

Application	for Hosti	ing EACTA/ESA	Cardioth	oracic and	Vascular <i>i</i>	Anaesthes	sia Fellowship Programme		
Fellowship Info	ormation	Fellowsh	ip in Car	diovascula	r and Thora	acic Anest	thesia		
Institution	Name	Heart Cente	r of the Tec	hnical Unive	rsity of Dresd	en			
Address	Fetscherst	rasse 76, 01307 Dr	resden						
Website									
Chair Name		ww.herzzentrum-dr	esden.com			Email	Jens.fassl@herzzentrum-dresden.com		
Programme Director	Name		Fassl, Jen	ns		_			
	Board	Certification(s)	Anesthes	siology					
	Title/A	Affiliation	PD Dr.m	ed. habil.					
	Numbe	er of original publ	lications	68					
	EACT	A, ESA, or other	societies m	embership	EACTA				
	If y	ves, membership's	number						
	Email		Jens.fass	 @herzzentru	m-dresden.co	m			
	Mailin	g Address							
		Street	Fetschers	strasse 76					
		City	Dresden.	Germanv		Region	01067		
		Country Phone	+49 35	1 450 1603		City/Zip coo	+49 351 450 1604		
		ne Programme dir		te sufficient 1	ime to provi	de substanti ⊠Ye	ial leadership to the programme and		
		he Programme d		iew the fell	ows' clinical	experience	e logs at least quarterly and verify		
Does the n Programme	ational/in		•	authority(s) recogniz		nstitutional CTVA Fellowship		
If yes, pleas	se explain								
Completion the host cent	of the pro	ogramme will be ction with Euro	e acknow pean Asso	ledged by tociation of	he Departn Cardiothor	nent of An acic Anaes	naesthesia and Intensive Care at sthesia (EACTA) Tes □ No		
Candidate's re	quireme	nts					CS LI IVO		
The candidates	s must be	e board certific	ed or bo	ard eligibl	e accordii	ng to Eur ⊠ Y	opean residency programme		
Language requ	irement	S: German							
Specific require	ements t		tending 1	fellow:					
		e and experience winsoesophageal echo			ical patients,	to broaden th	ne horizon to modern hemodynamic		
General Progra	amme In	formation							
Aims, goa	ıls and ob	jectives of the F	ellowship	Programn	1e				
- Certifica	ite in transo	riate perioperative esophageal Echoca the programme, the	rdiography				rersity heart center ts in cardiac anesthesia		
Preferred Dura	ation	⊠ 12 month	s □ 24 n	nonths					
				requent and/o	r prolonged p		condment to other divisions /		
Preferred Prog	gramme '	Training Start			gramme E		une		

European Association of Cardiothoracic Anaesthesiology

c/o AIM Italy Srl Via Flaminia 1068 00189 Rome Italy

\ +39 0633053.319\ +39 0633053.630\ eacta@aimgroup.eu\ www.eacta.org



Numbe	er of I	Posit	ions Pe	r Year	1			
Туре о	f fello	wsh	ip train	ing ava	ilable:			
	□ Clir	nical (only Basic R					
	□ Bas	ic Re	search or	nly				
	□ Clir	nical I	Research	only				
If clinic	cal, w	ill th	e fellov	ws be all	lowed to wo	rk with the patients u	nder supervision 🛭	I Yes □ No
Comm	ents	Clin Sup	nical expo pervision	osure to a by well-t	wide variety or rained faculty	f cardiac surgical procedu	res in high volume uni	versity cardiac center
Faculty* CTV Anaesthesia						Expertise. * Please, list at	least three names.	
Name	EAC	TA m	ember	Certifica		Additional Qualifications	Email	Contact Address
					oracic and Anaesthesia			
Johan Winata	⊠ Ye	s	□ No		YES	European Echo Certification	Johan.winata@herzentrum- dresden.com	See above
Joachim Nicolai	⊠ Ye	es	□ No		YES	European Echo Certification	Joachim.nicolai@herzzentrum- dresden.com	See above
Ties Meyer Jark	⊠ Ye	es	□ No		Yes	European Echo Certification		
Click here to enter text.	□Ye	es	□ No					
Click here to enter text.	□Ye		□ No					
Click here to enter text.	□ Ye		□ No					
Click here to enter text. Click here to enter text.	□ Ye		□ No					
Click here to enter text.	□ Ye		□ No					
Click here to enter text.	□Ye		□ No					
Click here to enter text.	□Ye		□ No					
	ations	lists	s of the	faculty'	s members	in PubMed		

Resources

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



Resource	Yes	Number	Working days/week
Total cardiothoracic and vascular ward beds		87	7
Number of ICU beds dedicated to CTV patients		23	7
Is there an emergency department in which cardiothoracic patients are managed 24 hours a day?	\boxtimes		
An adequately designed and equipped post-anaesthesia care unit for cardiothoracic patients located near the operating room suite?	\boxtimes		
Is there monitoring and advanced life support equipment representative of current levels of technology?			
Hybrid Operating Rooms	\boxtimes		
Cardiac Operating Rooms	\boxtimes		
Thoracic Operating Rooms			
Vascular Operating Rooms			
Catheterisation Labs	\boxtimes		
Electrophysiology Labs	\boxtimes		
Pulmonology Labs	\boxtimes		
Interventional Vascular Suits	\boxtimes		
Separate CVICU Facility	\boxtimes		
Animal Laboratory for research purposes			
Outpatient Clinic for perioperative evaluation of patients undergoing cardiothoracic and vascular procedures	\boxtimes		
24-hours acute pain service available for patients undergoing cardiac, thoracic and vascular procedures	\boxtimes		
Meeting Rooms	\boxtimes		
Classrooms with visual and other educational aids	\boxtimes		
Study areas for fellows	\boxtimes		
Office space for faculty members and fellows	\boxtimes		
Diagnostic facilities	\boxtimes		
Therapeutic facilities	\boxtimes		
24-hour laboratory services available in the hospital	\boxtimes		
Cardiac stress testing	\boxtimes		
Cardiopulmonary scanning procedures	\boxtimes		
Pulmonary function testing	\boxtimes		
Computers and IT support	\boxtimes		
Appropriate on-call facilities for men and women	\boxtimes		

Clinical Skills and Responsibilities

If yes, for each rotation or experience below, specify the duration (in months, four weeks = one month) during the 12-24 months of education in fundamental clinical skills.

