

			Application f	or Hosting EACTAIC Pediatric Cardiac Anesthesia (F	CA) Fellowship Program			
1. Fellowship Information				EACTAIC Pediatric Cardia	c Anesthesia (PCA) Fellowship Program			
2. Institution Name	Dep. for Anesthe	siology and Cr	itical Care Med	icine, University of Bonn				
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Address	Klinik für Anästhesio Gebäude 30 4.0G/ Venusberg-Campus	Raum: 116	ve Intensivmedizin					
Country	Germa		City	Bonn				
Will your center stand alone to host the P	CA Fellowship Progra	m	Yes / No	yes				
If, not please explain								
3. Program Director(s)	First name	Ehrenfried		Last name	Schindler			
	Affiliation	UnivProf. Dr. m			Scimole			
	Board Certification(s EACTAIC membership		Anesthesiology; (Critical Care Medicine; Emergency Medicine If yes, membership's number	443471			
	Email	ehrenfried.scl	hindler@ukbo	nn.de	Phone 0049 228 287 37594			
	Mailing Address	Universitätsklinil Street	kum Bonn (UKB), I Venusberg-Camp	Klinik für Anästhesiologie und operative	Fax 0049 228 287 37554			
		Country Zip code	Germany 53175	Region	NRW			
The program director and a minimum of two fac				edicate sufficient time (i.e. minimum 10% of	working time) to attend to his or her responsibilities.			
A documentary evaluation process will be under	Yes taken at least once	e every 4 mont	hs.					
	Yes							
completion of the program will be acknowledge requirements	d by the Departm	ent of Anesthes	ia and Intensiv	e Care at the host centre in junction with Euro	pean Association of Cardiothoracic Anaesthesiology and Intensive Care (EACTAIC) Candidate's			
	Yes]						
4. Candidate's requirements								
The candidates must be board certified or board eligible a	Yes	residency program	n standards					
Language requirements	C1	Comments		tes requests an individual language test even if any certi				
Specific requirements towards the attending fellow			Candidates must	have the German Board Certification (Approbation) and	they should have finished their resideny training			
5. General Program Information								
Aims, goals and objectives of the PCA Fellowship Program		ublished EACTA G	uidlings in the me	et recent version. We will train non specialist apporther	ologists who have finished their residency training to become proficient in paediatric cardiothoracic anaesthesia. The fellows will			
					pe able to work independently as consultants in most of the departments for paediatric cardiac anaesthesia.			
Preferred Duration								
Preferred Program Training	Start	March	1	prolonged periods of secondment to other divisions / departments. End	28			
February Number of Positions Per Year	3	Type of	fellowship training a	available	Clinical / Clinical Research			
The fellow will have the opportunity to provide direct patier	nt care during his/her Yes	training program,	under supervision	from the legal representative of the hosting institute. "i	e. hands-on practice".			
The mentor must provide the Fellow with one-on-one clinic	al supervision during Yes	the first six-mont	hs of the training a	and based on the conditional independence on a case-b	y-case assessment by the mentor			
Fellows may manage simple cases with supervision from els		l, but complex cas	es must have dire	ct supervision.				
According to educational attainment, would the mentor's s		u ow become more	indirect provided t	that the mentor should nevertheless be physically prese	nt in the hospital and promptly available within a short duration			
Will the PCA fellowship training be not interrupted by prolo		nce because of illr	ness or personal ci	rcumstances				
Absence from training for sick leave or personal circumstan		tionate extension	of the training per	iod.				
Program Director and Faculty Members Research Interest and/ * Please, list at least three names and include the list of publica		mbers with the app	lication form.					
Name	EACTAIC member	Certification in Cardiothoracic and Vascular	Additional Qualifications	Email address	Contact address			
Program Director, Ehrenfried Cabination	V	Anesthesia	CCM TOS	obsenfried cehindles@	like shous mentioned portal advers			
Program Director, Ehrenfried Schindler Faculty Member, Se Chan Kim	Yes Yes	no no	CCM, TOE CCM, TOE	ehrenfried.schindler@ukbonn.de Se-Chan.Kim@ukbonn.de	like above mentioned postal adress like above mentioned postal adress			
Faculty Member, Marc Rohner	Yes	no	CCM, TOE	Marc.Rohner@ukbonn.de	like above mentioned postal adress			
Faculty Member, Markus Velten	Yes	no	CCM, TOE	Markus.Velten@ukbonn.de	like above mentioned postal adress			

