



Application for Hosting EACTA/ESA Cardiothoracic and Vascular Anaesthesia Fellowship Programme

Fellowship Information	Fellowship in cardiothoracic anaesthesia and intensive care		
Institution Name	University Hospital Southampton NHS Foundation Trust		
Address	Southampton General Hospital. Tremona Road. Southampton SO16 6YD		
Website			
Chair Name	kirstin.wilkinson@uhs.nhs.uk	Southamptoncardiacanaesthesia.word press.com	
Email			
Programme Director			
Name	Kirstin Wilkinson		
Board Certification(s)	BMedSci MB BS FRCA		
Title/Affiliation	Consultant in cardiac anaesthesia and intensive care		
Number of original publications	3		
EACTA, ESA, or other societies membership			
If yes, membership's number	EACTA 102604, ACTA		
Email	kirstin.wilkinson@uhs.nhs.uk		
Mailing Address	University Hospital Southampton, NHS Foundation Trust		
Street	Tremona Road		
City	Southampton, UK	SO16 6YD	
Country		City/Zip code	
Phone	02381706171	Fax	
Will the Programme director devote sufficient time to provide substantial leadership to the programme and supervision for the fellows?			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Will the Programme director review the fellows' clinical experience logs at least quarterly and verify completeness and accuracy?			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Does the national/international regulatory authority(s) recognizes the institutional CTVA Fellowship Programme?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, please explain			
Completion of the programme will be acknowledged by the Department of Anaesthesia and Intensive Care at the host centre in junction with European Association of Cardiothoracic Anaesthesia (EACTA)			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Candidate's requirements

The candidates must be board certified or board eligible according to European residency programme standards Yes No

Language requirements: English

Specific requirements towards the attending fellow:

Participants must be GMC registered which includes passing IELTS/ OET test and satisfy requirements for Tier 2 visa if from a non-EU home country. They must be willing to actively participate in the active teaching programme and work as part of a team delivering high quality anaesthesia in a busy cardiothoracic surgical centre.

General Programme Information

Aims, goals and objectives of the Fellowship Programme

Participants will acquire basic and advanced skills in cardiothoracic anaesthesia and intensive care to satisfy the competencies as set out in the EACTA CTVA curriculum. The first 12 months will cover the Basic Fellowship and the 2nd 12 months will cover the Advanced Fellowship. The programme covers all theoretical and practical aspects. There will be training in transoesophageal echocardiography which will support ACTA/EACTA TOE accreditation.

Preferred Duration 12 months 24 months



* Of note, the training period should not be interrupted by frequent and/or prolonged periods of secondment to other divisions / departments.

Preferred Programme Training Start: Month Month
 n/a Programme End:

Number of Positions Per Year 3-4

Type of fellowship training available:

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

If clinical, will the fellows be allowed to work with the patients under supervision Yes No

Comments All fellows will work under direct supervision of consultant in theatres and in the intensive care unit for the first 3 months. As experience and competence increases, the level of direct supervision will be adjusted accordingly to allow progression of skills.

Faculty*

CTV Anaesthesia Faculty - Research Interest and/or Clinical Expertise. * Please, list at least three names.

Name	EACTA member	Certification in Cardiothoracic and Vascular Anaesthesia	Additional Qualifications	Email	Contact Address
Dr Paul Diprose	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	FRCA	TOE accreditation	Paul.diprose@uhs.nhs.uk	As per email or UHS
Dr Jonathan Huber	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	FRCA		Jonathan.Huber@uhs.nhs.uk	
Dr Kirstin Wilkinson	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	FRCA		Kirstin.Wilkinson@uhs.nhs.uk	
Dr Nick Goddard	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	FRCA	TOE accreditation	Niicholas.Goddard@uhs.nhs.uk	
Dr Ravi Gill	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	FRCA		Ravi.Gill@uhs.nhs.uk	
Dr Andy Curry	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	FRCA		Andy.Curry@uhs.nhs.uk	
Dr James Montague	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	FRCA	TOE accreditation	James.Montague@uhs.nhs.uk	
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Publications lists of the faculty's members in PubMed

