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TAME

Training Against Medical Error

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D.2.3 Assessment instruments to measure student performance in paediatric cases

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1. Introduction

This deliverable describes how the partner country Institutions tested and adapted the assessment instruments of the Deliverable 1.4 in order to use them in the institutions for assessing the students' performance. This report is including the information collected from the partner institutions in answering the following questions:

1. How the teams were put together to adapt the assessment instruments in your institution?

2. What where the challenges faced during the adaption of the assessment instruments into the local culture and language?

3. How were the adapted assessment instruments tested by students or staff before their exposure to the students?

The results are presented as per institution.

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2. Assessment Instrument repurposing results

2.1. Kazakhstan.

2.1.1. Karaganda State Medical University (KSMU)

2.1.1.1 How the teams were put together to adapt the assessment instruments in your institution?

Five departments (General Practitioner Department #1 and #2, Children Disease Department #1,#2, Children Infectious Disease Department) of our university were involved for adaptation of assessment instruments. These departments were also engaged into the translation and adaptation of cases. The assessment instruments were divided between the departments for final review too. After the work done (1 week), there was a meeting to approve the final version.

2.1.1.2 What where the challenges faced during the adaption of the assessment instruments into the local culture and language. Eg, report any ethical and language challenges. Try to include details.

Cultural challenges	the names have been changed according to nationality
Language challenges	the assessment instruments were translated into Russian and Kazakh languages
Other challenges	some biochemical units of measure have been changed; some medicines and their dosages have been changed, according to Kazakhstan's treatment protocols; changed the names of medical institutions.

2.1.1.3 How were the adapted assessment instruments tested by students or staff before their exposure to the students?

The adapted assessment instruments tested by students after extensive review by the departments of our university and after testing by our tutors.

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2.1.2. Astana Medical University (AMU)

2.1.2.1 How the teams were put together to adapt the assessment instruments in your institution?

At the beginning KSMU team translated 54 MCQ questions. After the tutor-adaptor from AMU team with the paediatric qualifications checked the translation and adapted 54MCQ questions.

2.1.2.2 What where the challenges faced during the adaption of the assessment instruments into the local culture and language. Eg, report any ethical and language challenges. Try to include details.

Cultural challenges	When we revised MCQ 54 we didn't find any cultural challenges
Language challenges	when we revised didn't find any language challenges
Other challenges	We revised 54 MCQ questions, translated from English into Russian, during translation we had some misunderstanding in terminology and treatment approaches for example: in Q 8 option: contrast swallow and follow-through - it is meaning x-ray with contrast, which part of body should be investigate?, we translate such as abdomen x ray with contrast. Q18 - W h a t is the most appropriate response in this situation? A) Call the consultant to review the patient B) *stop the infusion and change prescription C) double the rate of the infusion. D) increase the rate by a factor of 3.1 E) reduce the rate by a factor of 3.1 What do last two options mean, we supposed speed of infusion or increase dose of prostacyclin, depends on weight of child? Q26 - The baby is bottled fed 4-5 ounces on demand - bottle feeding we measure by ml, to translate 40-50 ml? 1 ounces equal - 10ml or not? Q29 His testicular volume is 4 mls. - measurement due to Tanner assessment? What does mls measure?

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	Q35- not correct answer Q44 Blood tests reveal a white blood cell count of 18 x 109/L with a neutrophil count of 11 x 109/L and her CRP is 50 mg/L. We confused the amount of neutrophil count 11 x 10X 9 /L , it is absolute amount of cells, we suggest to count by percentage. Q45 Suction rectal biopsy- what does it mean, we didn't translate in Russian.

2.1.2.3 How were the adapted assessment instruments tested by students or staff before their exposure to the students?

In order to check the quality of translation and adaptation, our tutors did 54MCQ questions by themselves online. There were some comments to the grammatical structure of the questions. Then tests were corrected taking into account the comments. After, the tests were given to the control group and the groups that had sessions with linear and branched cases.

2.2. Ukraine

2.2.1. Zaporizhia State Medical University (ZSMU)

2.2.1.1. How the teams were put together to adapt the assessment instruments in your institution?

The assessment instruments were received for further translation to the local (Russian) language and adaptation. The specialists from the International Affairs Department conducted the translation part, and then O. Kostrovskyi and T. Shumna conducted adaptation part. After the 54 questions were tested by the staff members, O. Furyk looked through the comments and conducted the final adaptation.

2.2.1.1 What where the challenges faced during the adaption of the assessment instruments into the local culture and language?

