# SURGERY 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**
☐ Interview done                           ☐ Partially completed
☐ Health worker refused interview          ☐ Health worker 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: OBSERVER 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 <u>END</u>; 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 <u>END</u>; 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) |
|---|---|---|
| | ☐ 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 (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: |

| Management of Burn (1ˢᵗ degree) |
|---|

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). <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. MAKE SURE THE HEALTH WORKER CANNOT SEE THE FORM YOU ARE FILLING.

<u>ATTENTION</u>: IN THE "INFORMATION" COLUMN, THERE IS INFORMATION ON THE CURRENT STATE OF THE PATIENT. THIS INFORMATION HAS TO BE PROVIDED, <u>IF AND ONLY IF</u> 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 <u>SHOULD ABSOLUTELY NOT</u> BE SHARED WITH THE HEALTH WORKER.

FOR EXAMPLE IN Q101, IF THE HEALTH WORKER SAYS S/HE WOULD ASK ABOUT THE MEDICAL HISTORY, THEN YOU HAVE TO ASK THEM "WHAT KIND OF HISTORY WOULD YOU ASK ABOUT?". IF THE HEALTH WORKER DOES NOT SAY HE WOULD ASK ABOUT THE MEDICAL HISTORY, THEN YOU MUST NOT ASK THEM WHAT KIND OF HISTORY THEY WOULD ASK ABOUT. STILL IN Q101, IF THE HEALTH WORKER SAYS S/HE WOULD ASK WHETHER THE PATIENT BREATHED IN ANY SMOKE, THEN YOU HAVE TO TELL THEM NO. IF THE HEALTH WORKER DOES NOT SAY HE WOULD ASK ABOUT BREATHING IN SMOKE, THEN YOU MUST NOT TELL THEM THAT THE PATIENT DID NOT BREATHE IN ANY SMOKE. 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 |
|---|---|

OBSVERSER READ SCENARIO: **A 30 year-old woman with burns on her arms from knocking over a pot in the kitchen. Her forearms display significant blistering. She is in visible pain.** (MULTIPLE ANSWERS POSSIBLE)

| Question | Yes | No | Information (only if health worker asks specific question) | GO TO | Verify Present/ Not Present | |
|---|---|---|---|---|---|---|
| Q101: OBSERVER: *What do you do to assess this woman?* | | | | | | |
| A. History taking | 1 | 0 | **PROMPT: What kind of history would you ask about?** | | N/A | |
| a. Show me all the areas that are burned | 1 | 0 | **Exposed forearms only** | | N/A | |
| b. When did this happen? | 1 | 0 | **30 minutes ago** | | N/A | |
| c. What was in the pot? | 1 | 0 | **Boiling water** | | N/A | |
| d. Have you taken any medicines yet? | 1 | 0 | **No** | | N/A | |
| e. Have you applied anything to the wound? | 1 | 0 | **No** | | N/A | |
| f. Did you breathe in any smoke from the fire? | 1 | 0 | **No** | | N/A | |
| B. Physical examination | 1 | 0 | **Please describe the things you would do.** | | N/A | |
| a. I would examine the Vital Signs. | 1 | 0 | **Temp, normal; HR 100; Tachypnea; BP 125/85** | | N/A | |
| b. Examine for signs of dehydration [dry mucous membranes, tachycardia, decreased BP, decreased urine output, decreased perfusion] | 1 | 0 | **None found** | | N/A | |
| c. Examine for shock [tachycardia, hypotension, poor perfusion, decreased pulses, dry mucous membranes] | 1 | 0 | **None found** | | N/A | |
| d. Examine wound | 1 | 0 | **redness covering majority of forearms no blistering or skin pealing** | | N/A | |
| C. Lab tests | 1 | 0 | **PROMPT: Please list the tests you would ask for** | | N/A | |
| a. Full blood count (Complete blood count) | 1 | 0 | **PROMPT: Please list the results you would ask for** | | 1 | 0 |
| i. Hemoglobin/HCT | 1 | 0 | **Normal, 42% or 14 gr/dl** | | 1 | 0 |
| ii. White Blood Cell (WBC) | 1 | 0 | **Normal** | | 1 | 0 |
| iii. Red Blood Cell (RBC) | 1 | 0 | **Normal** | | 1 | 0 |
| iv. Platelets | 1 | 0 | **Normal** | | 1 | 0 |
| v. Hemoglobin/HCT (alone) | 1 | 0 | **Normal, 42% or 14 gr/dl** | | 1 | 0 |
| b. Microscopy | 1 | 0 | **PROMPT: Please list the tests you would ask for** | | N/A | |
| i. Malaria smear, M/S | 1 | 0 | **Normal, Negative** | | 1 | 0 |

