

## April 2025 Pre-Bootcamp Assessment

Unique ID # (found on your nametag): \_\_\_\_\_

### Part 1: Consent

The purpose of this survey is to assess current areas in which CPD can improve the knowledge and skills on head and neck conditions in Rwanda. This will be through pre and post-assessments following online interactive lectures and case-based learning.

By completing this survey, participants are consenting for the data that is being collected to be used for future research purposes to improve the educational materials and potentially be published in a medical journal.

All appropriate measures will be taken to protect participant's data and all published findings will be de-identified.

The information that participants share in this study will not affect their professional standing. All information will be kept confidential.

If participants have any concerns they should contact: Kami Pullakhandam (kpullakhandam@hms.harvard.edu, +1 774-288-0023) or Dr. Gratien Tuyishimire (ishimegras@gmail.com, +250 788-800-582).

**If you do not wish to have your data collected, do not proceed with filling out this form.**

- I consent
- I do not consent

### Part 2: Demographics

**What gender do you identify as?** (mark only one answer)

- Male
- Female
- Gender non-binary
- Other term: \_\_\_\_\_

**What is your age?** \_\_\_\_\_

**What is your occupation as a primary healthcare worker?** (mark only one answer)

- General practitioner
- Other: \_\_\_\_\_

**How many years have you been in practice since completing your training?** \_\_\_\_\_

**Which of the following best describes your practice setting?** (mark only one answer)

- Teaching/Referral hospital
- District hospital
- Private health facility
- Health center/health post
- Community/patient home
- Other: \_\_\_\_\_

### Part 3: General Questions:

**How do you feel about the statement, "Otolaryngology skills are relevant to my clinical practice?"** (mark only one answer)

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

**How adequate is otolaryngology education during medical school for general practitioners?** (mark only one answer)

- Otolaryngology education during medical school is very adequate
- Otolaryngology education during medical school is a little adequate
- Neutral
- Otolaryngology education during medical school is a little inadequate
- Otolaryngology education during medical school is very inadequate

**Part 4: Confidence**

*For each of the following scenarios, please rate your confidence from a scale of 1 (not confident at all) to 5 (very confident)*

**Performing a head and neck exam** (mark only one answer)

- 1 – Not confident
- 2
- 3 – Neutral
- 4
- 5 – Very confident

**Performing a vertigo exam** (mark only one answer)

- 1 – Not confident
- 2
- 3 – Neutral
- 4
- 5 – Very confident

**Performing anterior rhinoscopy** (mark only one answer)

- 1 – Not confident
- 2
- 3 – Neutral
- 4
- 5 – Very confident

**Draining an abscess** (mark only one answer)

- 1 – Not confident
- 2
- 3 – Neutral
- 4
- 5 – Very confident

**Repairing lacerations** (mark only one answer)

- 1 – Not confident
- 2
- 3 – Neutral
- 4
- 5 – Very confident

**Managing epistaxis** (mark only one answer)

- 1 – Not confident
- 2
- 3 – Neutral
- 4
- 5 – Very confident

**Managing a nasal foreign body** (mark only one answer)

- 1 – Not confident
- 2
- 3 – Neutral
- 4
- 5 – Very confident

**Assessing a patient with a tracheostomy** (mark only one answer)

- 1 – Not confident
- 2
- 3 – Neutral
- 4
- 5 – Very confident

**Suctioning a tracheostomy tube** (mark only one answer)

- 1 – Not confident
- 2
- 3 – Neutral
- 4
- 5 – Very confident

**Managing an obstructed tracheostomy tube** (mark only one answer)

- 1 – Not confident
- 2
- 3 – Neutral
- 4
- 5 – Very confident

**Performing an emergency tracheostomy change** (mark only one answer)

- 1 – Not confident
- 2
- 3 – Neutral
- 4
- 5 – Very confident

**Identifying and managing tracheostomy-related complications** (mark only one answer)

- 1 – Not confident
- 2
- 3 – Neutral
- 4
- 5 – Very confident

Part 5: Knowledge assessment

*Please answer the following questions to the best of your ability. Your score will be kept confidential and will not be shared with colleagues or supervisors.*

