

Clinical Vignettes

Survey findings

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- 16 respondents completed the survey, 9 male.
 - 6 from Ghana, 1 from Pakistan, 3 from Rwanda, 6 from South Africa.
 - The mean score for acceptability, appropriateness and feasibility was 17.1 (SD 1.6), 16.7 (SD 2.3) and 17.0 (SD 2.2) respectively
 - representing high levels of acceptability, appropriateness and feasibility.
 - 11 were medical doctors and 5 were non health care professionals.
 - There was no difference between mean acceptability, appropriateness and feasibility scores between doctors and non-doctors
 - (16.8 vs 17.6 two sided $p = 0.387$, 16.6 vs 17.0 two sided $p = 0.765$, 17.0 vs 17.0 two sided $p = 1.0$).
 - Participants had administered the survey to a median of 12 individuals (IQR 8 – 22).

Please describe any particular concerns you have about the acceptability to you of the clinical vignettes tool to assess injury care processes in your context:

Not all the signs have to be elicited to make a diagnosis and treat a patient, for example in Vignette 1 on the chest trauma. So depending on how the score is computed, it may reflect poorly on the clinician being assessed and yet the patient has been effectively treated.

Participants often used to refer to the previous answers they mentioned in the last scenario and had to come again asking what they meant by saying "I'd start by doing what I said in that previous scenario"

It is a good competency tool to assess primary trauma care.

There was lack of clarity in some of the case scenarios

I thought some of the questions were too packed

Has a very specific list of things required when perhaps a broader approach would still Work. Perhaps the responses could be divided into activities that have be done on every case and then a list of preferred things otherwise they have the same weighting in the survey.

Clinicians prepping for exams or perusing academic degrees where methodical in answering the vignettes. Those who otherwise did these procedures were more likely to skip parts . May be they where being unconsciously unconscious

Please describe any particular advantages compared to other methods that you might be aware of about the acceptability to you of the clinical vignettes tool to assess injury care processes in your context:

It was the first one I used and I cannot make a comparison

Trauma care ATLS checklists

It is fast

I like the fact that someone asked the questions and another recorded

It assesses both the provider's knowledge and skills in contrast with the facility's resources

First tool I have used

Written responses may stimulate participants better

Please describe any particular concerns you have about the appropriateness of the clinical vignettes tool to assess injury care processes in your context:

It cant be used for advanced trauma care

Some injury types were not featured

Same as above -

Has a very specific list of things required when perhaps a broader approach would still Work. Perhaps the responses could be divided into activities that have be done on every case and then a list of preferred things otherwise they have the same weighting in the survey.

Please describe any particular advantages compared to other methods that you might be aware of about the appropriateness of the clinical vignettes tool to assess injury care processes in your context:

I don't know of others, but The injury variety chosen is appropriate - chest, abdomen, head, and limb.

It is simple to administer

no other advantages apart from the one I stated earlier -

I like the fact that someone asked the questions and another recorded

Please describe any particular concerns you have about the feasibility of using the clinical vignettes tool to assess injury care processes in your context:

- 1. The style of administering where there is no 'feedback' from the interviewer to avoid giving any clues creates some kind of tense atmosphere while administering it. especially when the one answering is junior to person administering it. It is difficult to assure the respondents that it is not an exam situation.**
- 2. Also, the nature of it is such that it must be administered by a clinician because subjects may not use the exact words on the vignette but a clinician will know what they mean or are referring to.**
- 3. It takes great skill not to give any leads or cues and to maintain the same level of neutrality for every subject. Inability to maintain the same level of neutrality introduces some bias.**

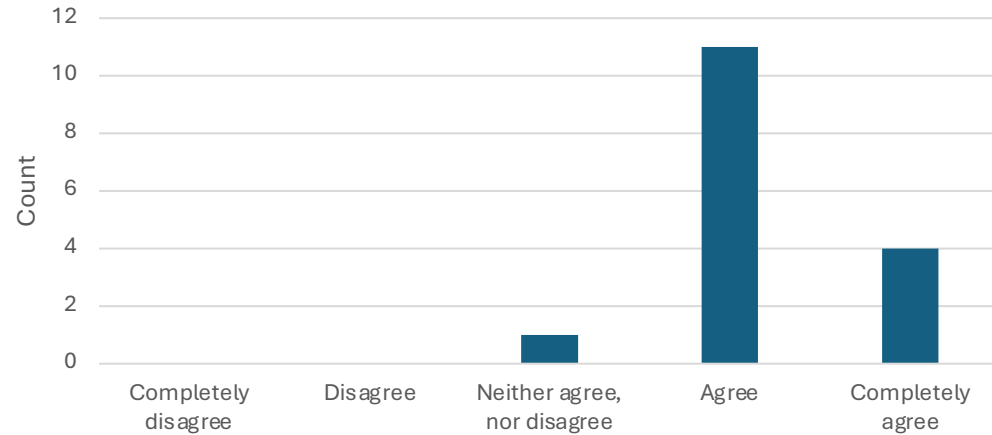
Someone needs to be instructed on its use before proceeding with meeting interviewees. Otherwise, errors may occur when it is used.

