quality of education  11. Practice-based Learning and Improvement  1. Briefly describe the man learning activities regarding redown must make pre-anesthetic visits and attend multicommunity and the pre-anesthetic visits and attend multicommunity and attend multico	disciplinary clinical mentions of the control of th	etings to learn about the fellow of the patient, lab	rout and participate in case discussions and surgical proposals, as well as discuss with a surgical proposals, as well as discussion of the surgical proposals or patient care. It is demonstrate an ability to analyse, improve and change practice or patient care. It is demonstrate an ability to analyse, improve and change practice or patient care. It is demonstrated as a surgical proposals, as well as discussions and surgical proposals, as well as discussions and surgical proposals.	Yes	rovisions of faculty support	and supervision that will guid	Je this process.		
Learning goals for the next four months redetable from the Gellow on the quality of education  11. Practice-based Learning and Improvement  1. Briefly describe the main learning activities regarding fedows must make pre-anesthetic visits and attend multiple fedows fedows will participate in the education fedoms will par	disciplinary clinical mentions of the state	ill allow the fellow  of the patient, lab	coult and participate in case discussions and surgical proposals, as well as discuss with  which is a surgical proposals, as well as discuss with  which demonstrate an ability to analyse, improve and change practice or patient care. In  poratory and imaging tests. Thus, no area thetic surgical plan will be draw up that, toget  follows, and other health professionals.	Yes	rovisions of faculty support	and supervision that will guic	de this process.		
Learning goals for the next four months feedback from the flow on the quality of education  11. Practice-based Learning and Improvement  1. Briefly describe the main learning activities regarding fedows must make pre-anesthetic visits and attend multic fedoms must make pre-anesthetic visits and attend multic fedoms must make pre-anesthetic visits and attend multic fedoms for the pre-anesthetic visits and attend multic fedoms must make pre-anesthetic visits and attend multic fedoms must make pre-anesthetic visits and attend multic fedoms fedom	disciplinary clinical mentions of the state	ill allow the fellow  of the patient, lab	coult and participate in case discussions and surgical proposals, as well as discuss with  which is a surgical proposals, as well as discuss with  which demonstrate an ability to analyse, improve and change practice or patient care. In  poratory and imaging tests. Thus, no area thetic surgical plan will be draw up that, toget  follows, and other health professionals.	Yes	rovisions of faculty support	and supervision that will guic	đe this process.		
Learning goals for the next four months redetable from the Gellow on the quality of education  11. Practice-based Learning and Improvement  1. Briefly describe the main learning activities regarding fedows must make pre-anesthetic visits and attend multiple fedows fedows will participate in the education fedoms will par	disciplinary clinical mentions of the state	ill allow the fellow  of the patient, lab	coult and participate in case discussions and surgical proposals, as well as discuss with  which is a surgical proposals, as well as discuss with  which demonstrate an ability to analyse, improve and change practice or patient care. In  poratory and imaging tests. Thus, no area thetic surgical plan will be draw up that, toget  follows, and other health professionals.	Yes	rovisions of faculty support	and supervision that will guic	de this process.		
Learning goals for the next four months redeback from the Glow on the quality of education  11. Practice-based Learning and Improvement  1. Briefly describe the man learning activities regarding fellows must make pre-anesthetic visits and attend multic fellows must be individually analyzed: clinical pathology,  3. Briefly describe how follows will participate in the ed.  Through pre-anesthetic visits, multidisciplinary clinical did  Through pre-anesthetic visits, multidisciplinary clinical did	disciplinary clinical mentions of the state	ill allow the fellow  of the patient, lab	coult and participate in case discussions and surgical proposals, as well as discuss with  which is a surgical proposals, as well as discuss with  which demonstrate an ability to analyse, improve and change practice or patient care. In  poratory and imaging tests. Thus, no area thetic surgical plan will be draw up that, toget  follows, and other health professionals.	Yes	rovisions of faculty support	and supervision that will guic	de this process.		
Learning goals for the next four months feedback from the follow on the quality of education  11. Practice-based Learning and Improvement  1. Briefly describe the main learning activities regarding fedows must make pre-anesthetic visits and attend multic fedows must fedow fedows multiple intervenent action for the fedows will participate in the education fedoms fedows will participate in the education fedoms fedom	disciplinary clinical meeting of the control of patients, far crussions, protocols in	ill allow the fellow of the patient, lab	coult and participate in case discussions and surgical proposals, as well as discuss with  which is a surgical proposals, as well as discuss with  which demonstrate an ability to analyse, improve and change practice or patient care. In  poratory and imaging tests. Thus, no area thetic surgical plan will be draw up that, toget  follows, and other health professionals.	Yes	revisions of faculty support		Se this process.		
Learning goals for the next four months feedback from the follow on the quality of education  11. Practice-based Learning and Improvement  1. Briefly describe the main learning activities regarding fedows must make pre-anesthetic visits and attend multic fedows must fedow fedows will participate in the education fedows will participate fedows will participate in the education fedows will participate in th	disciplinary clinical mentions of the control of patients, far custions, protocols of the control of the contro	ill allow the fellow of the patient, lab	oout and participate in case discussions and surgical proposals, as well as discuss with which the proposals of the proposals	Net	revisions of faculty support suits.	nealth-related agencies.			oney visits in the KU.
Learning goals for the next four months feedback from the follow on the quality of education  11. Practice-based Learning and Improvement  1. Briefly describe the main learning activities regarding fedows must make pre-anesthetic visits and attend multic fedows must fedow fedows will participate in the education fedows will participate fedows will participate in the education fedows will participate in th	disciplinary clinical mentions of the control of patients, far custions, protocols of the control of the contro	ill allow the fellow of the patient, lab	oout and participate in case discussions and surgical proposals, as well as discuss with water and participate in case discuss with a surgical proposals, as well as discuss with we to demonstrate an ability to analyse, improve and change practice or patient cars. In some or patient cars, to provide a surgical plan will be draw up that, toget discuss, and other health professionals.	Net	revisions of faculty support suits.	nealth-related agencies.			onary visits in the KU.
Learning goals for the next four months feedback from the follow on the quality of education  11. Practice-based Learning and Improvement  1. Briefly describe the main learning activities regarding fedows must make pre-anesthetic visits and attend multic fedows must fedow fedows will participate in the education fedows will participate fedows will participate in the education fedows will participate in th	disciplinary clinical mentions of the control of patients, far custions, protocols of the control of the contro	ill allow the fellow of the patient, lab	oout and participate in case discussions and surgical proposals, as well as discuss with water and participate in case discuss with a surgical proposals, as well as discuss with we to demonstrate an ability to analyse, improve and change practice or patient cars. In some or patient cars, to provide a surgical plan will be draw up that, toget discuss, and other health professionals.	Net	revisions of faculty support suits.	nealth-related agencies.			onary visits in the ICU.
Learning goals for the next four months redeback from the Glow on the quality of education  1. Practice-based Learning and Improvement  1. Briefly describe the main learning activities regarding fellows must make pre-anesthetic visits and attend multic fellows must be included and pre-participate in the education of the fellows are of the fellows are oriented to the fellows are o	disciplinary clinical mee  tivity or project that wi hemodynamic status of vication of patients, far crussions, protocols n  s demonstrate compe	etings to learn ab- ill allow the fellow of the patient, lab mikes, students, f weiew and periopi tence in commun the family the be	coult and participate in case discussions and surgical proposals, as well as discuss with  was to demonstrate an ability to analyse, improve and change practice or patient care. Do  constory and imaging tests. Thus, no anesthetic surgical plan will be draw up that, toget  fellows, and other health professionals.  resolve check list.  inclaining effectively with patients and families across a broad range of socioeconomic as  st way possible, of all the risks that patient will be submitted and the alternative treatment of the possible of all the risks that patient will be submitted and the alternative treatment of the submitted and the alternative treatment of the possible of all the risks that patient will be submitted and the alternative treatment of the possible of all the risks that patient will be submitted and the alternative treatment of the possible of all the risks that patient will be submitted and the alternative treatment of the possible of all the risks that patient will be submitted and the alternative treatment of the possible of all the risks that patient will be submitted and the alternative treatment of the possible of all the risks that patient will be submitted and the alternative treatment of the possible of all the risks that patient will be submitted and the alternative treatment of the possible of all the risks that patient will be alternative treatment of the possible of all the risks that patient will be alternative treatment of the possible of all the risks that patient will be alternative treatment of the possible of all the risks that patient will be alternative treatment of the possible of all the possible of a	Yes	revisions of faculty support sults.  If health professionals, and if	health-related agen cies. serticipate in multidisciplinary	r meeting and di	scussions and multidiscpl	
Learning goals for the next four months redeback from the Glow on the quality of education  1. Practice-based Learning and Improvement  1. Briefly describe the main learning activities regarding fellows must make pre-anesthetic visits and attend multic fellows must be included and pre-participate in the education of the fellows are of the fellows are oriented to the fellows are o	disciplinary clinical mee  tivity or project that wi hemodynamic status of vication of patients, far crussions, protocols n  s demonstrate compe	etings to learn ab- ill allow the fellow of the patient, lab mikes, students, f weiew and periopi tence in commun the family the be	oout and participate in case discussions and surgical proposals, as well as discuss with water and participate in case discuss with a surgical proposals, as well as discuss with we to demonstrate an ability to analyse, improve and change practice or patient cars. In some or patient cars, to provide a surgical plan will be draw up that, toget discuss, and other health professionals.	Yes	revisions of faculty support sults.  If health professionals, and if	health-related agen cies. serticipate in multidisciplinary	r meeting and di	scussions and multidiscpl	
Learning goals for the next four months restricted from the Goldward Residues from the Goldward Residues from the Goldward Residues from the Goldward Residues and Improvement  1. Briefly describe the main learning activities regarding residues must make pre-anesthetic visits and attend multic fellows from the fellows will participate in the ed.  3. Briefly describe how fellows will participate in the ed.  Through pre-anesthetic visits, multidisciplinary clinical did for the fellows are oriented to the fellow will be asked to participate in the fellow of the fellows will be asked to participate in the fellow of the fellow promitted and structure suitability, fellows case for the fellow for the fellows will be asked to participate in the fellow of the case for fellows will be asked to participate in the fellow for the fellows will be asked to participate in the fellow for the fellows will be asked to participate in the fellow for the fellows fellows.	disciplinary clinical mentions of the company clinical company conformations and company clinical mentions clinical company clini	white, students, fabrical and periopic students, fabrical and periopic students, fabrical and periopic students are students.	out and participate in case discussions and surgical proposals, as well as discuss with  ws to demonstrate an ability to analyse, improve and change practice or patient care. Do  constory and imaging tests. Thus, na anesthetic surgical plan will be draw up that, toget  fellows, and other health professionals.  erather check list.  inciding effectively with patients and families across a broad range of socioeconomic as  st way possible, of all the risks that patient will be submitted and the alternative treatm  so work effectively as members or leaders of a health care team or other professionals or  work effectively as members or leaders of a health care team or other professional go  work effectively as members or leaders of a health care team or other professional go  the head of OSI, head of cardiac anesthesia and head of cardiac surgery. The follows  the head of OSI, head of cardiac anesthesia and head of cardiac surgery. The follows  the head of OSI, head of cardiac anesthesia and head of cardiac surgery. The follows  the head of OSI, head of cardiac anesthesia and head of cardiac surgery. The follows  the head of OSI, head of cardiac anesthesia and head of cardiac surgery. The follows  the head of OSI, head of cardiac anesthesia and head of cardiac surgery. The follows  the head of OSI, head of cardiac anesthesia and head of cardiac surgery. The follows  the head of OSI, head of cardiac anesthesia and head of cardiac surgery. The follows  the follows are follows and the follows the follows the follows the follows  the follows are follows and the follows the follows the follows the follows the follows  the follows are follows and the follows	Nes	revisions of faculty support soults.  In health professionals, and it is refelows are also required to g	neath-related agencies. Asstricipate in multidisciplinary am members, and how team n	r meeting and di	scussions and multidiscpl	
Learning goals for the next four months feetbook from the feetbook mits quality of education  11. Practice-based Learning and improvement  12. Practice-based Learning and improvement  13. Briefly describe the main learning archities regarding fedows must make pre-anesthetic visits and attend multic fedows must fedow fedows must fedow fedows fedow	disciplinary clinical mentions of the company clinical company conformations and company clinical mentions clinical company clini	white, students, fabrical and periopic students, fabrical and periopic students, fabrical and periopic students are students.	out and participate in case discussions and surgical proposals, as well as discuss with  ws to demonstrate an ability to analyse, improve and change practice or patient care. Do  constory and imaging tests. Thus, na anesthetic surgical plan will be draw up that, toget  fellows, and other health professionals.  erather check list.  inciding effectively with patients and families across a broad range of socioeconomic as  st way possible, of all the risks that patient will be submitted and the alternative treatm  so work effectively as members or leaders of a health care team or other professionals or  work effectively as members or leaders of a health care team or other professional go  work effectively as members or leaders of a health care team or other professional go  the head of OSI, head of cardiac anesthesia and head of cardiac surgery. The follows  the head of OSI, head of cardiac anesthesia and head of cardiac surgery. The follows  the head of OSI, head of cardiac anesthesia and head of cardiac surgery. The follows  the head of OSI, head of cardiac anesthesia and head of cardiac surgery. The follows  the head of OSI, head of cardiac anesthesia and head of cardiac surgery. The follows  the head of OSI, head of cardiac anesthesia and head of cardiac surgery. The follows  the head of OSI, head of cardiac anesthesia and head of cardiac surgery. The follows  the head of OSI, head of cardiac anesthesia and head of cardiac surgery. The follows  the follows are follows and the follows the follows the follows the follows  the follows are follows and the follows the follows the follows the follows the follows  the follows are follows and the follows	Nes	revisions of faculty support soults.  In health professionals, and it is refelows are also required to g	neath-related agencies. Asstricipate in multidisciplinary am members, and how team n	r meeting and di	scussions and multidiscpl	