6. Resources Check if each of the following is available at the host centre.			
Resources	Yes / No	Days per week	Number
Total pediatric ward beds for congenital heart disease (CHD) patients	Yes	7	35
Number of PICU beds dedicated to CHD patients	Yes	7	12
Is there an emergency department in which CHD patients are managed 24 hours a day?	Yes	7	
Are adult patients with CHD managed in the host center?	Yes	7	
Total number of adult patients with CHD undergoing surgery	Yes	7	112
Total number of adult patients with CHD undergoing interventional cardiology	Yes	Days/week	s.below
Is there monitoring and advanced life support equipment representative of current levels of technology?	Yes	7	
Outpatient Clinic for perioperative evaluation of patients undergoing cardiothoracic and vascular procedures	Yes	5	

24-hours acute pain service available for paediatric patients undergoing different procedures	Yes	7	
Meeting Rooms	Yes	7	6
Classrooms with visual and other educational aids	Yes	7	2
Study areas for fellows	Yes	7	4

Will your Program offer a 12 months fellowship edu

Yes

If yes, for each rotation or experience below, specify the duration (in mon	nths, four weeks = one month) during the 12 months of education in fu	andamental clinical skills.					
Caring for inpatients in		Number of performed pro	duces/year				
		Center (1)		Center (2)			
Total number of paediatric patients (16 years or younger) with CHD		350					
Total number of paediatric patients (16 years or younger) with CHD			70				
Total number of paediatric patients (4 years or younger) with CHD to			70				
Total number of paediatric patients (4 years or younger) with CHD u			53				
Total number of paediatric patients (one year or younger) with CHD		2.					
Total number of paediatric patients (one year or younger) with CHD Total number of adult patients with CHD undergoing surgery using			20 10				
Total number of adult patients with CHD undergoing surgery without			0				
Total number of paediatric patients (16 years or younger) with CHE		app 85					
Total number of adult patients with CHD undergoing interventional		11					
Cardiac surgery without CPB		20	00				
Interventional Cardiac Catheterization							
PICU		12 Bec	ds				
Electrophysiology Lab (e.g. mapping, ablation, pacemakers, ICDs	i)		20				
Heart, Lung, and Heart/Lung Transplants			0				
ECLS, VAD Procedures			0				
Echocardiography Lab			98				
Tracheo-Bronchial Surgery Basic or Advanced Research			4				
Rotaions in		Number of cases	•				
Pediatric cardiac anesthesia		Number of cases	5				
Surgical cases with CPB		176					
VSD or ASD		45					
Atrioventricular spetal defect		17					
Tetralogy of Fallot		15					
Left-sided valve lesion		28					
Bidrectional Glenn		13					
Fontam procedure		21					
Rastelli and Damus-Kaye-Stansel procedures, intracardiac tumor		3					
Other		40					
Surgical cases without CPB		30					
Modified Blalock-Taussig shunts		5					
Coarctation repair Pulmonary artery banding		8					
Pulmonary anery banding PDA closure		2					
Treatment of vascular rings		2					
Other		14					
Paediatric interventional cardiac catheterization		166					
Diagnostic		73					
Neonatal aortic or pulmonary vessel or valve treatem (e.g. Pulmon	nary artery stenosis, coarctation)	142					
ASD, VSD, or PDA device closure		46					
Other therapeutic		200					
Care of adult patients with CHD		53					
Trans-esophageal and trans-thoracic echocardiography		225					
Medical or surgical Critical Care Rotation Paediatric EPS		1 Month					
Extracorporeal perfusion or ECLS technology (CPB, ECMO)		20					
Pediatric thoracic anesthesia		24					
Basic Research		yes					
Clinical Research		yes					
All fellows entering the PCA Program will complete each	of the fundamental medical knowledge of requirement				Yes	İ	
						I	
All fellows entering the PCA Program will complete each					Yes		
Clinical Responsibility		part in the clinical routine as well as in clinical conferences with t					
	me renow also takes part in preparation and pre	esentation of case conferences, and the entire didactic method is	s provided triroug	in lectures and conferences tha	t allow miniyner	to acquire the knowledge t	o care for the patients.
All fellows entering the PCA Program will complete each	of the fundamental non-technical skills of	tr included in the EACTAIC BCA Curriculum			Yes		
Non-technical skills		adopt a CRM approach using both classroom and simulator se					
		clinical environment—enables the creation of clinical scenarios t					
	anow participants to put non-technical skills into prac	tice and debriefing was conducted using our established framer: underlying cog	work to discuss ar gnitive processes.	io provide reedback on behavio	urar aspects o	performance. Debriering v	m be also used to investigate
List any other rotations (along with their duration, in mon	ths) offered in the Program to augment fellows' learning i						
Adult cardiac surgery for GUCH patients, PICU, Cath lab, Car		at manufacture account that they country I belongs					
Will advanced subspecialty rotations reflect increased resp	and the life and the second and the			No			