Caring for inpatients in:

Cardiac Surgery using CPB

Cardiac Surgery without CPB

Minimally-Invasive Cardiac Procedures

Interventional Cardiac Catheterization (e.g. TAVI, Mitraclip, ASD..)

Electrophysiology Lab (e.g. mapping, ablation, pacemakers, ICDs..)

Robotic Cardiac Surgery

Heart, Lung, and Heart/Lung Transplants

ECLS, ECMO, VAD Procedures

Echocardiography Lab

Number of performed produces/year

remost of performed produces, year
2200
850
200
680
230
0
2
25
1400

European Association of Cardiothoracic Anaesthesiology c/o AIM Italy Srl Via Flaminia 1068 00189 Rome Italy



Thoracoscopic Surgery	7				210	0	
Pulmonary Resection					10)	
Oesophageal Surgery					0		
Tracheo-Bronchial Surg	gery				0		
Interventional Pulmono	ology Proced	lures			0		
Major Vascular Procedo					40)	
Neurological monitorin		ijor vascular surgery			40)	
Interventional Vascular					5		
Acute and Chronic Pain					260	00	
Basic Research	8						
Clinical Research							
Rotations in:				Number o	f performed	produces/ve	ar/fellow
				T COMPOSE O	350		air remo w
Cardiac Anaesthesia							
Thoracic Anaesthesia					50		
Anaesthesia for Major so	supra-inguina	al Vascular Procedures			50		
Trans-esophageal and tra	rans-thoracic	echocardiography			350	0	
Medical or surgical Criti	tical Care Ro	otation					
Inpatient or outpatient ca	ardiology						
Inpatient or outpatient p	oulmonary m	nedicine			0		
Extracorporeal perfusion	n technology	y (CPB, ECMO, Nova-L	ung.)		10)	
Emilacorporear periasion	c anaesthesi	a			0		
Paediatric cardiothoracio	e unacstness						
	e unaestness						
Paediatric cardiothoracio Basic Research Clinical Research		g the CTVA Pro	ogramme comp	lete each o	f the fund □ Yes	amental cl ⊠ No	linical skills
Paediatric cardiothoracion Basic Research Clinical Research Will all fellows requirements? If no, explain.	entering The cardiac only for ad naesthesi	g the CTVA Proceedings of the CTVA Proceedings of the center of Dresden proult patients. a setting, including, involving fellows	rovide cardiac surge	ery and cardiolo	☐ Yes ogy with their Il faculty m	No own intensive embers at :	e care unit, but
Paediatric cardiothoracion Basic Research Clinical Research Will all fellows requirements? If no, explain. In the clinical an perioperative CT	entering The cardiac only for ad naesthesi	c center of Dresden prult patients. a setting, includir	rovide cardiac surge	ery and cardiolo eekends, wil two anaesth	☐ Yes ogy with their Il faculty m netizing loca	No own intensive embers at :	e care unit, but
Paediatric cardiothoracion Basic Research Clinical Research Will all fellows requirements? If no, explain.	entering The cardiac only for ad naesthesi	c center of Dresden prult patients. a setting, includir	rovide cardiac surge	ery and cardiolo eekends, wil two anaesth	☐ Yes ogy with their Il faculty m netizing loca	No own intensive embers at a stions simulation.	e care unit, but
Paediatric cardiothoracion Basic Research Clinical Research Will all fellows requirements? If no, explain. In the clinical an perioperative CT	entering The cardiac only for ad naesthesis TVA care	c center of Dresden prult patients. a setting, includir	rovide cardiac surge ng nights and wo s, for more than	ery and cardiolo eekends, wil two anaesth	☐ Yes ogy with their Il faculty m tetizing loca ☐ Yes	No own intensive embers at a tions simul No	e care unit, but any time dire taneously?
Paediatric cardiothoracion Basic Research Clinical Research Will all fellows requirements? If no, explain. In the clinical an perioperative CT If Yes, describe:	entering The cardiac only for admaesthesis TVA care ibility:	c center of Dresden prult patients. a setting, includir , involving fellows Responsibility of th level.	rovide cardiac surge ng nights and wo s, for more than ne fellow will be to p	ery and cardiologeekends, will two anaesth	☐ Yes ogy with their Il faculty m tetizing loca ☐ Yes d effective pat	No own intensive embers at: tions simul No	e care unit, but any time dire (taneously?
Paediatric cardiothoracion Basic Research Clinical Research Will all fellows requirements? If no, explain. In the clinical an perioperative CT If Yes, describe: Clinical Responsi List any other rollearning. Fellowship lecture,	The cardiac only for admaesthesis TVA care ibility:	Responsibility of the level. and teaching events defined and teaching events defined and teaching events described events described and teaching events des	rovide cardiac surge ng nights and wo s, for more than the fellow will be to puration, in mont in TEE, Dedicated of	ery and cardiologeekends, will two anaesth provide safe an chs) offered i	□ Yes ogy with their Il faculty m tetizing loca □ Yes d effective pate on the Progr	No own intensive embers at: tions simul No tient care at an amme to au accreditated b	e care unit, but any time dire Itaneously? In academic ugment fellow by the German
Paediatric cardiothoracion Basic Research Clinical Research Will all fellows requirements? If no, explain. In the clinical and perioperative CT If Yes, describe: Clinical Responsion List any other rollearning. Fellowship lecture, Society of Anesthe	The cardiac only for admaesthesis TVA care ibility:	Responsibility of the level. and teaching events d Intensive Care Medialty rotations	rovide cardiac surge ng nights and wo s, for more than the fellow will be to puration, in mont in TEE, Dedicated of	ery and cardiologeekends, will two anaesth provide safe an chs) offered i	□ Yes ogy with their Il faculty m tetizing loca □ Yes d effective pate on the Progr	No own intensive embers at: tions simul No tient care at an amme to au accreditated b	e care unit, but any time dire Itaneously? In academic ugment fellow by the German
