|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | |  | | | | | **European**  **Board of**  **Anaesthesiology** |
| **Questionnaire for departments of Anaesthesia**  **seeking Accreditation as Teaching Hospital by the ESAIC and the EBA** | | | | | | | | | |
| To be completed by the Head of department or the authorised deputy. | | | | | | | | | |
| Please fill in all required fields (in blue) and send to [ataic@esaic.org](mailto:ataic@esaic.org) with electronic attachments (If attachments are to heavy to be sent by email, please send a CD to the ESAIC Secretariat). | | | | | | | | | |
| Use the TAB-key to move forward to the next field – Shift-TAB to move backwards. | | | | | | | | | |
| **1. BASIC DATA** | | | | | | | | | |
| [Name of Hospital](file:///C:/Users/iwona/Local%20Settings/Temporary%20Internet%20Files/Content.IE5/ONBV6GHT/Krankenhaus%20/%20Hôpital%20/%20Hospital) |  | | | | | | | | |
| [**Department**](file:///C:/Users/iwona/Local%20Settings/Temporary%20Internet%20Files/Content.IE5/ONBV6GHT/Abteilung%20/%20Département%20/%20Departamento) |  | | | | | | | | |
| [**Street + number**](file:///C:/Users/iwona/Local%20Settings/Temporary%20Internet%20Files/Content.IE5/ONBV6GHT/Strasse%20und%20nummer%20/%20Rue%20et%20numéro%20/%20Calle%20y%20numero) |  | | | | | | | | |
| [**Postal code**](file:///C:/Users/iwona/Local%20Settings/Temporary%20Internet%20Files/Content.IE5/ONBV6GHT/Postcode%20/%20Code%20postal%20/%20Codigo%20postal) |  | | | | | | | | |
| [**City**](file:///C:/Users/iwona/Local%20Settings/Temporary%20Internet%20Files/Content.IE5/ONBV6GHT/Stadt%20/%20Ville%20/%20Ciudad) |  | | | | | | | | |
| [**Country**](file:///C:/Users/iwona/Local%20Settings/Temporary%20Internet%20Files/Content.IE5/ONBV6GHT/Land%20/%20Pays%20/%20Pais) |  | | | | | | | | |
| Website |  | | | | | | | | |
| **Head of Department details** | | | | | | | | | |
| **Surname** |  | | | | | | | | |
| [**First** **Name**](file:///C:/Users/iwona/Local%20Settings/Temporary%20Internet%20Files/Content.IE5/ONBV6GHT/Vornamen%20/%20Prénom%20/%20Nombre) |  | | | | | | | | |
| **Telephone + country/area code** |  | | | | | | | | |
| **Telephone + country/area code** |  | | | | | | | | |
| **Mobile telephone** |  | | | | | | | | |
| E-mail address | @ | | | | | | | | |
| **Director of the training programme details** | | | | | | | | | |
| **Surname** |  | | | | | | | | |
| [**First** **Name**](file:///C:/Users/iwona/Local%20Settings/Temporary%20Internet%20Files/Content.IE5/ONBV6GHT/Vornamen%20/%20Prénom%20/%20Nombre) |  | | | | | | | | |
| **Telephone + country/area code** |  | | | | | | | | |
| **Telephone + country/area code** |  | | | | | | | | |
| **Mobile telephone** |  | | | | | | | | |
| E-mail address | @ | | | | | | | | |
| Comments on structure, organisation, composition and location of the institution (department) |  | | | | | | | | |
| Person to contact (if different) |  | | | | | | | | |
| E-mail address | @ | | | | | | | | |
| **Other hospital(s) in which training takes place under the responsibility of the parent institution (department)** | | | | | | | | | |
| 1. [Name of Hospital](file:///C:/Users/iwona/Local%20Settings/Temporary%20Internet%20Files/Content.IE5/ONBV6GHT/Krankenhaus%20/%20Hôpital%20/%20Hospital) | **N° of beds** | | | | | **N° of Specialties (including intensive Care)** | | | |
|  |  | | | | |  | | | |
| 2. [Name of Hospital](file:///C:/Users/iwona/Local%20Settings/Temporary%20Internet%20Files/Content.IE5/ONBV6GHT/Krankenhaus%20/%20Hôpital%20/%20Hospital) | **N° of beds** | | | | | **N° of Specialties (including intensive Care)** | | | |
|  |  | | | | |  | | | |
| **Other hospital(s) in which training takes place under separate responsibility** | | | | | | | | | |
