

Supplemental Figure 1: Standardized Assessment Tool for Video Review

Reviewer				Date of Review			
Program	<input type="checkbox"/> Ped <input type="checkbox"/> Med/Ped <input type="checkbox"/> Ped/Genetics <input type="checkbox"/> Ped/Neurology <input type="checkbox"/> Ped/PM&R <input type="checkbox"/> Triple Board <input type="checkbox"/> Other						
Date/Time of Visit				Resident Year	<input type="checkbox"/> PL2 <input type="checkbox"/> PL3 <input type="checkbox"/> PL4		
Video #				STS	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Which Physician participated in the RCPA? (check all that apply?)	Did another non-resident physician interrupt/preclude the resident performance of the RCPA?			Was the RCPA interrupted or precluded by another intervention? Monitors, IV, exposure etc...			
	<i>Resident is moved away from patient and does not participate</i>						
<input type="checkbox"/> Attending/3 rd Year Fellow <input type="checkbox"/> 1 st /2 nd Year Fellow <input type="checkbox"/> Resident	<input type="checkbox"/> Yes – Attending <input type="checkbox"/> Yes – Fellow <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No			

Physical Exam Assessment		
Exam		Comments
Pulses <i>The resident palpates central and/or peripheral pulses and reports the findings to the team leader (check all that apply)</i>	<u>Exam</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<u>Report</u> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not reported <input type="checkbox"/> Unclear from video	
Capillary Refill <i>The resident checks for capillary refill and reports the findings to the team leader (check all that apply)</i>	<u>Exam</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<u>Report</u> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not reported <input type="checkbox"/> Unclear from video	
Mental Status <i>The resident describes the mental status, including normal, altered, depressed, and/or reports GCS</i>	<u>Exam</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<u>Report</u> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not reported <input type="checkbox"/> Unclear from video	
Skin <i>The resident visibly palpates/inspects the skin for color and temperature and reports findings. Findings include normal, warm, cold, cyanotic, pale.</i>	<u>Exam</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<u>Report</u> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not reported <input type="checkbox"/> Unclear from video	

Verbalized Perfusion Assessment

Choose one of the following to describe the resident's verbal assessment of the patient's circulatory status

<input type="checkbox"/> No Circulatory assessment verbalized		Comments
Normal <i>The resident describes the circulation as normal, includes good/normal perfusion</i>	<input type="checkbox"/> Yes	
Shock <i>The resident describes the patient as being shock and may specify compensated versus uncompensated</i>	<input type="checkbox"/> Yes <input type="checkbox"/> Compensated <input type="checkbox"/> Decompensated/Hypotensive <input type="checkbox"/> Not specified	
Arrest <i>The resident describes the patient as being in cardiac arrest</i>	<input type="checkbox"/> Yes	

Perfusion Assessment Completion

Were 3 of 4 components of the perfusion exam completed?	Was an assessment verbalized?	Comments
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Comments

Supplemental Figure 2:

Side effect questionnaire

	None	Mild	Moderate	Severe
General Discomfort	0	0	0	0
Fatigue	0	0	0	0
Headache	0	0	0	0
Eye Strain	0	0	0	0
Difficulty focusing	0	0	0	0
Salivation increasing	0	0	0	0
Sweating	0	0	0	0
Nausea	0	0	0	0
Difficulty concentrating	0	0	0	0
Fullness of the head	0	0	0	0
Blurred vision	0	0	0	0
Dizziness with eyes open	0	0	0	0
Dizziness with eyes closed	0	0	0	0
Vertigo*	0	0	0	0
Stomach awareness**	0	0	0	0
Burping	0	0	0	0

*Vertigo is experienced as loss of orientation with respect to being upright

**Stomach awareness is a feeling of discomfort but is just short of nausea.