Paediatric cardiothoracion Basic Research Clinical Research Will all fellows requirements? If no, explain. In the clinical an perioperative CT If Yes, describe: Clinical Responsi List any other rollearning. Fellowship lecture, Society of Anesthe Will advanced	The cardiac only for admaesthesis TVA care ibility:	Responsibility of the level. and teaching events d Intensive Care Medialty rotations	rovide cardiac surge ng nights and wo s, for more than the fellow will be to puration, in mont in TEE, Dedicated of	ery and cardiologeekends, will two anaesth provide safe an chs) offered i	□ Yes ogy with their Il faculty m tetizing loca □ Yes d effective pat n the Progr Symposium a bility and	No own intensive embers at: tions simul No tient care at an accreditated b	e care unit, but any time dire Itaneously? In academic ugment fellow by the German
Paediatric cardiothoracion Basic Research Clinical Research Will all fellows requirements? If no, explain. In the clinical and perioperative CT If Yes, describe: Clinical Responsi List any other rotelearning. Fellowship lecture, Society of Anesthe Will advanced Maximum Time in	entering The cardiac only for admaesthesis TVA care ibility: tations (a , Symposia esiology an subspec in Non-C	Responsibility of the level. and teaching events d Intensive Care Medialty rotations	rovide cardiac surge ng nights and we s, for more than the fellow will be to puration, in mont in TEE, Dedicated of licine reflect increase	ery and cardiologeekends, will two anaesth provide safe an chs) offered i	□ Yes ogy with their Il faculty m tetizing loca □ Yes d effective pat n the Progr Symposium a bility and	No own intensive embers at: tions simul No tient care at an accreditated b	e care unit, but any time dire Itaneously? In academic ugment fellow by the German
Paediatric cardiothoracion Basic Research Clinical Research Will all fellows requirements? If no, explain. In the clinical an perioperative CT If Yes, describe: Clinical Responsion List any other rotelearning. Fellowship lecture, Society of Anesthe Will advanced Maximum Time in Financial Statement An employment of	entering The cardiac only for admaesthesis TVA care ibility: tations (a , Symposia esiology an subspec in Non-Co	Responsibility of the level. and teaching events definitely rotations and teaching events desirable rotations Clinical Activities	rovide cardiac surge ng nights and we s, for more than the fellow will be to puration, in mont in TEE, Dedicated of licine reflect increase	ery and cardiologeekends, will two anaesth provide safe an chs) offered i	□ Yes ogy with their of faculty materizing loca □ Yes of deffective paterized and the Program of Symposium of Symposiu	No own intensive embers at attions simular No tient care at an accreditated become learning	e care unit, but any time dire Itaneously? In academic ugment fellow by the German
Paediatric cardiothoracion Basic Research Clinical Research Will all fellows requirements? If no, explain. In the clinical and perioperative CT If Yes, describe: Clinical Responsi List any other rotelearning. Fellowship lecture, Society of Anesthe Will advanced Maximum Time in Financial Statement An employment of Accommodation of	entering The cardiac only for ad naesthesis TVA care ibility: tations (a , Symposia esiology an subspec in Non-C contract options a	Responsibility of the level. and teaching events definitely rotations Clinical Activities will be signed with the provided	rovide cardiac surge ng nights and we s, for more than the fellow will be to puration, in mont in TEE, Dedicated of licine reflect increase	ery and cardiologeekends, will two anaesth provide safe an chs) offered i	□ Yes ogy with their Il faculty m tetizing loca □ Yes d effective pat r Symposium a bility and □ Yes □ Yes □ Yes	No own intensive embers at: tions simul No tient care at an accreditated b learning	e care unit, but any time dire Itaneously? In academic ugment fellow by the German
Paediatric cardiothoracion Basic Research Clinical Research Will all fellows requirements? If no, explain. In the clinical an perioperative CT If Yes, describe: Clinical Responsion List any other rotelearning. Fellowship lecture, Society of Anesthe Will advanced Maximum Time in Financial Statement An employment of Accommodation of Transportation/tray	entering The cardiac only for admaesthesis TVA care ibility: tations (a , Symposia esiology an subspec in Non-C contract options a vel options	Responsibility of the level. and teaching events definitely rotations Clinical Activities will be signed with the provided sare provided	rovide cardiac surge ng nights and we s, for more than the fellow will be to puration, in mont in TEE, Dedicated of licine reflect increase	ery and cardiologe eekends, will two anaesth provide safe an ersponsion of the cardiac Fellowed responsion of the cardiac	□ Yes ogy with their old faculty materizing loca □ Yes old effective pate of the Program of Symposium of	No own intensive embers at attions simular No tient care at an accreditated become learning	e care unit, but any time dire Itaneously? In academic ugment fellow by the German
Paediatric cardiothoracion Basic Research Clinical Research Will all fellows requirements? If no, explain. In the clinical and perioperative CT If Yes, describe: Clinical Responsi List any other rotelearning. Fellowship lecture, Society of Anesthe Will advanced Maximum Time in Financial Statement An employment of Accommodation of	entering The cardiac only for ad naesthesis TVA care ibility: tations (a , Symposia esiology an subspec in Non-C contract options a	Responsibility of the level. and teaching events definitely rotations Clinical Activities will be signed with the provided of the provided of the level.	rovide cardiac surge ng nights and we s, for more than the fellow will be to puration, in mont in TEE, Dedicated of licine reflect increase	ery and cardiologeekends, will two anaesth provide safe an chs) offered i	□ Yes ogy with their Il faculty m tetizing loca □ Yes d effective pat r Symposium a bility and □ Yes □ Yes □ Yes	No own intensive embers at: tions simul No tient care at an accreditated b learning	e care unit, but any time dire Itaneously? In academic ugment fellow by the German