Learning goals for the next four months feetbook from the feetbook not be quality of education  11. Practice-based Learning and Improvement  1. Briefly describe the main learning archities regarding fedows must make pere anesthetic visits and attend multic fedows must make pere anesthetic visits and attend multic fedows must make pere anesthetic visits and attend multic fedows must make pere anesthetic visits and attend multic fedows must make pere anesthetic visits and attend multic fedows must make pere anesthetic visits and pathology.  3. Briefly describe one planned quality improvement act facts that the fedows will participate in the education of the fedows will participate in the education of the fedows will participate in the education of the fedows will be asked to participate in the daily ofts che priorities and structure availability, defecting the cases for also during the management of every patient the fedow will be eaked to participate in the daily ofts che priorities and structure availability, defecting the cases for also during the management of every patient the fedows will be eaked to participate in the daily ofts che priorities and structure availability, defecting the cases for also during the management of every patient the fedows.	disciplinary clinical meet the property of the	tetings to learn ab- ill allow the fellow of the patient, lab miles, students, f, eview and periopi tence in commun the family the be- kells and habits to numion is held by no shifts, having is other consultan	out and participate in case discussions and surgical proposals, as well as discuss with  ws to demonstrate an ability to analyse, improve and change practice or patient care. Di  constory and imaging tests. Thus, no anesthetic surgical plan will be draw up that, toget  follows, and other health professionals, erather check list.  Initiating effectively with patients and families across a broad range of socioeconomic as  six way possible, of all the risks that patient will be submitted and the alternative treater  six were effectively as members or leaders of a health care team or other professional gro  work effectively as members or leaders of a health care team or other professional gro  the head of OR, head of cardiac anesthesia and head of cardiac surgey. The follow will be part of a  tits, to adverse patient-specific issues.	Nes	revisions of faculty support soults.  In health professionals, and it is refelows are also required to g	neath-related agencies. Asstricipate in multidisciplinary am members, and how team n	r meeting and di	scussions and multidiscpl	
Learning goals for the next four months feetbook from the feel own the quality of education  11. Practice-based Learning and Improvement  1. Briefly describe the main learning archities regarding feetbook must make pere anesthetic visits and attend multic feetbook must make pere anesthetic visits and attend multic feetbook must make pere anesthetic visits and attend multic feetbook must make pere anesthetic visits and attend multic feetbook must make pere anesthetic visits and attend multic feetbook must make pere anesthetic visits and pathology.  3. Briefly describe one planned quality improvement as facts that the case will be individually analysed clinical pathology.  13. Briefly describe how fellows will participate in the ed.  14. Interpersonal and Communication Skills  15. Briefly describe one learning activity in which fellow.  15. Briefly describe one learning activity in which fellow.  16. Briefly describe one learning activity in which fellow.  17. Briefly describe one learning activity in which fellow are oriented to the fellow will be asked to participate in the daily Oit sche priorities and structure availability, Selecting the cases for also during the management of every patient the fellow will be asked to participate in the daily Oit sche priorities and structure availability, Selecting the cases for also during the management of every patient the fellow will be asked to participate in the daily Oit sche priorities and structure availability, Selecting the cases for also during the management of every patient the fellows.	disciplinary clinical meet the property of the	tetings to learn ab- ill allow the fellow of the patient, lab miles, students, f, eview and periopi tence in commun the family the be- kells and habits to numion is held by no shifts, having is other consultan	out and participate in case discussions and surgical proposals, as well as discuss with  ws to demonstrate an ability to analyse, improve and change practice or patient care. Do  constory and imaging tests. Thus, na anesthetic surgical plan will be draw up that, toget  fellows, and other health professionals.  erather check list.  inciding effectively with patients and families across a broad range of socioeconomic as  st way possible, of all the risks that patient will be submitted and the alternative treatm  so work effectively as members or leaders of a health care team or other professionals or  work effectively as members or leaders of a health care team or other professional go  work effectively as members or leaders of a health care team or other professional go  the head of OSI, head of cardiac anesthesia and head of cardiac surgery. The follows  the head of OSI, head of cardiac anesthesia and head of cardiac surgery. The follows  the head of OSI, head of cardiac anesthesia and head of cardiac surgery. The follows  the head of OSI, head of cardiac anesthesia and head of cardiac surgery. The follows  the head of OSI, head of cardiac anesthesia and head of cardiac surgery. The follows  the head of OSI, head of cardiac anesthesia and head of cardiac surgery. The follows  the head of OSI, head of cardiac anesthesia and head of cardiac surgery. The follows  the head of OSI, head of cardiac anesthesia and head of cardiac surgery. The follows  the follows are follows and the follows the follows the follows the follows  the follows are follows and the follows the follows the follows the follows the follows  the follows are follows and the follows	Nes	revisions of faculty support soults.  In health professionals, and it is refelows are also required to g	neath-related agencies. Asstricipate in multidisciplinary am members, and how team n	r meeting and di	scussions and multidiscpl	
Learning goals for the next four months feetbook from the feel own the quality of education  11. Practice-based Learning and Improvement  13. Briefly describe the main learning activities regarding fedows must make pere anesthetic visits and attend multic fedows must make pere anesthetic visits and attend multic fedows must make pere anesthetic visits and attend multic fedows must make pere anesthetic visits and attend multic fedows must make pere anesthetic visits and attend multic fedows must fedow fedows must fedow fedows multiple fedows must fedow fedows multiple fedows fe	disciplinary clinical meeting plans of the company	tetings to learn about the fellow of the patient, lab ill allow the fellow of the patient, lab ill allow the fellow of the patient, lab ill allow the patient ill allow the patient, lab ill allow the patient, lab ill allow the fellow the fellow the patient, lab ill allow the fellow the patient, lab ill allow the fellow the patient, lab ill allow the fellow the patient ill allow the fellow the f	out and participate in case discussions and surgical proposals, as well as discuss with  ws to demonstrate an ability to analyse, improve and change practice or patient care. Di  constory and imaging tests. Thus, no anesthetic surgical plan will be draw up that, toget  follows, and other health professionals, erather check list.  Initiating effectively with patients and families across a broad range of socioeconomic as  six way possible, of all the risks that patient will be submitted and the alternative treater  six were effectively as members or leaders of a health care team or other professional gro  work effectively as members or leaders of a health care team or other professional gro  the head of OR, head of cardiac anesthesia and head of cardiac surgey. The follow will be part of a  tits, to adverse patient-specific issues.	Nes	revisions of faculty support soults.  In health professionals, and it is refelows are also required to g	neath-related agencies. Asstricipate in multidisciplinary am members, and how team n	r meeting and di	scussions and multidiscpl	
Learning goals for the next four months feetbook from the feel own the quality of education  11. Practice-based Learning and Improvement  13. Briefly describe the main learning activities regarding fedows must make pere anesthetic visits and attend multic fedows must make pere anesthetic visits and attend multic fedows must make pere anesthetic visits and attend multic fedows must make pere anesthetic visits and attend multic fedows must make pere anesthetic visits and attend multic fedows must fedow fedows must fedow fedows multiple fedows must fedow fedows multiple fedows fe	disciplinary clinical meeting plans of the company	tetings to learn about the fellow of the patient, lab ill allow the fellow of the patient, lab ill allow the fellow of the patient, lab ill allow the patient ill allow the patient, lab ill allow the patient, lab ill allow the fellow the fellow the patient, lab ill allow the fellow the patient, lab ill allow the fellow the patient, lab ill allow the fellow the patient ill allow the fellow the f	out and participate in case discussions and surgical proposals, as well as discuss with way to demonstrate an ability to analyse, improve and change practice or patient care. Di constory and imaging tests. Thus, no anesthetic surgical plan will be draw up that, toget follows, and other health professionals.  erative check list.  Iniciating effectively with patients and families across a broad range of socioeconomic as six way possible, of all the risks that patient will be submitted and the alternative treater six way possible, of all the risks that patient will be submitted and the alternative treater whealth of ON, head of cardiac anesthesia and head of cardiac surgey. The fellow will be in mind any possible emergency case. During the fellowship, the fellow will be part of a tit, to adverse patient-specific issues.	Nes	revisions of faculty support soults.  In health professionals, and it is refelows are also required to g	neath-related agencies. Asstricipate in multidisciplinary am members, and how team n	r meeting and di	scussions and multidiscpl	
Learning goals for the next four months redeback from the Glow on the quality of education  1. Practice-based Learning and Improvement  1. Briefly describe the main learning activities regarding reflows must make pre-anesthetic visits and attend multic factors.  2. Briefly describe one planned quality improvement activity in the control of th	disciplinary clinical mentions of the control of the control of patients, far control of patients, far countries of the control of patients, far countries of the control of patients, far countries of the control of patients, protocols in control of patients, and of the control of the contro	tetings to learn about the fellow of the patient, lab initially appropriate the patient initi	out and participate in case discussions and surgical proposals, as well as discuss with  work to demonstrate an ability to analyse, improve and change practice or patient care. Di  constory and imaging tests. Thus, na anesthetic-surgical plan will be draw up that, toget  fellows, and other health professionals.  erather check list.  In case of the professionals are the surgical plan will be draw up that, toget  relicious, and other health professionals.  erather check list.  In case of the professionals of a broad range of socioeconomic as  as way possible, of all the risks that patient will be submitted and the alternative broad  as work effectively as members or leadens of a health care team or other professional gro  the head of OR, head of cardiac anesthesia and head of cardiac surgery. The fellow will  as mind any possible energiancy case. During the fellowship, the fellow will be part of a  stage of deep parameter period. Socioes  to other physicians and health professionals related to clinical information systems.  Area, Socio datas management, and even online patient informed consent	We to Mee.  The Supervisor the anesthetic proposals for each of the supervisor the anesthetic proposals for each of the supervisor the anesthetic proposals for each of the supervisor that and the best possible results that the protocols, aim at the best possible results that the protocols, aim at the best possible results that the protocols, aim at the best possible results that may occur as a result of adverse events.  If you have a supervisor that may occur as a result of adverse events.	revisions of faculty support soults.  In health professionals, and it is refelows are also required to g	neath-related agencies. Asstricipate in multidisciplinary am members, and how team n	r meeting and di	scussions and multidiscpl	
Learning goals for the next four months feetbook from the feel own the quality of education  11. Practice-based Learning and Improvement  13. Briefly describe the main learning activities regarding fedows must make pere anesthetic visits and attend multic fedows must make pere anesthetic visits and attend multic fedows must make pere anesthetic visits and attend multic fedows must make pere anesthetic visits and attend multic fedows must make pere anesthetic visits and attend multic fedows must fedow fedows must fedow fedows multiple fedows must fedow fedows multiple fedows fe	disciplinary clinical mentions of the control of the control of patients, far control of patients, far countries of the control of patients, far countries of the control of patients, far countries of the control of patients, protocols in control of patients, and of the control of the contro	tetings to learn about the fellow of the patient, lab initially appropriate the patient initi	out and participate in case discussions and surgical proposals, as well as discuss with  work to demonstrate an ability to analyse, improve and change practice or patient care. Di  constory and imaging tests. Thus, na anesthetic-surgical plan will be draw up that, toget  fellows, and other health professionals.  erather check list.  In case of the professionals are the surgical plan will be draw up that, toget  relicious, and other health professionals.  erather check list.  In case of the professionals of a broad range of socioeconomic as  as way possible, of all the risks that patient will be submitted and the alternative broad  as work effectively as members or leadens of a health care team or other professional gro  the head of OR, head of cardiac anesthesia and head of cardiac surgery. The fellow will  as mind any possible energiancy case. During the fellowship, the fellow will be part of a  stage of deep parameter period. Socioes  to other physicians and health professionals related to clinical information systems.  Area, Socio datas management, and even online patient informed consent	We to Mee.  The Supervisor the anesthetic proposals for each of the supervisor the anesthetic proposals for each of the supervisor the anesthetic proposals for each of the supervisor that and the best possible results that the protocols, aim at the best possible results that the protocols, aim at the best possible results that the protocols, aim at the best possible results that may occur as a result of adverse events.  If you have a supervisor that may occur as a result of adverse events.	revisions of faculty support soults.  In health professionals, and it is refelows are also required to g	neath-related agencies. Asstricipate in multidisciplinary am members, and how team n	r meeting and di	scussions and multidiscpl	
Learning goals for the next four months redeback from the Glow on the quality of education  1. Practice-based Learning and Improvement  1. Briefly describe the main learning activities regarding reflows must make pre-anesthetic visits and attend multic factors.  2. Briefly describe one planned quality improvement activity in the control of th	disciplinary clinical meeting plans of the control of patients, far control of patients, far control of patients, far countries of the control of patients and distinct of the countries of the cou	atings to learn about the fellow of the patient, lab in the patient in the family the best union is held by the consultant or	out and participate in case discussions and surgical proposals, as well as discuss with  we to demonstrate an ability to analyse, improve and change practice or patient care. Di  constory and imaging tests. Thus, na anesthetic-surgical plan will be draw up that, toget  fellows, and other health professionals.  retained the tests by the control of th	We to Mee.  The Supervisor the anesthetic proposals for each of the supervisor the anesthetic proposals for each of the supervisor the anesthetic proposals for each of the supervisor that and the best possible results that the protocols, aim at the best possible results that the protocols, aim at the best possible results that the protocols, aim at the best possible results that may occur as a result of adverse events.  If you have a supervisor that may occur as a result of adverse events.	revisions of faculty support soults.  In health professionals, and it is refelows are also required to g	neath-related agencies. Asstricipate in multidisciplinary am members, and how team n	r meeting and di	scussions and multidiscpl	
Learning goals for the next four months received action the fellow on the quality of education  11. Practice-based Learning and Improvement  1. Briefly describe the main learning activities regarding fellows must make pre-anesthetic visits and attend multic fellow in the fellows must be anticopated in the exit for the fellows will participate in the exit for the fellows will participate in the exit for the fellows will participate in the exit for the fellows are of the fellows are offented to the fellows are offented to the fellows are offented to the fellows will be asked to participate in the daily OR subpriction and structure evaluability, defecting the cases for also during the management of every patient the fellow will be management of every patient the fellows will be provided with of the fellows will be management of every patient the fellow will be also also also also also also also also	disciplinary clinical meeting plans of the control of patients, far control of patients, far control of patients, far countries of the control of patients and distinct of the countries of the cou	atings to learn about the fellow of the patient, lab in the patient in the family the best union is held by the consultant or	out and participate in case discussions and surgical proposals, as well as discuss with  we to demonstrate an ability to analyse, improve and change practice or patient care. Di  constory and imaging tests. Thus, na anesthetic-surgical plan will be draw up that, toget  fellows, and other health professionals.  retained the tests by the control of th	We to Mee.  The Supervisor the anesthetic proposals for each of the supervisor the anesthetic proposals for each of the supervisor the anesthetic proposals for each of the supervisor that and the best possible results that the protocols, aim at the best possible results that the protocols, aim at the best possible results that the protocols, aim at the best possible results that may occur as a result of adverse events.  If you have a supervisor that may occur as a result of adverse events.	revisions of faculty support soults.  In health professionals, and it is refelows are also required to g	neath-related agencies. Asstricipate in multidisciplinary am members, and how team n	r meeting and di	scussions and multidiscpl	