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Cultural challenges	**Names of hospital departments and doctors** Q1 The neonatal unit (original) - Neonatal pathology unit (adapted) Q3 The paediatrician - Neonatal pathology unit Q9 Refer to paediatrician for follow up in outpatients (original) - Observation by a paediatrician of the 2nd level of medical care (adapted) **Names of medications** Q2,3 Benzylpenicillin and Gentamicin (original) - Augmentine and Amikacine (adapted) Q4 Co-Amoxiclav – Amoxiclav Q10,11 A dextrose infusion - a Glucose infusion Q31 Flucloxacillin - Oxacilline Q32 Intravenous midazolam - Sibazone **Names of diagnosis and diseases** Q5 Viral croup (original)- Viral laryngotracheitis (adapted) Q22 Angioedema – Vascular dilatation Q44 Rebound tenderness – The Shchetkin-Blumberg symptom
Language challenges	Q4,22,36,40 Subcostal recession(original) - intercostal retraction (adapted) Q10 A sweat test - Examination of sweat chloride values Q11,16 Poor weight gain - Protein-calorie deficiency
Other challenges	Q14 Regular diazepam (original) - Intramuscular diazepam (adapted) Q23 Dexamethasone orally - Dexamethasone parenterally Q34 Nitrogen washout test - Nitrogen washout test for measurement of lung volume

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2.2.1.2 How were the adapted assessment instruments tested by students or staff before their exposure to the students?

The adapted assessment instruments were tested by the tutors of the TAME project from ZSMU. Five tutors of the University passed the test giving their comments.

2.2.1.3 Any other comments

Q5 - in some cases doctors propose to start a gluten-free diet at once without conducting small bowel mucosal biopsy Q17 – the gestational age might be mentioned Q28 – what kind of evacuation, and what the child is fed with Q33 – the only right variant is A, but anamnesis, social status and localization of the fracture might also be added Q36 – Heart auscultation might be added Q54 – added explanation to “Grade 2/6” – the mid systolic ***2/6 murmur*** (grade ***II)***

2.2.2. Bukovinian State Medical University (BSMU)

2.2.2.1 How the teams were put together to adapt the assessment instruments in your institution?

E1.1 (Motivation survey after each pediatric case) and E1.2 (Final Motivation Survey after 6 pediatric cases) were sent by SGUL and AMU in Russian. These questionnaires were already adapted and we just translated them into Ukrainian. The questionnaire "54 questions" was first of all translated from English into Ukrainian by pediatrician (employee of the Department of Pediatrics and Children’s Infectious Diseases). After that it was checked by two other English-speaking pediatricians from the same department. If there was incomprehensible terminology or other questions, we asked and discussed this with the team of SGUL by e-mail or on-line (Trupti, Ella, Jonathan).

2.2.2.2 What where the challenges faced during the adaption of the assessment instruments into the local culture and language. Eg, report any ethical and language challenges. Try to include details.

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Cultural challenges	Different name and functionality of the departments in the hospital in England and Ukraine.
Language challenges	Some medical terms have several meanings (don't always understand the context of the proposal).
Other challenges	Two identical answers in the test (Q14), no photo (Q31), Q 38 and 48 were the same (all issues have been resolved in the process of adaptation).

2.2.2.3 How were the adapted assessment instruments tested by students or staff before their exposure to the students?

We tested the questionnaire "54 questions" by interns (pediatricians) of the first and second years of studying and received their feedback.

2.3. Vietnam

2.3.1. Hanoi Medical University (HMU)

2.3.1.1 How the teams were put together to adapt the assessment instruments in your institution?

Overall, we have kind of successfully adapted the assessment instruments in our institution context. We were organized a meeting between project's staff and lecturer from Pediatric Department. Lecturer from Pediatric Department translated and edited the assessment.

2.3.1.2 What where the challenges faced during the adaption of the assessment instruments into the local culture and language. Eg, report any ethical and language challenges. Try to include details.

Cultural challenges	Some situations are not real in Vietnam.

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Language challenges	- During the adapting stage, we sometimes had difficulties in translating those instrument into Vietnamese. - Sometimes it was not easy and took some time and efforts to translate those questionnaires as clear and close to Vietnamese contexts as possible and did not change compared to the original version in English --- Translate the assessment from English to Vietnamese and not change the meaning.
Other challenges	-We found lack of time and human resources (lecturers) who are fluent in English during adapting the assessment instrument stage

2.3.1.3 How were the adapted assessment instruments tested by students or staff before their exposure to the students?

We choose a small group of medical students to tested the assessment, if there any spelling mistake or any question need to edit again. Then the lecturer from Pediatric Department would finalize the assessment before their exposure to the students.