Please see attached publication list

Resources



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

Resource	Yes	Number	Working days/week
Total cardiothoracic ward beds		79	7
Number of ICU beds dedicated to CTV patients		16 cardiac	7
Is there an emergency department in which cardiothoracic patients are managed 24 hours a day?	<input checked="" type="checkbox"/>	Y	7
An adequately designed and equipped post-anaesthesia care unit for cardiothoracic patients located near the operating room suite?	<input checked="" type="checkbox"/>	Pt go to HDU or ICU post op	7
Is there monitoring and advanced life support equipment representative of current levels of technology?	<input checked="" type="checkbox"/>	For all pt	7
Hybrid Operating Rooms	<input checked="" type="checkbox"/>	1	7
Cardiac Operating Rooms	<input checked="" type="checkbox"/>	4	7
Thoracic Operating Rooms	<input checked="" type="checkbox"/>	1	7
Vascular Operating Rooms	<input checked="" type="checkbox"/>	1	7
Catheterisation Labs	<input checked="" type="checkbox"/>	4	7
Electrophysiology Labs	<input checked="" type="checkbox"/>	1	7
Pulmonology Labs	<input checked="" type="checkbox"/>	1	5
Interventional Vascular Suits	<input checked="" type="checkbox"/>	2	7
Separate CVICU Facility	<input checked="" type="checkbox"/>	1	7
Animal Laboratory for research purposes	<input type="checkbox"/>	0	
Outpatient Clinic for perioperative evaluation of patients undergoing cardiothoracic and vascular procedures	<input checked="" type="checkbox"/>	1	5
24-hours acute pain service available for patients undergoing cardiac, thoracic and vascular procedures	<input checked="" type="checkbox"/>	1	7
Meeting Rooms	<input checked="" type="checkbox"/>	3	7
Classrooms with visual and other educational aids	<input checked="" type="checkbox"/>	1	7
Study areas for fellows	<input checked="" type="checkbox"/>	1	7
Office space for faculty members and fellows	<input checked="" type="checkbox"/>	1	7
Diagnostic facilities	<input checked="" type="checkbox"/>	Y	7
Therapeutic facilities	<input checked="" type="checkbox"/>	Y	7
24-hour laboratory services available in the hospital	<input checked="" type="checkbox"/>	Y	7
Cardiac stress testing	<input checked="" type="checkbox"/>	1	5
Cardiopulmonary scanning procedures	<input checked="" type="checkbox"/>	Y	5
Pulmonary function testing	<input checked="" type="checkbox"/>	Y	5
Computers and IT support	<input checked="" type="checkbox"/>	Y	7
Appropriate on-call facilities for men and women	<input checked="" type="checkbox"/>	Y	7

Clinical Skills and Responsibilities

Will your Programme offer a 12-24 months of fellowship education in fundamental clinical skills of medicine relevant to the practice of CTVA? Yes No

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:

Number of performed produces/year

- 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

1500
100
0 currently
150
450
0
0



ECLS, ECMO, VAD Procedures
 Echocardiography Lab
 Thoracoscopic Surgery
 Pulmonary Resection
 Oesophageal Surgery
 Tracheo-Bronchial Surgery
 Interventional Pulmonology Procedures
 Major Vascular Procedures
 Neurological monitoring during major vascular surgery
 Interventional Vascular Procedures
 Acute and Chronic Pain Management for CTVA patients
 Basic Research
 Clinical Research

5 adult ECMO
30,000 (split between inpatient and outpatient exams)
330
220
70
40
120
540
610
y
y
y

Rotations in:

Cardiac Anaesthesia
 Thoracic Anaesthesia
 Anaesthesia for Major supra-inguinal Vascular Procedures
 Trans-oesophageal and trans-thoracic echocardiography
 Medical or surgical Critical Care Rotation
 Inpatient or outpatient cardiology
 Inpatient or outpatient pulmonary medicine
 Extracorporeal perfusion technology (CPB, ECMO, Nova-Lung.)
 Paediatric cardiothoracic anaesthesia
 Basic Research
 Clinical Research

Number of performed produces/year/fellow

150
25 – 50 (fellows are rotated into thoracic theatres to achieve correct numbers of cases)
We are not offering this and will split the time between cardiac and thoracics instead. They will get the opportunity to see major thoracoabdominal cases in cardiac theatres.
100
70
0
0
10 - 15
50 – depending on fellow interest
Variable – depends on interest of fellow
Variable – as above

Will all fellows entering the CTVA Programme complete each of the fundamental clinical skills of requirements? Yes No

If no, explain.