| 1. [Name of Hospital](file:///C:/Users/iwona/Local%20Settings/Temporary%20Internet%20Files/Content.IE5/ONBV6GHT/Krankenhaus%20/%20Hôpital%20/%20Hospital) | **N° of beds** | | | | | **N° of Specialties (including intensive Care)** | | | |
|  |  | | | | |  | | | |
| 2. [Name of Hospital](file:///C:/Users/iwona/Local%20Settings/Temporary%20Internet%20Files/Content.IE5/ONBV6GHT/Krankenhaus%20/%20Hôpital%20/%20Hospital) | **N° of beds** | | | | | **N° of Specialties (including intensive Care)** | | | |
|  |  | | | | |  | | | |
| **Special commitments** | | | | | | | | | |
| **Exchanges with other institutions (please specify)** |  | | | | | | | | |
| **Others** | | | | | | | | | |
| **Written “aims, goals and objectives” for the general activity of the department** | | | | | yes  no (If yes, please attach a copy) | | | | |
| **Annual report** | | | | | yes  no (If yes, please attach a copy) | | | | |
| **Written “aims, goals and objectives” for the educational activity** | | | | | yes  no (If yes, please attach a copy) | | | | |
| **2. MEDICAL PERSONNEL** | | | | | | | | | |
|  | | | | | **Numbers** | | | | |
| **Head(s) of department** | | | | |  | | | | |
| **Staff members** | | | | |  | | | | |
| **Other qualified anaesthesiologists** | | | | |  | | | | |
| **Anaesthesiologists in training 1-2 years** | | | | |  | | | | |
| **Anaesthesiologists in training 2-4 years** | | | | |  | | | | |
| **Anaesthesiologists in training >4 years** | | | | |  | | | | |
| **Nationals (by citizenship)** | | | | |  | | | | |
| **Non-nationals** | | | | |  | | | | |
| **Faculty proficient in English** | | | | |  | | | | |
| **Trainee proficient in English** | | | | |  | | | | |
| **3. OTHER PERSONNEL** | | | | | | | | | |
| **Registered nurse anaesthetist** | | | | |  | | | | |
| **Nurses (Anaesthesia/Intensive Care/Pain)** | | | | |  | | | | |
| **Assistants/Technicians** | | | | |  | | | | |
| **Secretaries/clerks/library** | | | | |  | | | | |
| **Computer staff** | | | | |  | | | | |
| **Medical technologists** | | | | |  | | | | |
| **4. ALLOCATION OF MEDICAL PERSONNEL** | | | | | | | | | |
| **During office hours** | | | | | | | | | |
|  | | **Qualified Anaesthesiologists** | | | **Trainee** **Anaesthesiologists** | | | | **Nurses** |
| **Clinical anaesthesia** | |  | | |  | | | |  |
| **Intensive care** | |  | | |  | | | |  |
| **Pain management** | |  | | |  | | | |  |
| **Emergency medicine** | |  | | |  | | | |  |
| **Research** | |  | | |  | | | |  |
| **Other** | |  | | |  | | | |  |
| **Outside office hours (on call)** | | | | | | | | | |
|  | | **Qualified anaesthesiologists** | | | **Trainee** **anaesthesiologists** | | | | **Nurses** |
| **Clinical anaesthesia** | |  | | |  | | | |  |
| **Intensive care** | |  | | |  | | | |  |
| **Pain management** | |  | | |  | | | |  |
| **Emergency medicine** | |  | | |  | | | |  |
| **Other** | |  | | |  | | | |  |
| **Is there a special team on call for:** | | | | | | | | | |
| **Transplantation surgery** | | yes  no | | | | | | | |
| **Neonatal surgery** | | yes  no | | | | | | | |
| **Trauma/Emergency Medicine** | | yes  no | | | | | | | |
| **Other specialised surgery**  **Describe:** | | yes  no | | | | | | | |
| **5. CLINICAL EXPERIENCE AVAILABLE** | | | | | | | | | |
| **Anaesthesia** | | | | | | | | | |
| **Techniques** | | **Elective cases per annum** | | | | | | **Emergency cases per annum** | |
| **General anaesthesia** | |  | | | | | |  | |
| **Epidural anaesthesia excluding obstetrics** | |  | | | | | |  | |
| **Epidural anaesthesia in obstetrics** | |  | | | | | |  | |
| **Spinal anaesthesia excluding obstetrics** | |  | | | | | |  | |
| **Spinal anaesthesia in obstetrics** | |  | | | | | |  | |
| **Other regional techniques** | |  | | | | | |  | |
| **Monitored anaesthesia care** | |  | | | | | |  | |
