

OBSTETRICS VIGNETTE

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

THIS TEST IS TO BE ADMINISTERED TO A HEALTH WORKER FROM OB/GYN 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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Checklist for Management of Newborn Asphyxia				
RECORD TIME OF BEGINNING OF THE SIMULATION (HH:MM)		__ : __ : __ AM/PM		
<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 (EVERYTHING THAT IS IN BOLD FONT). <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>OBSERVER READ SCENARIO: Mrs. Farida had a prolonged second stage of labor. Her baby developed fetal distress and was delivered by vacuum extraction. He is limp and does not breathe spontaneously at birth.</p>				
Question	Yes	No	Verify Present/Not Present	
Q101: OBSERVER: Describe all the actions you would take to resuscitate the baby while it is not breathing. (MULTIPLE ANSWERS POSSIBLE)				
A. Keep the baby warm.	1	0	N/A	
B. Clamp and cut the cord if necessary.	1	0	1	0
C. Transfer the baby to a dry, clean and warm surface.	1	0	N/A	
D. Inform the mother that the baby has difficulty initiating breathing and that you will help the baby to breathe.	1	0	N/A	
E. Keep the baby wrapped (and under a radiant heater if possible).	1	0	1	0
F. Open the airway.	1	0	N/A	
G. Position the head so it is slightly extended.	1	0	N/A	
H. Suction first the mouth and then the nose.	1	0	1	0
I. Repeat suction if necessary.	1	0	N/A	
J. Ventilate the baby.	1	0	1	0
K. Place mask to cover chin, mouth and nose (to form seal).	1	0	1	0
L. Squeeze the bag 2 or 3 times and look if the chest is rising.	1	0	N/A	
Q102: OBSERVER: What should you do if you ventilate the baby and the chest is not rising?				
M. Check the position of the head and reposition if necessary.	1	0	N/A	
N. Check the seal of the mask and reseal if necessary.	1	0	N/A	
O. Squeeze the bag 40 squeezes per minute (up to 20 minutes) until the newborn starts breathing or crying.	1	0	N/A	
P. Put the baby on oxygen.	1	0	1	0
Q103: OBSERVER: Unfortunately, after 20 minutes of ventilation, Baby A does not start breathing or gasping. Describe all the actions you would then take. (MULTIPLE ANSWERS POSSIBLE)				
Q. Stop resuscitation measures (baby is dead).	1	0	N/A	
R. Explain to the mother what has happened.	1	0	N/A	
S. Offer supportive care and comfort to the mother (e.g., offer her the opportunity to hold her baby).	1	0	N/A	
T. Record the event.	1	0	N/A	
U. Inform medical doctor.	1	0	N/A	
RECORD TIME OF END OF THE SIMULATION (HH:MM)		__ : __ : __ AM/PM		
WERE MULTIPLE HEALTH WORKERS INVOLVED?		1	0	
IF SO, DID THESE HEALTH WORKERS KNOW THEIR ROLES?		1	0	
IF YES, DID THEY CARRY OUT THESE ROLES?		1	0	
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:				