We have extended the timeframe in order to produce good-quality assessment instruments so that students can easily understand and conduct these surveys

We have conducted some internal meetings (prior to the exposure to the students) to discuss and answer queries of lecturers from Pediatric Department.

We chose a small group of medical students to test the instrument to find out and edit any typos/mistake in spelling. Afterward, lecturers from Pediatric Department would finalize the assessment prior to their exposure to the students.

2.3.2. Hue University Of Medicine and Pharmacy and Hanoi Medical University (HUMP)

2.3.2.1 How the teams were put together to adapt the assessment instruments in your institution?

The process we followed is summarized in 4 steps:

Step 1: The assessment instruments including 54 MCQs, E1.1, E1.2, and E3 were assigned

to core members of the Hue team to conduct the forward translation. Step 2: The translation versions were sent to clinicians for reviewing Step 3: The reviewed version were sent out to Hanoi team to review again Step 4: The core team members and clinician seated together to finalize the instruments.

2.3.2.2 What where the challenges faced during the adaption of the assessment instruments into the local culture and language. Eg, report any ethical and language challenges. Try to include details.

Cultural challenges	Some questions seem to be incompatible with the health system in Vietnam. For example: Q9: social services are not popular in Vietnam instead of health services; Q10: Breast feeding counselor should be the role of pediatric nutritionist in VN; Q14: Two similar answers B&D -> should be written clearly; Q26&27: A&E department -> Emergency department;
Language challenges	Some of the terms need to be discussed and translated appropriately according to Vietnamese medical literatures: Q35: pre-ductal oxygen saturations; dysmorphic features; Q44: diffusely tender abdomen with rebound tenderness in the lower abdomen; explosive passage of stool, Q45: Stool for microscopy and culture
Other challenges	No

2.3.2.3 How were the adapted assessment instruments tested by students or staff before their exposure to the students?

The instruments after went through 4 steps as mentioned above were finally formatted and corrected for grammatical and spelling errors. After that it was ready for use.

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3. ANNEX

The Annexes includes five out of the 54 Multiple Choice questions in the actual language that was used within each institution, as an example of the re-purposing of the assessment instruments. The five questions were selected based on the criterion that they are actually more representative in terms of localization and cultural adapting.

3.1. ANNEX 1: Instruments in Kazakh & Russian language (Karaganda Medical State University and Astana Medical University, Kazakhstan)

Вопросы с одним правильным ответом

B22:

Мальчик, 2 года, симптомы ринита и высокая температура на протяжении 3 дней. Развился сильный кашель с прерывистым хрипом. Ребенок сел играть и начал плакать, при осмотре усиливаются дистантные хрипы. У ребенка субфебрильная температура 37,9 С , S 98% на воздухе. Слизистые ротовой полости хорошо увлажнены и наблюдается умеренная втяжение межреберных промежутков.

Какой диагноз?

A. Эпиглотит
B. Инородное тело в гортани
C. Отек Квинке
D. + Вирусный ларинготрахеит (Круп)
E. Тонзиллит

B26:

6-недельный мальчик находится в отделении неотложной терапии с рвотой после кормления, рвота фонтаном, не желчью. Ребенка кормят из бутылочки 40-50 мл по требованию, он потерял в весе, за последние 2 недели. Газы крови: показал гипохлоремию, гипокалиемический метаболический алкалоз.

Какой наиболее вероятный диагноз?

A. гастроэзофагеальный рефлюкс
B. * Пилоростеноз
C. Дуоденальная атрезия
D. Кишечная инвагинация
E. Генетический дефект образования мочевины

B27:

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18-месячная девочка поступила в отделение неотложной терапии, по направлению патронажной сестры с несколькими ушибами. Родители смутно объясняют происхождение ушибов, и при осмотре были обнаружены еще несколько. Неслучайная травма была бы наиболее вероятной, если бы кровоподтеки были на каких частях тела?

