

Fellow's Name:

This tool is intended to assess bronchoscopy skills in first year fellows. It accompanies the virtual bronchoscopy simulator training provided during orientation. For each assessment, please circle either YES or NO for each task. For the lobar and segment identification questions, please circle the structures that were correctly identified.

If a question is not applicable to the procedure, please leave it blank.

Bronchoscopy #	1	2	3	4	5
Patient ID					
Supervising Attending					
Start Time					
Patient intubated?	YES NO	YES NO	YES NO	YES NO	YES NO
< 2 minutes from nare, thru VC, to trachea.	YES NO	YES NO	YES NO	YES NO	YES NO
Tracheal rings properly identified.	YES NO	YES NO	YES NO	YES NO	YES NO
Left/Right, Anterior/Posterior properly identified.	YES NO	YES NO	YES NO	YES NO	YES NO
Bronchi correctly identified.	L Main R Main Bronchus Intermedius	L Main R Main Bronchus Intermedius	L Main R Main Bronchus Intermedius	L Main R Main Bronchus Intermedius	L Main R Main Bronchus Intermedius
Lobes correctly identified. (Please circle lobes that were correctly identified.)	LUL Upper Division Lingula LLL RUL RML RLL	LUL Upper Division Lingula LLL RUL RML RLL	LUL Upper Division Lingula LLL RUL RML RLL	LUL Upper Division Lingula LLL RUL RML RLL	LUL Upper Division Lingula LLL RUL RML RLL
Lobar segments correctly identified. (Please circle lobes whose segments were correctly identified.)	LUL Upper Division Lingula LLL RUL RML RLL	LUL Upper Division Lingula LLL RUL RML RLL	LUL Upper Division Lingula LLL RUL RML RLL	LUL Upper Division Lingula LLL RUL RML RLL	LUL Upper Division Lingula LLL RUL RML RLL
All segments visualized (if no obstructing lesion).	YES NO	YES NO	YES NO	YES NO	YES NO
Bronchoscope properly wedged for lavage. (Wink?)	YES NO	YES NO	YES NO	YES NO	YES NO
Total time < 15 minutes (if inspection +/- BAL).	YES NO	YES NO	YES NO	YES NO	YES NO
Total time < 25 minutes (if biopsy needed).	YES NO	YES NO	YES NO	YES NO	YES NO
Max < 8mg/kg lidocaine used (Please list total used.)	YES NO	YES NO	YES NO	YES NO	YES NO
Any complications?	YES NO	YES NO	YES NO	YES NO	YES NO
(Please list any complications.)					
Finish Time					

Please return to Carrie Chun (Campus Box 356522) when completed. Thank you!