**Which of the following is NOT a step in managing epistaxis?** (mark only one answer)

- Lean back/tilt your head back
- Pinch the anterior soft part of the nose
- Nasal congestion spray (oxymetazoline)

**Where is the most common origin of epistaxis?** (mark only one answer)

- Anterior nasal septum
- Anterior inferior turbinate
- Posterior nasal septum
- Choana

**A patient comes in with epistaxis. What is your initial step in management?** (mark only one answer)

- Confirm stable airway
- Order a FBC
- Take vitals
- Consult ENT
- Pack the nose

**A patient recently had epistaxis and nasal packing. They return with fever, hypotension, and vomiting. What is the most likely diagnosis?** (mark only one answer)

- Strep infection
- Anaphylactic reaction to packing
- Toxic Shock Syndrome
- Hemorrhagic shock

**Which of the following would be the preferred material to pack a posterior nose bleed?** (mark only one answer)

- Regular gauze
- Strip gauze (continuous)
- Cotton balls
- You shouldn't pack the nose bleed

**Which of the following is a reason to refer a nasal foreign body patient to a tertiary center?** (mark only one answer)

- A - Very posterior foreign body
- B - Very small foreign body
- C - Multiple unsuccessful attempts to remove a foreign body
- D - Improper/difficult visualization
- A and B
- C and D
- All of the above

**True or False: Nasal foreign body removal without proper visualization can cause aspiration of the foreign body** (mark only one answer)

- True
- False

**Which of the following is the most appropriate first step in managing a tracheostomy tube obstruction?** (mark only one answer)

- Suction the tracheostomy tube
- Remove the tracheostomy tube immediately
- Call for help and obtain additional airway equipment
- Apply high-flow oxygen via face mask

**When a tracheostomy tube has an inner cannula (double lumen), what additional step should be trialed when concerned for a mucus plug?** (mark only one answer)

- Insert the obturator into the tracheostomy tube
- Place the patient on non-invasive ventilatory support
- Remove and replace the inner cannula
- Remove the tracheostomy tube

**A patient comes to you with a tracheostomy that was placed a month ago and the tube has fallen out. What is the preferred method to confirm correct replacement of the tracheostomy tube?** (mark only one answer)

- Auscultation of breath sounds
- End-tidal CO<sub>2</sub> measurement
- Chest X-ray
- Flexible suction of the tracheostomy to confirm cough reflex or secretions

**What is the most common early complication of a newly placed tracheostomy?** (mark only one answer)

- Tracheoesophageal fistula
- Tube displacement
- Granulation tissue formation
- Tracheal stenosis

Part 6: Experience and Interest

**Have you observed epistaxis management in a clinical setting?** (mark only one answer)

- Yes, many times
- Yes, a few times
- Yes, once
- No, never
- I'm not sure

**Have you observed nasal foreign body removal in a clinical setting?** (mark only one answer)

- Yes, many times
- Yes, a few times
- Yes, once
- No, never
- I'm not sure

**How interested are you in learning to manage epistaxis?** (mark only one answer)

- Very interested
- Somewhat interested
- Neutral
- Somewhat uninterested
- Very uninterested

**How interested are you in learning nasal foreign body removal?** (mark only one answer)

- Very interested
- Somewhat interested
- Neutral
- Somewhat uninterested
- Very uninterested

**Have you ever completed an emergency tracheostomy change in clinical practice?** (mark only one answer)

- Yes, many times
- Yes, a few times
- Yes, once
- No, never
- I'm not sure

**How often do you see tracheostomy patients in your practice?** (mark only one answer)

- Many times
- A few times
- Once
- Never
- I'm not sure

**How often do you do tracheostomy management in your clinical practice beyond emergency tracheostomy changes?** (mark only one answer)

- Many times
- A few times
- Once
- Never
- I'm not sure

## April 2025 Post-Bootcamp Assessment

Unique ID # (found on your nametag): \_\_\_\_\_

### Part 1: Consent

The purpose of this survey is to assess current areas in which CPD can improve the knowledge and skills on head and neck conditions in Rwanda. This will be through pre and post-assessments following online interactive lectures and case-based learning.

By completing this survey, participants are consenting for the data that is being collected to be used for future research purposes to improve the educational materials and potentially be published in a medical journal.

