

Appendix 1. Checklist for evaluation of endotracheal intubation skill

Subscales	Steps	Yes	No	Equipment limitations	Positional and patient limitations	The rater's inability to visualize performance
Before endotracheal intubation	Check light on laryngoscope before putting blade in mouth					
	Places stylet in ETT					
	Check cuff on ETT by inflating/deflating it before use					
	Has all necessary equipment prepared and within reach prior to starting ETI attempt					
During endotracheal intubation	Place patient's head into neutral or sniffing position					
	Open patient's mouth					
	Hold laryngoscope blade in LEFT hand					
	Place laryngoscope blade in RIGHT side of mouth AND then moves blade to midline					
	Elevates tongue and mandible without rocking back on laryngoscope					
	Visualizes epiglottis					
	Places tip of laryngoscope blade in vallecula					
	Engages hyoepiglottic ligament with tip of laryngoscope blade					
	Pass ETT and entire ETT cuff (balloon) through vocal cords					
	Remove stylet (if used)					
	Inflate cuff AND remove syringe					
After endotracheal intubation	Checks ETT cuff after inflation by feeling baloon					
	Check for air exchange AND tube placement (ear to tube) PRIOR to securing tube					
	Verify placement using EtCO ₂ and/or EDD					
	Check O ₂ saturation using pulse oximeter					
	Secure the ETT with tape, cloth ties, or other					
Errors	Was the tube placed too shallow or too deep (<21cm OR>25cm at the teeth)?					
	Advances tube down the					

	“barrel” (middle) of the blade (ie. Not from corner of mouth)					
	Was the patient intubated too early or too late (poor MARCHE order)?					
	Did student take action if ETT was placed too deep (>25cm)?					
	Breaks teeth					
Critical errors	Did the student take action if tube was malpositioned in esophagus or hypopharynx (not below cords in trachea)					
	Was the airway restored within 3.5 minutes of the procedure being indicated or within 3 attempts at ETI?					
Critical fail	RATER intervened to save patient/prevent harm					

Appendix 2. Satisfaction questionnaire

Questions	I completely agree	I agree to a certain extent	I have no opinion	I disagree to a certain extent	I completely disagree
Has this training program covered your needs for intubation?					
Has this training program increased your ability and skill in performing the intubation procedure?					
Do you feel that by passing this course you can perform a laryngoscopy procedure alone?					
Do you feel less anxiety and worry compared to the past when doing intubation?					
Do you have more self-confidence after taking this course to perform a laryngoscopy procedure alone?					
Do you have a positive view					

and attitude towards intubation training using visual self-evaluation?					
Was this training course planned based on logical order?					
Has combined training first with moulage and then on the patient increased your learning and ability?					
Do you recommend this course to other students?					
Are you generally satisfied with this training course?					