We are not offering vascular experience.

In the clinical anaesthesia setting, including nights and weekends, will faculty members at any time direct perioperative CTVA care, involving fellows, for more than two anaesthetizing locations simultaneously? Yes No

If Yes, describe:

Clinical Responsibility:

The fellows will be responsible for delivering safe and excellent care to the patients undergoing cardiothoracic surgery and interventional procedures in theatres, the catheter labs and the cardiac intensive care unit. This will be with an appropriate level of supervision at all times.

List any other rotations (along with their duration, in months) offered in the Programme to augment fellows' learning.

nil

Will advanced subspecialty rotations reflect increased responsibility and learning opportunities? Yes No

Maximum Time in Non-Clinical Activities

n/a

Financial Statement

An employment contract will be signed with the candidate Yes No

Accommodation options are provided Yes No

Transportation/travel options are provided Yes No



Monthly Salary: Amount Currency
 This opportunity is not funded by the centre Yes No

Source of financial support for the candidate:

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

Please, describe

Educational and Academic Programme

Didactic Sessions

- Will faculty members' attendance be monitored? Yes No
 - Will fellows' attendance be monitored? Yes No
 - Will attendance be mandatory for faculty members? Yes No
 - Will attendance be mandatory for fellows? Yes No
- Who of the following will provide content at conferences? Check all that apply.

Anaesthesiology faculty members from this department	<input checked="" type="checkbox"/>
Anaesthesiology faculty members from other sites	<input checked="" type="checkbox"/>
Non-anaesthesiologists from the primary clinical site	<input checked="" type="checkbox"/>
Non-anaesthesiologists from the participating sites	<input checked="" type="checkbox"/>
Visiting faculty members	<input checked="" type="checkbox"/>
Drug/industry representatives	<input checked="" type="checkbox"/>
Fellows	<input checked="" type="checkbox"/>
Others (specify): Click here to enter text.	<input type="checkbox"/>
Others (specify): Click here to enter text.	<input type="checkbox"/>

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

	Weekly	Bi-weekly	Monthly	Quarterly	Semi-annually	Annually
Critical care appraisal of the literature (i.e., journal club)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality improvement (M&M, QA)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board review (e.g., oral exams, keywords)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grand rounds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) TOE teaching - classroom	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) In theatre TOE teaching	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Formal Course Work Available in:

Extra-Institutional Educational Conference Support:

In the Previous 5 Years, Fellows were 1st or 2nd Author On:

Abstracts	<input type="text" value="-"/>	Peer-Reviewed Journal Articles	<input type="text" value="2"/>
Book Chapters	<input type="text" value="-"/>	Other Publications	<input type="text"/>

Dedicated Research Time:

Patient Care

Competency Area	Settings/Activities	Assessment Method(s)
Following standards for patient care and established guidelines and procedures for patient safety, error reduction, and improved patient outcomes.	Clinical and formal teaching session	As per our competency based assessment booklet and EACTA curriculum
Pre-operative patient evaluation and optimization of clinical status prior to the cardiothoracic procedure.	Clinical and formal teaching session	As per our competency based assessment booklet and EACTA curriculum
Interpretation of cardiovascular and pulmonary diagnostic test data.	Clinical and formal teaching session	As per our competency based assessment booklet and EACTA curriculum
Hemodynamic and respiratory monitoring.	Clinical and formal teaching session	As per our competency based assessment booklet and EACTA curriculum
Pharmacological and mechanical hemodynamic support.	Clinical and formal teaching session	As per our competency based assessment booklet and EACTA curriculum



