

SURGERY VIGNETTE
Burn Interactive Simulation (3rd degree)

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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Checklist for Management of Burn (3 rd degree)				
<p>RECORD TIME OF BEGINNING OF THE SIMULATION (HH:MM)</p> <p>THE FOLLOWING QUESTIONS CORRESPOND TO A CLINICAL CASE SCENARIO THAT THE HEALTH WORKER COULD EXPECT TO OBSERVE IN THE CLINIC. READ THE CASE SCENARIOS AND QUESTIONS EXACTLY AS THEY ARE WRITTEN. <u>DO NOT READ THE OPTIONS OF ANSWERS.</u> 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.</p> <p>DO NOT READ OPTIONS ALOUD. FOR EACH OPTION, NOTE WHETHER THE HEALTH WORKER MENTIONED THIS ACTION OR NOT.</p> <p>Scenario: A 20 year-old woman with 3rd degree burns from a kitchen fire. She is conscious and moaning.</p> <p>Question</p>	<p>__ : __ AM/PM</p>			
	Yes	No	Verify Present/ Not Present	
Q101: What do you need to do immediately?				
A. Airway: Assess for inhalational injury				
a. particulate matter debris in upper airway	1	0	N/A	
b. stridor	1	0	N/A	
c. singed nostril hair	1	0	N/A	
d. mucosal edema	1	0	N/A	
B. Breathing: Verify that the patient is assessed for				
a. Tachypnea: document respiratory rate	1	0	N/A	
b. Dyspnea: ask the patient if he/ she has any difficulty breathing	1	0	N/A	
c. Administer oxygen (specific Rx for carbon monoxide poisoning) for any significant burn, or if it occurred in a closed space or with smoke or chemical fumes	1	0	1	0
d. Evaluate sputum amount and quality (i.e., carbonaceous)	1	0	N/A	
e. The patient is intubated for respiratory failure: that is, respiratory rate increasing above 30/minute or significant dyspnea	1	0	1	0
f. Chest wall escharotomy is done urgently if circumferential full thickness burns compromise chest wall expansion (anterior axillary line)	1	0	1	0
C. Circulation				
a. Establish large-bore IV access quickly – multiple IV lines as swelling increases will lose the opportunity to place more	1	0	1	0
b. Start administering crystalloid according to either Parkland formula: 2–4 cc/%BSA (body surface area)/kg over 24 hrs (½ in first 8 hrs, then second ½ over next 16 hrs, or titrated to BP, urine output parameters	1	0	1	0
c. BSA is estimated using the “rule of nines”	1	0	N/A	
i. Arms and head 9% each	1	0	N/A	
ii. Legs, anterior trunk, and posterior trunk 18% each	1	0	N/A	
iii. In children, the head is relatively more (up to 18%) and the legs less (down to 14%)	1	0	N/A	
d. The rate of fluid administration is adjusted according to the urine output and vital signs: aim for at least 30cc/hr in adults (½ cc/kg/hr for adults, and up to twice for smaller children)	1	0	1	0
e. Uses thirst as a good indicator of inadequate fluid replacement	1	0	N/A	
f. Extremity circulation is confirmed by examination, and if there is any doubt in the case of circumferential full thickness burns, escharotomy is carried out (usually not needed in first six hours)	1	0	N/A	
g. Bracelets, rings, etc. are removed	1	0	N/A	
Q102: What are some of the medicines and equipment you would need access to, or procedures you need to be prepared to perform at this stage?				
A. Bag	1	0	1	0
B. Mask	1	0	1	0
C. Oral airway	1	0	1	0
D. Be prepared for intubation	1	0	1	0
E. Endotracheal tubes	1	0	1	0
F. Laryngoscope	1	0	1	0
G. Suction	1	0	1	0
H. Ketamine	1	0	1	0

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I. Succinylcholine	1	0	1	0
J. Atropine	1	0	1	0
K. Be prepared for tracheostomy	1	0	1	0
L. IV catheters	1	0	1	0
M. IV fluids	1	0	1	0
Q103: Once the patient is stabilized, what would you recommend for wound care				
A. The wound is not allowed to dry out, as this increases the depth of tissue loss	1	0	N/A	
B. Anti-microbial ointment such as silver sulfadiazine is applied and gauze wrapped	1	0	1	0
C. Anti-biotic ointment such as Polysporin is applied to head and neck as often as necessary to prevent drying	1	0	1	0
D. Adequate narcotic analgesia is administered to keep the patient comfortable	1	0	1	0
E. Daily sterile dressing changes, irrigation and debridement of obviously non-viable tissue and crusting is carried out with ketamine or other suitable analgesia, in a gentle manner	1	0	1	0
RECORD TIME OF END OF THE SIMULATION (HH:MM)	___ : __ AM/PM			
WERE MULTIPLE HEALTH WORKERS INVOLVED?	1	0	N/A	
IF SO, DID THESE HEALTH WORKERS KNOW THEIR ROLES?	1	0	N/A	
IF YES, DID THEY CARRY OUT THESE ROLES?	1	0	N/A	
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:				