European Association of Cardiothoracic Anaesthesiology

c/o AIM Italy Srl Via Flaminia 1068 00189 Rome Italy

\ +39 0633053.319\ +39 0633053.630\ eacta@aimgroup.eu\ www.eacta.org



☐ Candidate	e (monthly salary) 's centre						
☐ Scholarshi	p						
☐ Educationa	al grant						
□ Award							
	s own expenses						
☑ Others							
Please, describe							
Educational and Acade	mic Programme						
Didactic Session	18						
Will faculty mer	nbers' attendance be mon	itored?			⊠ Yes	□ No	
•	endance be monitored?				⊠ Yes	□ No	
Will attendance	be mandatory for faculty:	nembers?			⊠ Yes	□ No	
Will attendance	be mandatory for fellows	•			⊠ Yes	□ No	
Who of the follo	wing will provide content	at conference	ces? Check all	that apply.			
Anae	sthesiology faculty memb	ers from this	department			\boxtimes	
	sthesiology faculty memb		-			\boxtimes	
	anaesthesiologists from th					\boxtimes	
	anaesthesiologists from th						
	ng faculty members	• partiespatin	15 51145				
	/industry representatives						
Fello							
	s (specify): cardiac surger	W.					
	rs (specify): cardiology	У					
What will be the	e frequency of the	following	education	al topics	in the p	rogramme's s	chedule?
		Weekly	Bi-weekly	Monthly	Quarterly	y Semi-annually	Annually
Cuitinal anno anno inal after litare	tura (i.a. jaurmal alub)	\boxtimes					
Critical care appraisal of the litera	ture (i.e., journal club)			_		_	_
Quality improvement (M&M, QA							
)			+			
Quality improvement (M&M, QA)						
Quality improvement (M&M, QA Board review (e.g., oral exams, ke	eywords)			× ×			
Quality improvement (M&M, QA Board review (e.g., oral exams, ke Grand rounds	eywords)			× ×			
Quality improvement (M&M, QA Board review (e.g., oral exams, ke Grand rounds Other (specify) Click here to enter Other (specify) Click here to enter	eywords)	Daily a					
Quality improvement (M&M, QA Board review (e.g., oral exams, ke Grand rounds Other (specify) Click here to enter Other (specify) Click here to enter	eywords) text. text. Work Available in	Daily c	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □				
Quality improvement (M&M, QA Board review (e.g., oral exams, ke Grand rounds Other (specify) Click here to enter Other (specify) Click here to enter Formal Course Extra-Institutio	eywords) text. Work Available in nal Educational Co	Daily c	onference,				
Quality improvement (M&M, QA Board review (e.g., oral exams, ke Grand rounds Other (specify) Click here to enter Other (specify) Click here to enter Formal Course Extra-Institutio In the Previous 5	eywords) text. text. Work Available in	Daily c	onference, Support:				
Quality improvement (M&M, QA Board review (e.g., oral exams, ke Grand rounds Other (specify) Click here to enter Other (specify) Click here to enter Formal Course Extra-Institutio In the Previous 5 N Abstracts	eywords) text. Work Available in nal Educational Co	Daily c	onference, Support:				
Quality improvement (M&M, QA Board review (e.g., oral exams, ke Grand rounds Other (specify) Click here to enter Other (specify) Click here to enter Formal Course Extra-Institutio In the Previous 5	eywords) text. Work Available in nal Educational Co	Daily c	onference, Support:				
Quality improvement (M&M, QA Board review (e.g., oral exams, ke Grand rounds Other (specify) Click here to enter Other (specify) Click here to enter Formal Course Extra-Institutio In the Previous 5 N Abstracts	eywords) Text. Work Available in nal Educational Co	Daily c Daily c Onference of or 2 nd Au Peer-l Other	onference, Support:				
Quality improvement (M&M, QA Board review (e.g., oral exams, ke Grand rounds Other (specify) Click here to enter Other (specify) Click here to enter Formal Course Extra-Institutio In the Previous 5 N Abstracts Book Chapters	bywords) Text. Work Available in nal Educational Co	Daily c Daily c Onference of or 2 nd Au Peer-l Other	onference, Support:				
Quality improvement (M&M, QA Board review (e.g., oral exams, ke Grand rounds Other (specify) Click here to enter Other (specify) Click here to enter Formal Course Extra-Institutio In the Previous 5 N Abstracts Book Chapters Dedicated Resea	bywords) Text. Work Available in nal Educational Coyears, Fellows were 1 Arch Time: 4h/we	Daily c Daily c Onference of or 2 nd Au Peer-l Other	onference, Support: athor On: Reviewed Jou		es		
Quality improvement (M&M, QA Board review (e.g., oral exams, ke Grand rounds Other (specify) Click here to enter Other (specify) Click here to enter Formal Course Extra-Institutio In the Previous 5 N Abstracts Book Chapters Dedicated Reseaved Patient Care Competency Area Following standards for patien	bywords) Text. Work Available in nal Educational Coyears, Fellows were 1 Arch Time: 4h/we	Daily c Daily c Daily c Daily c Donference of or 2 nd Au Peer-l Other ek	onference, Support: tthor On: Reviewed Jou Publications	rnal Articl	es		
Quality improvement (M&M, QA Board review (e.g., oral exams, ke Grand rounds Other (specify) Click here to enter Other (specify) Click here to enter Formal Course Extra-Institutio In the Previous 5 A Abstracts Book Chapters Dedicated Resea Patient Care Competency Area Following standards for patien guidelines and procedures for	wywords) Text. Work Available in nal Educational Coyears, Fellows were 1 Arch Time: 4h/we t care and established patient safety, error mana	Daily c Daily c Daily c Daily c Donference of or 2 nd Au Peer-l Other ek	onference, Support: athor On: Reviewed Jou Publications	rnal Articl	es	ssment Method(s)	
Quality improvement (M&M, QA Board review (e.g., oral exams, ke Grand rounds Other (specify) Click here to enter Other (specify) Click here to enter Formal Course Extra-Institutio In the Previous 5 M Abstracts Book Chapters Dedicated Reseave Patient Care Competency Area Following standards for patien guidelines and procedures for reduction, and improved patient	bywords) Totaxt. Work Available in nal Educational Colored arch Time: 4h/we t care and established patient safety, error toutcomes.	Daily c Daily c Donference of or 2 nd Au Peer- Other ek	onference, Support: athor On: Reviewed Jou Publications	rnal Articl	es Asse	ssment Method(s)	tive feedback
Quality improvement (M&M, QA Board review (e.g., oral exams, ke Grand rounds Other (specify) Click here to enter Other (specify) Click here to enter Formal Course Extra-Institutio In the Previous 5 A Abstracts Book Chapters Dedicated Resea Patient Care Competency Area Following standards for patien guidelines and procedures for	wywords) Text. Work Available in nal Educational Coyears, Fellows were 1 Arch Time: 4h/we Setti t care and established patient safety, error toutcomes. n and optimization of Litera	Daily c Daily c Donference of or 2 nd Au Peer- Other ek	onference, Support: athor On: Reviewed Jou Publications	rnal Articl	es Asse	ssment Method(s)	tive feedback
Quality improvement (M&M, QA Board review (e.g., oral exams, ke Grand rounds Other (specify) Click here to enter Other (specify) Click here to enter Formal Course Extra-Institutio In the Previous 5 N Abstracts Book Chapters Dedicated Resea Patient Care Competency Area Following standards for patient guidelines and procedures for reduction, and improved patient Pre-operative patient evaluation clinical status prior to the cardic Interpretation of cardiovascu diagnostic test data.	ywords) Text. Work Available in nal Educational Coyears, Fellows were 1 Arch Time: t care and established patient safety, error toutcomes. n and optimization of othoracic procedure. ular and pulmonary Litera	Daily c Daily c Daily c Double cek Daily c Daily c Daily c	onference, Support: athor On: Reviewed Jou Publications es mmes of quality a practice in the O esthesia clinic , preop anesthesia	rnal Articl	es Asse Daily Daily	ssment Method(s) ding direct and forma conference, Supervise	tive feedback
Quality improvement (M&M, QA Board review (e.g., oral exams, ke Grand rounds Other (specify) Click here to enter Other (specify) Click here to enter Formal Course Extra-Institutio In the Previous 5 A Abstracts Book Chapters Dedicated Resea Patient Care Competency Area Following standards for patien guidelines and procedures for reduction, and improved patient Pre-operative patient evaluation clinical status prior to the cardio Interpretation of cardiovascu	ywords) Text. Work Available in nal Educational Control of the patient safety, error toutcomes. In and optimization of otheracic procedure. In and pulmonary Literation of otheracic procedure.	Daily c Daily c Daily c Double cek Daily c Daily c Daily c	onference, Support: athor On: Reviewed Jou Publications es mmes of quality a practice in the O esthesia clinic	rnal Articl	es Asse Daily Daily	ssment Method(s) ding direct and forma	tive feedback
Quality improvement (M&M, QA Board review (e.g., oral exams, ke Grand rounds Other (specify) Click here to enter Other (specify) Click here to enter Formal Course Extra-Institutio In the Previous 5 of Abstracts Book Chapters Dedicated Reseave Patient Care Competency Area Following standards for patient guidelines and procedures for reduction, and improved patient Pre-operative patient evaluation clinical status prior to the cardio Interpretation of cardiovascu diagnostic test data. Hemodynamic and respiratory in	wywords) Text. Work Available in nal Educational Coyears, Fellows were 1 Arch Time: 4h/we Settit care and established patient safety, error at outcomes. In and optimization of othoracic procedure. It care and pulmonary Literation of othoracic procedure.	Daily c	onference, Support: athor On: Reviewed Jou Publications es mmes of quality a practice in the O esthesia clinic , preop anesthesia	rnal Articl	es Asset risk Provi	ssment Method(s) ding direct and forma conference, Supervise	tive feedback cion in the OR sion in the OR
Quality improvement (M&M, QA Board review (e.g., oral exams, ke Grand rounds Other (specify) Click here to enter Other (specify) Click here to enter Formal Course Extra-Institutio In the Previous 5 of Abstracts Book Chapters Dedicated Reseave Patient Care Competency Area Following standards for patient guidelines and procedures for reduction, and improved patient Pre-operative patient evaluation clinical status prior to the cardical Interpretation of cardiovascuiagnostic test data. Hemodynamic and respiratory of Pharmacological and mecha	ywords) Text. Work Available in nal Educational Coyears, Fellows were 1 Arch Time: Ah/we Setti t care and established in patient safety, error in an an optimization of other cours in and optimization of other cours. In and optimization of other course, and pulmonary Literation in the course of the cours	Daily c Donference St or 2 nd Au Peer-l Other ek Daily c Daily c Daily c	conference, Support: Athor On: Reviewed Jou Publications es The propriet of the O Th	rnal Articl ssurance and R, preop a clinic a clinic ing in the OR te pain service	es Asset Provi Daily Daily Daily Daily Daily Daily	ssment Method(s) ding direct and forma conference, Supervise Conference, Supervise	tive feedback ion in the OR sion in the OR sion in the OR



