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Bronchoscopy simulation: a brief review.

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More than 500,000 flexible bronchoscopies are performed annually by chest physicians in the United States (Ernst et al., *Chest* 123:1693-1717, 2003). Indications include diagnosis of lung cancer and airway tumors, benign strictures, pulmonary infections, and treatment of central airway obstruction, emphysema, and intraepithelial lesions such as carcinoma in-situ. Anesthesiologists, cardiothoracic and trauma surgeons, otolaryngologists, and critical care physicians also perform this procedure as part of difficult airway management, intubation or airway inspection and bronchial toilet. Compared to the expanding body of simulation-related literature that is available in other procedural fields, however, the volume of published work relating to bronchoscopy is scant. The purpose of this paper is to provide an overview of the available literature pertaining to the use of simulation in bronchoscopy education, and to demonstrate how this limited yet valuable body of work lays a foundation for the future use of simulator-based bronchoscopy training.

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