| | | | | | | |
|---|---|---|---|---|---|---|
| ii. Malaria rapid diagnostic test (RDT) | 1 | 0 | **Normal, Negative** | | 1 | 0 |
| c. Immunologic | 1 | 0 | **PROMPT: Please list the tests you would ask for** | | N/A | |
| i. HIV rapid testing | 1 | 0 | **Normal, Negative** | | 1 | 0 |
| ii. Hepatitis B (HBsAG) and Hepatitis C (HCV) tests | 1 | 0 | **Normal, Negative** | | 1 | 0 |
| d. Chemistry panels (Automatic analyzer) | 1 | 0 | **PROMPT: Please list the tests you would ask for** | | N/A | |
| i. AST and ALT (liver enzymes) | 1 | 0 | **Normal** | | 1 | 0 |
| ii. Amylase and Lipase (pancreatic enzymes) | 1 | 0 | **Normal** | | 1 | 0 |
| iii. Chemistry (sodium, potassium, chloride,bicarbonate) | 1 | 0 | **Normal** | | 1 | 0 |
| iv. BUN an creatinine (renal function) | 1 | 0 | **Normal** | | 1 | 0 |
| v. Serum bilirubin | 1 | 0 | **Normal** | | 1 | 0 |
| vi. Blood glucose, RBS (fasting or random) | 1 | 0 | **Normal, 135 gr/dl** | | 1 | 0 |
| e. Blood gas analysis or Electrolyte Panel | 1 | 0 | **Normal** | | 1 | 0 |
| f. Urinalysis, U/A | 1 | 0 | **Normal, Negative** | | 1 | 0 |
| g. Pregnancy test, | 1 | 0 | **PROMPT: Please list the tests you would ask for** | | N/A | |
| i. MTT | 1 | 0 | **Normal, Negative** | | 1 | 0 |
| ii. HCG | 1 | 0 | **Normal, Negative** | | 1 | 0 |
| h. Imaging | 1 | 0 | **PROMPT: Please list the tests you would ask for** | | N/A | |
| i. RUQ Ultrasound | 1 | 0 | **Normal** | | | |
| ii. Abdominal X-ray | 1 | 0 | **PROMPT: What are you looking for?** | | N/A | |
| 1. Obstruction | 1 | 0 | **Not seen** | | 1 | 0 |
| 2. Gas outside of abdominal wall | 1 | 0 | **Not seen** | | 1 | 0 |
| i. Other Tests and imaging | 1 | 0 | **PROMPT: Please list the tests you would ask for** | | N/A | |
| i. Other, specify: _____ _____ _____ | | | **Normal** **Normal** **Normal** | | N/A 1 1 1 | 0 0 0 |
| D. I would call for assistance from another person a. Specify title_____ | 1 | 0 | **PROMPT: Who would you call? Would you do anything else as well?** | | N/A | |

| Q102: OBSERVER: **What is your overall assessment of the woman's condition?** (MULTIPLE ANSWERS POSSIBLE) | | | | | | |
|---|---|---|---|---|---|---|
| A. Overall assessment (CHECK ALL ANSWERS GIVEN) | | | | | | |
| a. 1st degree burns | 1 | 0 | | | N/A | |
| b. 2nd degree burns | 1 | 0 | | | N/A | |
| c. 3rd degree burns | 1 | 0 | | | N/A | |
| d. Inhalation injury | 1 | 0 | | | N/A | |
| e. Other, specify: _____ _____ _____ | | | | | N/A | |

| Q103: OBSERVER: **What treatment do you recommend?** (MULTIPLE ANSWERS POSSIBLE) | | | | | | |
|---|---|---|---|---|---|---|
| A. Rinse burn site | 1 | 0 | **PROMPT: What would you wash the wound with?** | | N/A | |
| a. Water | 1 | 0 | | | N/A | |
| b. Other _Saline, Lactated Ringers, Darrows Solution | 1 | 0 | | | N/A | |
| B. Apply GV (gentian violet) | 1 | 0 | | | N/A | |
| C. Apply other | 1 | 0 | | | N/A | |
| D. Dress wound | 1 | 0 | | | N/A | |
| E. Give analgesic | 1 | 0 | | | N/A | |
| F. Monitor for infection | 1 | 0 | | | N/A | |
| G. Discharge | 1 | 0 | | | N/A | |
| H. Silver sulfadiazine | 1 | 0 | | | N/A | |
| I. Antibiotic with good skin flora coverage (septrim or cloxacillin) | 1 | 0 | | | N/A | |
| J. Cleanse wound with chlorhexidine 0.5% solution | 1 | 0 | | | N/A | |
| K. Establish IV line (resuscitate fluids) | 1 | 0 | | | N/A | |
| L. Send for surgical evaluation | 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: | |