

Survey of procedural experience

Please complete the following survey prior to the beginning of your rotation and give it to Dr. Sweet.

This will allow us to know your procedural experience in the past and provide you with the appropriate level of supervision and/or additional support, if necessary. Please also keep track of the number of procedures done during your stay and complete the second part prior to your departure.

Name: _____ Date of last ACLS _____
Specialty: _____ Resident Level _____
Start date: _____

Part I

Please fill in the number of times you have done the following procedures before the ICU rotation:

Successful intubation of airway _____
Central venous line insertion _____
Arterial line insertion _____
Chest tube _____
Surgical Knots (e.g. one hand tie, 1 in 5 sec) _____

Part II

Please fill in the number of times you have done the following procedures during the ICU rotation:

Successful intubation of airway _____
Central venous line insertion _____
Arterial line insertion _____
Chest tube _____
Surgical Knots (e.g. one hand tie, 1 in 5 sec) _____

Thank you.