Learning goals for the next four months feetbook from the fellow on the quality of education  11. Practice-based Learning and Improvement  1. Briefly describe the main learning activities regarding fellows must make pre-anesthetic visits and attend multiple fellows must make pre-anesthetic visits and participate in the edit fact, and the fellows will be individually analyzed. clinical pathology,  1. Briefly describe one planned quality improvement at the fellows will be anesthetic visits, multiple goldenay clinical did for the fellows will be anesthetic visit, the fellows are oriented to the pre-provide multiple fellows will be anaesthetic visit, the fellows are oriented to the fellow will be anaesthetic visit, the fellows are oriented to the fellow will be anaesthetic visit, the fellows are oriented to the fellow will be anaesthetic visit, the fellows are oriented to the previous will be provided with or a finish fellow will be management of overy patient the fellow will be management of overy patient the fellow will be an oriented to the previous will be provided with or the fellow will be an oriented to the previous will be provided with or the fellow will have full access / credentials to the previous will be provided with or the fellow will have full access / credentials to the previous will be provided with or the fellow will have full access / credentials to the previous will be provided with or the fellow will be accessed to the previous will be provided with or the fellow will be prov	disciplinary clinical meet with the property of the property o	iii allow the fellow iiii allow the fellow iiii allow the fellow iiiiii allow the fellow iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	out and participate in case discussions and surgical proposals, as well as discuss with an appropriate in case discussions and surgical proposals, as well as discuss with way to demonstrate an ability to analyse, improve and change practice or patient care. Demonstery and imaging tests. Thus, no anesthetic surgical plan will be draw up that, toget follows, and other health professionals.  Territory and imaging tests. Thus, no anesthetic surgical plan will be draw up that, toget follows, and other health professionals.  Territory and imaging tests. Thus, no anesthetic surgical plan will be draw up that, toget follows, and other health professionals.  Territory and imaging tests. Thus, no are shown as a broad range of a socioeconomic a six way possible; of all the risks that patient will be submitted and the alternative treatment way possible, of all the risks that patient will be submitted and the alternative treatment in more any possible members or leaders of a health care team or other professional groups that the all the professionals health of cardiac surgery. The follow will be members or leaders of a health care team or other professional groups and health professionals related to clinical information systems. The follows will be to other physicians and health professionals related to clinical information systems. The follows will be a submitted and health or follows will be a contracted to clinical information systems. The follows will be a submitted and health or follows will be a submitted and the alternative treatment of the professionals are team or other profe	Net	revisions of faculty support souts.  In health professionals, and the fellows are also required to give the south of the tellows are also required to give the south of the tellows, nurse assistants, per programment of the south of the sout	health-related agencies.  Santricipate in multidisciplinary am members, and how team n  Justinist vescular and cardiac	w meeting and di	scussions and multidisciple scussions and multidisciple scussions and multidisciple scussions are scussions and multidisciple scussions are scussions and multidisciple scussions and multidisciple scussions are scussions and multidisciple scussions are scussions and multidisciple scussions are sc	onsibilities.
Learning goals for the next four months feetbook from the fellow on the quality of education  1. Practice-based Learning and Improvement  1. Briefly describe the main learning activities regarding fedows must make pre-anesthetic visits and attend multiple fedows must be individually analyzed. clinical pathology,  1. Briefly describe one planned quality improvement as the fedows must be individually analyzed. clinical pathology,  1. Briefly describe how fellows will participate in the editor of the fedows will be asked to participate in the daily OR scheme fellows will be asked to participate in the daily OR scheme fellows will be asked to participate in the daily OR scheme fellows will be asked to participate in the daily OR scheme fellow will be asked to participate in the daily OR scheme fellow will be asked to participate in the daily OR scheme fellow will be asked to participate in the daily OR scheme fellow will be asked to participate in the daily OR scheme fellow will be asked to participate in the daily OR scheme fellow will be asked to participate in the daily OR scheme fellow will be asked to participate in the daily OR scheme fellow will be asked to participate in the daily OR scheme fellow will be asked to participate in the daily OR scheme fellow will be asked to participate in the daily OR scheme fellow will be asked to participate in the daily OR scheme fellow will be asked to participate in the daily OR scheme fellow will be asked to participate in the	disciplinary clinical meet the control of the contr	terings to learn about the fellow the fellow the fellow the patient, lab miles, students, f, stu	out and participate in case discussions and surgical proposals, as well as discuss with an appropriate in case discuss with a surgical proposals, as well as discuss with a surgical proposals, as well as discuss with a surgical plan will be draw up that, toget becomes and imaging tests. Thus, no anesthetic surgical plan will be draw up that, toget follows, and other health professionals.  Territory and imaging tests. Thus, no anesthetic surgical plan will be draw up that, toget follows, and other health professionals.  Territory and imaging tests. Thus, no anesthetic surgical plan will be draw up that, toget when the surgical plan will be draw up that, toget when the surgical plan will be draw up that, toget when the surgical plan will be draw up that, toget when the surgical plan will be submitted and the alternative treatment was possible, of all the risks that patient will be submitted and the alternative treatment was possible, of all the risks that patient will be submitted and the alternative treatment and possible following, the follow will be part of a term of the professionals related to clinical information systems. The draw will be submitted and the alternative and the submitted and the alternative treatment and the professionals related to clinical information systems. The draw will be submitted and the alternative and the submitted and the alternative treatment and the professionals related to clinical information systems. The terman and the professionals related to clinical information systems. The patient information systems are the professionals related to clinical information systems. The patient information systems are the patient information systems. The patient will be alternative and the patient information systems are the patient and the patient information systems.	Nes.  Nes.	revisions of faculty support souts.  In health professionals, and the fellows are also required to give the south of the tellows are also required to give the south of the tellows, nurse assistants, per programment of the south of the sout	health-related agencies.  Santricipate in multidisciplinary am members, and how team n  Justinist vescular and cardiac	w meeting and di	scussions and multidisciple scussions and multidisciple scussions and multidisciple scussions are scussions and multidisciple scussions are scussions and multidisciple scussions and multidisciple scussions are scussions and multidisciple scussions are scussions and multidisciple scussions are sc	onsibilities.
Learning gash for the next four months redeback from the fellow on the quality of education  11. Practice-based Learning and Improvement  12. Practice-based Learning and Improvement  13. Practice-based Learning and Improvement  14. Briefly describe the main learning activities regarding  Fellows must make pre-anesthetic visits and attend multic  15. Briefly describe one planned quality improvement activities and the provided of the provided provided in the provided provided in the provided pro	disciplinary clinical meet the control of the contr	terings to learn about the fellow the fellow the fellow the patient, lab miles, students, f, stu	out and participate in case discussions and surgical proposals, as well as discuss with an appropriate in case discussions and surgical proposals, as well as discuss with way to demonstrate an ability to analyse, improve and change practice or patient care. Demonstery and imaging tests. Thus, no anesthetic surgical plan will be draw up that, toget follows, and other health professionals.  Territory and imaging tests. Thus, no anesthetic surgical plan will be draw up that, toget follows, and other health professionals.  Territory and imaging tests. Thus, no anesthetic surgical plan will be draw up that, toget follows, and other health professionals.  Territory and imaging tests. Thus, no are shown as a broad range of a socioeconomic a six way possible; of all the risks that patient will be submitted and the alternative treatment way possible, of all the risks that patient will be submitted and the alternative treatment in more any possible members or leaders of a health care team or other professional groups that the all the professionals health of cardiac surgery. The follow will be members or leaders of a health care team or other professional groups and health professionals related to clinical information systems. The follows will be to other physicians and health professionals related to clinical information systems. The follows will be a submitted and health or follows will be a contracted to clinical information systems. The follows will be a submitted and health or follows will be a submitted and the alternative treatment of the professionals are team or other profe	Nes.  Nes.	revisions of faculty support souts.  In health professionals, and the fellows are also required to give the south of the tellows are also required to give the south of the tellows, nurse assistants, per programment of the south of the sout	health-related agencies.  Santricipate in multidisciplinary am members, and how team n  Justinist vescular and cardiac	w meeting and di	scussions and multidisciple scussions and multidisciple scussions and multidisciple scussions are scussions and multidisciple scussions are scussions and multidisciple scussions and multidisciple scussions are scussions and multidisciple scussions are scussions and multidisciple scussions are sc	onsibilities.
Learning goals for the next four months feetbook from the fellow on the quality of education  1. Practice-based Learning and Improvement  1. Briefly describe the main learning activities regarding fedows must make pre-anesthetic visits and attend multiple fedows must be individually analyzed. clinical pathology,  1. Briefly describe one planned quality improvement as the fedows must be individually analyzed. clinical pathology,  1. Briefly describe how fellows will participate in the editor of the fedows will be asked to participate in the daily OR scheme fellows will be asked to participate in the daily OR scheme fellows will be asked to participate in the daily OR scheme fellows will be asked to participate in the daily OR scheme fellow will be asked to participate in the daily OR scheme fellow will be asked to participate in the daily OR scheme fellow will be asked to participate in the daily OR scheme fellow will be asked to participate in the daily OR scheme fellow will be asked to participate in the daily OR scheme fellow will be asked to participate in the daily OR scheme fellow will be asked to participate in the daily OR scheme fellow will be asked to participate in the daily OR scheme fellow will be asked to participate in the daily OR scheme fellow will be asked to participate in the daily OR scheme fellow will be asked to participate in the daily OR scheme fellow will be asked to participate in the daily OR scheme fellow will be asked to participate in the	disciplinary clinical meet the control of the contr	terings to learn about the fellow the fellow the fellow the patient, lab miles, students, f, stu	out and participate in case discussions and surgical proposals, as well as discuss with an appropriate in case discuss with a surgical proposals, as well as discuss with a surgical proposals, as well as discuss with a surgical plan will be draw up that, toget becomes and imaging tests. Thus, no anesthetic surgical plan will be draw up that, toget follows, and other health professionals.  Territory and imaging tests. Thus, no anesthetic surgical plan will be draw up that, toget follows, and other health professionals.  Territory and imaging tests. Thus, no anesthetic surgical plan will be draw up that, toget when the surgical plan will be draw up that, toget when the surgical plan will be draw up that, toget when the surgical plan will be draw up that, toget when the surgical plan will be submitted and the alternative treatment was possible, of all the risks that patient will be submitted and the alternative treatment was possible, of all the risks that patient will be submitted and the alternative treatment and possible following, the follow will be part of a term of the professionals related to clinical information systems. The draw will be submitted and the alternative and the submitted and the alternative treatment and the professionals related to clinical information systems. The draw will be submitted and the alternative and the submitted and the alternative treatment and the professionals related to clinical information systems. The terman and the professionals related to clinical information systems. The patient information systems are the professionals related to clinical information systems. The patient information systems are the patient information systems. The patient will be alternative and the patient information systems are the patient and the patient information systems.	Nes.  Nes.	revisions of faculty support souts.  In health professionals, and the fellows are also required to give the south of the tellows are also required to give the south of the tellows, nurse assistants, per programment of the south of the sout	health-related agencies.  Santricipate in multidisciplinary am members, and how team n  Justinist vescular and cardiac	w meeting and di	scussions and multidisciple scussions and multidisciple scussions and multidisciple scussions are scussions and multidisciple scussions are scussions and multidisciple scussions and multidisciple scussions are scussions and multidisciple scussions are scussions and multidisciple scussions are sc	onsibilities.
Learning gash for the next four months redeback from the fellow on the quality of education  11. Practice-based Learning and Improvement  12. Practice-based Learning and Improvement  13. Practice-based Learning and Improvement  14. Briefly describe the main learning activities regarding  Fellows must make pre-anesthetic visits and attend multic  15. Briefly describe one planned quality improvement activities and the provided of the provided provided in the provided provided in the provided pro	disciplinary clinical meet the control of the contr	terings to learn about the fellow the fellow the fellow the patient, lab miles, students, f, stu	out and participate in case discussions and surgical proposals, as well as discuss with an appropriate in case discuss with a surgical proposals, as well as discuss with a surgical proposals, as well as discuss with a surgical plan will be draw up that, toget becomes and imaging tests. Thus, no anesthetic surgical plan will be draw up that, toget follows, and other health professionals.  Territory and imaging tests. Thus, no anesthetic surgical plan will be draw up that, toget follows, and other health professionals.  Territory and imaging tests. Thus, no anesthetic surgical plan will be draw up that, toget when the surgical plan will be draw up that, toget when the surgical plan will be draw up that, toget when the surgical plan will be draw up that, toget when the surgical plan will be submitted and the alternative treatment was possible, of all the risks that patient will be submitted and the alternative treatment was possible, of all the risks that patient will be submitted and the alternative treatment and possible following, the follow will be part of a term of the professionals related to clinical information systems. The draw will be submitted and the alternative and the submitted and the alternative treatment and the professionals related to clinical information systems. The draw will be submitted and the alternative and the submitted and the alternative treatment and the professionals related to clinical information systems. The terman and the professionals related to clinical information systems. The patient information systems are the professionals related to clinical information systems. The patient information systems are the patient information systems. The patient will be alternative and the patient information systems are the patient and the patient information systems.	Nes.  Nes.	revisions of faculty support souts.  In health professionals, and the fellows are also required to give the south of the tellows are also required to give the south of the tellows, nurse assistants, per programment of the south of the sout	health-related agencies.  Santricipate in multidisciplinary am members, and how team n  Justinist vescular and cardiac	w meeting and di	scussions and multidisciple scussions and multidisciple scussions and multidisciple scussions are scussions and multidisciple scussions are scussions and multidisciple scussions and multidisciple scussions are scussions and multidisciple scussions are scussions and multidisciple scussions are sc	onsibilities.
