

# OBSTETRICS VIGNETTE

## Cover Page

Q1: Facility ID	Q2: Facility Name	Q4b: Time simulation started (HH:MM) __ : __ AM/PM
Q3: Observer number	Q4a: Today's date (DD/MM/YYYY) __ / __ / __	
Q4c: Result <input type="checkbox"/> Interview done <span style="margin-left: 150px;"><input type="checkbox"/> Partially completed</span> <input type="checkbox"/> Health worker refused interview <span style="margin-left: 150px;"><input type="checkbox"/> Health worker is out</span>		

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 Post-Partum Hemorrhage			
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 <b>BOLD FONT</b>). LISTEN TO THE RESPONSES OF THE HEALTH WORKER AND RECORD WHETHER THEY MENTIONED THE ANSWERS LISTED. <u>DO NOT READ THE OPTIONS OF ANSWERS</u>. FOR CERTAIN QUESTIONS, MULTIPLE ANSWERS ARE POSSIBLE; IN THIS CASE, MARK 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><b>OBSERVER READ SCENARIO: Tenneh is a 24 year old woman who has just given birth to her third baby, a healthy girl, after a normal labor. Active management of the third stage of labor (AMTSL) was performed and the placenta was delivered. Tenneh's vital signs and bleeding are stable at 15 and 30 minutes after the birth, but 45 minutes after the birth it is noted that there is excessive vaginal bleeding.</b></p>			
Question	Yes	No	GO TO
<b>Q100: OBSERVER: <i>To the best of your ability and training what will you do now?</i></b> (MULTIPLE ANSWERS POSSIBLE)			
a. Calls for help	1	0	
b. Explains to the woman what is being done, reassuring her	1	0	
c. Asks assistant to check for signs of shock, including blood pressure, pulse, level of consciousness, color and temperature of skin.	1	0	
d. Palpates the uterus to assess for tone	1	0	
e. Massages the uterus when uterus feels soft and/or flabby	1	0	
<b>Q101: OBSERVER: <i>In general, what are the signs and symptoms of shock?</i></b> (MULTIPLE ANSWERS POSSIBLE)			
a. P>110	1	0	
b. systolic BP <90mm Hg	1	0	
c. cold clammy skin	1	0	
d. pallor	1	0	
e. respirations > 30 / min	1	0	
f. anxious and confused or unconscious	1	0	
g. Other, specify	1	0	
<b>Q102: OBSERVER: <i>Going back to our scenario, on examination of the patient Tenneh you find: BP – 100/60, P – 100, skin is pale but warm and dry; her mental status is normal but she is anxious. Bleeding continues to be excessive. Is Tenneh in shock?</i></b>			
b. Health worker answers	Yes (1)	No (0)	→ IF YES GO TO : Q104
<b>Q103: OBSERVER IF Q102 is NO: <i>Why is Tenneh not in shock?</i></b> (MULTIPLE ANSWERS POSSIBLE)			
a. Systolic BP is >90 mmHg	1	0	
b. Pulse is <110 beats per minute	1	0	
c. Normal mental status	1	0	
d. Other, specify	1	0	
<b>Q104: OBSERVER: <i>What are the possible causes of Tenneh's bleeding?</i></b> (MULTIPLE ANSWERS POSSIBLE)			
a. atonic uterus	1	0	
b. cervical and perineal tears	1	0	
c. retained placenta or placental fragments	1	0	
d. ruptured uterus	1	0	
e. clotting disorder	1	0	
f. Other, specify	1	0	
<b>Q105: OBSERVER: <i>When you examine her you find a soft, atonic uterus; to the best of your ability and training what do you do now?</i></b> (MULTIPLE ANSWERS POSSIBLE)			
a. Massages the uterus to stimulate a contraction.	1	0	
b. Gives oxytocin IV (20 IU / L at 60 gtts/min) OR Ergometrine 0.2 mg slow	1	0	→ IF YES GO TO : Q106, IF NO Q107
c. Gives misoprostol 800 mg orally	1	0	
d. Continues to monitor (or has assistant monitor) BP, pulse and blood loss and massages the uterus to maintain tone.	1	0	