Competency Area	Settings/Activities	Assessment Method(s)
Providing anaesthesia care for patients undergoing thoracic surgery, including operations on the lung, oesophagus, and thoracic aorta.		
Advanced-level peri-operative TEE.	Theoretic and practical training (Former Courses, Teaching in the OR, Simulation)	Accreditation in TEE by EACTA
The ability to independently manage intra-aortic balloon counterpulsation and be actively involved in the management of other extracorporeal circulatory assist devices.	-	
Management of cardiopulmonary bypass (CPB).	The Fellow rotate for at least 1 week to the perfusion department. The Institute of Cardiac Anesthesiology and the Perfusion Department will held educational events and conferences on bi-monthly basis. The Fellow is responsible for at least 1 case presentation during these clinical conferences.	

Medical Knowledge

Indicate the activity(ies) (lectures, conferences, journal clubs, clinical teaching rounds, etc.) in which residents will demonstrate knowledge in each of the following areas. Also indicate the method(s) used to assess competence.

Area of Knowledge	Settings/Activities	Assessment Method(s)
How cardiothoracic diseases affect the administration of anaesthesia and life support to adult cardiothoracic patients.	- Lectures - Conference	Daily conference
Embryological development of the cardiothoracic structures.	- Literature - Lectures	
Pathophysiology, pharmacology, and clinical management of patients with cardiac disease, to include cardiomyopathy, heart failure, cardiac tamponade, ischeamic heart disease, acquired and congenital valvular heart disease, congenital heart disease, electrophysiologic disturbances, and neoplastic and infectious cardiac diseases.	- JC -	Daily conference
Pathophysiology, pharmacology, and clinical management of patients with respiratory disease, to include pleural, bronchopulmonary, neoplastic, infectious, and inflammatory diseases.	- Literature - Lectures	
Pathophysiology, pharmacology, and clinical management of patients with thoracic vascular, tracheal, oesophageal, and mediastinal diseases, to include infectious, neoplastic, and inflammatory processes.	- Literature - Lectures	
Non-invasive cardiovascular evaluation, to include electrocardiography, transthoracic echocardiography, TEE, stress testing, and cardiovascular imaging.	- Conference	Daily conference,
Cardiac catheterization procedures and diagnostic interpretation, to include invasive cardiac catheterization procedures, including angioplasty, stenting, and transcatheter laser and mechanical ablations.		Daily conference
Non-invasive pulmonary evaluation, to include pulmonary function tests, blood gas and acid-base analysis, oximetry, capnography, and pulmonary imaging.	_	Daily conference
Pre-anaesthetic evaluation and preparation of adult cardiothoracic patients.	- Conference - Clinical teaching rounds	Daily conference
Peri-anaesthetic monitoring, both non-invasive and invasive (intra-arterial, central venous, pulmonary artery, mixed venous saturation, cardiac output)	Literature Lectures Clinical teaching rounds Teaching in the OR	Daily conference, Supervision in the OR
Pharmacokinetics and pharmacodynamics of medications prescribed for medical management of adult cardiothoracic patients.		Daily conference
Pharmacokinetics and pharmacodynamics of anaesthetic medications prescribed for cardiothoracic patients.	- Literature - Lectures -	Daily conference
Pharmacokinetics and pharmacodynamics of medications prescribed for management of haemodynamic instability.	¥ .	Daily conference Supervision in the OR



