PEDIATRICS VIGNETTE
Cough Simulation

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

☐ Interview done ☐ Partially completed

☐ Person in charge refused interview ☐ Person in charge 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 for codes)
	☐ Male ☐ 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 Cough

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 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

Scenario: An 8 year old girl is brought to you by her mother who tells you she has a cough.

Question	Yes	No	Information	Go to	Verify Present/Not Present
Q100: What questions would you ask the mother?					
A. Presence of other symptoms	1	0	What kind of symptoms would you ask about?		N/A
B. Duration of cough	1	0	5 days		N/A
C. Sputum production or dry cough	1	0	The cough is productive		N/A
D. Presence of blood in sputum / color of sputum	1	0	The sputum is yellow		N/A
E. Presence of chest pain	1	0	She has chest pain		N/A
F. Presence of difficulty in breathing	1	0	She has difficulties breathing		N/A
G. Presence of fever	1	0	She has fever		N/A
H. Ability to drink	1	0			N/A
I. Appetite	1	0	Her appetite is normal		N/A
J. Presence of convulsions	1	0	No convulsions		N/A
K. Presence of ear problems	1	0			N/A
L. Presence of diarrhea	1	0			N/A
M. Presence of vomiting	1	0			N/A
N. General health condition (tiredness/fatigue)	1	0	She is not tired		N/A
O. Vaccination history	1	0			N/A
P. Other, specify: _____ _____ _____ _____	1	0			N/A

Question	Yes	No	Information	Go to	Verify Present/Not Present	
Q101: Assuming you have all the necessary equipment and supplies, what would you do during your physical examination of the child?						
A. Examine the chest	1	0	What kind of examination would you do?		N/A	
B. Count respiratory rate	1	0	24 breaths per minute		1	0
C. Observe breathing for lower chest wall indrawing (lifting shirt)	1	0	No chest indrawing		N/A	
D. Auscultate the chest	1	0	There is crepitation, and no wheezing		1	0
E. Observe for nasal flaring	1	0	No nasal flaring		N/A	
F. Take temperature	1	0	Temperature is 38.5°C		1	0
G. Examine throat	1	0	No sign of redness. Lymph nodes are not swollen.		1	0
H. Examine ears	1	0	No sign of redness		1	0
I. Check for lethargy or unconsciousness	1	0			N/A	
J. Check for visible severe wasting	1	0	How would you check for visible severe wasting?		N/A	
K. Look for palmar pallor (or other signs of anemia)	1	0			N/A	
L. Look for oedema of both feet	1	0			N/A	
M. Weigh the child	1	0			1	0
N. Check weight against a growth chart	1	0			1	0
O. Check signs of dehydration (delayed capillary refill, sunken eyes, skin pinch, swollen face)	1	0			N/A	
P. Other, specify: _____ _____ _____ _____	1	0			1	0
Q102: Assuming that you have testing facilities available for any kind of test, would you conduct any test?	1	0		**No → Q104**	N/A	
Q103: Assuming that you have testing facilities available for any kind of test, what test or tests would you conduct?						
A. Chest X-ray	1	0			1	0
B. Sputum test	1	0			1	0
C. Malaria test (blood slide or rapid test)	1	0			1	0
D. Other, specify: _____ _____ _____ _____	1	0			1	0
Q104: It will take some time to get the results. Please make a preliminary diagnosis.						
A. Pneumonia	1	0			N/A	
B. Severe pneumonia	1	0			N/A	
C. Common cold	1	0			N/A	
D. Asthma	1	0			N/A	
E. Don't know	1	0			N/A	
F. Other, specify: _____ _____ _____ _____	1	0			N/A	

Question	Yes	No	Information	Go to	Verify Present/Not Present	
Q105: Assuming that you have all the necessary drugs and referral facilities available, would you give any treatment and/or refer the child?	1	0		**No → Q107**	N/A	
Q106: Assuming that you have all the necessary drugs and referral facilities available, what treatment would you give?						
A. Cotrimazole	1	0			1	0
B. Antipyretic	1	0			1	0
C. Crystal X-pen	1	0			1	0
D. Gentamycin	1	0			1	0
E. Amoxycyline	1	0			1	0
F. Brochodilator	1	0			1	0
G. Referral	1	0			N/A	
H. Don't know	1	0			N/A	
I. Other, specify: _____ _____ _____ _____	1	0			1	0
Q107: Please tell me what information you would give to the caregiver at the end of this consultation.						
A. Danger signs to watch for	1	0			N/A	
B. When to return if no improvement is seen	1	0			N/A	
C. Ensure patient understands how and when to take medication	1	0			N/A	
D. Other, specify: _____ _____ _____ _____	1	0			N/A	
RECORD TIME OF END OF THE SIMULATION (HH:MM)	__ __ : __ __ 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: