

# Service Delivery Indicators (SDI) Health Survey: INTRODUCTION TO THE CLINICAL VIGNETTES

## What are the clinical simulation cases (vignettes)?

**Health care provider being evaluated**

*(asks questions, provides diagnosis, treatment)*



**Observer enumerator**

*(records provider's actions)*



**Patient enumerator**

*(acts as patient, responds using script)*

There are many ways to assess clinical competency (direct observation, chart review, standardized patient, written assessments, etc.), all of which have strengths and drawbacks. The SDI uses “vignettes”, which are clinical simulation cases involving two enumerators and one health care provider. One enumerator presents a clinical case and acts as the patient, and the other enumerator records the provider’s questions and actions. The provider, who is aware that this is a clinical competency assessment, asks questions of the patient enumerator (who provides standardized responses) on patient presentation and history, and requests the results of physical exam and diagnostic/screening/lab tests, to arrive at correct diagnosis, proposed treatment, and follow up. Providers are then evaluated on whether they respectfully greet the patient enumerator, ask history-taking questions and request examinations/investigations per clinical protocol, provide the correct diagnosis/es and treatment, and appropriate counselling, health promotion, and timely linkages to care.

## Available vignette topics and innovations

Vignette topics (5-7) are selected for international comparability and country-specific disease burden and priorities, and fall into 3 broad categories: relating to adults, children and intrapartum conditions. There have been several important innovations around the clinical vignettes in the SDI health survey refresh:

### ADULTS

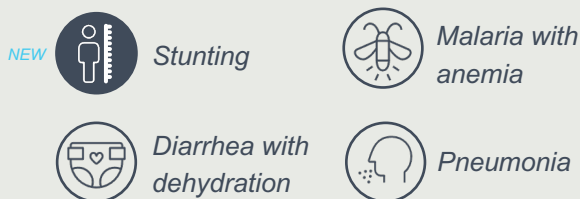


→ 3 new vignettes that respond to pressing demand for information on diagnostic and treatment capacity for non-communicable diseases and also for lingering human capital challenges such as childhood stunting.

→ Content has been updated to reflect most recent WHO clinical guidelines

→ Measurement of respectful care, including whether the provider greets the patient, and introduces him/herself

### CHILDREN



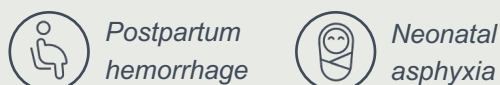
→ Capture of nuances of treatment recommendations (dosages, duration, timing, side effects, follow-up)

→ Capture of “incorrect” requests for lab tests, diagnoses, and treatments to better understand the barriers to high performance

→ Capture of risk factor assessment and associated counseling, beyond just correct diagnosis and treatment

→ Inclusion of standardized responses to common questions outside of clinical protocol that providers may ask to rule out other conditions (ensure that all enumerators respond to these questions consistently)

### INTRAPARTUM



→ Measurement of recent trainings on vignette topics, frequency of treating these types of patients, which may influence provider performance.