Area of Knowledge	Settings/Activities	Assessment Method(s)
Extracorporeal circulation, to include: myocardial preservation; effects of CPB on pharmacokinetics and pharmacodynamics; cardiothoracic, respiratory, neurological, metabolic, endocrine, haematological, renal, and thermoregulatory effects of CPB; and coagulation/ anticoagulation before, during, and after CPB.	- Teaching in the OR	Daily conference, Supevision in the OR
, Inotropes, chronotropes, vasoconstrictors, and vasodilators.	- Literatures - Lectures	Daily conference
Circulatory assist devices, to include intra-aortic balloon pumps, left and right ventricular assist devices, and extracorporeal membrane oxygenation (ECMO).	Lectures	Daily conference, Supervision in the OR
, Pacemaker insertion and modes of action.	- Literatures - Lectures - Teaching in the OR	Daily conference, Supervision in the OR
, Cardiac surgical procedures, to include: minimally invasive myocardial revascularization; valve repair and replacement; pericardial, neoplastic procedures; and heart and lung transplantation.	- Literatures - Formal Courses	Daily conference
Thoracic aortic surgery, to include: ascending, transverse, and descending aortic surgery with circulatory arrest; CPB employing low flow and or retrograde perfusion; lumbar drain indications and management; and spinal cord protection, including cerebral spinal fluid (CSF) drainage.	- Lectures - Formal Courses	Daily conference, Supervision in the OR
Oesophageal surgery, to include varices, neoplastic, colon interposition, foreign body, stricture, and tracheoesophageal fistula.		
Pulmonary surgery, to include segmentectomy (open or video-assisted), thoracoscopic or open, lung reduction, bronchopulmonary lavage, one-lung ventilation, lobectomy, pneumonectomy and bronchoscopy, including endoscopic, fiberoptic, rigid, laser resection.		
Post-anaesthetic critical care of adult cardiothoracic surgical patients.	- Literatures - Lectures - Clinical Rounds	Daily Ward Round
Peri-operative ventilator management, to include intra-operative anaesthetic s, and critical care unit ventilators and techniques.		Daily conference
Pain management of adult cardiothoracic surgical patients.	- Literatures - Lectures	Daily conference
Research methodology/ statistical analysis, the fundamentals of research design and conduct, and the interpretation and presentation of data.	- Literatures - Lectures - Formal Courses - Teaching Rounds - Journal Club	
Quality assurance/ improvement.	- CIRS-System - M&M Conference	
Ethical and legal issues, and practice management.	- Conference	

Evaluation of Trainees

	The Programme	Director will give an	appraisai for each	fellow every 6 months.	⊠ Yes	□ No
)	The faculty and	trainee should agree	a joint evaluation	both fellow's progress	and the t	raining pro

- 2. The faculty and trainee should agree a joint evaluation both fellow's progress and the training programme, and devise a plan for addressing any perceived difficulties or deficiencies.

 ☐ Yes ☐ No
- 3. Training programmes should encourage fellows to provide a written confidential evaluation of the programme.

- 4. The centre will be able to maintain a register of those fellows who have entered and successfully completed a training programme in order to continue its accreditation as a training centre.

 ⊠ Yes □ No
- 5. At the end of the training period, the centre would acknowledge in writing successful completion of a fellow training.

 □ Yes □ No

Practice-based Learning and Improvement

1. Briefly describe one planned learning activity in which fellows engage to: identify strengths, deficiencies, and limits in their knowledge and expertise (self-reflection and self-assessment); set learning and improvement goals; and identify and perform appropriate learning activities to achieve self-identified goals (life-long learning).

The fellows are going to demonstrate an anesthesia activity, for example an anesthesia induction for a aortocoronary bypass patient. After the case, the supervisor and the fellow fill in together an assessment about the performance (Selfassessment included) and identify deficiencies and limits.



Plan: 4x/Fellowship

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

The fellow's progress will be evaluated and discussed with the fellow every 3 to 6 months by the programme director. The fellow's professional attitude, fund of knowledge, clinical judgment will be assessed as well his/her practical skills, social competence and efficiency for patient management and critical analysis of any relevant clinical situation.

3. Briefly describe how fellows will receive and incorporate formative evaluation feedback into daily practice.

The fellow will get 1:1 Supervision with a senior cardiac consultant. At the end of the case, they 'll meet for a couple of minutes and the fellow will receive a short feedback.

4. Briefly describe one example of a learning activity in which fellows engage to develop the skills needed to use information technology to locate, appraise, and assimilate evidence from scientific studies and apply it to their patients' health problems. The description should include:

The fellow will plan and demonstrate a clinical case at the conference. So, he/she has to do a literature research first and use information technology for that.

Further, the fellow has the opportunity to collaborate in clinical research or academic projects.

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

The fellow will participate at the preop anesthesia clinic and will have to inform the patient and families about the anesthesia and the complication.

Further, in the clinical practice, the fellow often has to educate students or residents.

Interpersonal and Communication Skills

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

In the preop anesthesia clinic, the fellow will always have to communicate with patients with different backgrounds. During the Operation, the fellow will be supervised while communicating with the surgeon, the perfusionist and the nurses.

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

The fellow will be part of an anesthesia team, which has to provide safe anesthesia for the patient. So, at the beginning, the fellow will be a member and over time, he'll be the leader of an anesthesia team of 2-3people.

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

Daily, weekly and monthly the fellow is responsible for difficult airway problems. If there is a difficult airway problem on the intensive care unit, the fellow will be in a consultative role.

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

The fellow will be teached to fill in the anesthesia protocol by nurses. The fellow is responsible for the documentation of the cases and TEE examinations done during his fellowship.

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

The fellow has to fill in a preoperative anesthesia assessment in the preop anesthesia clinic, which will be discussed at the conference. For the intraoperative record, the fellow has to fill in the anesthesia protocol and the documentation of the TEE examination.

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

The fellow will be part of the preop anesthesia clinic and and perform preoperative conversations to get informed consent.



Professionalism

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

The fellow has to demonstrate his commitment to professional responsabilities and ethical principles in the conversation with the patient and in daily practice in the OR.