A. *Живот
B. Подбородок
C. Локти
D. Лоб
E. Голень

B45:
Младенец мальчик 2 дня от роду наблюдается в послеродовой палате с рвотой. Медицинская сестра обеспокоена тем, что у младенца не была первородного кала - меконий. При осмотре наблюдается вздутие живота, рвота желто-зеленого цвета. Сразу после ректального исследования произошел пассаж каловых масс.
Какое исследование необходимо далее?
A. УЗИ брюшной полости
B. pH Исследование
C. Рентгенография брюшной полости
D. Стул для микроскопии и культуры
E. Аспирационно-ректальная биопсия

B49:
18-месячная девочка наблюдается в больнице. Ее мать заметила косоглазие . Ребенок здоров, других отклонений не наблюдается, соответствует возрастной норме. Что является наиболее вероятным объяснением для беспокойства матери?
A. амблиопия
B. Эпикантальная складка
C. *Гиперметропия
D. Паралич левой боковой прямой мышцы
E. Паралич правой боковой прямой мышцы

Бір дұрыс жауапты сұрақтар

B22:
Ұл бала, 2 жас, 3 күн бойы ринит белгілері мен температурасы жоғары болды, қатты жөтел мен үзіліссіз созылмалы ауырсыну пайда болды. Бала ойнап отырып, жылап жіберді, бақылау барысында терең ауырсынулар байқалады. Балада субфебрилярлы температура 37,9 С, S 98% ауада. Ауыз қуысының шырышты бөлігі жақсы ылғалданған және қабырғааралық қашықтық қалыпты шегініс кеңістігінде екендігі байқалады.
Диагнозы қандай?
Эпиглотит
Кеудеде басқа дененің болуы
Квинке ісігі
+ Вирусты ларинготрахеит (Круп)

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Тонзиллит

B26:
6 жастағы бала кеудемен тамақтандырғаннан кейін, өтті емес құсық шашырап шығып, құсып, жедел терапия бөлімшесіне түсті. Баланы 40-50 мл талапқа сай бөтелкемен тамақтандырады, бала соңғы екі апта ішінде салмағын жоғалтты. Қан газы: гипохлоремия, гипокалемия метаболикалық алкалоз.
Ең ықтимал диагноз қайсысы?
гастроэзофагеалды рефлюкс
* Пилоростеноз
Дуоденалды атрезия
Ішек инвагинациясы
Генетическалық дефект мочевинаның түзілуі

B27:
18 айлық қыз жедел терапия бөлімшесіне түсті, бірнеше көгерулермен патронажды мейірбикенің бағытауымен жіберілген. Ата-анасы көгерудің себептері туралы түсініксіз түсініктеме береді, ал тексеруден кейін тағы бірнеше көгерулер бар екені анықталды. Егер қанталаулары дене бөлігінің белгілі бір бөлігінде болса, кездейсоқ емес жарақат денесінің қай жерінде болуы мүмкін?

*Іш
Жақ бөлімі
Шынтақ
Маңдай
Сан бөлігі

B45:
Босанудан кейінгі палатада туылғаныңа 2 күн болған ұл-нәрестеде құсу байқалуда. Мейірбике нәрестенің алғашқы нәжіс-меконийдің болмауына алаңдаулы. Тексеру барысында іштің кебуі, сары-жасыл түсті құсу байқалады. Ректальді зерттеуден кейін бірден нәжіс массаларының пассажы болды.
Осыдан кейін қандай зерттеу қажет?
Іш қуысының ультрадыбыстық зерттеуі
pH зерттеу
Іш қуысының рентгенографиясы
Микроскопия және дақыл үшін нәжіс
Аспирационды-ректальді биопсия

B49:
18-айлық қыз бала ауруханада қаралуда. Анасы қызының көзінің қылы екенін байқады. Қыз баланың дені сау, басқа ауытқулар байқалмайды, жас нормасына сәйкес келеді. Анасының алаңдауына ең ықтимал себеп не болуы мүмкін?
амблиопия
Эпикантальді қатпар
*Гиперметропия

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Сол жақ бүйір тік бұлшықетінің сал ауруы (паралич)
Оң жақ бүйір тік бұлшықетінің сал ауруы (паралич)

3.2. ANNEX 2: Instruments in Russian language (Zaporizhia State Medical University and Bukovinian State Medical University)

54 вопроса на выбор наилучшего ответа

Вопрос 1:
Мальчик, родившийся в сроке гестации 34 недели, спустя 45 минут после рождения начал кряхтеть, появились тахипноэ и гипоксемия. Температура не повышена. Ребенок получил кислород и переведен в отделение патологии и выхаживания недоношенных детей. Общее состояние младенца ухудшается, его заинтубировали, провели искусственную вентияцию, седативную терапию и начали проводить инфузионную терапию. Анализы крови еще в работе, но на рентгенографии органов грудной клетки виден симптом «матового стекла». Каким будет наиболее оптимальное следующее действие?

