Attachment 1

Table S1

1. Which of the following are clinical signs of VAP? ☐ Fever ☐ Hypothermia ☐ Bradycardia ☐ Purulent secretions	11. How does frequent suctioning relate to VAP? a) Reduces the risk b) Increases the risk if not sterile c) Has no effect d) Prevents all infections
2. What white blood cell count range is considered suggestive of infection in VAP? a) <2,000/mm³ b) <4,000 or >12,000/mm³ c) 5,000–10,000/mm³ d) >20,000/mm³	12. True or false: Biofilm on the endotracheal tube can harbor pathogens and contribute to VAP. ☐ True ☐ False
3. A sudden drop in oxygen saturation and increased ventilator requirements may indicate: a) Recovery b) VAP c) Hemorrhage d) Dehydration	13. Reintubation increases the risk of VAP. ☐ True ☐ False
4. Purulent tracheal secretions are typically: a) Clear and watery b) Green/yellow and thick c) Bloody d) Odorless and clear	14. Prior use of antibiotics can: a) Prevent VAP completely b) Increase the risk of resistant organisms c) Have no effect d) Cure VAP before it starts
5. True or false: A new onset of cough or dyspnea can be a clinical sign of VAP. ☐ True ☐ False	15. Why is patient positioning important in VAP prevention? a) Reduces aspiration b) Helps sleep c) Improves heart rate d) Lowers blood pressure
6. Which of the following is a clinical condition where head-of-bed elevation may not be recommended as part of VAP prevention? a) Mechanically ventilated patient with stable hemodynamics b) Patient with spinal cord injury and cervical spine instability c) post-operative abdominal surgery patient with no complications d) Patient on prolonged sedation without contraindications	16. What is the recommended head-of-bed elevation to help prevent aspiration? a) 10–20 degrees b) 25–30 degrees c) 30–45 degrees d) 60–90 degrees

Attachment 1 to: *Spurthy D, Shankrappa CG, Hashmiya SS, Mane M, Pedapati P. Reduced incidence of ventilator-associated pneumonia (VAP) at a tertiary care center due to enhanced compliance with evidence-based bundle care practices through structured training programs for ICU healthcareworkers: a pilot study. GMS Hyg Infect Control. 2026;21:Doc60.*
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7. What is a common diagnostic tool for detecting VAP pathogens? a) Urine culture b) Bronchoalveolar lavage (BAL) c) Sputum test only d) ECG	17. Name one method of reducing aspiration risk in ventilated patients:
8. Which pathogens are commonly associated with VAP? ☐ MRSA ☐ *Escherichia coli* ☐ *Pseudomonas aeruginosa* ☐ *Candida albicans*	18. List of two practices that can reduce the incidence of VAP in ventilated patients:
9. True or false: A quantitative culture from a protected specimen brush (PSB) is a valid method to diagnose VAP. ☐ True ☐ False	19. Why is head-of-bed elevation included in the VAP bundle? a) To prevent aspiration of gastric contents b) To reduce intracranial pressure c) To enhance cardiac output D. To improve oxygen diffusion
10. How many hours of mechanical ventilation does VAP risk significantly increase? a) 12 hours b) 24 hours c) 48 hours d) 72 hours	20. What role does oral care with chlorhexidine play in preventing VAP? a) It reduces oral bacterial colonization that can lead to pneumonia b) It prevents tooth decay in intubated patients c) It improves patient satisfaction scores d) It maintains moisture in the oral cavity