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**If you do not wish to have your data collected, do not proceed with filling out this form.**

- I consent
- I do not consent

### Part 2: General Questions

**How do you feel about the statement, “This training improved my ability to manage and treat otolaryngology conditions?”** (mark only one answer)

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

**How do you feel that this training will impact your future clinical practice?** (mark only one answer)

- 1 – A large negative impact
- 2 – A small negative impact
- 3 – Neutral
- 4 – A small positive impact
- 5 – A large positive impact

**Was the bootcamp held at a convenient date and time?** (mark only one answer)

- Very convenient
- A little convenient
- Neutral
- A little inconvenient
- Very inconvenient

**Would you be interested in attending more otolaryngology bootcamps?** (mark only one answer)

- Yes
- No

Part 3: Confidence

For each of the following scenarios, please rate your confidence from a scale of 1 (not confident at all) to 5 (very confident)

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- 3 – Neutral
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**Suctioning a tracheostomy tube** (mark only one answer)

- 1 – Not confident
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- 3 – Neutral
- 4
- 5 – Very confident

**Managing an obstructed tracheostomy tube** (mark only one answer)

- 1 – Not confident
- 2
- 3 – Neutral
- 4
- 5 – Very confident

**Performing an emergency tracheostomy change** (mark only one answer)

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- 3 – Neutral
- 4
- 5 – Very confident

**Identifying and managing tracheostomy-related complications** (mark only one answer)

- 1 – Not confident
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Part 4: Knowledge assessment

*Please answer the following questions to the best of your ability. Your score will be kept confidential and will not be shared with colleagues or supervisors.*

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- Posterior nasal septum
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- Confirm stable airway
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- Take vitals
- Consult ENT
- Pack the nose

**A patient recently had epistaxis and nasal packing. They return with fever, hypotension, and vomiting. What is the most likely diagnosis?** (mark only one answer)

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- D - Improper/difficult visualization
- A and B
- C and D
- All of the above

**True or False: Nasal foreign body removal without proper visualization can cause aspiration of the foreign body** (mark only one answer)

- True
- False

**Which of the following is the most appropriate first step in managing a tracheostomy tube obstruction?** (mark only one answer)

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- End-tidal CO<sub>2</sub> measurement
- Chest X-ray
- Flexible suction of the tracheostomy to confirm cough reflex or secretions

**What is the most common early complication of a newly placed tracheostomy?** (mark only one answer)

- Tracheoesophageal fistula
- Tube displacement
- Granulation tissue formation
- Tracheal stenosis

Part 5: Simulation Feedback

**I found this simulation (epistaxis management) useful/worthwhile** (mark only one answer)

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

**I found this simulation (tracheostomy care) useful/worthwhile** (mark only one answer)

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

**How useful did you find the simulation based-training compared to lecture-based learning?** (mark only one answer)

- Much less useful
- Slightly less useful
- Equally useful
- More useful
- Much more useful

**If you have observed or practiced epistaxis management in a clinical setting, how representative do you feel the model was?** (mark only one answer)

- Very representative
- Somewhat representative
- Neutral
- Somewhat unrealistic
- Very unrealistic
- I have not observed this skill in a clinical setting

**If you have observed or practiced nasal foreign body removal in a clinical setting, how representative do you feel the model was?** (mark only one answer)

- Very representative
- Somewhat representative
- Neutral
- Somewhat unrealistic
- Very unrealistic
- I have not observed this skill in a clinical setting

**If you have observed or practiced tracheostomy care in a clinical setting, how representative do you feel the model was?** (mark only one answer)

- Very representative
- Somewhat representative
- Neutral
- Somewhat unrealistic
- Very unrealistic
- I have not observed this skill in a clinical setting

**I anticipate using this skill (epistaxis management) in my future training and practice** (mark only one answer)

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

**I anticipate using this skill (nasal foreign body removal) in my future training and practice** (mark only one answer)

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

**I anticipate using this skill (tracheostomy care) in my future training and practice** (mark only one answer)

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

**Which simulations did you enjoy?** (check all that apply)

- Nasal foreign body removal
- Epistaxis management
- Tracheostomy care

**Any other comments?**