Systems-based Practice

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

Nightly and on the weekend the fellow coordinates the human ressources for urgent surgeries. Risk-Benefit analysis in patient care and cost-containment will be discussed in every clinic conference.

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

The fellow will take part at the Morbidity and Mortality (M&M) Conferences, a joint meeting for education in CV anesthesia, cardiology and cardiac surgery. Further, the fellow will get daily education in transesophaegal echocardiography (TEE). Our institution is a certified center for TEE education in Germany by the german Society of anesthesiology and intensive care medicine.

EACTA/ESA Biennial Reviewers 'Visit (for 2-days)

Dates proposed for the visit (at least 3)	or	or		or				
I hereby accept the regulations of the Hospital	Visiting especially to	o take in	charge	the travel	costs	and	the	hotel
accommodation of the 2 reviewers on the most reas	onable base.	\boxtimes	Yes	□ No				

Other Comments:

The programme director and chair of the department, successfully established an CTVA Fellowship under his supervision at the University Hospital Basel. Under his supervision 5 fellows were trained successfully. In addition, academic projects including preparation and publication of review articles, book chapters, manuals for teaching or clinical practice, clinical research or other academic activities are offered.

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

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



UNIVERSITÄTSMEDIZIN DRESDEN

Universitätsklinikum Carl Gustav Carus



Cardiothoracic and Vascular Anaesthesia

Fellowship Programme Dresden

PD Dr. med. habil. Jens Fassl, FASE

Heart Center Dresden

Institute of Cardiac Anesthesiology

Fetscherstrasse 76

01307 Dresden

Germany

Fon: +49 - 351 - 450 - 1603

Fax: +49 - 351 - 450 - 1604

 $Jens. fassl@herzzentrum\hbox{-} dresden.com$



Period and Aims of the Fellowship

The Cardiothoracic and Vascular Anaesthesia Fellowship at the Institute of Cardiac Anaesthesiology of the Heart Center Dresden is offered for a duration of one year. Aim of the Fellowship Programme is to train anaesthesiologists who have finished their residency training to become proficient in cardiothoracic and vascular anaesthesia. The fellows will have the opportunity to gain profound experience in the fields of cardiac, thoracic and vascular anaesthesia. After completion of the programme, they will be able to work independently as consultants in cardiac, thoracic and vascular anaesthesia.

The fellowship programme in Dresden is organised and directed by the chair of the Institute of Cardiac Anesthesiology, PD Dr. Jens Fassl and programme director Torsten Schmidt. Completion of the programme will be acknowledged by a joint certificate of the European Association of Echocardiography (EACTA) and the Heart Center Dresden, Institute of Cardiac Anaesthesiology. One person per year can start the fellowship programme every year.

Obligation of the Fellow

The Programme includes pre-, intra- and postoperative care of patients undergoing a cardiac, vascular or thoracic operation. The Fellow takes part in the clinical routine as well as in clinical conferences with the Department of Cardiology and the Department of Cardiac Surgery. The fellow is trained in transesophageal echocardiography by formal courses and teaching in the operating room. The fellow takes part in preparation and presentation of case conferences. The didactic curriculum provided through lectures and conferences and allows the fellow to acquire the knowledge to care for the patients. In addition, academic projects including preparation and publication of review articles, book chapters, manuals for teaching or clinical practice, clinical research or other academic activities are offered. The fellow is responsible for the documentation of the cases and TEE examinations done during the fellowship.



Evaluation

The fellow's progress will be evaluated and discussed with the fellow every 3 months by the chair and the programme director. The fellow's professional attitude, fund of knowledge, clinical judgment will be assessed his/her practical skills, social competence and efficiency as well for patient management and critical analysis of any relevant clinical situations. The fellow is involved in programmes of quality assurance and risk management. At the end of the training period, the fellow will receive a testimonial.

Faculty

The chair and the programme director have a large experience in cardiothoracic and vascular anaesthesia. Both devotes sufficient time to provide substantial leadership to the programme and supervision for the trainees. PD Dr. Fassl and Torsten Schmidt are the primary coaches of the fellow; further senior members of the anaesthesia team serve as clinical teachers and coaches for the fellows in daily clinical practice. The Faculty of the Institute of Cardiac Anaesthesiologists consists of 5 consultants and 6 specialists, who are specially trained in cardiothoracic and vascular anaesthesia as well as in perioperative transesophageal echocardiography.

Resources

The Heart Center Dresden is the exclusive cardiac surgical centre in Dresden and one of two centers in Saxony, a region with a population of approximately 4.1 million people. There exists a high level of medical care with an twenty-four-seven emergency department, operating rooms, Cath labs, Cardio-CT and Cardio MRI which are all adequately designed and equipped for the management of cardiothoracic and vascular surgery patients and intensive care units for surgical (22 beds) and cardiology patients (19 beds). Staff physicians are all board certified in their medical specialty and have profound experience in cardiovascular and pulmonary disease, echocardiography including transesophageal echo, clinical cardiac electrophysiology and cardiac, thoracic and major vascular surgery. The monitoring and advanced life support equipment is representative of current levels of technology. There are facilities which are readily available at all times to provide prompt laboratory measurement pertinent to the care of cardiothoracic and vascular surgical patients as well as prompt non-invasive and invasive diagnostic and therapeutic cardiothoracic procedures. These include but are not limited to echocardiography, cardiac stress testing, cardiac catheterization, electrophysiological testing and therapeutic intervention, cardiopulmonary scanning procedures and pulmonary function testing.



Cardiac Surgery

The Department of Cardiac Surgery at the Heart Center of the Technical University of Dresden performed 2252 adult cardiac procedures in 2018. Details are provided in table 1.

Table 1

Leistungsbereich 2018	Jan	Feb N	Mrz Aj	or Mai	i Jun J	ul Aug	g Sep C	kt No	v Dez			
Bypass	72	49	53	45	60	58	62	62	42	54	62	52
Klappenchirurgie	62	85	68	79	62	66	65	66	66	68	66	36
Kombinationseingriff	32	32	26	28	27	32	32	28	30	27	35	15
Plastische Rekonstruktion des Herzseptums			2		2		1	2				
Resektion und Ersatz an der Aorta	4	5	3	4	4	2	3	2	3	8	4	3
HSM/ Defi- Eingriff	28	19	22	16	21	32	15	29	28	21	29	21
Transplantation					1		1					
Herzunterstützungssystem	2		4		2	1				1	1	2
sonstiges	2	6	7	4	3	2	3	4	4	5	1	
Fremd-OP	3	2	4	4	5	3	3	1		3	7	
Neurostimulator (BaroStim)	3	3	3	4		2	3	2	3		1	
Zwischensumme	208	201	192	184	187	198	188	196	176	187	206	129
r	1-			1.		-				-		1_
Rethorakotomie	3	11	7	8	11	9	10	14	14	9	20	5
Behandlung von WHST	14	22	25	15	13	23	18	41	23	29	33	30

Interventional Cardiology

The Department of Cardiology at the Heart Center Dresden is an academic part of the University Hospital also covers the interventional cardiology theatre. The fellow is involved and trained in these procedures. Details are provided in table 2.