| **Type of surgery** | | | | | | | | | |
|  | | **Minimal trainee’s rotation/ month** | | | | | | **Approx. n° of cases performed** | |
| **General (+urology)** | |  | | | | | |  | |
| **Trauma/orthopedic** | |  | | | | | |  | |
| **Thoracic** | |  | | | | | |  | |
| **Vascular** | |  | | | | | |  | |
| **Pediatric** | |  | | | | | |  | |
| **Gynecology** | |  | | | | | |  | |
| **Obstetrics** | |  | | | | | |  | |
| **ENT surgery** | |  | | | | | |  | |
| **Eye surgery** | |  | | | | | |  | |
| **Day case surgery** | |  | | | | | |  | |
| **Diagnostic procedures** | |  | | | | | |  | |
| **Dental/oral/maxillo-facial** | |  | | | | | |  | |
| **Cardiac surgery** | |  | | | | | |  | |
| **Neurosurgery** | |  | | | | | |  | |
| **Neonatal surgery** | |  | | | | | |  | |
| **Transplant surgery** | |  | | | | | |  | |
| **Others**  **Specify:** | |  | | | | | |  | |
| **Preoperative assessment** | | | | | | | | | |
| **Performed** | | regularly  occasionally  rarely  never | | | | | | | |
| **Time of preop. examination** | | policlinically  day before surgery  same day | | | | | | | |
| **Postoperative assessment** | | | | | | | | | |
| **Performed** | | regularly  occasionally  rarely  never | | | | | | | |
| **Time of preop. examination** | | same day  day after surgery  later | | | | | | | |
| **6. OPERATING DEPARTMENT FACILITIES** | | | | | | | | | |
| **Facilities** | | | | | | | | | |
| **Number of induction rooms** | |  | | | | | | | |
| **Number of operating rooms** | |  | | | | | | | |
| **Number of recovery room beds** | |  | | | | | | | |
| **Anaesthesia record** | | *Please attach sample* | | | | | | | |
| **Equipment** | | **Induction room** | | | | **Operating room** | | | **Recovery rooms** |
| **Anaesthesia machine** | | yes  no | | | | yes  no | | | yes  no |
| **Ventilator** | | yes  no | | | | yes  no | | | yes  no |
| **ECG** | | yes  no | | | | yes  no | | | yes  no |
| **Blood pressure monitor (non-invasive)**  **Blood pressure monitor (invasive)** | | yes  no  yes  no | | | | yes  no  yes  no | | | yes  no  yes  no |
| **Pulse oximeter** | | yes  no | | | | yes  no | | | yes  no |
| **Capnograph** | | yes  no | | | | yes  no | | | yes  no |
| **Vapour concentration monitor** | | yes  no | | | | yes  no | | | yes  no |
| **NMT-Monitor** | | yes  no | | | | yes  no | | | yes  no |
| **Depth of anaesthesia monitors** | | yes  no | | | | yes  no | | | yes  no |
| **Blood warmer** | | yes  no | | | | yes  no | | | yes  no |
| **Infusion pumps** | | yes  no | | | | yes  no | | | yes  no |
| **Warming blankets** | | yes  no | | | | yes  no | | | yes  no |
| **Defibrillators** | | yes  no | | | | yes  no | | | yes  no |
| **Difficult airway equipment** | | yes  no | | | | yes  no | | | yes  no |
| **Others** | | yes  no | | | | yes  no | | | yes  no |
| **Recovery rooms** | | | | | | | | | |
| **N° of physicians regularly present** | |  | | | | | | | |
| **N° of patients per nurse** | |  | | | | | | | |
| **7. INTENSIVE CARE** | | | | | | | | | |
| **Under the responsibility of the department of anaesthesia** | | | | | | | yes  no | | |
| **N° of beds** | | **Adults** | | | | | **Children** | | |
| ***Surgical*** | |  | | | | |  | | |
| ***Non -surgical*** | |  | | | | |  | | |
| ***Total*** | |  | | | | |  | | |
| **N° of admissions per year** | |  | | | | |  | | |
| **Average duration of stay** | | (days) | | | | | (days) | | |
| **% of ventilated patients** | |  | | | | |  | | |
| **Staff** | | | | | | | | | |
| ***Anaesthesiologists*** | |  | | | | | | | |
| ***Trainee anaesthesiologists*** | |  | | | | | | | |
| ***Intensivists (full-time)*** | |  | | | | | | | |
| ***Surgeons*** | |  | | | | | | | |
| ***Other doctors*** | |  | | | | | | | |
| ***Nurses per bed*** | |  | | | | | | | |