Learning gash for the next four months redeback from the fellow on the quality of education  11. Practice-based Learning and Improvement  12. Practice-based Learning and Improvement  13. Practice-based Learning and Improvement  14. Briefly describe the main learning activities regarding  Fellows must make pre-anesthetic visits and attend multic  15. Briefly describe one planned quality improvement act  16. Briefly describe one planned quality improvement act  16. Briefly describe how fellows will participate in the edit  17. Briefly describe how fellows will participate in the edit  18. Briefly describe one learning activity in which fellow  19. Briefly describe one learning activity in which fellow  20. Briefly describe one learning activity in which fellow  21. Briefly describe one learning activity in which fellow  22. Briefly describe one learning activity in which fellow  23. Briefly describe one learning activity in which fellow  24. Briefly describe one learning activity in which fellow  25. Briefly describe how fellows will be provided with on  16. Briefly describe how fellows will be provided with on  17. Briefly describe how fellows will be provided with on  18. Briefly describe how fellows will be provided with on  18. Briefly describe how fellows will be provided with on  18. Briefly describe how fellows will maintain a comprete administration  18. Briefly describe how fellows will be provided with on  18. Briefly describe how fellows will be provided with on  18. Briefly describe how fellows will be provided with on  18. Briefly describe how fellows will be provided with on  18. Briefly describe how fellows will be provided with on  18. Briefly describe how fellows will be provided with on  18. Briefly describe how fellows will be provided with on  18. Briefly describe how fellows will be provided with on  18. Briefly describe how fellows will be provided with on  18. Briefly describe how fellows will be provided with on  18. Briefly describe how fellows will be provided with on  18. Briefly descri	disciplinary clinical mee  to the project that we hemodynamic status is cation of patients, far custions of patients, far custions, protocols in demonstrate compe o inform patients and duling meeting. This re morning and afternoon freed to interact well apportunities to act in in mis including dectroni proportunities to maintain linicia and inpatients de hems he anesthesia rec y icu waits, or by diect	etings to learn ab- etings to learn ab- sill allow the fellow of the patient, lab- trilles, students, f eview and periopi tence in commun the family the be- sunion is held by/ sunion is held by/ sunion is held by/ on shirts, having is other consultant a consultative roi c anesthesia reco	out and participate in case discussions and surgical proposals, as well as discuss with an appropriate in case discuss with a surgical proposals, as well as discuss with a surgical proposals, as well as discuss with a surgical plan will be draw up that, toget becomes and imaging tests. Thus, no anesthetic surgical plan will be draw up that, toget follows, and other health professionals.  Territory and imaging tests. Thus, no anesthetic surgical plan will be draw up that, toget follows, and other health professionals.  Territory and imaging tests. Thus, no anesthetic surgical plan will be draw up that, toget when the surgical plan will be draw up that, toget when the surgical plan will be draw up that, toget when the surgical plan will be draw up that, toget when the surgical plan will be submitted and the alternative treatment was possible, of all the risks that patient will be submitted and the alternative treatment was possible, of all the risks that patient will be submitted and the alternative treatment and possible following, the follow will be part of a term of the professionals related to clinical information systems. The draw will be submitted and the alternative and the submitted and the alternative treatment and the professionals related to clinical information systems. The draw will be submitted and the alternative and the submitted and the alternative treatment and the professionals related to clinical information systems. The terman and the professionals related to clinical information systems. The patient information systems are the professionals related to clinical information systems. The patient information systems are the patient information systems. The patient will be alternative and the patient information systems are the patient and the patient information systems.	Ne.	revisions of faculty support sults.  If health professionals, and of fedious are also required to p am, responsibilities of the te am, responsibilities of the techniques.	nealth-related agencies.  Asstricipate in multidisciplinary  am members, and how team in  fusionist vescular and cardiac  used, the physiologic variation	in meeting and di	scussions and multidiscipling and secure of the second of the sec	onsibilities.
Learning goals for the next four months feetbook from the fellow on the quality of education  1. Practice-based Learning and Improvement  1. Briefly describe the main learning activities regarding fedows must make pre-anesthetic visits and attend multiple fedows must make pre-anesthetic visits and participate in the edition of the fedows will be individually analyzed. Clinical pathology,  1. Briefly describe how fellows will participate in the edition of the fedows will be asked to participate in the fedows are oriented to the fellow will be asked to participate in the daily OR scheme fellows will be asked to participate in the daily OR scheme fellows will be asked to participate in the daily OR scheme fellow will be asked to participate in the daily OR scheme fellow will be asked to participate in the daily OR scheme fellow will be asked to participate in the daily OR scheme fellow will be asked to participate in the daily OR scheme fellow will be asked to participate in the daily OR scheme fellow will be asked to participate in the daily OR scheme fellow will be asked to participate in the daily OR scheme fellow will be asked to participate in the daily OR scheme fellow will be asked to participate in the daily OR scheme fellow will be asked to participate in the daily OR scheme fellow will be asked to participate in the daily OR scheme fellow will be asked to participate in the daily OR scheme fellow will be asked to participate in the daily OR scheme fellow will be asked to participate in the daily OR scheme fellow will be provided with or the fellow will be asked to participate in the fellow will be asked	disciplinary clinical mentions of the property of the company of t	ill allow the fellow ill allow the fellow ill allow the fellow ill allow the fellow ill allow the patient, lab ill allow the fellow ill allow the patient, lab ill allow the fellow ill allow the patient, lab ill allow the fellow ill all allow ill all allow	out and participate in case discussions and surgical proposals, as well as discuss with an access with an experience of the control of the co	Ne.	revisions of faculty support sults.  If health professionals, and of fedious are also required to p am, responsibilities of the te am, responsibilities of the techniques.	nealth-related agencies.  Asstricipate in multidisciplinary  am members, and how team in  fusionist vescular and cardiac  used, the physiologic variation	in meeting and di	scussions and multidiscipling and secure of the second of the sec	onsibilities.
Learning goals for the next four months feetbook from the fellow on the quality of education  11. Practice-based Learning and improvement  12. Briddy describe the main learning activities regarding fedows must make pre-anesthetic visits and attend multic fedows must make pre-anesthetic visits and participate in the education of the fedows will participate in the education of the fedows will be attended to fedows will participate in the education of the fedows will be asked to participate in the fedows will be provided with or fedows will be asked to participate in the daily ORI schepriorities and structure availability. Selecting the cases for ablo during the pre-anesthetic visit, the fellows are oriented to fedows will be asked to participate in the daily ORI schepriorities and structure availability. Selecting the cases for ablo during the management of every patient the fedow will be management of every patient the fedow will be asked to participate in the daily ORI schepriorities and structure availability. Selecting the cases for ablo during the management of every patient the fedow will be asked to participate in the daily ORI schepriorities and structure availability. Selecting the cases for ablo during the management of every patient the fedow will be asked to participate in the daily ORI schepriorities and structure availability of the provided with on the fedow will learn a lot about clinical information system.  3. Bridfy describe how fedows will pravaitation a compress administered.  4. Bridfy describe how fedows will remain a compress administered.  5. Bridfy describe how fedows will create and sustain patients' column pages and the fedow will always have the provided will always have t	disciplinary clinical meeting plants of the properties of the prop	etings to learn about the fellow of the patient, lab bill allow the fellow of the patient, lab bill allow the patient, lab tence in communithe family the be will and habits to sunion is held by an shifts, having is other consultant or the consultant of the patients with a consultative role account of the patients with the patients with patients are consultant or the patients with patients with patients with different patients with the patie	out and participate in case discussions and surgical proposals, as well as discuss with an access with an experience of the control of the co	Nes	revisions of faculty support solts.  In health professionals, and of Fellows are also required to g Fellows are also required to g and, responsibilities of the te and pages for the techniques and questions, and demonstr	nealth-related agencies.  Asstricipate in multidisciplinary  am members, and how team in  fusionist vescular and cardiac  used, the physiologic variation	in meeting and di	scussions and multidiscipling and secure of the second of the sec	onsibilities.
Learning goals for the next four months feetbook from the fellow on the quality of education  11. Practice-based Learning and improvement  12. Briddy describe the main learning activities regarding fedows must make pre-anesthetic visits and attend multic fedows must make pre-anesthetic visits and participate in the education of the fedows will participate in the education of the fedows will be attended to fedows will participate in the education of the fedows will be asked to participate in the fedows will be provided with or fedows will be asked to participate in the daily ORI schepriorities and structure availability. Selecting the cases for ablo during the pre-anesthetic visit, the fellows are oriented to fedows will be asked to participate in the daily ORI schepriorities and structure availability. Selecting the cases for ablo during the management of every patient the fedow will be management of every patient the fedow will be asked to participate in the daily ORI schepriorities and structure availability. Selecting the cases for ablo during the management of every patient the fedow will be asked to participate in the daily ORI schepriorities and structure availability. Selecting the cases for ablo during the management of every patient the fedow will be asked to participate in the daily ORI schepriorities and structure availability of the provided with on the fedow will learn a lot about clinical information system.  3. Bridfy describe how fedows will pravaitation a compress administered.  4. Bridfy describe how fedows will remain a compress administered.  5. Bridfy describe how fedows will create and sustain patients' column pages and the fedow will always have the provided will always have t	disciplinary clinical meeting plants of the properties of the prop	etings to learn about the fellow of the patient, lab bill allow the fellow of the patient, lab bill allow the patient, lab tence in communithe family the be will and habits to sunion is held by an shifts, having is other consultant or the consultant of the patients with a consultative role account of the patients with the patients with patients are consultant or the patients with patients with patients with different patients with the patie	out and participate in case discussions and surgical proposals, as well as discuss with what is a discussion of surgical proposals, as well as discuss with what is demonstrate an ability to analyse, improve and change practice or patient care. Di constory and imaging tests. Thus, is a anesthetic surgical plan will be draw up that, toget follows, and other health professionals.  erative check list.  Including effectively with patients and families across a broad range of socioeconomic as at way possible, of all the risks that patient will be submitted and the alternative treater as the possible, of all the risks that patient will be submitted and the alternative treater in mind any possible emergency care. During the fellowship, the fellow will be part of a fix, to address patient-specific issues.  Let out the physicians and health professionals related to clinical information systems, pords, Echo data management, and even online patient informed consent  Let minduding evidence of pre- and post-operative anesthesia assessment, an ongoing conds, in multidisciplinary meetings as well as in direct discussions with anesthesia sup conds, in multidisciplinary meetings as well as in direct discussions with anesthesia sup conds, in multidisciplinary meetings as well as in direct discussions with anesthesia sup conds, in multidisciplinary meetings as well as in direct discussions with anesthesia sup conds, in multidisciplinary meetings as well as in direct discussions with anesthesia sup conds, in multidisciplinary meetings as well as in direct discussions with anesthesia sup conds, in multidisciplinary meetings as well as in direct discussions with anesthesia sup conds, in multidisciplinary meetings as well as in direct discussions with anesthesia sup conds, in multidisciplinary meetings.	Nes	revisions of faculty support solts.  In health professionals, and of Fellows are also required to g Fellows are also required to g and, responsibilities of the te and pages for the techniques and questions, and demonstr	nealth-related agencies.  Asstricipate in multidisciplinary  am members, and how team in  fusionist vescular and cardiac  used, the physiologic variation	in meeting and di	scussions and multidiscipling and secure of the second of the sec	onsibilities.
Learning goals for the next four months redeback from the Glow on the quality of education  11. Practice-based Learning and Improvement  12. Practice-based Learning and Improvement  13. Briefly describe the main learning activities regarding  Fellows must make pre-anesthetic vaints and attend multic  14. Briefly describe one planned quality improvement ac  15. Briefly describe one planned quality improvement ac  16. Briefly describe how fellows will participate in the edu  17. Briefly describe how fellows will participate in the edu  18. Briefly describe one learning activity in which fellow  19. Briefly describe one learning activity in which fellow  19. Briefly describe one learning activity in which fellow  20. Briefly describe one learning activity in which fellow  21. Briefly describe one learning activity in which fellow  22. Briefly describe one learning activity in which fellow  23. Briefly describe one learning activity in which fellow  24. Briefly describe one learning activity in which fellow  35. Briefly describe how fellows will be provided with on  18. Briefly describe how fellows will be provided with on  19. Briefly describe how fellows will maintain a compress administered.  19. Briefly describe how fellows will maintain a compress administered.  19. Briefly describe how fellows will maintain a compress administered.  19. Briefly describe how fellows will maintain a compress administered.  19. Briefly describe how fellows will maintain a compress administered.  19. Briefly describe how fellows will reade and sustain patients' collective how fellows will r	disciplinary clinical meeting plants of the properties of the prop	etings to learn about the fellow of the patient, lab bill allow the fellow of the patient, lab bill allow the patient, lab tence in communithe family the be will and habits to sunion is held by an shifts, having is other consultant or the consultant of the patients with a consultative role account of the patients with the patients with patients are consultant or the patients with patients with patients with different patients with the patie	out and participate in case discussions and surgical proposals, as well as discuss with what is a discussion of surgical proposals, as well as discuss with what is demonstrate an ability to analyse, improve and change practice or patient care. Di constory and imaging tests. Thus, is a anesthetic surgical plan will be draw up that, toget follows, and other health professionals.  erative check list.  Including effectively with patients and families across a broad range of socioeconomic as at way possible, of all the risks that patient will be submitted and the alternative treater as the possible, of all the risks that patient will be submitted and the alternative treater in mind any possible emergency care. During the fellowship, the fellow will be part of a fix, to address patient-specific issues.  Let out the physicians and health professionals related to clinical information systems, pords, Echo data management, and even online patient informed consent  Let minduding evidence of pre- and post-operative anesthesia assessment, an ongoing conds, in multidisciplinary meetings as well as in direct discussions with anesthesia sup conds, in multidisciplinary meetings as well as in direct discussions with anesthesia sup conds, in multidisciplinary meetings as well as in direct discussions with anesthesia sup conds, in multidisciplinary meetings as well as in direct discussions with anesthesia sup conds, in multidisciplinary meetings as well as in direct discussions with anesthesia sup conds, in multidisciplinary meetings as well as in direct discussions with anesthesia sup conds, in multidisciplinary meetings as well as in direct discussions with anesthesia sup conds, in multidisciplinary meetings as well as in direct discussions with anesthesia sup conds, in multidisciplinary meetings.	Nes	revisions of faculty support solts.  In health professionals, and of Fellows are also required to g Fellows are also required to g and, responsibilities of the te and pages for the techniques and questions, and demonstr	nealth-related agencies.  Asstricipate in multidisciplinary  am members, and how team in  fusionist vescular and cardiac  used, the physiologic variation	in meeting and di	scussions and multidiscipling and secure of the second of the sec	onsibilities.