Competency Area	Settings/Activities	Assessment Method(s)
Peri-operative critical care, including ventilatory support and peri-operative pain management.	Clinical and formal teaching session	As per our competency based assessment booklet and EACTA curriculum
Providing anaesthesia care for patients undergoing cardiac surgery with and without extracorporeal circulation.	Clinical and formal teaching session	As per our competency based assessment booklet and EACTA curriculum
Providing anaesthesia care for patients undergoing thoracic surgery, including operations on the lung, oesophagus, and thoracic aorta.	Clinical and formal teaching session	As per our competency based assessment booklet and EACTA curriculum
Advanced-level peri-operative TEE.	Clinical and formal teaching session including use of TOE simulator	As per our competency based assessment booklet, EACTA curriculum and TOE exam success plus accreditation
The ability to independently manage intra-aortic balloon counterpulsation and be actively involved in the management of other extracorporeal circulatory assist devices.	Clinical and formal teaching session	As per our competency based assessment booklet, EACTA curriculum and in clinical setting
Management of cardiopulmonary bypass (CPB).	Clinical and formal teaching session	As per our competency based assessment booklet, EACTA curriculum and in clinical setting

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.	Clinical and formal teaching session	As per our competency based assessment booklet and EACTA curriculum
Embryological development of the cardiothoracic structures.	Clinical and formal teaching session	As per our competency based assessment booklet and EACTA curriculum
Pathophysiology, pharmacology, and clinical management of patients with cardiac disease, to include cardiomyopathy, heart failure, cardiac tamponade, ischaemic heart disease, acquired and congenital valvular heart disease, congenital heart disease, electrophysiologic disturbances, and neoplastic and infectious cardiac diseases.	Clinical and formal teaching session	As per our competency based assessment booklet and EACTA curriculum
Pathophysiology, pharmacology, and clinical management of patients with respiratory disease, to include pleural, bronchopulmonary, neoplastic, infectious, and inflammatory diseases.	Clinical and formal teaching session	As per our competency based assessment booklet and EACTA curriculum
Pathophysiology, pharmacology, and clinical management of patients with thoracic vascular, tracheal, oesophageal, and mediastinal diseases, to include infectious, neoplastic, and inflammatory processes.	Clinical and formal teaching session	As per our competency based assessment booklet, EACTA curriculum and in clinical setting
Non-invasive cardiovascular evaluation, to include electrocardiography, transthoracic echocardiography, TEE, stress testing, and cardiovascular imaging.	Clinical and formal teaching session	As per our competency based assessment booklet and EACTA curriculum
Cardiac catheterization procedures and diagnostic interpretation, to include invasive cardiac catheterization procedures, including angioplasty, stenting, and transcatheter laser and mechanical ablations.	Clinical and formal teaching session	As per our competency based assessment booklet, EACTA curriculum and in clinical setting
Non-invasive pulmonary evaluation, to include pulmonary function tests, blood gas and acid-base analysis, oximetry, capnography, and pulmonary imaging.	Clinical and formal teaching session	As per our competency based assessment booklet and EACTA curriculum
Pre-anaesthetic evaluation and preparation of adult cardiothoracic patients.	Clinical and formal teaching session	As per our competency based assessment booklet and EACTA curriculum
Peri-anaesthetic monitoring, both non-invasive and invasive (intra-arterial, central venous, pulmonary artery, mixed venous saturation, cardiac output)	Clinical and formal teaching session	As per our competency based assessment booklet, EACTA curriculum and clinical setting
Pharmacokinetics and pharmacodynamics of medications prescribed for medical management of adult cardiothoracic patients.	Clinical and formal teaching session	As per our competency based assessment booklet and EACTA curriculum
Pharmacokinetics and pharmacodynamics of anaesthetic medications prescribed for cardiothoracic patients.	Clinical and formal teaching session	As per our competency based assessment booklet and EACTA curriculum



