**RESULTS**

- Twenty-eight subjects performed a total of 672 total breaths, 336 per trial.
- Individual measurements were considered correct if performed to within 20% of the AHA Guidelines for ventilations.
- Acceptable ranges: Duration of inspiration 0.8-1.2 seconds, volume of inspiration 400-700 mL, breath-to-breath interval 4-7 seconds.
- Correctly performed duration of inspiration increased from 34% of ventilations to 80%.
- Proportion delivered too rapidly decreased from 50% to 15%.
- Correct volume of inspiration increased from 63% to 96%.
- Correct breath-to-breath interval increased from 63% to 93%.
- All pre-post intervention differences were significant (P<0.0001).

**CONCLUSIONS**

- There is accumulating evidence that deficiencies in BMV skills worsen patient outcomes.
- Initial BMV was performed inconsistently over a wide range of durations and volumes.
- Too-rapid inspiration was the most common error, occurring in nearly 50% of breaths.
- A brief visual terminal feedback training session substantially improved performance, with a large majority of breaths delivered within acceptable ranges.
- Correct inspiratory rate and volume with bag-mask ventilation appears to be a learnable skill.
- Terminal feedback methods of training can optimize motor skills learning and performance.

**REFERENCES**