Will advanced subspecialty rotations reflect increased responsibility and learning opportunities?

Will the Fellow assume on call duties in the hospital?

Yes

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

How will be the financial aspects of these on call duties? Will the Fellow have a free day following an on call duty?

How will be the financial aspect of these on call duties. Please decribe in detail. on regular wage aggrement of the hospital 6h

Maximum Time in Non-Clinical Activities per week
8. Financial Statement
An employment contract will be signed with the candidate
Accommodation options are provided
Transportation/travel options are provided

Monthly Salary This opportunity is not funded by the centre

Is VAT / Taxes included?

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

9. Educational and Academic Programs

Didactic Sessions

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

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

Extra-Institutional Educational Conference Support:

The Opportunioty for Exchange with other training facilities $\label{eq:continuous} % \[\frac{1}{2} \left(\frac{1}{2} \right) \left(\frac{1}{2} \left(\frac{1}{2} \right) \left(\frac{$

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

A documentary evaluation process will be undertaken at least once every four months.	Yes	
The 4-monthly evaluation will include		
360-degree evaluation	Yes	
Clinical skills evaluation (CSE)	Yes Yes	
Personal reports from the faculty Reflection amd self-assessment by the Fellow	Yes Yes	
Learning goals for the next four months	Yes	
Feedback from the fellow on the quality of education	Yes	
 Practice-based Learning and Improvement Briefly describe the main learning activities regarding non-clinical skills and their assessment during the fellows! 	hip	
ne department has access to a skills lab for simulation and interpersonal training. The Fellow will be encouraged to		
	an ability to analyse, improve and change practice or patient care. Describe planning, implementation, evaluation and provisions of faculty support and supervision that will	ll guide this
process. Blows shoul monitor the ERAS Protocoll and will work on the statistics. Support will be guaranteed by the study nu		
ellows snoul monitor the EKAS Protocoll and will work on the statistics. Support will be guaranteed by the study nu	urse or the department	
3. Briefly describe how fellows will participate in the education of patients, families, students, fellows, and other h	health professionals.	
ne fellow will go for one week in the department of social workers of the hospotal. There he will learn about the pat	tient's social level and cultural backgrounds. The patient or family will be encouraged to repeat back with their own words their understanding of the situation that was disc	cussed.
 Interpersonal and Communication Skills Briefly describe one learning activity in which fellows demonstrate competence in communicating effectively v 	with patients and families across a broad range of socioeconomic and cultural backgrounds, and with physicians, other health professionals, and health-related agencies.	
uring the pre-anaesthetic visit, the fellows are oriented to inform patients and family the best way possible, of all the	the risks that patient will be submitted and the alternative treatments that may occur as a result of adverse events. During the pre-operative screening process the fellow lea	rns by attending
	s members or leaders of a health care team or other professional group. In the example, identify the members of the team, responsibilities of the team members, and how te	eam members
communicate to accomplish responsibilities.		
ne University has a comprehensive PDMS in the OR as well as on the ICU. We call ourselfs "paperless hospital" that	tt means the fellow will learn a lot about clinical information systems including electronic anesthesia records, Echo data management, and even online patient informed con	nsent.
3. Briefly describe how fellows will be provided with opportunities to act in a consultative role to other physician	ns and health professionals related to clinical information systems.	
	le emergency case. During the fellowship, the fellow will be part of a multidisciplinary team (cardiologist and anesthesiologist, nurse assistants, perfusionist vascular and ca	ardiac surgeons
so during the management of every patient the fellow will need to interact with other consultants, to adress patien	nt-specific issues.	
4. Briefly describe how fellows will be provided with opportunities to maintain comprehensive, timely, and legible	le medical records, if applicable	
ne fellow will have full access / credentials to the preop clinic and inpatients electronic records.		
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European Association of Cardiothoracic Anaesthesiology and Intensive Care