Area of Knowledge	Settings/Activities	Assessment Method(s)
Pharmacokinetics and pharmacodynamics of medications prescribed for management of haemodynamic instability.	Clinical and formal teaching session	As per our competency based assessment booklet and EACTA curriculum
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.	Clinical and formal teaching session	As per our competency based assessment booklet, EACTA curriculum and clinical setting
Inotropes, chronotropes, vasoconstrictors, and vasodilators.	Clinical and formal teaching session	As per our competency based assessment booklet, EACTA curriculum and clinical setting
Circulatory assist devices, to include intra-aortic balloon pumps, left and right ventricular assist devices, and extracorporeal membrane oxygenation (ECMO).	Clinical and formal teaching session	As per our competency based assessment booklet and EACTA curriculum
Pacemaker insertion and modes of action.	Clinical and formal teaching session	As per our competency based assessment booklet, EACTA curriculum and clinical setting
Cardiac surgical procedures, to include: minimally invasive myocardial revascularization; valve repair and replacement; pericardial, neoplastic procedures; and heart and lung transplantation.	Clinical and formal teaching session	As per our competency based assessment booklet and EACTA curriculum. We do not offer clinical transplantation experience as we are not a designated transplant centre.
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.	Clinical and formal teaching session	As per our competency based assessment booklet, EACTA curriculum and clinical setting
Oesophageal surgery, to include varices, neoplastic, colon interposition, foreign body, stricture, and tracheoesophageal fistula.	Clinical and formal teaching session	As per our competency based assessment booklet, EACTA curriculum and clinical setting
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.	Clinical and formal teaching session	As per our competency based assessment booklet, EACTA curriculum and clinical setting
Post-anaesthetic critical care of adult cardiothoracic surgical patients.	Clinical and formal teaching session	As per our competency based assessment booklet, EACTA curriculum and clinical setting
Peri-operative ventilator management, to include intra-operative anaesthetics, and critical care unit ventilators and techniques.	Clinical and formal teaching session	As per our competency based assessment booklet, EACTA curriculum and clinical setting
Pain management of adult cardiothoracic surgical patients.	Clinical and formal teaching session	As per our competency based assessment booklet, EACTA curriculum and clinical setting
Research methodology/ statistical analysis, the fundamentals of research design and conduct, and the interpretation and presentation of data.	Clinical and formal teaching session	As per our competency based assessment booklet and EACTA curriculum
Quality assurance/ improvement.	Regular m+m meetings plus audit activity	As per our competency based assessment booklet and EACTA curriculum
Ethical and legal issues, and practice management.	Regular departmental teaching sessions	As per our competency based assessment booklet and EACTA curriculum

Evaluation of Trainees

1. The Programme Director will give an appraisal for each fellow every 6 months. Yes No
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. Yes No
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).

360 multisource feedback and yearly formal appraisal along with regular educational supervisor meetings

- 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.

Audit activity – the fellows are encouraged to undertake an audit project as part of the yearly requirements for appraisal as set out by the UK General Medical Council. This is done under the supervision of the one of the department consultants. There is allocated time each week for the fellows to achieve this.

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

There is an informal debrief at the end of each theatre session and each fellow meets with their educational supervisor regularly to receive feedback. We will appraise each fellow formally as per the GMC appraisal process once every 12 months. They will undergo informal appraisal by their educational supervisor every 6 months.

- 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:

Encouraged to join in and contribute to a cardiac anaesthetic/ ITU teaching session where they will be given a subject to gather and evaluate evidence and then present. For example, this could be on a specific condition they have come across or a new technological development.

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

Fellows are encouraged to deliver formal teaching to other clinical fellows (under direct consultant supervision) and allied health professionals according to their level of experience e.g. one of current senior fellows has set up and delivered a "One Heart Course" which is scenario/ simulation based. These are run every 3-4 months. Once fellows have completed this course, they may be asked to help facilitate future courses.

Interpersonal and Communication Skills

- 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.

Fellows will be supervised in seeing patients pre-operatively for their initial period in the position. They will also talk to relatives in the presence of nursing staff and consultants. Feedback will be given as appropriate.

- 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.

This will happen in every aspect of their clinical work whether in theatre or in ICU. There is always a consultant present for the theatre list and a separate one for the intensive care unit. The fellow will have to demonstrate the ability to care for a patient within the theatre or ICU team on a daily basis and this will be assessed by the consultant in charge. They will also be expected to successfully take part as a candidate on the "One Heart Course" where candidates learn to work as part of a MDT to manage cardiac anaesthetic/ ICU emergencies.

- 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.

