

**SURGERY VIGNETTE**  
**Interactive Hernia Simulation (B)**

Cover Page		
Q1: Facility ID	Q2: Facility Name	Q4b: Time simulation started (HH:MM)
Q3: Observer number	Q4a: Today's date (DD/MM/YYYY) ____/____/____	____ : ____AM/PM
Q4c: Result <input type="checkbox"/> Interview done <input type="checkbox"/> Person in charge refused interview		
<input type="checkbox"/> Partially completed <input type="checkbox"/> Person in charge is out		

THIS TEST IS TO BE ADMINISTERED TO A HEALTH WORKER FROM SURGERY SERVICES. EACH FOLIO (SET OF PAPERS) CORRESPONDS TO ONE HEALTH WORKER ONLY. IF YOU ADMINISTER THIS TEST TO SEVERAL HEALTH WORKERS, YOU NEED A NEW FOLIO FOR EACH HEALTH WORKER. ALSO BE SURE TO RECORD THE STAFF ID NUMBER OF THE HEALTH WORKER ANSWERING THIS TEST, BY REFERRING TO THE STAFF ROSTER TO OBTAIN THE STAFF ID NUMBER.

CHECK THE STAFF ROSTER AND SEE IF THE HEALTH WORKER IS RECORDED AS HAVING GIVEN CONSENT FOR THE RESEARCH. IF NOT YOU MUST READ THE FULL CONSENT FORM AND OBTAIN HIS/HER SIGNATURE. IF YES, REMIND HIM/HER USING THE TEXT BELOW.

Q5a: Has the health worker previously signed a consent form? ☐ Yes → go to Q6a ☐ No → go to Q7a

Q6a: ASK HEALTH WORKER: I would like to ask you some questions about your knowledge of a specific medical case. Your answers will remain confidential, we will not share the result of this interview and it will not have any impact on your work or the assessment of your performance. Do I have your permission to administer this questionnaire?

☐ Yes → go to Q8a ☐ No, consent is not given → observation of this health worker must END; if available, approach another health worker for participation.

Q7a: READ FULL CONSENT SCRIPT TO HEALTH WORKER AND OBTAIN SIGNATURE. Did the health worker sign the form?

☐ Yes → go to Q8a ☐ No, consent is not given → observation of this health worker must END; if available, approach another health worker for participation.

Q8a Staff Roster ID number	Q9a Gender	Q10a: Health Worker Category Code (see below for codes)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

READ THE FOLLOWING TO THE HEALTH WORKER:

I will start asking you questions about your knowledge now. Please answer the following questions to the best of your knowledge. Most of the questions I will be asking you will require multiple responses from you. Please provide all responses that come to mind. I will probe sometimes to help you remember some more information. I may also ask you to demonstrate certain actions during the course of this interview. Finally, if you need me to repeat the question, just let me know.

Health Worker Category Codes				
1. MD-Obstetrician/Gynecologist	2. MD-Neonatologist	3. MD-Surgeon	4. MD- Family Physician	5. MD - Pediatrician
6. Physician's Assistant	7. Nurse midwife	8. Bachelor and Science of Nursing Nurse	9. Diploma Nurse	10. Nurse with Associate Degree
11. Licensed Practical Nurse	12. Certified midwife	13. Midwife	14. Nurse aide	96.Other, please specify:

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**Management of Hernia**

THE FOLLOWING QUESTIONS CORRESPOND TO A CLINICAL CASE SCENARIO THAT THE HEALTH WORKER COULD EXPECT TO OBSERVE IN THE HOSPITAL. READ THE CASE SCENARIOS AND QUESTIONS EXACTLY AS THEY ARE WRITTEN. **DO NOT READ THE OPTIONS OF ANSWERS.** FOR CERTAIN QUESTIONS, MULTIPLE ANSWERS ARE POSSIBLE; IN THIS CASE, CIRCLE ALL ANSWERS GIVEN BY THE HEALTH WORKER. AFTER THE HEALTH WORKER HAS FINISHED ANSWERING THE QUESTION, ASK "ANYTHING ELSE?" IF ADDITIONAL ANSWERS ARE GIVEN AT THAT TIME, MAKE DUE RECORD OF THEM ON THE SURVEY FORM. BE CAREFUL TO FOLLOW THE SKIPS AS THEY ARE MARKED. MAKE SURE THE HEALTH WORKER CANNOT SEE THE FORM YOU ARE FILLING.