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
We understand that all candidates for fellows should be healthy, polite, respectful and professional to everyone-patients, family members, colleagues, supervisors, etc., and it is not necessary to have a specific program for this.
14. Systems based Practice 1. Describe the forming activity(res) 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, subcoating for quality patient care and optimal patient care system; and working in inter-professional teams to enhance patient safety and care quality
The follow will pain and demonstrate a clinical case at the conference. So, highly he has to do a literature research first and use information technology for that.  Further, the follow as the copportunity to collaborate in clinical research or academic projects. The fellow, as a member of to the assessment belonger team, should show competencies in working with the various health care delivery settings and systems, coordinating patient care within the health care system with paying attention to the cost-containment and risk-tender smallsys in patient care.
<ol><li>Describe an activity that fulffs the requirement for experiential learning in identifying system errors and implementing potential systems solutions.</li></ol>
In our hospital we work with MIV system and all fellows will have access to it for consultations and preparation of seminars.
1S. EACTAIC Site Visit (for 1-day)  Dates proposed for the visit (rallest 3)  19/03/2022 or 26/03/2022 or 26/03/20
The early actific the regulation of the mospinal variety gapeting and the rest of the rest

To be completed by the Head of department or the authorised deputs
Please fill in all required fields and send to eactaic@aimgroup.eu