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Q106: <i>OBSERVER only if Q105b: What would you do if an IV cannula is not immediately available or a vein is not immediately entered?</i> (MULTIPLE ANSWERS POSSIBLE)			
a. Checks blood pressure	1	0	
b. Gives medication IM (oxytocin 10 IU or ergometrine 0.2 mg)	1	0	
Q107: <i>OBSERVER: Re-examination of uterus shows uterus still not firm.</i> (MULTIPLE ANSWERS POSSIBLE)			
a. Explains to Tenneh what is being done and what to expect	1	0	
b. Performs internal bimanual compression of the uterus.	1	0	
c. Has assistant locate placenta and examines for missing pieces.	1	0	
Q108: <i>OBSERVER: If an examination of the placenta showed a missing piece (placenta incomplete), what would you do?</i> <i>OBSERVER: MAKE SURE TO RECORD NAME AND DOSAGE OF DRUGS IF MENTIONED.</i> (MULTIPLE ANSWERS POSSIBLE)			
a. Explains to Tenneh what s/he is going to do and what to expect.	1	0	
b. Gives pethidine and diazepam IV slowly or uses ketamine or another drug for sedation PLEASE SPECIFY NAME AND DOSAGE _____	1	0	
c. Gives a single dose of prophylactic antibiotics (ampicillin 2 g IV plus metronidazole 500 mg IV OR cefazolin 1 g IV plus metronidazole 500 mg IV or other PLEASE SPECIFY NAME AND DOSAGE _____	1	0	
d. Using elbow-length sterile or HLD gloves, palpates inside the uterus for placental fragments and removes with lateral edge of open hand.	1	0	
Q109: <i>OBSERVER: What would you do after the placental fragments are removed?</i> (MULTIPLE ANSWERS POSSIBLE)			
a. Observes the woman closely until effect of IV sedation has worn off.	1	0	
b. Monitors vital signs (P, BP, R), uterine firmness, and bleeding every 15 minutes for the next hour and then every 30 minutes for next 5 hours or until stable. Continues oxytocin infusion or gives another dose of oxytocin 10 IU IM.	1	0	
c. Encourages breastfeeding to help uterus contraction	1	0	
Q110: <i>OBSERVER: When the uterus is examined, the uterus is firm, but bleeding continues.</i> (MULTIPLE ANSWERS POSSIBLE)			
a. Examines perineum, vagina and cervix for tears and repairs	1	0	
b. Considers use of bedside clotting test.	1	0	
c. Calls for help	1	0	
d. Encourages breastfeeding to help uterus contraction	1	0	
Q111: <i>OBSERVER: Further examination shows that the uterus is firm, bleeding has stopped, and vital signs are stable. What would you do?</i> (MULTIPLE ANSWERS POSSIBLE)			
a. Requests for type and cross-match for possible transfusion	1	0	
b. Makes plan for monitoring vital signs, uterine firmness and blood loss every 15 min for one hour and then if stable, every 30 min for next 5 hours or until stable.	1	0	
c. Continues with routine postpartum care, including breastfeeding of infant.	1	0	
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 BELOW. IF THE EQUIPMENT OR MEDICATION WAS NOT USED, MARK NOT APPLICABLE (NA):	Present	Not Present	NA
Verify Q105, option b.: <u>If Q105b is yes</u> , THEN VERIFY PRESENCE OF OXYTOCIN IV, ERGOMETRINE IV, OR MISOPROSTOL ORAL	1	0	9
Verify Q106, option b: <u>If Q106b is yes</u> , THEN VERIFY PRESENCE OF OXYTOCIN OR ERGOMETRINE.	1	0	9
Verify Q108, option b: <u>If Q108b is yes</u> , THEN VERIFY PRESENCE OF PETHIDINE AND DIAZEPAM IV, OR OF KETAMINE OR ANOTHER SEDATIVE.	1	0	9
Verify Q108, option c: <u>If Q108c is yes</u> , THEN VERIFY PRESENCE OF ANTIBIOTICS: AMPICILLIN 2G IV AND METRONIDAZOLE 500 MG IV, OR CEFAZOLIN 1G IV AND METRONIDAZOLE, OR OF OTHER ANTIBIOTIC	1	0	9
Verify Q108, option d: <u>If Q108d is yes</u> , THEN VERIFY PRESENCE OF ELBOW-LENGTH STERILE OR HLD GLOVES.	1	0	9
PLEASE PROVIDE ANY FURTHER COMMENTS ON THE QUALITY OF CARE:			