A. Внутривенное введение аугментина и амикацина
B. Дать сурфактант через эндотрахеальную трубку
C. Внутривенное введение дексаметазона
D. Назначить фуросемид
E. Дать простагландин

Вопрос 2:
У девочки, родившейся в сроке гестации 28 недель, сейчас в возрасте 6 недель, наблюдается внезапное появление тахикардии и тахипноэ. Потребность в кислороде на протяжении последних трех дней постоянно увеличивалась. Аускультативно над легкими: мелкопузырчатые влажные хрипы, во втором межреберье слева – интенсивный систолический шум. На рентгенографии органов грудной клетки - размеры сердца увеличены, прозрачность легочных полей снижена.
Что бы Вы предприняли на этом этапе в первую очередь?

A. Проведение эхокардиографии
B. Внутривенное введение аугментина и амикацина
C. Начать лечение фуросемидом
D. Подготовить к сердечной катетеризации
E. Назначить простациклин

Вопрос 3:
В отделение патологии новорожденных поступила девочка в возрасте 6 недель с прогрессирующей желтухой. Она находится на грудном вскармливании и хорошо набирает вес. Респираторных и кардиоваскулярных нарушений жизнедеятельности нет. испражнения светлые.

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Какое будет наиболее оптимальное действие на данном этапе?

А Проверить уровень билирубина и если нет необходимости в фототерапии, назначить осмотр на следующей неделе

В Проверить уровень конъюгированного и неконъюгированного билирубина. провести исследование функции печени, провести прямую пробу Кумбса, проверить функцию щитовидной железы, провести бактериологическое исследование мочи

С Проверить уровень билирубина, затем направить в «Гепатологический Центр»

Д Выполнить УЗИ печени

Е Начать введение аугментина и амикацина

Вопрос 4:

В отделение реанимации госпитализирован мальчик в возрасте 9 месяцев с громким лающим кашлем, повышением температуры тела до 38,1^{0}С, потерей аппетита. За последние два дня эти симптомы усилились. При осмотре в состоянии покоя: ребенок не возбужден, частота дыхания – 30 вдохов/мин, частота сердечных сокращений – 115 ударов/мин, сатурация крови кислородом 97 % . Во время плача наблюдается стридор инспираторного типа, пульсация трахеи и втяжение межреберных промежутков и подреберий. Катетер установлен.

Что бы Вы сделали дальше?

A. Дексаметазон внутривенно
B. Небулизированный сальбутамол
C. Небулизированный адреналин
D. Сальбутамол внутривенно
E. Амоксиклав внутривенно

Вопрос 5:

В отделение неотложной помощи доставлена 12-месячная девочка с диагнозом «Вирусный ларинготрахеит» (ложный круп), для купирования которого применили будесонид через небулайзер. Врач осматривает девочку через час, так как родители обеспокоены и считают, что состояние девочки с момента поступления в больницу не улучшилось.

При осмотре в состоянии покоя наблюдается минимальный стридор, который усиливается во время плача. Частота сердечных сокращений - 105 ударов/мин, частота дыхания – 26 вдохов/мин, сатурация крови кислородом – 98%.

Какое действие наиболее правильным на этой стадии?

A. Повторное введение будесонида через небулайзер
B. Наблюдение в течение несколько часов
C. Адреналин через небулайзер
D. Сальбутамол через небулайзер
E. Сделать рентгенографию грудной клетки

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3.3. ANNEX 3: Instruments in Vietnamese language (Hue University Of Medicine and Pharmacy and Hanoi Medical University)

Câu 1:
Một bé trai mới sinh non ở 34 tuần thai. Sau khi sinh 45 phút, bé thở rên và thở nhanh rồi độ bão hòa oxy giảm. Bé được cho thở oxy và được chuyển đến đơn vị chăm sóc sơ sinh. Bé không sốt.

Tình trạng của Bé xấu dần và được đặt nội khí quản, thông khí, an thần và chuyền tĩnh mạch. Bé được xét nghiệm máu và chụp phim phổi. Kết quả X quang phổi cho thấy hình ảnh mờ.

Bạn sẽ làm gì tiếp theo?

A Cho Benzylpenicillin and Gentamicin tĩnh mạch
B Cho Surfactant qua nội khí quản
C Cho Dexamethasone tĩnh mạch
D Cho Furosemide
E Cho Prostaglandin

Câu 2:
Một bé gái 6 tuần tuổi được sinh vào tuần thai 28 – có mạch và nhịp thở nhanh dần. Trong 3 ngày qua, nhu cầu oxy của bé tăng dần. Khám cho thấy có ran ẩm nhỏ hạt phế trường và tiếng thổi tâm thu nghe rõ nhất ở xương đòn trái.
Phim X quang ngực cho thấy bóng tim lớn và phế trường mờ
Bạn muốn làm gì trong giai đoạn này?