## European Association of Cardiothoracic Anaesthesiology and Intensive Care

Che	ecklist fo	or Hosting EACT	AIC Paediatric Cardiothoraci	ic Anaesthe	sia Fellowship Pi	ogramme	
nstitution	Name	Dante Pazzan	ese Institute of Cardiology				
ddress	Dr. D	ante Pazzanese	street, 500 – São Paulo / Braz	zil			
referred I	Duratio	n 🛛 🗆 12 m	onths				
ype of fell	lowship	training avail	able:				
	Clinical	only					
	Clinical	/ Basic Research					
	Clinical	/ Clinical Researc	ch				
	Basic Re	esearch only					
		Research only					
inancial S		-					
** The fi	nancial :	sources policy sł	ould be declared by the host of	centre.			
		be a clear consen	sus between the host centre ar	nd the traine	ee about the finan	cial statement	befo
An ei	nployme	ent contract will	be signed with the candidate		⊠ Yes □ N	Го	
Acco	mmodat	ion options are p	provided		□ Yes □ N	Ю	
Trans	portation	travel options are	provided	n .	□ Yes ⊠ N	То	
Montl	hly Salary	: Amount	10.000,00	Currency	Click here to enter tex	t.Brasilian re	ais
			The centre does not fund this	opportunity	□ Ye	es 🛮 No	
Sour	ce of fina	ancial support fo	or the candidate:				
	☐ Host	centre (monthly	salary)				
	☐ Cano	didate 's centre					
	□ Scho	olarship					
	⊠ Educ	cational grant					
	□ Awa	rd					
	☐ Cano	didate's expenses					
	☐ Oth	ers					
Ple	ase, desc	ribe The Educ	cation Center AnesteZ will pr	ovide the gr	rant to the fellow		
rogramm	e Train	ing and faciliti	es of the host centre				
		-	rovide direct patient care during th and faculty's members, "i.e. hands-o		ogramme under the	⊠ Yes [	□ No
<b>3</b> D 1 (						⊠ Yes [	□ No
4. Declarati	on of fina	ncial recourses and	signed agreement between the host of	centre and train	iee.		
		ncial recourses and ing for 12months.	signed agreement between the host of	centre and train	iee.		
3. Uninterro	upted train	ing for 12months.	visory authority should approve the		166.	⊠ Yes [	



## European Association of Cardiothoracic Anaesthesiology and Intensive Care

	If yes	, please del	fine		
		4	hours per day		
		5	days per week		
		20	days per month		
6.	At least	two facult	y members should be involved.	⊠ Yes	□ No
7.	Evaluat	ion should	be done every four months.	⊠ Yes	□ No
8.	A portf	olio/logboo	ok will be performed monthly and signed by the programme director	⊠ Yes	□ No
9.	The hos	sting centre	es should have:	⊠ Yes	□ No
	9.1	Available	pediatric ward beds for congenital heart disease (CHD) patients.	⊠ Yes	□ No
	9. 2	Available	PICU beds dedicated to CHD patients	⊠ Yes	□ No
	9.3	Is there as	n emergency department in which CHD patients are managed 24 hours a day?	⊠ Yes	□ No
	9. 4	Are adult	patients with CHD managed in the host centre?	⊠ Yes	□ No
	9. 5	Is there technolog	monitoring and advanced life support equipment representative of current levels of	⊠ Yes	□ No
	9.6		e an outpatient Clinic for perioperative evaluation of patients undergoing cardiothoracic and	⊠ Yes	□ No
			procedures		
	9.7		acute pain service available for paediatric patients undergoing different procedures	⊠ Yes	□ No
	9.8	Available	Meeting Rooms	⊠ Yes	□ No
	9.9	Available	classrooms with visual and other educational aids	⊠ Yes	□ No
	9. 10	Available	study areas for fellows	⊠ Yes	□ No
	9. 11	The volu	me 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)	⊠ Yes	□ No
		9. 5. 2	Minimum of 50 pediatric cardiac interventional procedures (age of 16 years or younger) per calendar year.	⊠ Yes	□ No
		9. 5. 3	50% of cases should be performed in children aged younger than four years.	⊠ Yes	□ No
		9. 5. 4	20% should be performed in children aged younger than one month.	⊠ Yes	□ No
		9. 5. 5	Available simultaneous management of adults with congenital heart disease (ACHD).	⊠ Yes	□ No
		9. 5. 6	Accessibility for training in the electrophysiology procedures on paediatric patients.	⊠ Yes	□ No
		9. 5. 7	Accessibility for training in the dedicated paediatric intensive care unit for one month.	⊠ Yes	□ No
		9. 5. 8	Accessibility for training on the Extracorporeal perfusion or ECLS technology (CPB, ECMO)	⊠ Yes	□ No
		9. 5. 9	Accessibility for training on the paediatric thoracic anaesthesia	⊠ Yes	□ No
		9. 5. 10	Accessibility for training on the basic and/or clinical research	⊠ Yes	□ No
Con	ision Idition es, plea		Approve ☐ Reject Yes ☒ No  Click here to enter text.		

