

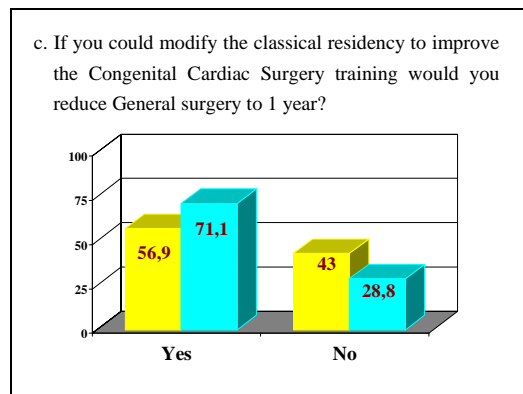
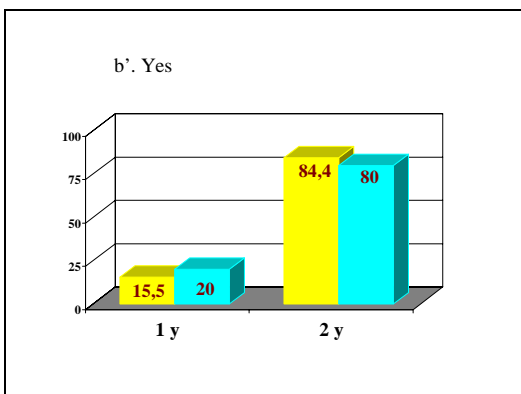
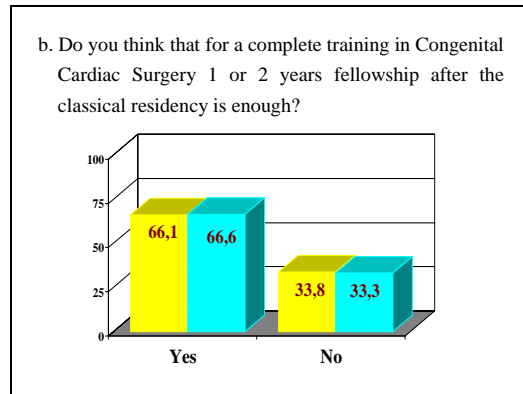
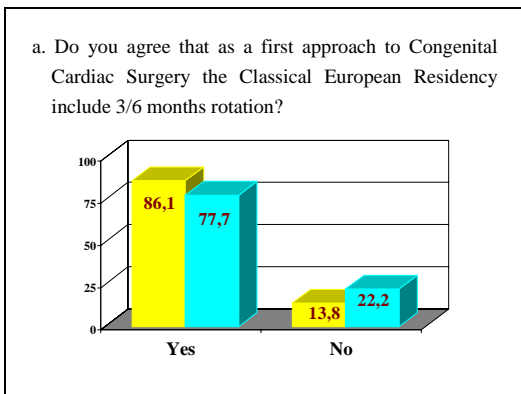
- Annexe 1 -

Congenital Cardiac Surgery Training Survey

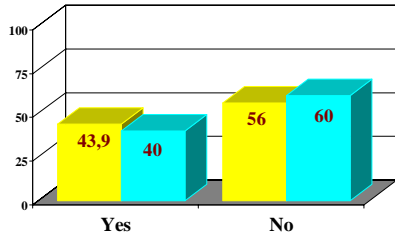
Paper	Electronically
Professionals	Trainees
<ul style="list-style-type: none"> ▣ EACTS Postgraduate Course Leipzig ▣ EACTS Congenital Business Meeting Leipzig ▣ ECHSA ▣ 73 sheets 	<ul style="list-style-type: none"> ▣ CTSNET ▣ EACTS Juniors Committee ▣ 45 feed-backs

Questionnaire

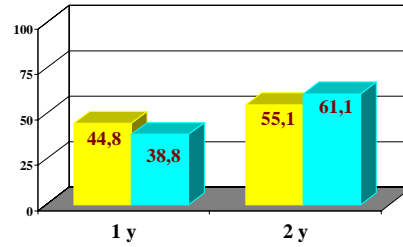
1. Considering that the theoretically “classical” European Residency in Cardio-thoracic Surgery is 5 years long and includes 2 years of General Surgery and 3 of C-T surgery, please answer these questions:



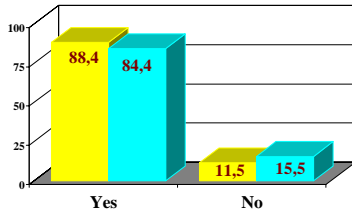
d. Or/And, If you could modify the classical residency to improve the Congenital Cardiac Surgery training would you reduce C-T surgery to 1 or 2 year?



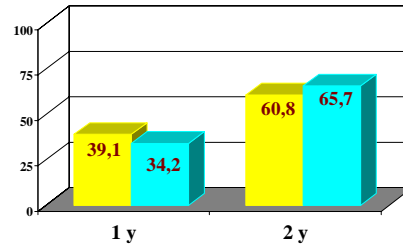
d'. Yes



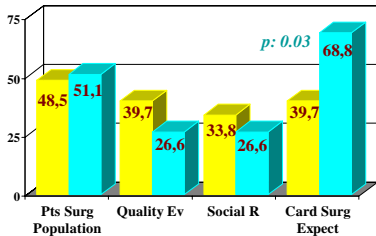
e. If you have modified the classical residency to improve the Congenital Cardiac Surgery training in 1 or 2 years, Would you keep the fellowship after the residency?



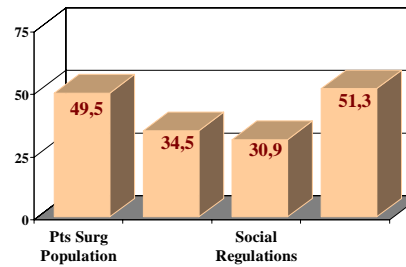
e'. Yes



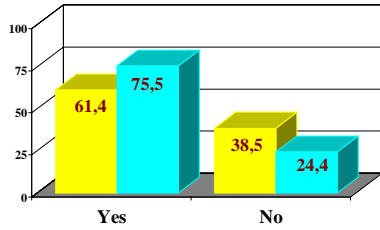
2. According to you, Which are the most important problems in the Congenital Cardiac Training programs?



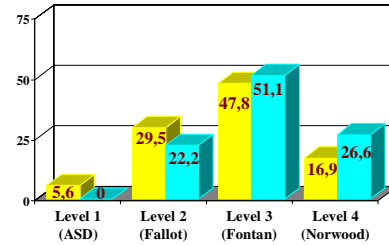
2'. Global



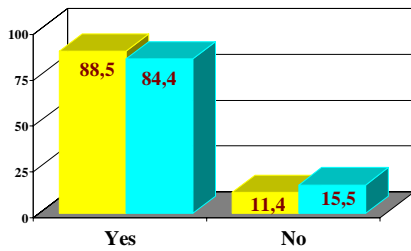
3. Do you think that a fellow in congenital cardiac surgery should perform a Switch operation before finishing his/her training?



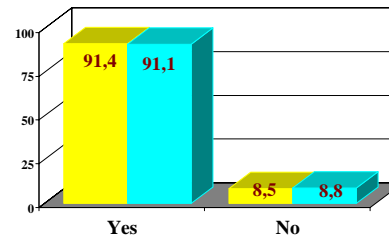
4. Following the Aristotle score, What do you think should be the most difficult case a fellow could do during his/her training?



5. Do you think that a Congenital Cardiac Surgery Certification is necessary/useful?



6. Do you think that it is necessary to define/designate "Education Units"?



7. Do you think that the Education Units need a National or European regulation?