A Đề nghị làm điện tâm đồ
B Bắt đầu cho Benzylpenicillin và Gentamicin
C* Bắt đầu cho Frusemide
D Chuẩn bị đặt catheter tim
E Bắt đầu cho prostacyclin

Câu 3:
Một bé gái 7 tuần tuổi được chuyển đến bác sĩ nhi khoa vì vàng da càng ngày càng nặng. Bé được nuôi dưỡng bằng sữa mẹ và phát triển bình thường. Không có bất kỳ dấu hiệu nào bất thường về hô hấp và tim mạch. Phân có màu nhạt.
Hành động phù hợp nhất của bạn trong giai đoạn này là gì?

A Kiểm tra bilirubin và nếu không cần điều trị bằng chiếu đèn thì cho bé về và tuần sau kiểm tra lại.
B* Kiểm tra bilirubin (bilirubin trực tiếp và bilirubin gián tiếp), kiểm tra chức năng gan, nghiệm pháp Coomb trực tiếp, chức năng tuyến giáp, và cấy nước tiểu.
C Kiểm tra bilirubin, sau đó chuyển bé đến trung tâm chuyên sâu gan mật
D Cho siêu âm gan

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E Bắt đầu cho Benzylpenicillin và gentamicine

Câu 4:

Một bé trai 9 tháng tuổi được bố mẹ đưa đến khoa cấp cứu vì ho ông ổng, nhiệt độ cao nhất 38,1oC và chán ăn. Các triệu chứng này càng ngày càng nặng từ 2 ngày nay.
Khám cho thấy bé không quấy khóc, không khó thở khi nghỉ ngơi, tần số thở 30 lần/phút, nhịp tim 115 lần/phút, SaO2 97%. Khi khó khịu, trẻ có tiếng khò khè vừa phải thì hít vào , co kéo khí quản và rút lõm lồng ngực.
Bé được đặt ven.
Bạn muốn làm gì tiếp theo?

A* Cho Dexamethasone tĩnh mạch
B Cho Salbutamol khí dung
C Cho Adrenaline khí dung
D Cho Salbutamol tĩnh mạch
E Cho Co-Amoxiclav tĩnh mạch

Câu 5:

Một bé gái 12 tháng tuổi được đưa đến khám tại khoa cấp cứu. Bé được chẩn đoán viêm thanh khí phế quản do vi rút và được cho thở khí dung budesonide. Sau khoảng 60 phút, bố mẹ bé nhận thấy không cải thiện nên mời bác sĩ khám lại.
Hiện tại, bé có tiếng rít nhẹ khi nghỉ và rõ hơn khi khóc. Nhịp tim 105 lần/phút, tần số thở 26 lần/phút, độ bão hòa oxy 96%.

Cách giải quyết phù hợp nhất trong giai đoạn này là gì?
A Tiếp tục cho khí dung budesonide
B* Tiếp tục theo dõi trẻ trong vài giờ
C Cho khí dung Adrenaline
D Cho khí dung salbutamol
E Chụp phim phổi

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4. ANNEX

4.1. Pre test of pediatric cases in Kazakhstan, Ukraine and Vietnam

The project consortium agreed that delivering a standardised pre-test to test learner knowledge around errors would not be suitable or practical for a number of reasons. Firstly, the nature of the virtual patient interventions was designed to engage learners in a scenario that could trigger learners into making errors, and that the process of making an error and reflecting upon it would be a powerful learning experience. In order to achieve this, learners were required to be unaware of the specific errors that they may encounter. A pre-test that revealed too much about the activities would thus potentially bias any outcome measures, and could prevent the learners from receiving optimal benefit from the activity. Similarly, the localisation of the virtual patient resources would mean that any standardised pre-test would lack relevance to all partners and would have to be localised too. The outcome of this would be that baseline measures would not be comparable across sites and the purpose would be lost.

In the end, the consortium agreed that it would be preferable to take existing baseline measures from local assessments that were already embedded and tailored to the curriculum in partner institutions. With this, the consortium felt that the pseudo-randomisation of learners to study arms and the pseudo-randomised allocation of participants to groups would provide sufficient assurance that none of the study arms and results would be biased by differing levels of prior knowledge.