Submit

Please fill in all required fields and send them to <a href="mailto:eactaic@mci-group.com">eactaic@mci-group.com</a>

## Anesthesia for Pediatrics Cardiac Surgery Program (PCA)

### **Aneste-Z Education Center**

## Fundação Adib Jatene / Clínica de Anestesia São Paulo

## **Dante Pazzanese Institute of Cardiology**



São Paulo, Brazil

#### **OBJECTIVES**

The Anesthesia for Pediatrics Cardiac Surgery Program (PCA) of the Education Center - Aneste-Z® was established with the aim of providing a solid clinical and academic experience to specialize anesthesiologists in the perioperative management of pediatric patients undergoing complex cardiovascular surgical procedures.

#### **ORGANIZATION**

The PCA is organized and directed by the head of Anaesthesia Section of Dante Pazzanese Institute of Cardiology - Dr. Caetano Nigro Neto, and coordinated by Dr. Gretel Nicolau.

Dr. Caetano Nigro Neto is the Brazilian EACTA representative, member of EACTA Education Committee, EACTA Subcommittee of Anesthesia and Cardiopulmonary Bypass, and Scientific Director of the Education Center Aneste-Z<sup>®</sup>.

Dr. Gretel Nicolau, MD is responsible for the local Anesthesia Congenital Heart Team, and specialist in Cardiovascular Anesthesia for Congenital Heart Diseases.

Recently, Dante Pazzanese Institute of Cardiology (IDPC) and Aneste-Z<sup>®</sup> have signed an agreement of technical-educational cooperation for the practical training of anaesthesiologists in the field of cardiothoracic, vascular and heart transplant areas, which also includes paediatric patients.

We will also have the support of the hospital head of Surgery Division (Dr. Mario Issa, MD, PhD), the head of Cardiovascular Surgery Section (Dr. Paulo Chaccur, MD), the head of Congenital Heart Diseases Division (Dra. Simone Pedra, PhD, NBE), the head of Non-invasive Diagnosis in Cardiology Department (Dr. Jorge Eduardo Assef, PhD, MD, NBE), the head of Doctoral Program (Dr. Amanda GMR Sousa, Prof., PhD, MD) as program collaborators.

The Anaesthesia Section of the hospital together with EACTAIC will acknowledge completion of the program. In particular, criteria for EACTAIC certification will be determined and communicated prior to the start of the fellowship and their fulfilment will be mandatory in order to receive the joint certification (IDPC and EACTAIC). A logbook for all clinical activities and a final examination exit, which includes research activities, are mandatory and planned.

#### REQUIREMENTS FOR SELECTION AS A FELLOW

The candidates must be board certified or board eligible according to Brazilian or European residency programme standards, and must be proficient in Portuguese Proficiency Test – CELPE BRÁS (Intermediate

Superior Level is required). It is also strongly recommended that candidates be proficient in the English language (B2 level).

The candidates must be also certified in training or work experience for (1) one year in Pediatric general anesthesia and (2) one year in adult cardiac anesthesia at any national or international recognized center, preferably EACTAIC hosting centers if possible.

#### **PROGRAMME DURATION**

The Anesthesia for Pediatrics Cardiac Surgery Programme at Dante Pazzanese Institute of Cardiology in São Paulo-Brazil is offered to anaesthesiologists from Brazil and worldwide. The program begins on March 1st and finishes at the end of February next year.

#### PROGRAMME STRUCTURE

The PCA is in according to the Brazilian Minister of Education (MEC) rules for post-graduate courses and includes the six core competencies required for medical residency programs to deliver high quality medical care: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism and systems-based practice.

The PCA follows the described knowledge, technical, and non-technical skills included in the EACTAIC PCA Curriculum.

#### **PROGRAM**

During the program, the fellow is expected to act independently, however the six first month always with direct supervision; the last six months with remote supervision; be able to work with complex pediatrics cardiovascular procedures. In addition, the fellows will have on-call functions acting as a pre-senior anesthetist.

Clinical responsibilities and non-technical skills:

- 1. Understand embryology, anatomy and normal cardiovascular physiology;
- 2. Carry out a comprehensive preoperative assessment of the pediatric patient, rationally interpreting cardiovascular function tests;
- 3. Know the pathophysiological changes of simple, complex congenital heart diseases and its anesthetic implications;
- 4. Use rationally in the perioperative period the following groups of drugs: antiarrhythmics, inotropic, chronotropic, vasopressors, vasodilators, beta blockers, diuretics;
- 5. Understand the fundamental principles of extracorporeal circulation (ECC), extracorporeal membrane

oxygenation (ECMO) in congenital heart disease;

- 6. Know the physiology of coagulation and properly interpret coagulation tests, as well as critically manage perioperative bleeding using drugs and transfusion therapy;
- 7. Understand the changes in physiology associated with hypothermia;
- 8. Demonstrate ability to install and interpret data from arterial, central venous and pulmonary artery catheters;
- 9. Perform perioperative transesophageal and basic transthoracic echocardiography in pediatrics patients
- 10. Adapt and respond to stress and emergency situations, as well as coordinate actions with other professionals in intensive care units:
- 11. The fellow is expected to act in a respectful, courteous, civil and ethical manner, in the best interest of their patients;
- 12. Actively participate in basic and pediatrics clinical research activities with the ability to critically interpret published literature and make significant contributions to research projects.

During the course, the fellow will be directly supervised by a senior consultant (1:1). The program content is divided into:

- Theoretical-Scientific Program
- Clinical Practice Program

#### Theoretical-Scientific Program (220 hours workload)

The fellows will participate in a theoretical course with weekly classes based on themes in the area of pediatric cardiovascular anesthesia with lectures and seminars emphasizing the conduct of anesthesia in congenital heart disease, main procedures and protocols, in addition to anesthetic techniques, monitoring, anesthetic and vasoactive drugs used in the routine of cardiovascular anesthesia (program content delivered at the beginning of the course). (100 hours)

They will also participate in discussions of clinical cases, with an emphasis on discussing protocols, updating guidelines and improving quality. (100 hours)

They necessarily have to present clinical cases of high complexity in pediatric patients with congenital heart disease at conferences and related congresses. (20 hours)

#### Clinical Practice Program (1440 hours workload)

During the program, the fellows will have their practical activities in different sections of the hospital: operating rooms, outpatient clinics, pediatric intensive care unit (PICU) and Cath-lab for congenital heart disease procedures (Table 1). The practice will be divided into rotations during the current year, as follow:

#### **Rotations**

• Complex Congenital Cardiovascular Anesthesia (11 months - 1320 hours). The fellow will be supervised and trained to assume progressive responsibility for the perioperative anesthetic management of pediatric patients undergoing complex cardiovascular surgery. The aim of the program is to enable them to independently provide anesthesia care as a senior consultant in elective and emergency settings. Adequate exposure is provided by a variety of complex cardiovascular surgeries performed with and without cardiopulmonary bypass, including: ASD, VSD, PCA, Fallot's Tetralogy, Single Ventricle, Transposition of Great Arteries. During this rotation, the fellow will also acquire basic and intermediate knowledge of perioperative transesophageal echocardiography (TEE) in patients with congenital heart disease for the acquisition of standard images. Minimum exposure of 100 cases of cardiac surgery with CPB is required.

The fellow will also participate as a member of the cardiac anesthesia team for interventional cardiac procedures in congenital heart disease, standard and advanced: hemodynamic studies in complex congenital heart diseases, persistent ductus arteriosus occlusion, occlusion of atrial septal defect, ventricular septal defect occlusion, pulmonary artery stent placement, and hybrid surgical procedures. During this rotation, the fellow will also accompany the perfusion team, including standard CPB and ECMO management, from machine preparation, installation to the removal.

• Congenital Intensive Care Unit (ICU) (1 month - 120 hours): During the rotation in the ICU, the fellow will follow the postoperative period of pediatric patients with complex cardiovascular pathology under the guidance and supervision of unit consultants. Will complete a repertoire of pertinent skills, including, among others, hemodynamic management and metabolic postoperative, use of pacemakers and chest drains; invasive and non-invasive respiratory support; sedation and controlled ventilation weaning protocols; renal replacement therapy; clinical neurological assessment and interpretation of neurological, thoracic and vascular images; management of bleeding control; learn the main local protocols.

The fellows are working under supervision for six months. Then with remote supervision afterward based on their dependency. A senior faculty member will always be available.

The fellow will be motivated to participate in national and/or international cardiothoracic conferences, at least once a year. In addition, participate in clinical trials and multicenter studies; writing of scientific articles; planning and presentation of clinical cases at conferences and congresses.

#### FELLOW TASKS AND RESPONSIBILITIES

The fellows will participate in the clinical routine, conferences at the Anesthesia Section, as well as the Clinical and Surgery Congenital Heart Diseases Section.

They will also prepare and motivate to present case reports and/or other researches in congresses. The method and didactic support will be provided through lectures and conferences offered by the Education Center Aneste- $Z^{\circledast}$ . In addition, academic projects including to prepare and to publish papers, book chapters, besides clinical research or other academic activities will be offered and strongly encouraged.

The fellows will be required to keep a log-book of all procedures in which they participated during the year.

#### **ASSESSMENTS**

The faculty members responsible for teaching fellows will provide the PCA Program Director with at least 3 critical evaluations of each fellow's progress and competence at four-month intervals using a standardized format (Appendix 1 and Appendix E - DOPS).

Another evaluation will assess essential and acquired character attributes, level of knowledge, clinical judgment, psychomotor skills and critical analysis of clinical situations (Appendix 2).