**ATTENTION:** IN THE "INFORMATION" COLUMN, THERE IS INFORMATION ON THE CURRENT STATE OF THE PATIENT. THIS INFORMATION HAS TO BE PROVIDED, **IF AND ONLY IF** THE CLINICIAN SAYS HE WOULD ASK THE QUESTION OR PERFORM THE ACTION LISTED. IF THE CLINICIAN DOES NOT MENTION HE WILL ASK THE QUESTION OR PERFORM THE ACTION, THEN THE RESULT OF THAT QUESTION OR ACTION **SHOULD ABSOLUTELY NOT** BE SHARED WITH THE HEALTH WORKER. FOR EXAMPLE IN Q101, IF THE HEALTH WORKER SAYS S/HE WOULD ASK ABOUT THE MEDICAL HISTORY, THEN YOU HAVE TO ASK THEM "WHAT KIND OF HISTORY WOULD YOU ASK ABOUT?". IF THE HEALTH WORKER DOES NOT SAY HE WOULD ASK ABOUT THE MEDICAL HISTORY, THEN YOU MUST NOT ASK THEM WHAT KIND OF HISTORY THEY WOULD ASK ABOUT. STILL IN Q101, IF THE HEALTH WORKER SAYS S/HE WOULD ASK WHEN THE PAIN STARTED, THEN YOU HAVE TO TELL THEM IT STARTED ABOUT A WEEK AGO. IF THE HEALTH WORKER DOES NOT SAY HE WOULD ASK WHEN THE PAIN STARTED, THEN YOU MUST NOT TELL THEM WHEN IT DID. MAKE SURE THE HEALTH WORKER CANNOT READ IT ON THE FORM EITHER.

DO NOT READ OPTIONS ALOUD. FOR EACH OPTION, NOTE WHETHER THE HEALTH WORKER MENTIONED THIS ACTION OR NOT.

RECORD TIME OF BEGINNING OF THE SIMULATION (HH:MM)      \_\_ \_\_ : \_\_ \_\_ AM/PM

**Scenario:** A 51 year old woman present with sudden onset of pain in her right groin, nausea and vomiting and a tense and tender mass in the groin region.

Question	Yes	No	Information	Go to	Verify Present/ Not Present
<b>Q101: What do you do to assess this woman?</b>					
A. History taking	1	0	What kind of history would you ask about?		N/A
a. When did the pain start?	1	0	The pain began today, but I have noticed a bulge here (indicates right groin) for a couple of months.		N/A
b. Before this began, when you had the lump, was it always there?	1	0	No, it would go away for a while and come back.		N/A
c. What were you doing when it started?	1	0	I was carrying a heavy bag		N/A
d. Does it hurt more when you are standing up or sitting down?	1	0	Patient responds: "It hurts the same."		N/A
e. Does the lump go away when you lie down?	1	0	No.		N/A
f. What do you do for work?	1	0	I work at home.		N/A
B. Physical examination	1	0	Please describe the things you would do.		N/A
a. I would examine the Vital Signs.	1	0	Tachycardia, normal BP, fever (38.1 degrees).		N/A
b. I would examine the abdomen.	1	0	Abdomen slightly distended and tympanitic. The patient is tense and there is a lump at the right groin.		N/A
c. I would examine the lump.	1	0	1.5 cm mass in the right groin with changes in skin color below inguinal ligament. Acutely tender		N/A
d. Ask her to cough and exam the inguinal canal at the same time.	1	0	Mass does not expand with coughing.		N/A
C. Lab tests			Please list the tests you would ask for.		
a. Full blood count (Complete blood count)	1	0			1    0
i. Hemoglobin/HCT	1	0	Normal, 46% or 15 gr/dl		1    0
ii. White Blood Cell (WBC)	1	0	Elevated white blood cell count		1    0
iii. Red Blood Cell (RBC)	1	0	Normal		1    0
iv. Platelets	1	0	Normal		1    0
b. Hemoglobin/HCT (alone)	1	0	Normal, 46% or 15 gr/dl		1    0
c. Microscopy					
i. Malaria smear, M/S	1	0	Normal, Negative		1    0
ii. Malaria rapid diagnostic test (RDT)	1	0	Normal, Negative		1    0
d. Immunologic					

