

# PEDIATRICS VIGNETTE

## Simulation 3

### 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"/> Health worker refused interview		
<input type="checkbox"/> Partially completed <input type="checkbox"/> Health worker is out		

THIS TEST IS TO BE ADMINISTERED TO A HEALTH WORKER FROM PEDIATRIC 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, MULTIPLE QUALIFICATIONS CAN BE RECORDED)
	<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 (please circle appropriate category: if multiple categories apply, circle multiple answers)				
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. Registered Midwife	14. Nurse aide	96. Other, please specify:

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### Management of Diarrhea

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 (EVERYTHING THAT IS IN BOLD FONT). 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 CHILD. 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 Q100, IF THE HEALTH WORKER SAYS S/HE WOULD ASK ABOUT THE PRESENCE OF OTHER SYMPTOMS, THEN YOU HAVE TO ASK THEM “WHAT KIND OF SYMPTOMS WOULD YOU ASK ABOUT?” IF THE HEALTH WORKER DOES NOT SAY HE WOULD ASK ABOUT THE PRESENCE OF OTHER SYMPTOMS, THEN YOU MUST NOT ASK THEM WHAT KIND OF SYMPTOMS THEY WOULD ASK ABOUT. STILL IN Q100, IF THE HEALTH WORKER SAYS S/HE WOULD ASK ABOUT THE DURATION OF THE FEVER, THEN YOU HAVE TO TELL THEM THE FEVER HAS LASTED FOR ONE WEEK. IF THE HEALTH WORKER DOES NOT SAY HE WOULD ASK ABOUT THE DURATION OF THE FEVER, THEN YOU MUST NOT TELL THEM HOW LONG THE FEVER HAS LASTED. 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

**OBSERVER READ SCENARIO: A 1 year old boy is brought to you by his mother who tells you he has diarrhea. The patient has not had any contact with a suspected or confirmed Ebola patient and there have been no unexplained deaths in the family or community. The child does not have any unexplained bleeding. No Ebola has been detected anywhere in the country for over 3 months.**

Q100: OBSERVER: <i><b>What questions would you ask the mother?</b></i>	Yes	No	Information	GO TO	Verify Present/Not Present
A. Presence of other symptoms	1	0	<b>What kind of symptoms would you ask about?</b>		N/A
B. Duration of diarrhea	1	0	<b>Since yesterday</b>		N/A
C. Frequency of stools (how often)	1	0	<b>He has a stool soon after any feed</b>		N/A
D. Consistency of stools	1	0	<b>It is like water</b>		N/A
E. Presence of mucus in stools	1	0	<b>The stool is mucoid.</b>		N/A
F. Presence of blood in stools	1	0	<b>There is no blood in the stool.</b>		N/A
G. Presence of vomiting	1	0	<b>Yes, he vomits at any feed</b>		N/A
H. Presence of fever	1	0	<b>No fever</b>		N/A
I. Vaccination history	1	0	<b>All vaccinations up to date</b>		N/A
J. Ability to drink or breastfeed	1	0	<b>He breastfeeds but not very well</b>		N/A
K. Presence of convulsions	1	0	<b>No</b>		N/A
L. Presence of ear problems	1	0	<b>No</b>		N/A
M. Presence of cough or difficulty in breathing	1	0	<b>No cough</b>		N/A
N. General health condition (tiredness/fatigue)	1	0	<b>He is tired</b>		N/A
O. Presence of tears when baby cries	1	0	<b>There are no tears when he cries</b>		N/A
P. Whether the baby started taking other food	1	0	<b>Yes</b>		N/A
Q. Whether the change in food happened recently	1	0	<b>No</b>		N/A
R. How the food has been given	1	0	<b>The food is given by spoon, cup and sometimes bottle</b>		N/A
S. Who prepares and feeds the child	1	0	<b>The mother who is here</b>		N/A
T. The hand washing practice of the person who feeds the child	1	0	<b>The mother sometimes washes her hands, sometimes not</b>		N/A
U. Whether other family members or neighbors have diarrhea	1	0	<b>No</b>		N/A
V. Other, specify: _____ _____ _____ _____					N/A

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Question	Yes	No	Information	GO TO	Verify  Present/Not Present
<b>Q101: OBSERVER: Assuming you have all the necessary equipment and supplies, what would you do during your physical examination of the child?</b>					
A. Assess general health condition (awake / lethargy / tiredness / fatigue)	1	0	The child is awake but lethargic		N/A
B. Examine for sunken eyes / fontanelle	1	0	The eyes are sunken		N/A
C. Pinch abdominal skin to check for dehydration	1	0	The skin goes back slowly		N/A
D. Take temperature	1	0	normal		1 0
E. Check for visible severe wasting	1	0	No signs of malnutrition. How would you check for visible severe wasting?		N/A
F. Offer the child a drink of water / observe breastfeeding	1	0	The child is thirsty		1 0
G. Look for palmar pallor (or other signs of anemia)	1	0	No signs of malnutrition		N/A
H. Weigh the child	1	0	The weight is 9 kg		1 0
I. Check weight against a growth chart	1	0	normal		1 0
J. Look for oedema of both feet (swollen feet)	1	0	No signs of malnutrition		N/A
K. Check signs of dehydration (delayed capillary refill, sunken eyes, skin pinch, swollen face)	1	0	The eyes are sunken. The skin goes back slowly.		N/A
L. Other, specify: _____ _____ _____					1 0
<b>Q102: OBSERVER: Assuming that you have testing facilities available for any kind of test, would you conduct any test?</b>					
	1	0		No → Q104	N/A
<b>Q103: OBSERVER: Assuming that you have testing facilities available for any kind of test, what test or tests would you conduct?</b>					
A. Stool sample	1	0			1 0
B. Full Blood Picture (FBP) test	1	0			1 0
C. Malaria test (blood slide or rapid test)	1	0			1 0
D. Other, specify: _____ _____ _____					1 0
<b>Q104: OBSERVER: It will take some time to get the results. Please make a preliminary diagnosis.</b>					
A. Acute diarrhea	1	0			N/A
B. Dehydration	1	0			N/A
C. Malaria	1	0			N/A
D. Worm infestation	1	0			N/A
E. Dysentery	1	0			N/A
F. Gastroenteritis	1	0			N/A
G. Don't know	1	0			N/A
H. Other, specify: _____ _____ _____					N/A
<b>Q105: OBSERVER: Assuming that you have all the necessary drugs and referral facilities available, would you give any treatment and/or refer the child?</b>					
	1	0		No → Q107	N/A

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