Lung Isolation Training Study Assessment Form
Principal Investigator: Mary Arthur, MD
Study #871303

In this study, you will practice the technique at least 4-10 times. You can practice as often as you like over the four weeks of the study.

Trainee ID# ________________________________________________________________

Date ________________________________________________________________

Name of Assessor ___________________________________________________________ or □ Self

Number of one-lung isolation attempts today under supervision
□ 1 □ 2 □ 3 □ 4 □ 5 or more

Number of one-lung isolation attempts today performed solo
□ 1 □ 2 □ 3 □ 4 □ 5 or more

PGY4s only: Number of one-lung isolation attempts today in the operating room
□ 1 □ 2 □ 3 □ 4 □ 5 or more

Check the box if the trainee was able to:
□ Demonstrate how patient should be positioned
□ Demonstrate how the bronchial blocker is checked and assembled before use
□ Demonstrate proper use of bronchoscope
□ Identify the carina
□ Differentiate the left from right bronchus
□ Verbalize unique features of bronchial anatomy
□ Place the bronchial blocker
□ Discuss how to manage hypoxemia on one lung ventilation
□ Troubleshoot wrong placement of bronchial blocker
□ Demonstrate how to resume two-lung ventilation

Please use the space below to provide the trainee with feedback
_________________________________________________________________________
_________________________________________________________________________

Trainee: Do you have any comments or feedback on how to improve the training?
_________________________________________________________________________
_________________________________________________________________________