Chec	cklist fo	r Hos	ting EACT	AIC Paedia	tric Cardiothoraci	c Anaesthe	sia Fellow	ship Pr	ogramm	e
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Address	Klinik fü	ür Anäs e 30 4. erg-Can	OG/ Raum:	nd operative In	tensivmedizin (KAI)					
Preferred D	uration	n	⊠ 12 m	onths						
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	should b			ısus betweei	n the host centre an	d the traine	e about th	e financ	cial staten	nent befor
An em	ployme	nt coi	ntract will	be signed w	vith the candidate		⊠ Yes	□N	o	
Accom	ımodati	ion op	tions are j	provided			□ Yes	⊠N	О	
Transp	ortation/	travel/	options are	provided		7	□Yes	⊠N	О	
Monthl	ly Salary:	:	Amount	5624.32		Currency	Euros			
				The centr	e does not fund this	opportunity		□ Y €	es 🗵 1	No
Source	e of fina	ncial	support fo	or the candi	date:					
	⊠ Host	centre	e (monthly	salary)						
	☐ Cand	lidate	's centre							
	□ Scho	larshij	р							
	□ Educ		ıl grant							
	□ Awaı									
			s expenses	;						
	☐ Othe	ers	Click here to	antar tayt						
Pleas	se, descr	ribe	Click liefe to	enter text.						
Programme	Traini	ing a	nd facilit	ies of the h	ost centre					
1. The fellow	v should	be aut	horized to p	provide direct	patient care during the	eir training pr	ogramme un	der the	⊠ Yes	□No
			_		members, "i.e. hands-o					
2. Declaratio	n of finan	ncial re	courses and	signed agreen	nent between the host o	entre and train	nee.		⊠ Yes	□ No
3. Uninterrup	oted traini	ing for	12months.						⊠ Yes	□ No
4. The head of	of the dep	artmer	nt or other ac	lvisory authori	ity should approve the	programme.			⊠ Yes	□ No
5. The progra	amme dire	ector s	hould attain	sufficient time	to do his responsibilit	ies.		-	⊠ Yes	□ No



European Association of Cardiothoracic Anaesthesiology and Intensive Care

	If yes	, please de	line line		
		Click her	e to enter		
			hours per day		
		10%	days per week		
		Click her	e to enter 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 portfo	olio/logboo	ok will be performed monthly and signed by the programme director	⊠ Yes	□ No
9.	The hos	sting centre	s should have:		
	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	monitoring and advanced life support equipment representative of current levels of	⊠ Yes	□ No
		technolog	gy?		
	9.6		an outpatient Clinic for perioperative evaluation of patients undergoing cardiothoracic and procedures	⊠ Yes	□ No
	9.7	24-hours	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	ne 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 ndition es, plea		Approve		
If yo	es, plea	ase defir	Click here to enter text.		

