

Appendix A

Airway Management Training During Non-Anesthesia Based Critical Care Fellowships

1. **Program Name:**

2. **Program Type:**

- Combined pulmonary/CCM (3 year)
- Multidisciplinary CCM (2 year)
- Other: _____

3. **Does your program have a defined airway management rotation?**

- Yes
- No

4. **What year of your fellowship is it offered?**

- First
- Second
- Third
- N/A
- Other: _____

5. **How much time is spent in this rotation?**

- Less than 1 month
- 1 month
- 2 months
- N/A
- Other: _____

6. How does your fellowship document the number of supervised airway procedures? Please choose all that apply.

- Procedure log submitted to program director
- From billing records
- From electronic medical record or automated anesthesia record
- Other means
- Procedures are not documented

7. Does your program have a designated director of airway education?

- Yes
- No

8. What teaching methods are regularly used for teaching airway management? Select all that apply.

- Printed reading material
- Required reading
- Required numbers of supervised procedures
- Scheduled didactics
- Web or computer-based teaching
- Mannequin training
- Simulation training
- Bedside training in the ICU
- No methods are used regularly
- Other: _____

9. Which of the following SUPRAGLOTTIC AIRWAYS are available for the fellows training and use in or out of the ICU?

- Laryngeal Mask Airway (LMA) or equivalent
- LMA Proseal or equivalent
- Intubating LMA or equivalent
- i-Gel
- Other
- None

I am not sure

10. On average, how many supervised uses of supraglottic airways do your fellows perform prior to graduation?

- 0-10
- 11-20
- 21-50
- 51-75
- Don't know

11. Which of these DIRECT LARYNGOSCOPY blades are commonly used in your ICUs? Select all that apply.

- Curved Macintosh blades
- Other curved blades
- Straight Miller blades
- Other straight blades

12. On average, how many supervised uses of direct laryngoscopy with CURVED blades does each fellow perform prior to graduation?

- 0-25
- 26-50
- 51-75
- 76-100
- over 100
- Don't know

13. On average, how many supervised uses of direct laryngoscopy with STRAIGHT blades does each fellow perform prior to graduation?

- 0-25
- 26-50
- 51-75
- 76-100
- over 100
- Don't know

14. Which of the following INTUBATING STYLETS (INTRODUCERS) are commonly available and used in your ICUs? Select all that apply.

- Eschmann stylet ("gum elastic bougie")
- Aintree intubating catheter
- Frova
- Other
- None
- Don't know

15. On average, how many supervised uses of an intubating stylet does each fellow perform prior to graduation?

- 0-25
- 26-50
- 51-75
- 76-100
- over 100
- Don't know

16. Which of the following VIDEO LARYNGOSCOPY devices are commonly available and used in your ICUs? Select all that apply.

- GlideScope
- Storz C-Mac/V-mac
- McGrath Series 5 (or other)
- Pentax AWS
- Airtraq
- Other
- Don't know

17. On average, how many supervised uses of a video laryngoscopy device does each fellow perform prior to graduation?

- 0-10
- 11-30
- 31-50
- 51-75

- over 75
- Don't know

18. Are FLEXIBLE FIBERSCOPES available in your ICU?

- Yes
- No

19. Which of the following FLEXIBLE FIBERSCOPES are available in your ICU?

- Adult fiberoptic bronchoscope (5.8 mm ED or larger)
- Pediatric or intubating fiberscope (less than 5.8 mm ED)
- None
- Don't know

20. Are the fellows taught fiberoptic intubation specifically for the purposes of airway management?

- Yes
- No

21. On average, how many "ASLEEP" flexible fiberoptic intubations would you estimate your fellows perform prior to graduation?

- 0-5
- 6-10
- 11-20
- 21-30
- over 30
- Don't know

22. On average, how many "AWAKE" flexible fiberoptic intubations would you estimate your fellows perform prior to graduation?

- 0-5
- 6-10

ONLINE DATA SUPPLEMENT

- 11-20
- 21-30
- over 30
- Don't know

23. In your opinion, how many supervised uses of each technique is required to attain proficiency at each of the following techniques? Assume that all items within a grouping are more or less comparable.

	0-9	10-19	20-39	40-59	60-79	80-100	more than 100	Proficiency in this technique is not required
Direct laryngoscopy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intubating stylet aids (e.g. Eschmann, Aintree, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Video laryngoscopy (e.g. GlidScope, McGrath, Airtraq, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supraglottic airways (e.g. LMA, Combitube, i-Gel)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flexible fiberscope	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Awake intubation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Airway anesthesia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extubation techniques (e.g. tube exchangers, over fiberscope)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>