**Flexible Bronchoscopy Simulation Course (FBSC)**

**Program**

**00/00/19**

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| **Time** | **Topic** | **Location** |
| **07:30 –08:00** | Registration & Pre test | Front Desk  Lobby Area |
| **08:00 - 09:00** | Introduction & Lecture | All Faculties |
| **09:00 – 10:00** | Basic Fiber-optic skill station. | Dr Nabil Shallik |
| **10:00 –11:00** | Bronchoscopic simulation station. | Dr Maha Hamza |
| **11:00– 11:15** | Coffee Break |  |
| **11:15– 12:15** | Bronchial anatomy station. | Dr Mona Allangawi |
| **12:15 12:45** | **Open Skill Stations**  Extra practice sessions along with remedial. | All Halls |
| **12:45- 13:00** | Post test & Course Evaluation | Main Theatre  Lab Room |
| **13:00 – 13:15** | Faculty meeting & feedback | Meeting Room |

**Objectives of the course**

* Deliver accurate blend of methodology, knowledge and skills
* Strict evaluation of the trainee in terms of knowledge and skills.
* Pre-set appropriate setups and techniques to achieve smooth and safe FB management approach to the patients.
* Create a Faculty of experts and trainers FB management, who will serve locally and lead regionally.
* Ensure the trainee will perform personal and departmental audit, which in turn will insure the quality of the delivered course and the service to the patients.
* Ensure proper and professional team communication to achieve optimal patient care.
* At the end of the course the candidates will be able to do:

### Diagnostic

* To evaluate abnormal unexplained respiratory symptoms (e,g. chronic cough, hemoptysis, wheezing…etc….)
* To evaluate abnormal radiological findings (e.g, lung mass, atelectasis, abnormal lung infiltrate, non resolving pneumonia, mediastinal lymphadenopathy ...etc…)
* To obtain fluid and tissue specimens of the lung in a variety of disorders. Via Bronchial wash, Broncho-alveolar lavage, trans-bronchial or endo - bronhial biopsy, endo-bronchial brushing and fine needle aspiration (FNA).

### Therapeutic

* To remove secretions, blood, or foreign objects lodged in the airway.
* Laser resection of tumors or benign tracheal and bronchial strictures.
* Stent insertion to palliate extrinsic compression of the tracheobronchial lumen from

either malignant or benign disease processes.