OBSERVED PL Flexible Bronchoscopy

Property of Dr. Carla Lamb, Lahey Clinic, Interventional Pulmonology, Director of Bronchoscopy

Name of operator: **Patient ID:**

Date of procedure:

Name of evaluator:

				COMPETENCIES*					
Yes	**No**	**N/A**		**PC**	**MK**	**PBLI**	**ICS**	**P**	**SBP**
			Consent obtained	X	X		X	X	
			Preparation adequate / ASA assess	X	X	X			
			Universal protocol followed	X					X
			Eye protection/ mask/ gown	X					X
			Position patient	X					
			Disinfect hands	X					X
			Pre-medications given	X					X
			Assessment of vital signs	X					X
			Anticipates potential diff. Airway	X					
			Smooth insertion via nares / mouth	X					X
			Topical lidocaine of vocal cords	X					
			Topical lidocaine w/in airway	X					X
			Inspection of tracheobronchial tree	X					
			Identification of pathologic site	X		X			X
			Proper bronchial wash	X		X			
			Proper bronchial lavage	X		X			
			Proper bronchial brush	X		X			
			Proper TBNA	X		X			
			Proper bronchial biopsy	X		X			
			Proper TBBX	X		X			
			Smooth removal of bronchoscope	X					
			Proper use of fluoro, rad badge,lead		X	X			
			Proper care of bronchoscope	X				X	
			Check chest xray if applicable	X	X	X		X	
			Procedure Note	X	X			X	X

☐ **Satisfactory**
☐ **Needs improvement**

***PC = Patient care**
MK = Medical knowledge
PBLI = Practice-based learning and improvement
ICS = Interpersonal and communication skills
P = Professionalism
SBP = System-based practice