**Appendix A. Complete Survey, pre-implementation, 2011**

1. Cognitive aids can be created effectively for many specific events in the practice of anesthesia:

☐ Strongly disagree

☐ Disagree

☐ Neither agree nor disagree

☐ Agree

☐ Strongly agree

1. Well-trained anesthesiologists SHOULD be able to treat ANY EMERGENCY situation WITHOUT needing a cognitive aid:

☐ Strongly disagree

☐ Disagree

☐ Neither agree nor disagree

☐ Agree

☐ Strongly agree

1. You hear that your resident colleague is actively treating REFRACTORY hypoxemia and referring to a cognitive aid. Would you characterize this as:

☐ Using an unnecessary cheat sheet

☐ Helpful for first year residents only

☐ Reasonable for all residents, but they should not need it beyond the end of their training

☐ Given the hypoxemia did not resolve as expected after initial treatments a cognitive aid is a good tool for an anesthesiologist to consult

1. Your patient is moderately stabilized by pressors and fluid from an unexplained hypotensive event but CONTINUES TO REQUIRE SIGNIFICANTLY MORE PRESSORS THAN USUAL despite your best efforts for 10 minutes. Would you consider consulting a cognitive aid to check if you may have missed a cause of the problem?

☐ No, I would not miss any cause or treatment of hypotension

☐ Yes, given the patient has no clear cause and is not responding to all of my usual treatments

1. You respond to an OR ‘code’ for Malignant Hyperthermia. Assuming sufficient people, would it be helpful to have someone read aloud a cognitive aid for the treatment of Malignant Hyperthermia while the event leader delegates actions and organizes team?

☐ No, if no, please comment why not?

☐ Yes

1. If I had a patient with suspected local anesthetic toxicity, I would use a cognitive aid DURING the acute event (if readily available) to help ensure appropriate and efficient treatment of this event

☐ Strongly disagree

☐ Disagree

☐ Neither agree nor disagree

☐ Agree

☐ Strongly agree

1. Would having a set of laminated cognitive aids for critical events in each OR be helpful to YOU in some of the following ways? (in addition to electronically or on Ether) YOU MAY CHOOSE MORE THAN ONE – please mark all answers you agree with:

☐ No

☐ Yes, for reviewing during ‘downtime’ before an event occurs

☐ Yes, for reference during some part of a critical event (e.g., slowly evolving, patient refractory or treatment, or rarely used medication dosage information)

☐ Yes, during an event, once there are enough people that someone could be READING IT OUT LOUD for the team

☐ Yes, for reviewing or debriefing after a critical event is resolved

☐ Comments:

1. Would having a set of laminated cognitive aids for critical events in each OR be helpful for teaching MEDICAL STUDENTS on an anesthesia rotation? YOU MAY CHOOSE MORE THAN ONE – please mark all answers you agree with:

☐ No

☐ Yes, for reviewing during ‘downtime’ before an event occurs

☐ Yes, for reference during some part of a critical event (e.g., slowly evolving, patient refractory or treatment, or rarely used medication dosage information)

☐ Yes, during an event, once there are enough people that someone could be READING IT OUT LOUD for the team

☐ Yes, for reviewing or debriefing after a critical event is resolved

☐ Comments:

1. If there were “enough” people present for someone to read a cognitive aid out loud to the team during an OR event, who may be appropriate for that “Reader” role? YOU MAY MARK MULTIPLE ANSWERS: Please check all that you agree with. If you checked NO for question #7, you may mark ‘Not Applicable’

☐ Not applicable

☐ Primary anesthesia attending or Private Practitioner

☐ Primary anesthesia resident

☐ Anesthesia attending who comes to help

☐ Anesthesia resident who comes to help

☐ CRNA who comes to help

☐ Surgical attending

☐ Surgical resident

☐ Circulating RN

☐ Scrub Tech

☐ Charge RN who comes to help

☐ Medical Student

☐ Other, list role or comments:

1. We should have cognitive aids for some critical response events easily accessible in our Operating Rooms

☐ Strongly disagree

☐ Disagree

☐ Neither agree nor disagree

☐ Agree

☐ Strongly agree

1. For which THREE critical events or situations would you most want cognitive aids to be easily accessible in the OR. If you did not feel they are useful at all, you may write “N/A” for not applicable

☐ Comments:

1. For which of the following anesthesia related healthcare practitioners SHOULD use cognitive aids in some way? YOU MAY CHOOSE MORE THAN ONE – please mark all the answers you agree with:

☐ Medical students

☐ CA1s

☐ CA2s

☐ CA3s

☐ Fellows

☐ Faculty

☐ Private Practice Anesthesiologists

☐ CRNAs

☐ Other, or specific comments:

1. The culture in the ORs where I work supports consulting a Cognitive Aid when appropriate

☐ Strongly disagree

☐ Disagree

☐ Neither agree nor disagree

☐ Agree

☐ Strongly agree

☐ Comments:

1. What year of residency are you?

☐ Intern

☐ CA1

☐ CA2

☐ CA3

1. Are you:

☐ Male

☐ Female