| **Severity scores in use**  ***Which one?*** | | yes  no | | | | | | | |
| **Regular ward rounds: N°/week** | |  | | | | | | | |
| **Structured teaching hours: N°/week** | |  | | | | | | | |
| **8. EMERGENCY MEDICINE** | | | | | | | | | |
| **Cases per year** | |  | | | | | | | |
| **Types of patient** | |  | | | | | | | |
| **In-hospital emergency transportation** | | yes  no | | | | | | | |
| ***Cases per year*** | |  | | | | | | | |
| ***Types of patient*** | |  | | | | | | | |
| **Pre-hospital emergency** | | yes  no | | | | | | | |
| ***Cases per year*** | |  | | | | | | | |
| ***Types of patient*** | |  | | | | | | | |
| **In-hospital emergency / resuscitation team** | | yes  no | | | | | | | |
| **Special training in CPR / emergencies** | | yes  no | | | | | | | |
| **9. PAIN MANAGEMENT** | | | | | | | | | |
| **Acute Pain** | | | | | | | | | |
| **Acute pain team** | | yes  no | | | | | | | |
| **Types of patient** | | postoperative  posttraumatic  cancer  others | | | | | | | |
| **Types of treatment**  ***Regional analgesia***  ***Systemic analgesia*** | | epidural block  spinal block  peripheral block  other **Specify:**  PCA  Infusion  other **Specify:** | | | | | | | |
| **Chronic Pain** | | | | | | | | | |
| **Chronic pain service**  ***Under the responsibility of dep. of anaesth.*** | | yes  no  yes  no | | | | | | | |
| **Organisation** | | pain clinic  others | | | | | | | |
| **Service in palliative medicine** | | yes  no | | | | | | | |
| **10. DEPARTMENT** | | | | | | | | | |
|  | | **Excellent** | | | **Appropriate** | | | | **Needs improvement** |
| **Accommodation** | |  | | |  | | | |  |
| **Secretariat** | |  | | |  | | | |  |
| **Laboratories** | |  | | |  | | | |  |
| **Library/Internet** | |  | | |  | | | |  |
| **11. MEDICAL AUDIT** | | | | | | | | | |
| **Systematic Reporting of incidents/Complications** | | | | | yes  no | | | | |
| **Critical incident conferences** | | | | | yes  no | | | | |
| **Crisis Resource Management training** | | | | | yes  no | | | | |
| **Morbidity/ mortality conferences** | | | | | yes  no | | | | |
| **Systematic reporting of complaints from patients and relatives** | | | | | yes  no | | | | |
| **Departmental meetings (apart from above)** | | | | | yes  no | | | | |
| **Introductory programs for the use of anaesthesia and monitoring equipment (driver licences)** | | | | | yes  no | | | | |
| **Written personalised teaching programs**  **Contracts tutor/student** | | | | | yes  no | | | | |
| **Trainee records/logbooks** | | | | | yes  no | | | | |
|  | | | | | | | | | |
| **12. OTHER EDUCATIONAL ACTIVITIES** | | | | | | | | | |
|  | | | | | | | | | |
| **13. RESEARCH ACTIVITIES** | | | | | | | | | |
|  | | | | | | | | | |
| *Please attach list of publications for the past two years* | | | | | | | | | |
| **14. COMMENTS** | | | | | | | | | |
|  | | | | | | | | | |
| **15. ESAIC/EBA VISIT** | | | | | | | | | |
| **Dates proposed for the visit (at least 3)** | | | or       or       or        or       or       or | | | | | | |
| **National Visitor proposed with the agreement of the national society** | | | | | | | | | |
| **Surname** |  | | | | | | | | |
| [**First** **Name**](file:///C:/Users/iwona/Local%20Settings/Temporary%20Internet%20Files/Content.IE5/ONBV6GHT/Vornamen%20/%20Prénom%20/%20Nombre) |  | | | | | | | | |
| **Telephone + country/area code** |  | | | | | | | | |
| **Telephone + country/area code** |  | | | | | | | | |
| **Mobile telephone** |  | | | | | | | | |
| E-mail address | @ | | | | | | | | |
| *I hereby accept the regulations of the Accreditation of Training in Anaesthesiology and Intensive Care programme and I agree to take in charge the food and accommodation costs of the 3 Visitors on the most reasonable basis.*  Name:  Date: | | | | | | | | | |