To perform the fiberoptic intubation safely, calmly, and with confidence, it was elected to recreate the airway and perform a simulation prior to intubation. The airway was simulated using common tubing from the OR of approximate size, shape, and angles of pediatric larynx, trachea, and bronchi. The passage contained landmarks marked with different colors to serve as checkpoints. Several studies have been conducted in order to specifically evaluate the efficacy of bronchoscopy simulation (1). The literature has been conflicting in outcomes. A study at Penn State Hershey Medical Center found extreme standard deviations in skills when learning nasal endoscopy on a fiberoptic simulation (2). Another study found that using a simulator could advance resident skills to levels similar to that of attendings (1). Proper use and training with the simulation equipment is paramount in creating a realistic environment (1).

Factors That Could Improve Intraoperative Simulation
1) Time for successful intubation
2) Decreased airway trauma
3) Increased operator confidence

References