



Antoine Vieillard-Baron, MD, PhD

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What else do I want to say?

Antoine Vieillard-Baron completed his fellowship training in 1996. For the past 15 years, he has worked as a fulltime intensivist in the medical-surgical intensive care unit at Hospital Ambroise-Pare in Boulogne, France where he has been Director since 2009. He was appointed as professor of critical care medicine in 2003. His academic background includes a PhD with research on the role of matrix metalloproteinases in pulmonary vascular remodeling in models of pulmonary hypertension related to hypoxia and monocrotalline.

Dr. Vieillard-Baron is well known for his research on cardiopulmonary interactions, ARDS, and mechanical ventilation. He has been a pioneer in using transesophageal echocardiography to elucidate the pathophysiology of adverse effects of ventilatory support on hemodynamic function. In addition, he has defined the utility of transesophageal echocardiography (TEE) as a primary clinical tool for hemodynamic monitoring of the critically ill patient.

Dr. Vieillard-Baron has been involved with the design and implementation of a successful national level program in France to train intensivists in both basic and advanced critical care echocardiography, as well as with the creation of the ESICM certification in critical care echocardiography, named EDEC. As part of this work, he has published landmark articles that establish training requirements for critical care TEE. In addition to developing the national standard in France, Dr. Vieillard-Baron works closely with critical care societies at the international level in the development of standards for competence in critical care ultrasonography and echocardiography; as well as being lead faculty at multiple courses in throughout the world. He has been a key figure in the development of international consensus statements on competence and training in critical care ultrasonography. Most recently he has chaired an expert roundtable panel on training standards for advanced critical care echocardiography.