When their experience and skill level allows, fellows will be encouraged to work with more distant supervision. However, there will always be a consultant allocated to them for advice.

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

We have a fully computerised cardiac anaesthesia and ITU record where all of the documentation can be reviewed by the cardiac anaesthesia and intensive care consultant body. We still use paper records to write the anaesthesia pre-op chart so these are reviewed by each consultant when a fellow sees a patient under their care.

- 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 RCOA has an electronic logbook which can be utilised to build a comparative logbook by the clinical fellow. Advice will be given for this at the start of the position.

- 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 fellows are encouraged/ mandated to see all of the patients they anaesthetise pre-operatively. They complete a pre-operative assessment and are supervised in doing so until they have been deemed competent in this. They also have a wide exposure to patients and their families in the intensive care unit so can follow their progress in the perioperative period.



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.

All clinical fellows have to be 100% compliant in all UHS statutory and mandatory training. This training encompasses all of the above. These skills will also be learnt as part of the daily clinical care of patients going to theatre or being cared for in the ITU. In addition, successful appraisal and 360 multisource feedback will demonstrate these skills.

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.

Cardiac anaesthesia and ITU requires all of these skills. Time in theatre and ITU is used as a platform for fellows to learn and develop these skills whilst under the direct supervision of a consultant.

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

Monthly morbidity and mortality meeting review all areas of concern within the clinical setting in terms of outcomes and possible solutions are described and then implemented. There is a hospital- wide adverse incident reporting system. Fellows are encouraged to be pro-active in this when the care for one of their patients is deemed sub-optimal.

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 take in charge the travel costs and the hotel accommodation of the 2 reviewers on the most reasonable base. Yes No

Other Comments:

We have attached our induction pack which all fellows are given at the start. It is fully explained so that each fellow understands the role of the department to support their training as well as the expectations the department has of each fellow.

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

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

[Submit](#)

Publication list for cardiothoracic anaesthesia department at University Hospital Southampton NHS Foundation Trust

- Complete avulsion of right coronary artery caused by acute type A dissection. Modi, Diprose & Tsang, *Heart*, November 2013; 99(21): 1628
- Novel treatment for critical aortic stenosis with severe aortic root calcification and coronary disease. Curzen, Diprose, George & Tsang, *J Thorac Cardiovasc Surg*. December 2013; 146(6): e53-4 (ePub Sept 2013)
- Gillham M, Diprose P, Ambler, J. A comparison of the degree of residual mitral regurgitation by intraoperative transoesophageal and follow-up transthoracic echocardiography following mitral valvuloplasty. *Anaesth & Inten Care* 2007; 35(2): 194-8.
- Diprose P, Herbertson M, O'Shaughnessy D, Gill R. Activated recombinant factor VII after cardiopulmonary bypass reduces allogenic transfusion in complex non-coronary cardiac surgery: randomised double-blind placebo controlled pilot study. *BJA* 2005; 95(5): 596-602.
- Diprose P, Herbertson M, O'Shaughnessy D, Deakin C, Gill R. Reducing allogenic transfusion in cardiac surgery: a randomised double-blind placebo controlled trial of antifibrinolytic therapies used in addition to intra-operative cell salvage. *BJA* 2005; 94(3): 271-8.
- Diprose P, Deakin C, Smedley J. Ignorance of post-exposure prophylaxis guidelines following HIV needlestick injury may increase the risk of seroconversion. *BJA* 2000; 84(6): 767-70.
- Deakin C, Diprose P, Majumdar R, Pulletz M. An investigation into the quantity of secretions removed by inflated and deflated laryngeal mask airways. *Anaesthesia* 2000; 55(5): 478-80.
- Diprose P, Sleet R. How well do doctors resuscitate patients with haemorrhagic shock? *Archives of Emergency Medicine* 1993; (10): 135-137.
- Bateman R, Goodyear K, Diprose P. The potential for transoesophageal echocardiography in the ICU. *British Journal of Intensive Care* 2007; 17(3): 91-7.
- Diprose P, Gill R. Recombinant factor VIIa in cardiac surgery (Editorial). *Br J Cardiol (Acute Interv Cardiol)* 2004; 11: AIC77-9.
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Cardiac Anaesthetic and ITU weekly teaching