Table 2.

	2017	2018
PTCA / Stents	825	1149
Invasive Diagnostic	515	805
Misc	131	215
Heart Valve Procedures	6	5
Vascular Interventions	42	55
Conservative Treatment	1391	1405
Intensive Care medicine	248	264
Pacemaker / AICD	548	722
Minimal invasive Treatments (TAVI, MitraClip, Aortic Prosthesis)	237	346
Ablation	777	640
Misc. Procedures	171	167



Anaesthesia

Cardiac Anaesthesia

Fellows are trained to provide perioperative anaesthetic management for patients with severe cardiopulmonary pathology. The cardiac surgeries are the following: coronary artery bypass surgery (CABG) both on cardiopulmonary bypass as well as on a beating heart, heart valve surgery, aortic reconstruction requiring deep hypothermic arrest, thoracic aortic aneurysm repair, aortic dissection repair and heart transplants. (Table 1).

Adequate exposure and experience is provided in the management of adult patients for cardiac pacemaker and automatic implantable cardiac defibrillator placement and surgical treatment of cardiac arrhythmias. There is exposure also to techniques such as percutaneous aortic valve replacement, mitral valve intervention and aortic valve bypass.

Fellows also gain experience in perioperative medical (anaesthetic) management of the cardiac patient, including management of intra-aortic balloon pumps (IABP) and ventricular assist devices (VAD), post-operative ICU care, point-of-care coagulation testing, blood transfusion medicine, electrophysiology, and transthoracic echocardiography.

Fellows will receive proper theoretical and practical training both for basic and advanced TEE. Each patient undergoing cardiac surgery will have a pre- as well as a postsurgical transesophageal examination. The fellow will perform and document the TEE examinations with increasing independence and review each examination with a senior echocardiographer.

The TEE training will be based on the understanding of the basic principles of ultrasound and learning of basic skills of TEE (physics, standard views for examination, Doppler principles and quantification etc). As soon as the fellows master the basic skills, TEE training will continue with advanced applications of intraoperative TEE including assessment of valvular function, 3D, AQ for assessment of ventricular function, Stress and Strain, Tissue Doppler). The fellowship will give fellows an ideal training to qualify for accreditation in TEE by the European Association of Echocardiography (EAE) and the European Association of Cardiothoracic Anaesthesiology (EACTA). Mentors of the fellows are trained and accreditated experts in TEE and have a large experience in teaching TEE and performing clinical echocardiographic research projects.

Thoracic and Vascular Anaesthesia

Clinical work of fellows includes anaesthetic management of adult patients undergoing thoracic and vascular surgery. Fellows are trained to manage different types of thoracic surgeries. Fellows achieve expertise in different techniques of lung isolation and ventilation, including the use of double-lumen endotracheal tubes, bronchial blockers, fiberoptic bronchoscopy, and jet ventilation.



Advanced Monitoring and Invasive Techniques

The complex nature of cardiothoracic surgery necessitates extra training to acquire the skills needed to be a cardiothoracic and vascular anaesthesia consultant. Fellows are trained to achieve expertise in the advanced monitoring techniques including invasive blood pressure measurement, arterial blood gas analysis, cardiac output monitoring, central venous oxygen saturation, jugular venous oxygen saturation, Bispectral Index (BIS) and near infrared spectroscopy (NIRS).

Finally, invasive procedures completed by the cardiothoracic anaesthesiology fellows include arterial line placement (femoral, axillary, brachial, radial), central venous cannulation (internal jugular, subclavian, femoral), pulmonary artery catheter placement, transvenous pacemaker placement, thoracic epidural analgesia, fiberoptic endotracheal tube placement, 2D/3D transesophageal echocardiography and ultrasound guidance of vascular access.

Structure of the Fellowship Programme

1st Month

- Familiarisation in cardiothoracic and vascular anesthesia, coached mainly by the programme director or chair.
- Anaesthesia management for standard cardiac procedures.
- Daily participation intensive care ward rounds and preop anesthesia clinic.

2nd - 4th Month

- Clinical duties as a member of the cardiac team for standard cardiac procedures (isolated CABG, aortic and mitral valve replacement), under supervision.
- Daily participation intensive care ward rounds and preop anaesthesia clinic Acquisition of basic echocardiographic knowledge (books, media, course, teaching in the operating theatre).
- On call duties, under supervision.
- Evaluation of the educational progress of the fellow by programme director and the chair. Meeting with the fellow, discussion of the evaluation, mutual feedback.
- Planning of participation in a national or international conference. Participation in the Annual Meeting of EACTA with an oral presentation or abstract.

5th – 7th Month

- Clinical duties as a member of the cardiac team for standard and advanced cardiac procedures, including transcatheter aortic valve implantation (transapical / transfemoral), anterolateral mitral valve repairs / replacements), under supervision.





- Daily participation intensive care ward rounds and preop anaesthesia clinic.
- Acquisition of basic TEE skills. The fellow learns to obtain the 20 standard views.
- Planning and presentation of clinical case conference.
- On call duties, under supervision.

8th - 10th Month

- Clinical duties as a member of the cardiac team for standard and advanced cardiac procedures including transcatheter aortic valve implantation (transapical / transfemoral), aortic valve bypass and antero-lateral mitral valve repairs / replacements, under supervision.
- Daily participation intensive care ward rounds and preop anaesthesia clinic.
- Self-consistent TEE examination (Pre and postoperatively) under bedside Supervision.
- On call duties, under supervision.

Starting 11th to 12th Month

- Self-consistent clinical duties as junior cardiac specialist in elective cardiac, thoracic and vascular surgical patients.
- Self-consistent TEE examination.
- On call duties as a junior consultant, together with a backup senior consultant.
- European accreditation in TEE by EACTA / EAE (or shortly after the end of the fellowship).
- Continuous medical education in the field of cardiac, thoracic and vascular anaesthesia.