Supplementary Table: Decisions to proceed and samples of participants' comments

Scenario	Level of training	Would you proceed with this procedure?				Sample quotations {level of practice; number of years of experience}	
		Definitely would not proceed	Probably would not proceed	Probably would proceed	Definitely would proceed	"Go" decision	"No-go" decision
Scenario 1	Consultant	58	4	6	2	I would conduct maintenance of anesthesia with TIVA* and BIS†. {consultant; 9 years}	Awareness or dangerously high levels of anesthetic agents or hypoxic mixture could be delivered without functioning gas analyser. It would be very unsafe. {consultant; 18 years}
	Senior specialist	17	2	1	0		
	Specialist	23	2	1	0		
	Residents	7	0	0	1		
Scenario 2	Consultant	24	13	26	7	Confirm that O_2 and N_2O has no issues, use air cylinder and proceed after confirming with surgeon the duration to complete surgery. {Consultant; 17 years}	There is a risk of jeopardizing the patient's safety and all the health workers in the operating room, in case the leak worsened during the case. {Specialist; 10 years}
	Senior specialist	8	0	7	5		
	Specialist	6	7	10	3		
	Residents	2	2	4	0		
Scenario 3	Consultant	10	11	29	20	If warming devices are working properly, then I will warm the patient and give warm fluids. I will check the temperature by other means. {senior specialist; 12 years}	It is a major abdominal case with high risk of hypothermia. I can measure the patient's temperature at least every half an hour even if manually, by using tympanic thermometer from recovery room. Also, I would utilize all warming measures available. Otherwise, I won't proceed with a major elective case without standard monitor. {consultant; 12 years}
	Senior specialist	1	2	10	7		
	Specialist	2	4	14	6		
	Residents	4	2	0	2		
Scenario 4	Consultant	18	17	16	19	Keep the patient warm with air forced warmer, warm intravenous fluids and airway humidification. {Specialist; 13 years}	With very cold ambient temperature patient warming May be inefficient. Also it may be uncomfortable for the staff to work in. {consultant; 18 years}
	Senior specialist	9	4	3	4		
	Specialist	8	5	8	5		
	Residents	2	0	3	3		
Scenario 5	Consultant	17	11	29	13	Change anesthetic technique to TIVA or TCI‡ {Consultant; 13 years}	It is unsafe for the staff to work without scavenging, especially with N_2O and inhalational agents. {Consultant; 17 years}
	Senior specialist	2	6	5	7		
	Specialist	6	4	11	5		
	Residents	4	0	2	2		
Scenario 6	Consultant	23	9	29	9	If an official translator is not available, then any staff member can translate my words regarding informed consent. {senior specialist; 20 years}	I can't take full medical history or explain the procedure and adverse events well, if I cannot understand the patient. {senior specialist; 12 years}
	Senior specialist	7	3	4	6		
	Specialist	7	6	9	4		
	Residents	3	1	4	0		
Scenario 7	Consultant	12	15	31	12	I will speak with the surgical and ICU§ colleagues. If a bed is likely to be ready by the time the surgery is expected to finish then I will proceed with the case. This is a semi urgent case and all efforts should be made not to cancel the surgery. {Consultant; 25 years} If the ICU bed is not available at the end of the case, I will extend the recovery in PACU‖. {Consultant; 23 years}	I will not proceed, unless I can confirm that an ICU bed will be available by the end of the case for a major complex surgery. {Consultant; 12 years}
	Senior specialist	6	5	8	1		
	Specialist	11	4	8	3		
	Residents	5	0	2	1		
Scenario 8	Consultant	7	2	22	39	Although, US guided is the standard of care, this is an emergency procedure and we have good skills in the blind internal jugular technique. {Consultant; 10 years}	Anatomy may be distorted. {Specialist; 10 years}
	Senior specialist	2	1	8	9		
	Specialist	2	2	15	7		
	Residents	3	1	1	3		

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Scenario	Level of training	Would you proceed with this procedure?				Sample quotations {level of practice; number of years of experience}	
		Definitely would not proceed	Probably would not proceed	Probably would proceed	Definitely would proceed	"Go" decision	"No-go" decision
Scenario 9	Consultant	24	15	28	3	It is preferred to see the patient prior to surgery and examine him thoroughly for associated comorbidities as well as explain the associated risks with anesthesia and surgery. However, this is a cancer operation which needs to be done as soon as possible as. He already saw the cardiologist then his medications should have been be optimized. {Consultant; 25 years}	The patient should be optimized and risk stratification should be done and explained to him. This patient needs cardiac evaluation and Echo must be done in order to help me design my anesthetic plan and consent him as a high risk patient. {senior specialist; 12 years}
	Senior specialist	6	9	2	3		
	Specialist	13	7	6	0		
	Residents	3	2	3	0		
Scenario 10	Consultant	39	11	14	6	It depends on how I feel. If I felt fit to provide safe anesthesia then I would proceed, otherwise I will ask for help. {Consultant; 23 years}	Sleep deprivation is a major cause of fatigue in the operating room & it can expose the patient to major risks. It is just as unsafe as an anesthesiologist who is drunk on alcohol before giving anesthesia. {senior specialist; 11 years}
	Senior specialist	8	9	3	0		
	Specialist	10	7	7	2		
	Residents	4	2	0	2		
Scenario 11	Consultant	37	23	8	2	I would take extra precautions not to transmit my infection to others. {senior specialist; 11 years}	This will negatively affect my concentration and performance. {Consultant; 28 years}
	Senior specialist	8	5	5	2		
	Specialist	11	10	2	3		
	Residents	3	3	1	1		

*TIVA: Total intravenous anesthesia; †BIS: BiSpectral Index; ‡TCI: target controlled infusion; §ICU: Intensive care unit; ||PACU: Post anesthesia care unit