	Topic	Time	Location	Presenter	Cons chair
Tuesday	Anaes/ ITU teaching	1500	CTITU seminar room or clinical fellows' room	CTITU consultant	
Wednesday	TOE teaching	0730	CTITU seminar room or viewing room on in cath lab suite	Consultant	
Friday	Cardiac meeting	0730	Anaesthetic dept seminar room	Various	

**Remember 1st Monday of the month M+M meeting
0730 in cardiac ITU seminar room.**

**Weekly email reminders will be sent out for the week's
teaching programme.**

Clinical competencies, assessments and appraisals

Below is an explanation of the various elements for your time as a clinical fellow in cardiac anaesthesia and intensive care in Wessex cardiac Unit, University Hospital Southampton.

1. Induction checklist

This should be completed on your first few days after arrival in the hospital. A consultant will be assigned to show you the essentials of the induction checklist. It should be signed by both yourself and the inducing consultant and returned to Dr Kirstin Wilkinson or Dr Jonathan Huber.

2. New starter details

This needs to be completed and returned to the admin office in the anaesthetic department, E level.

3. CICU equipment checklist

This should be completed in conjunction with the Cardiac ITU consultant or the consultant inducing you. If there are any areas that require further training, this should be arranged with the CICU consultant or your educational supervisor.

4. Educational supervisor

You will be allocated an educational supervisor on your arrival to Southampton. Please arrange to meet with them in your first couple of days/ weeks. Whilst we are all happy to help with any issues, your educational supervisor should be your first point of contact. You should meet with our educational supervisor on a regular basis to highlight any training needs. These meetings should be documented and forwarded to me (Kirstin Wilkinson) where they will be held in a confidential file.

5. Statutory and mandatory training

UHS requires that all employees MUST complete statutory and mandatory training.

This can be done online and during practical sessions that the anaesthetic department runs. The UHS Virtual Learning Environment can be accessed at <https://www.uhs-vle.co.uk/course/index.php?categoryid=3>. You need to set up a login and work through each of the required modules.

Please look out for emails from admin anaes and attend sessions if possible. If you identify areas that you are missing out on, please talk to your educational supervisor or Dr James Montague (writes rota) to allocate time to attend sessions.

6. Assessment of competencies

To enable you to gain the most out of your time with us we recommend that you complete the competencies that are identified in the competency documents in this starter pack.

We run an EACTA accredited cardiac ICU fellowship programme. This structure of this has recently been revised by EACTA and full details can be found on the EACTA website.

It is now split into 2 separate 12-month blocks, basic and advanced.

To complete the competencies, you should be proactive in seeking out opportunities and bring the competency documents to each session where you feel you could obtain that

competency. All consultants expect/ are happy to work with you to complete these competencies.

6. Appraisal

The UK General Medical Council (GMC) mandates that all GMC registered doctors must undergo an appraisal every 12 months. This should be done with your educational supervisor. Every UK doctor has to revalidate every 5 years and this can only be done if the GMC sees evidence of an appraisal every year for 5 years.

Cardiac anaesthesia has a number of UHS consultant appraisers. These are Dr Gareth Charlton, Dr Kirstin Wilkinson and Dr David Hett. If you are post RCOA CCT, i.e. on the GMC Specialist Register, you should have an appraisal with one of these appraisers.

The supporting documentation is available on the UHS trust website at <http://www.uhs.nhs.uk/Education/Informationforstaff/Doctors/Appraisalforseniormedicalstaff/AppraisalforSeniorMedicalStaff.aspx>.

I would advise you book on an appraisal information course to help you with appraisals as they involve a lot of paperwork. The course can be booked through the VLE system at <https://www.uhs-vle.co.uk/course/search.php?search=appraisal>.

For GMC revalidation, every doctor should complete a 360 degree appraisal once every 5 years. Again, the documentation for doing this can be found on the UHS trust website. It is relatively straightforward to set up. You will need to organise a 360 facilitator. Names of those available in the anaesthetic department are given when you set up the feedback. Choose a name and then email them to request if it is ok.

