Tea Trolley Training

Royal United Hospitals Bath NHS
NHS Foundation Trust

Pre-course questionnaire:

1. Level of training: Consultant, Specialty trainee (SpR), Core trainee (SHO), SAS, SD, Other (please specify)
2. Have you ever performed eFONA: yes/no
    a. If yes how many times? And when did you last perform it?
3. When did you last practice eFONA in simulation?
4. On a scale of 1-10, please rate your confidence in knowing which equipment is required? (1 = not at all confident, 10 = fully confident)
5. On a scale of 1-10, please rate your confidence in knowing where this equipment is kept? (1 = not at all confident, 10 = fully confident)
6. On a scale of 1-10, if you were required to perform eFONA today on a patient with normal BMI how confident wold you feel? (1 = not at all confident, 10 = fully confident)
7. On a scale of 1-10, if you were required to perform eFONA today on a patient with normal BMI how confident would you feel performing it independently? (1 = not at all confident, 10 = fully confident)
8. On a scale of 1-10, if you were required to perform eFONA today on a patient with BMI >30 how confident would you feel performing it independently? (1 = not at all confident, 10 = fully confident)
9. On a scale of 1-10, please rate your confidence in assisting a colleague performing eFONA (1= not at all confident, 10 = fully confident)