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Faster Learning Curve with the GlideScope Than the Direct Laryngoscope

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Over the course of training, emergency medicine residents showed improved first-pass success with the GlideScope video laryngoscope but no improvement with the direct laryngoscope.

To compare learning curves for the direct laryngoscope (DL) and GlideScope video laryngoscope, researchers retrospectively analyzed adult intubations performed by first-, second-, and third-year emergency medicine residents over a 7-year period at a single academic medical center.

Of 1613 intubations, 1035 were initially attempted with the DL and 578 with the GlideScope. The GlideScope was chosen more often for trauma patients and those with difficult airway characteristics. First-pass success rates were similar for first-, second-, and third-year residents with the DL (about 70%). With the GlideScope, first-pass success rates improved with each year of training: 74%, 84%, and 90%.

Comment: For emergency medicine residents, GlideScope video laryngoscopy is more quickly learned and is associated with higher first-pass success than direct laryngoscopy. These results are similar to those from prior studies showing inexperienced operators have higher intubation success rates with video laryngoscopy than with direct laryngoscopy. ([NEJM JW Emerg Med Jun 7 2013](#); [NEJM JW Emerg Med Jan 23 2009](#)).

Citation(s):

Sakles JC et al. Learning curves for direct laryngoscopy and GlideScope video laryngoscopy in an emergency medicine residency. *West J Emerg Med* 2014 Oct 29; [e-pub ahead of print]. (<http://escholarship.org/uc/item/5xb849kq>)

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