
Supplementary Table 1. Standardized simulation sequence

1. Setup: Aerosol box in place over airway task trainer, with fluorescent marker applied to task trainer and box. Airway equipment, eye tape and tape placed on the anesthesia workstation. Prefilled medication syringes on anesthesia cart.
 2. Simulator briefing: Subject provided with simulation scenario and allowed practice time with aerosol box. Visual aid provided to subjects in the experimental group.
 3. Simulation begins / Induction of Anesthesia: Subject enters simulation room. Standard ASA monitors are in place and the simulated patient is fully preoxygenated. Subject induces anesthesia by injecting medications through the I.V. stopcock and intubates trachea of the task trainer using a video laryngoscope. Following confirmation of intubation, the subject inputs appropriate ventilatory settings and starts inhalational anesthesia.
 4. Surgery begins: Surgery begins and the surgeon requests additional neuromuscular blockade to optimize surgical conditions, in order to prompt the subject to give additional neuromuscular from the anesthesia cart. All medications were given through the I.V. stopcock.
 5. Surgery ends / extubation: Subject administers reversal of neuromuscular blockade through the stopcock. The subject is then informed the patient meets extubation criteria and the subject extubates the trachea.
 6. Simulation ends: Upon completion of the simulation, the subject leaves the room and 10 locations are checked for fluorescent marker contamination of the operating room environment using a UV light.
 7. Sanitation of Aerosol Box: Subjects are told to clean the aerosol box. Subjects are provided with standard cleaning wipes and told to clean until they feel it could be used on their next patient. After cleaning, the box is evaluated for the remaining fluorescent marker using a UV light
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