**Pre Course Reading Material**

**Essential**

1. Airway Decisions and Process Training (ADAPT) Mastery Package for skills stations.
2. Human factors in complex airway management. Gleeson S. BJA Education 16 (6): 191-197

*First section of article outlines the importance of human factors in airway management and describes some specific attributes that are important in these situations.*

**Desirable**

1. DAS/ICS/FICM/RCOA Guidelines for the management of tracheal intubation in critically ill adults. Higgs A. BJA 120 (2): 323-352

*To be used with a critically ill patient in all hospital locations. Strong emphasis on human factors and the airway team.*

1. The Vortex: a universal ‘high-acuity implementation tool’ for emergency airway management. Chrimes N. BJA 117 (S1): i20-i27

*Paper outlining the Vortex Approach to emergency airway management. Further information also available at* [*www.vortexapproach.org*](http://www.vortexapproach.org)

1. Human Factors: Common Terms. Clinical Human Factors Group. Available at https://chfg.org/what-are-clinical-human-factors/

*A glossary of common terms relating to human factors and non-technical skills produced by the charity Clinical Human Factors Group set up by Martin Bromiley*

1. Transnasal Humidified Rapid-Insufflation Ventilatory Exchange (THRIVE): a physiological method of increasing apnoea time in patients with difficult airways. Patel A. Anaesthesia 2015, 70: 323-329

*Patel’s original study into the use of Optiflow in theatres*

For more information on skills acquisition and mastery learning:

1. Deliberate Practice and the Acquisition and Maintenance of Expert Performance in Medicine and Related Domains. Ericsson K. Academic Medicine 2004. 79 (10): S70-S80

*A seminal paper by the pioneer of establishing the concept of deliberate practice for expertise in medicine*

1. A critical review of simulation-based mastery learning with translational outcomes. McGaghie W. Medical Education 2014; 48: 375-385

*Presents the evidence base for mastery learning with deliberate practice in producing improved patient outcomes*