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The Use of Airtraq in an Alternate Teaching Approach to Learning Direct Laryngoscopy

Pilot Study

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Endotracheal intubation is a fundamental psychomotor skill essential to the field of anesthesiology. Teaching intubation usually involves a laryngoscope, blades, endotracheal tubes, and verbal instruction from a teacher. With these limitations we hypothesize that an initial exposure to endotracheal intubation with the Airtraq, a rigid optical device adapted to a camera system, may improve the technique and speed of acquiring direct laryngoscopy skills.

For the first three weeks of a month long mentoring program, the new CA-1 resident was taught to intubate using only Airtraq.

The final week of mentorship, the CA-1 was given a laryngoscope with a MAC 3 blade and taught the technique for direct laryngoscopy. The transition from Airtraq to direct laryngoscopy was seamless. The resident and the attending were able to communicate in medical language regarding the anatomy of the airway. If the resident was experiencing difficulty, communication about troubleshooting the problem was accurate because the resident knew the anatomy.