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i. HIV rapid testing	1	0	Normal, Negative		1	0
ii. Hepatitis B (HBsAG) and Hepatitis C (HCV) tests	1	0	Normal, Negative		1	0
e. Chemistry panels (Automatic analyzer)						
i. AST and ALT (liver enzymes)	1	0	Normal		1	0
ii. Amylase and Lipase (pancreatic enzymes)	1	0	Normal		1	0
iii. Chemistry (sodium, potassium, chloride, bicarbonate)	1	0	Normal		1	0
iv. BUN and creatinine (renal function)	1	0	Normal		1	0
v. Serum bilirubin	1	0	Normal		1	0
vi. Blood glucose, RBS (fasting or random)	1	0	Normal, 135 gr/dl		1	0
f. Blood gas analysis or Electrolyte Panel	1	0	Normal		1	0
g. Urinalysis, U/A	1	0	Normal, Negative		1	0
h. Pregnancy test, MTT	1	0	Normal, Negative		1	0
i. Imaging					1	0
i. RUQ Ultrasound	1	0	Normal		1	0
j. Other Tests and imaging	1	0	Normal		1	0
i. Other, specify: _____ _____ _____	1	0			1	0
D. I would call for assistance from another person	1	0	Who?		N/A	
a. Specify title _____			[ALSO ASK THEM IF THEY WOULD DO ANYTHING ELSE]			
<b>Q102: What is your overall assessment of the woman's condition (Stable, Guarded, Unstable, Critical, etc.) and what is her differential diagnosis?</b>						
A. Overall assessment (CHECK ALL ANSWERS GIVEN)						
a. Stable	1	0			N/A	
b. Guarded	1	0			N/A	
c. Unstable	1	0			N/A	
d. Critical	1	0			N/A	
B. Differential diagnosis (CHECK ALL ANSWERS GIVEN)						
a. Hernia (ASK THEM TO SPECIFY TYPE)	1	0			N/A	
i. Femoral hernia					N/A	
ii. Inguinal direct hernia	1	0			N/A	
iii. Inguinal indirect hernia	1	0			N/A	
iv. Strangulated hernia	1	0			N/A	
v. Incarcerated hernia	1	0			N/A	
vi. Unable to specify type of hernia	1	0			N/A	
b. Caused by consistent physical labor	1	0			N/A	
c. Caused by accident.	1	0			N/A	
d. Other, specify: _____ _____ _____	1	0			N/A	
<b>Q103: What immediate steps would you take?</b>						
A. Call the attending surgeon (physician)	1	0		Q106	N/A	
B. Give advice on helping the hernia to heal itself and discharge	1	0		Q106	N/A	
C. Give advice on what symptoms to return for and discharge	1	0		Q104b	N/A	
D. Monitor in the hospital	1	0		Q104b	N/A	
E. Emergency surgery (herniorrhaphy)	1	0		Q104a	N/A	
F. Schedule surgery (herniorrhaphy) for the next 24-48 hours	1	0		Q104a	N/A	
G. Elective surgery (herniorrhaphy)	1	0		Q104a	N/A	
<b>Q104a: [IF RECOMMENDING HERNIORRHAPHY]</b>						

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1. What made you decide to perform a herniorrhaphy?					
A. Hernia	1	0			N/A
B. Other, specify: _____ _____ _____	1	0			N/A
2. What made you to decide when to perform the herniorrhaphy (i.e. emergent vs. scheduled vs. elective)					
A. Specify, _____ _____ _____					N/A
3. What signs would have made you decide to observe the patient rather than perform the surgery?					N/A
A. Specify, _____ _____					N/A
<b>Q104b: [IF RECOMMENDING NO HERNIORRHAPHY AND OBSERVATION]</b>					
1. What made you decide to put the patient under observation?					
A. Specify, _____ _____ _____					N/A
2. What signs would have made you decide to perform an emergency surgery?					
A. Strangulation or incarceration	1	0			N/A
B. Signs of bowel obstruction	1	0			N/A
C. Infectious symptoms	1	0			N/A
D. Other, Specify _____ _____ _____	1	0			N/A
3. What signs would have made you recommend discharging the patient?					
A. Specify, _____ _____ _____					N/A
<b>Q1056: What equipment or medicines would you have used in the management of this case that is either not present, or is not currently working in this facility?</b>					
A. Other, specify: _____ _____ _____	1	0			N/A
<b>Q1076: You mentioned the following laboratory tests as part of your examination [...] Can you verify that all of these tests are available at this facility right now?</b>					
	<u>1</u>	<u>0</u>			
<b>RECORD TIME OF END OF THE SIMULATION (HH:MM)</b>			__ : __ AM/PM		
GO BACK TO EACH ITEM IN THE SIMULATION THAT REQUIRES A PIECE OF EQUIPMENT OR A MEDICATION AND VERIFY THAT THE EQUIPMENT OR MEDICATION IS PRESENT.					
PLEASE PROVIDE ANY FURTHER COMMENTS ON THE QUALITY OF CARE:					