Towards the end of your year at UHS, we will conduct a review of your competency and progress in the form of a panel review. The panel will review your evidence of,

- Audit/ quality improvement/ research work
- Contribution to and attendance at teaching sessions
- Clinical skills and knowledge
- Multisource feedback (if timing appropriate within 5 year revalidation cycle)
- Your progress towards attaining your personal development plan as set out in the beginning with your educational supervisor.

Continuation of employment at UHS will be subject to meeting the standards and minimum requirements as determined by the panel.

7. Rota

The monthly on call rota is written by Melanie Peck in the anaesthetic secretaries' office. Any annual or study leave requests should be booked through the office and they will let you know how to do this. They can be contacted by email: adminanaes@uhs.nhs.uk

The theatre rota allocation is done by Dr James Montague each week and is issued on a Friday for the following week by admin anaes. It can be found on CLW rota.

8. General duties

Theatre.

When allocated to a theatre or catheter lab list, you are expected to have seen the patients before the list. These lists will always be supervised by a senior cardiac

anaesthetist unless you have been assessed as competent to work solo and have been specifically told it is a 'solo' list. Depending on your level of experience, a pink cardiac anaesthetic chart should be completed and a plan made including premedication prescription. Please liaise with the supervising consultant anaesthetist to work out a plan.

Intensive care

You will work under the supervision of the CTITU consultant to look after the patients on CTITU. After a morning or evening handover round by the other clinical fellows, you will be allocated a number of patients to review. All patients require a daily review where you examine their observations, investigations and perform a physical examination. This should all be recorded at the bedside on the Metavision computer system. There will be a consultant-led daily ward round where you will be able to present your findings and the plan you have formulated. We work as a team and you should help your colleagues if the need arises.

The senior nursing staff are very experienced and are very good at pointing you in the correct direction. Please work closely with them.

All the consultants would expect to be informed of any new referrals/ admissions or problems with the current patients. At night, there is a consultant on call from home who would also be expected to be called. The consultant on call should be called about any patient going or returning to theatre and should be present unless the fellow has suitable experience and competence.

9. Cardiac ITU clinical fellows' room.

Please feel free to use this room for work or rest. However, it is vital that this room is used appropriately and kept tidy. We have constant requests to use this room and we will struggle to keep it if it is untidy and dirty.

10. Good medical practice

We expect adherence to the values of good medical practice as described by the General Medical Council. A summary of these are included in this induction pack but the full details can be found at https://www.gmc-uk.org/-/media/documents/good-medical-practice---english-1215_pdf-51527435.pdf.

We strongly advise you read them to understand what is expected of a practising doctor in the UK.

The UHS Trust has a number of core values that we expect you to adhere to:

- Patients first
- Always improving
- Working together

Dear Dr

Welcome to the EACTA-accredited clinical fellowship programme in cardiothoracic anaesthesia and ITU at University Hospitals Southampton. I am the lead clinician for the fellowship. Dr Jonathan Huber helps me to do this. Between the two of us we will co-ordinate your training to ensure you meet the predetermined competencies. Although you will be allocated your own educational supervisor, all of the consultants are here to co-ordinate your education and help with any other problems, so please feel free to come to any of us with questions or difficulties and we will do my best to help.

The cardiac intensive care unit trainees' handbook gives vital information for working on CTITU. You will be given an electronic copy at the start. Further useful information can be found at <https://southamptoncardiacanaesthesia.wordpress.com>. Please take time to read and utilise both these resources.

Included in this pack are the induction and equipment checklists, which you should read and complete as necessary. I have also included various guidelines, policies and training documents.

The anaesthetic department can be found on E Level, Centre block. On entering the department, turn left after passing through the double doors, and proceed straight down the corridor to the find secretaries' office. You will also find a number of the cardiac anaesthetic consultants' offices on this corridor.

While you are with us at UHS, will be your educational supervisor. Their contact email is @uhs.nhs.uk. You need to arrange a meeting soon to agree your learning objectives for the fellowship.

We look forward to working with you and hope very much that you will enjoy your time with us here in the Wessex Cardiac Unit.

With best wishes,

Kirstin Wilkinson

Consultant in cardiac anaesthesia and intensive care