

Evaluation Form



Printed on Dec 20, 2016

Bronchoscopy Evaluation

Evaluator: _____

Evaluation of: _____

Date: _____

1. Patient name/ID _____

2. Date of procedure _____

	Familiarity	Proficiency	Mastery	N/A
3. Recognizes anatomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Familiarity	Proficiency	Mastery	N/A
4. Understands indications and benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Familiarity	Proficiency	Mastery	N/A
5. Recognizes contraindications and risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Familiarity	Proficiency	Mastery	N/A
6. Informed consent obtained in a comprehensive fashion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Independently	With occasional nonspecific verbal instruct	With occasional specific verbal instruction	With continuous specific verbal instruction
7. Manipulates instrument independently*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Independently	With occasional nonspecific verbal instruct	With occasional specific verbal instruction	With continuous specific verbal instruction
8. Obtains ciliary biopsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Familiarity	Proficiency	Mastery	N/A
9. Specimens handled appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Familiarity	Proficiency	Mastery	N/A
10. Completes procedure efficiently*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Familiarity	Proficiency	Mastery	N/A
11. Interprets findings accurately*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>