The PCA Coordinator will provide feedback to fellows on their evaluations at least every four months during their training, identifying areas in need of improvement, and will 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.

The fellows will also make evaluations at four-month intervals, of the theoretical classes and practical training learning, to give feedback to the PCA Coordinator about their learning and training (Appendix 3).

At least one 360-degree MSF evaluation will be provided for 3 different nurse/medical staff until the end of the fellowship program.

#### CLINICAL TEAM AND INSTRUCTORS

The program director has extensive experience in anesthesia for cardiovascular and thoracic surgery in both adult and pediatric patients. Dr. Caetano Nigro Neto is responsible for the enrichment program, and he will provide substantial program leadership and supervision for the fellows, along with the coordinator, Dr Gretel Nicolau. In addition, other senior members of the anesthesia team will act to supervise and guide the trainees in daily clinical practice. The anesthesia team comprises more than 15 senior consultants with extensive experience and prior training in cardiovascular anesthesia. Other physicians in areas such as cardiology and cardiac surgery also collaborate with the program.

#### PROGRAM DIRECTOR

#### Caetano Nigro Neto, MD, PhD, TSA-SBA

- Collaborating Professor of the IDPC Graduate Program USP
- Instructor in Teaching and Training Center SBA
- Representative of Brazil at EACTAIC
- Member of the EACTAIC Education Committee
- Member of the EACTAIC Extracorporeal Circulation Subcommittee
- Director of CTVA EACTAIC, São Paulo Brazil
- Member of the International Committee SCA
- Scientific Director ANESTE-Z

Phone: +55 11 983 156 024

E-mail: caenigro@uol.com.br

#### **COLLABORATING INSTRUCTORS:**

**Dr. Adélia Bergwerk MD:** Cardiovascular Anesthesia Specialist / President of the Aneste-Z® Education Center

**Dr. Vinícius T. N. da Silva Nascimento MD; NBE:** Coordinator of the Basic Practical Program / Specialist in Cardiovascular Anesthesia / Specialist in perioperative TEE- NBE

**Dr. Gretel Oliveira Nicolau MD:** Coordinator of the Anesthesia for Pediatrics Cardiac Surgery Program / Specialist in Cardiovascular Anesthesia / Specialist in Anesthesia for Congenital Heart Disease

**Dr. Simone Pedra MD; PhD; NBE:** Vice-Coordinator of the of the Anesthesia for Pediatrics Cardiac Surgery Program / Pediatric Echo cardiologist / Head of the IDPC Pediatrics Division

**Dr. Emerson Costa MD**: Vice-Coordinator of the Basic Practical Program / Specialist in Cardiovascular Anesthesia

**Dr. Leonardo Izquierdo MD**: Coordinator of the TEE Advanced Program in Cardiovascular Anesthesia / Specialist in Cardiovascular Anesthesia / Specialist in Advanced Anesthesia for Congenital Heart Disease / Specialist in Perioperative TEE

**Dr. Carlos Augusto Cardoso Pedra; MD; PhD; FACC; FSCAI; FPICS:** Head of the Interventional Laboratory of Congenital Heart Diseases; Head of the IDPC Pediatric ICU

Dr. José Cícero Stocco Guilhem MD; PhD: Pediatric Cardiac Surgeon

- Dr. Alexsander Takashi Hamada MD: Cardiovascular Anesthesia Specialist / Perioperative TEE Specialist
- **Dr. Mayara Francy Pereira Nunes MD:** Cardiovascular Anesthesia Specialist/ Anesthesia Specialist for Congenital Heart Disease
- **Dr. Mariana Nery Perfeito MD:** Specialist in Cardiovascular Anesthesia/ Specialist in Anesthesia for Congenital Heart Disease
- **Dr. Arthur Ribeiro Coutinho Furtado MD:** Specialist in Cardiovascular Anesthesia/ Specialist in Anesthesia for Congenital Heart Disease
- **Dr. Radel Saurith Lindo MD:** Cardiovascular Anesthesia Specialist/ Perioperative TEE Specialist/ Advanced Anesthesia Specialist for Congenital Heart Disease

#### **APPLICATION PROCESS**

Annually, the application process starts in October and ends in December. The candidates should email a cover letter to the program director stating her/his interest in the position, together with the following documents:

- 1) Letter of motivation
- 2) The Candidate should have a Medical Degree from a recognized University Certified translated Portuguese, Spanish or English copy required
- 3) National Board Certification in Anaesthesiology
- 4) Current Curriculum Vitae (CV) Translated Portuguese, Spanish or English copy required
- 5) Proof of Proficiency in Portuguese CELPE BRÁS (Intermediate Superior Level is required
- 6) EACTAIC member in good standing
- 7) (1) one year in Paediatric general anaesthesia and (2) one year in adult cardiac anaesthesia at any national or international recognised centre, preferably EACTAIC hosting centres if possible

The selection process is carried out through a public examination with curricular analysis and interview (SKYPE interview is possible), usually on the second Monday of January.

#### APPENDIX 1.

#### **Overall Evaluation of the Fellow**

Fellow:	Internship:				
Evaluator:		Date:	/	/	

For each item, circle the number that corresponds with your rating.

Additional comments can be completed on the back of the sheet.

- 1) Skills Can Improve
- 2) Appropriate
- 3) Superior
- 4) Don't know
  - a) Punctual, present and available at all times in the room
  - b) Shows proper professional appearance, organized and clean
  - c) Understands and respects the role of each nursing professional
  - d) Know his/hers limits and are able to ask for help when needed
  - e) Demonstrates care and interest in patient safety and comfort
  - f) Able to correct actions after feedback to improve patient care
  - g) Maintain respectful behavior even in stressful situations
  - h) Sincere in professional interaction
  - i) Able to take on other responsibilities when necessary
  - j) Maintains privacy and respectful of patients
  - k) Is assertive and proactive without being aggressive
  - 1) Willing to answer questions and provide explanations
  - m) Access the location of surgical supplies, anesthetics and related patient documentation.
  - n) He/she is kind and cordial to the nursing staff and support staff.
  - o) Participates in pre-anesthetic assessment and placing the patient in the room
  - p) Knows how to listen and considers what others have to say (hierarchy)
  - q) Know how to use the hospital's computer system
  - r) Maintains legible handwriting and proper documentation

Appendix E (DOPS):

### Appendix (E)

#### Direct Observation of Procedural Skills [DOPS] Assessment Form

Please complete the question using a cross (x). Please	ase use black ink and CAPITAL LETTERS
Trainee's surname	
Trainee's forename(s)	
National license number (The NUMBER MUST BE COM	PLETED)
Observation	
National Code	
Observed by	
National license number (The NUMBER MUST BE COM	PLETED)
Date (DD/MM/YYYY)	
Signature of supervising doctor	
What level of supervision does the trainee require for this procedure?	Supervisor in theatre Supervisor in theatre suite Distant supervision
What went well? *	
What could have gone better? *	
Plan for learning and development**	
Possible areas for feedback:	
* Planning, preparation, grasp of theoretical backgro	und, understood procedure and alternatives, plans and communication, ability to cope with problems, mindful nce, maintenance of records, post-procedure
** e-Learning, simulation, courses, targeted clinical exp	perience, journal

### APPENDIX 2.

### **Daily Evaluation Form**

Internship	Date:/
Fellow: _	
Assistant	:
Objective	e of the internship discussed with the Assistant responsible at the beginning of the internship:
Y() N	
Case disc	ussion:
For each	item, circle the number that corresponds with your rating.
	al comments can be completed on the back of the sheet.
1)	Needs more study
2)	Satisfactory
3)	Superior
á	a) Medical knowledge and patient care
1	b) Anesthetic plan and clinical reasoning
(	c) Communication skills
(	d) Professionalism
(	e) Evidence based learning
1	f) Systematic clinical practice
Topics di	scussed:
Fellow C	

What was the most present or rare clinical situation seen today?

What did I learn today?
Medical knowledge and patient care: Acquisition of an accurate and complete medical history.
Anesthetic plan and clinical reasoning: Able to decide on the type of anesthesia, anticipate events and apple clinical knowledge to design a treatment plan.
Communication skills: The Trainee's ability to listen, convey correct information to the patient, family, surgeons, nursing staff and other clinical colleagues.
Professionalism: Show readiness to develop tasks related to patient service and care, respect privacy and confidentiality, be attentive to the needs of patients and families. Have a professionally organized and appropriate presentation.
Evidence based learning: Being able to collect relevant data from the literature to contribute to the anesthe plan, be reflective and know when to seek help.
Systematic clinical practice: Always work in a team, appropriate use of clinical documentation, use service protocols and literature, in addition to knowledge of the institution's structure and resources.
Signature of the Fellow

### APPENDIX 3.

### FELLOW EVALUATION OF THE SECTOR INTERNSHIP:

General Supervision
() Unsatisfactory () Regular () Good () Great
Practical use
() Unsatisfactory () Regular () Good () Great
Theoretical Use (consider case discussions, and/or visits and/or classes, and/or seminars and/or article discussions)
( ) Unsatisfactory ( ) Regular ( ) Good ( ) Great
Period that remained in the sector:
() Enough () Not enough, I would like more time () Rotation is not necessary
Comments and Suggestions regarding your training period:

## Table 1. EACTAIC PCA Fellowship Program, Anesthesia Section, Dante Pazzanese Institute of Cardiology, São Paulo - Brazil

	MONDAY	TUESDAY	WEDNSDAY	THURSDAY	FRIDAY
OR 1	X	X	X	X	X
OR 2	X	X	X	X	X
CATH-LAB	X	X	X	X	X
MRI / CT		X		X	
TEE/TTE	X		X		X
DENTIST					X
PICU	X	X	X	X	X

**OR 1 and OR 2**: Pediatric Cardiac Surgery Operate Room 1 and 2; **CATH-LAB:** Pediatric catheterization laboratory for diagnostic and procedures in congenital heart diseases; **MRI** / **CT:** Pediatrics images laboratory; **TEE/TTE**: Pediatrics echocardiography laboratory

This is an example of a weekly schedule during the fellow's rotation at Dante Pazzanese Institute of Cardiology – PCA Program

Each day in our section provides anesthesia for 2 cardiac surgery operating rooms. We also have hybrid procedures in a specific Hybrid Room.

Additionally, the fellows get the chance to perform anesthesia for dentist procedures in patients with congenital diseases

The fellow should also participate in anesthesia procedures and learn about cardiac diagnostic procedures like MRI, CT as well as TEE and TTE, at the outpatient diagnostic lab

The fellow will rotate at the cardiac PICU for at least one month