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





Universitätsklinikum Bonn, KAI, Venusberg-Campus 1, Gebäude 22, 53127 Bonn

European Association of Cardiothoracic Anaesthesiology and Intensive Care (EACTAIC)

Education Commitee

Education Chair Prof. Mohamed R. El Tahan, MD

Klinik für Anästhesiologie und Operative Intensivmedizin



Tel: +49 (0) 228 287-37595 Fax: +49 (0) 228 287-37554 ehrenfried.schindler@ukbonn.de

Bonn, 15.09.2021

Universitätsklinikum Bonn Venusberg-Campus 1 Gebäude 22, 3. Etage, Raum 060 53127 Bonn

Dear Prof El Tahan,

I am writing on behalf of the Department of Anaesthesiology and Critical Care Medicine, Section Paediatric Anaesthesiology.

I want to apply to become training centre for the EACTAIC Fellowship program. Our paediatric cardiac surgical programme is one of the biggest in Germany. Due to the large number of the most complex cardiac surgery we can insure a specific and most comprehensive education. As we are University Hospital we are also deeply involved in research as you can see from our pubmed results. Due to the large numbers of cases we are able to accept one fellow each year. We think that paediatric cardiac surgery should not only be trained alone in the cardiac OR but also in the areas of diagnostics and intervention like cath lab, MRI, CT and Endoscopy we can guarantee a significant number of cases there. Right now we have 8 full scale paediatric anaesthesia consultants, 3 residents in training and medical students on a weekly basis in our section.

Since more than 20 years we have an exchange programme with the cardiac PICU and we are able to offer a time period for the fellow there. We can guarantee a one month period.

Mohamed, if you need any other information please do not hesitate to contact me immediately

sincerely

Univ.-Prof. Dr. med. Dr. habil Ehrenfried Schindler Head Section Paediatric Anaesthesiology











Universitätsklinikum Bonn, KAI, Venusberg-Campus 1, Gebäude 22, 53127 Bonn

European Association of Cardiothoracic Anaesthesiology and Intensive Care (EACTAIC) Education Commitee Education Chair Prof. Mohamed R. El Tahan, MD Klinik für Anästhesiologie & Operative Intensivmedizin

Univ.-Prof. Dr. med. Mark Coburn Direktor

Tel: +49 (0) 228 287-14111 Fax: +49 (0) 228 287-14115 mark.coburn@ukbonn.de

Bonn, 15. September 2021

In order to fulfill the needs for training and education I guarantee that the programm leader Prof. Schindler will have a minimum of 10% of weekly working time for training the trainees in the Fellowship and Exchange Training Programme of the EACTAIC

Sekretariat

Carola Donnhof

Tei: +49 (0) 228 287-14110 Fax: +49 (0) 228 287-14115 carola.donnhof@ukbonn.de

Universitätsklinikum Bonn Venusberg-Campus 1 Gebäude 22, 3. Etage, Raum 060 53127 Bonn

Best Regards

Prof. Dr. med. Mark Coburn





EACTAIC Fellowship Programme Section Paediatric Anaesthesia, University Hospital, University of Bonn (UKB)



Operation Area	Monday	Tuesday	Wednesday	Thursday	Friday
OR 1	Ped Card Surgery				
OR 2	Ped Card Surgery				
OR 3	Orthopedic Ped Surg	GUCH	Ped Surgery	GUCH	Neonatology Surg
Hybrid/Cath Lab	Diagnostic/Intervention	Diagnostic/Intervention	Diagnostic/Intervention	Diagnostic/Intervention	Diagnostic/Intervention
Diagnostics	MRI	Cardiac CT	MRI	MRI	MRI
Endoscopy				Ped endoscopy	
Cardiac PICU	Every day				

This is an example of a weekly schedule during the fellow's cardiac anesthesia rotation period at the UKB

Each day our department provides anesthesia for 2 cardiac surgery operating rooms and one Hybrid OR. Additionally the fellow get the chance to do complex non-cardiac surgery in patients with congenital diseases

The GUCH patients are done in another building within the campus. Every cath lab procedure is performed with an anesthesiologist

The fellow should also learn about cardiac diagnostic procedures like MRI, CT as well as interventions in long term ICU patients like PEG or duodenal tubes insertions

On agreement with the PICU the fellow will also rotate to the cardiac PICU for a defined period up to negotiation but at least one month