It requires administration by someone who understands injury care

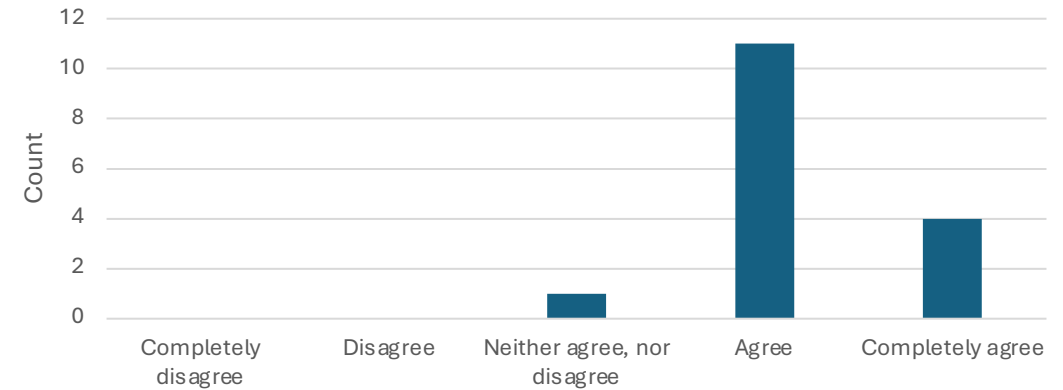
Please describe any particular advantages compared to other methods that you might be aware of about the feasibility of using the clinical vignettes tool to assess injury care processes in your context:

It is
simple

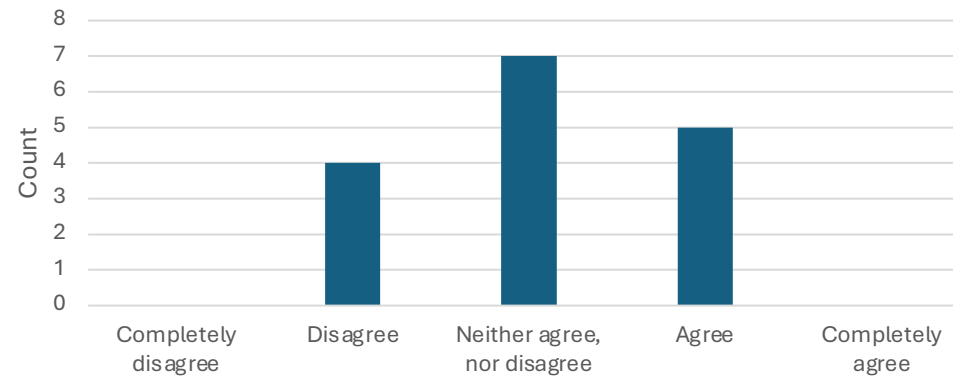
I would recommend using this vignettes tool to assess injury care processes in future.



I would recommend using a clinical vignettes method, either with this tool or a revised tool, to assess injury care processes in future



I would recommend using a different methodological approach instead of clinical vignettes to assess injury care processes



Please use this space to make further comments about reasons why you might or might not recommend using this or a similar clinical vignettes tool to assess injury care processes:

Every tool will have its pros and cons. It has to be validated in different settings. Interpretation will have to take context into consideration. The vignette is such that people respond based on what they do everyday, and don't necessarily remember to mention what they would ideally do. For example, in very low resource settings where FAST or CT is not available, even in the nearest referral center, a subject may not mention it because it does not fall in their everyday line of work. But then their score may be poor compared to others.

It would be better if its introduction has more detailed instructions for the users

This tool makes a participant feel like doing an exam rather than participating in a research. It doesn't fully reflect one's capacity of providing equitable injury care because he/she has responded so. Someone could have memorized the protocol to answer questions but doesn't mean that it is what is being delivered to the real patient. There is a need to add a practical session on injury care with real patients or simulations to confirm one's capacity. However, I am not sure if this could be accepted in research methodologies since it could still make a participant feel evaluated rather than voluntarily participating in a research.

It is simple to understand

Needs to just be adjusted slightly to have core activities and non -core activities to correct weighting of answers.