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.

VGH/teaching/procedural survey