



## Three-Monthly Evaluation

### General aspects

1. Faculty members responsible for teaching the Fellows will submit evaluations of each Fellow's progress and competence to the Fellowship Programme Director at three-monthly intervals using a standardized form. The evaluations will assess essential and acquired character traits, knowledge, clinical judgment, psychomotor skills, and specific procedural skills required for patient management and analysis of clinical situations.
2. The Programme Director or a designated staff member will provide Fellows with feedback on their evaluations at least every three months during the Fellowship training, identifying areas for improvement and documenting the communication in writing. Fellows must receive a satisfactory overall evaluation upon completion of their basic training in order to receive certification.
3. The elements listed below are part of the Fellow's evaluation during his or her Fellowship training. In addition to the evaluation by the faculty members and the EACTA representatives, it will be important for the Fellow to learn from the reflection of his or her training experience.
  - Clinical skills evaluation
  - 360-degree evaluation (once during the basic training period, once per rotation during the advanced training period)
  - Reports from the faculty members
  - Reflection and self-assessment by the Fellow
  - Learning goals for the next three months
  - Feedback from Fellows on the quality of the education and any aspects of the curriculum that are not being addressed by their training

**Reference.** European Association of Cardiothoracic Anesthesiology (EACTA) Cardiothoracic and Vascular Anesthesia Fellowship Curriculum: First Edition

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Click [here](#) to read the Curriculum



## Three-Monthly Report Form

The three-monthly report form must include following items:

1. An anonymous list of patients managed by the Fellows. The list (Excel sheet) recorded for each case must include a minimum of information with following points: #age or date of birth; #gender (m/f/d); #ASA class; #type of surgery (e.g., cardiac, thoracic or vascular) and the usage /non-usage of cardiopulmonary bypass (CPB yes / no); #anaesthesia procedures (e.g., arterial line, central line, neuromonitoring, general anaesthesia, regional anaesthesia, neuroaxial anaesthesia); #relevant comorbidities (e.g., hypertension, diabetes, kidney disease, carotid stenosis, COPD). The logbook should be sent every three months for each Fellow.
2. Reports of TOE exams (Excel sheet), which must comply with the EACVI/EACTA reporting requirements. This should include the number of cases performed by the Fellow with completed EACVI/EACTA exam forms.
3. Results of 360-degree evaluations:

During the basic part (first year), at least one 360-degree feedback must be conducted. During the advanced part (second year), at least one 360-degree feedback must be conducted at the end of each advanced module. The 360-degree feedback includes at least five faculty members who are asked to submit an assessment of the Fellow's competencies. The feedback is limited to internal sources (senior anaesthesiologists, surgeons, nurses). Fellows and Programme Directors are free to choose the conventional MSF or the electronic MSF (eMSF) available through the EACTA Secretariat. In case of using eMSF, which is available in English and German, the EACTA Secretariat should be informed so that they can send a link to the Programme Director and the Fellow for evaluation by the relevant staff. The EACTA Secretariat will then collect the completed forms and return them to the appropriate Programme Director and Fellow. 360-degree evaluations do not have to be transmitted to EACTA. It is sufficient if the Programme Director confirms that 360-degree evaluations have been done for each Fellow according to these regulations.

#### 4. Clinical Skills Evaluation (CSE)

- a. Pre-anaesthetic assessment including anaesthetic risk evaluation.
- b. Anaesthesia induction in adult patients for cardiac, thoracic and vascular surgery.
- c. Placement of central venous lines (with or without ultrasound imaging).
- d. Placement of arterial lines (with or without ultrasound imaging).
- e. Management of weaning from cardiopulmonary bypass.
- f. Placement of pulmonary artery (Swan-Ganz) catheters.
- g. Lung isolation techniques and fiberoptic bronchoscopy.

Two complete CSEs (a.-g.) should be performed for each Fellow per training year. Programme Directors can use the conventional DOPS form or the eDOPS available through the EACTA Secretariat.

5. Completed dataset (Excel sheet) for all newly added Fellows or faculty members.
6. The Programme Director must apply for the exit interview at the end of each training year (after completion of the basic and advanced years).