

Participant Observation

World Bank-ISERDD

Surveyors Manual

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Introduction: Make very clear in the introduction that you are not going to disturb the doctor in any manner throughout the participatory process. There is however, one thing that the doctor needs to help you with- he/she should tell you the names of the medicines when they are given to the patient (or immediately afterwards). *All other information should be filled in without any assistance from the doctor or the patient.* As an observer, you should be very careful not to disturb the doctor during his/her practice. Two final reminders are to **look at your watch at the beginning and end of each consultation** and, wherever information is missing, use -99 as the code. Best of Luck!

Clinic ID

Fill in the clinic ID here from the sample MASTER LIST. Remember that the clinic ID needs to be filled in for *every* participant observation form that you complete.

IA. Patient

New

Q IA should be filled in after the consultation is complete. The patient is 'new' if the doctor has not seen the patient earlier *for the same illness*.

Repeat

The patient is 'repeat' if he/she has come to *this* provider with the *same* illness previously.

IB. Age: U5

Fill in the age from observation of the patient in IB. The patient is U5 if he/she seems to be under 5 years of age.

Young

The patient is YOUNG if he/she seems to be between 5 and 25

MA

The patient is MA (Middle Aged) if he/she seems to be between 25 and 55

Old

The patient is OLD if he/she seems to be older than 55

IC. Gender

Male

Tick mark MALE if the patient is a male. Remember that the gender is that of the patient and NOT the person who may have brought him/her in to the doctor!

Female

Tick mark FEMALE if the patient is a female. Remember that the gender is that of the patient and NOT the person who may have brought him/her in to the doctor!

ID. Practitioner Name

Fill in the name of the provider who saw the patient. This is important because in the same clinic, someone other than the main doctor may provide care when the doctor is away (during lunch hours for example).

II. Presenting With

In this section, note down the symptoms that the patient reports with. From the household survey and the pilot, the most common symptoms are noted below. In case the patient reports with one or more of these, tick mark the appropriate column, otherwise note the symptoms under 'Other'. *Remember that you must record all the symptoms that the patient has- if he/she reports cough, cold and a fever, put a tick-mark in all three columns.*

Fever	Cough	Cold	Pain	Location of Pain	Diarrhea	Weakness	Other	# Days
Tick mark here if the person reports a fever	Tick mark here if the person reports a cough	Tick mark here if the person reports a cold	Tick mark here if the person reports pain	1. Note down the location of the pain here. If there are multiple locations, for instance, head and body, write 'head' under 1. and 'body' under 2.	Tick mark here if the person reports diarrhea	Tick mark here if the person reports weakness	1. For people presenting with symptoms other than these common ones, note down the symptoms carefully- write it in Hindi if you are not sure of the translation. You can then ask Renu/Rajan/Purshottam/Sangeeta for a translation. The final copy should then have the translations, not the originals. If there are multiple symptoms, write down each one separately under the different numbers.	Note down the number of days that the person has been sick here

QIIIa. The Number of History Questions is divided into three parts. The first part (diarrhea) and the second part (fever/cold/cough) are *only* for patients with diarrhea and/or fever/cold/cough. The part in the middle (tally marks) is for *all* patients. For a patient with diarrhea, tick mark if the doctor asks about Fever (F), Vomiting (V) and the Stool (S). For a patient with fever/cold/cough tick mark under the appropriate columns if the doctor asks about the Expectorant (E) { *balgam* }, Nature of Fever (F) and Chest Pain (CP). Note that the patient does not need to be suffering from all three- this should be filled for all patients who report Fever and/or cold and/or cough. For all patients, put a tally mark for each history question asked, and then put the **total** in the box marked total. An important point to remember when noting general history questions is that **a question is counted as a history question only if it related to the health or current illness of the patient.**

IIIa. Number of History Questions	F	V	S	Tally Marks			E	F	CP	Total
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Diarrhea						Fever/Cold/Cough			

IV.a: Physical Examination Yes

Tick mark here if the doctor performs a **Physical Examination**. Note that a physical examination may be performed without any instruments and would include checking the eyes, feeling the pulse etc.

No

Tick mark here if the doctor does not perform *any* physical examination.

IV.b. Type of Physical Examinations (note below)

Note the *type* of physical examination performed below. Put a tick mark for *each* physical examination that the doctor performs

Stethoscope	BP Apparatus	Checked Fever		Palpitation	Pulse	Other
		Hand	Thermometer			
Tick mark here if the doctor uses a stethoscope	Tick mark here if the doctor checks the BP	Tick mark here if the doctor checks the temperature with his/her hand	Tick mark here if the doctor checks the temperature with a thermometer	Tick mark here if the doctor <i>feels</i> any part of the patient's body (for instance, the stomach)	Tick mark here if the doctor checks the pulse of the patient, either on the wrist or on the neck	Note down other physical examinations performed over here. For instance, if the doctor does a urine test <i>in the clinic</i> note is down here.

V. Tests Ordered?

Yes

Tick mark here if the doctor asks the patient for tests (blood test, urine examinations and sputum tests are three examples).

No

Tick mark here if the doctor does not ask the patient for any tests

VI.a. Treatment Given?

Yes

Tick mark here if the doctor gives any treatment to the patient *in the clinic*. This would include, for example, medications given in the clinic, or a drip or a bandage, **but not only** a prescription.

No

Tick mark here if the doctor does not give any treatment to the doctor. This will occur for instance, if the doctor asks the patient to go to a hospital, or gives only a prescription

VI.b. Written documents?

Yes

Tick mark here if the doctor *gives the patient* any written documents- this may be a prescription or instructions.

No

Tick mark here if the doctor does not give the patient any written documents.

VIc. Instructions Given?

Yes

Tick mark here if the doctor gives the patient **instructions** regarding the illness or medication- for example, if she says "Drink a lot of water" or "Take this medicine thrice a day"

No

Tick mark here if the doctor does not give the patient any instructions, either regarding the illness or regarding the medication.

VI.d. **F/U Instructions Given?** Yes

Tick mark here if the doctor gives the patient instructions regarding **Follow Up (F/U)**. A follow up is what the patient should do under different circumstances. For instance, if the doctor says "IF you start vomiting, or you notice blood in the stool, come back to me" OR, "If the fever goes in two days, that is OK, but if it does not, go to the hospital", then put a tick here.

No

Tick mark here if the doctor does not give the patient any instructions for follow up.

VI.e. **Referred Elsewhere?** Yes

Tick mark here if the doctor refers the patient to another **doctor or medical care provider even if the name is not specifically mentioned**. If the referral is for a **test**, this should be indicated in the tests section *only*.

No

Tick mark here if the doctor does not refer the patient to any other doctor or medical care provider.

VII. Treatment

In the **Treatment** section, note down the treatment given by the doctor. As mentioned in the introduction, you **must** request the doctor at the very beginning to tell you the name of the medicines used after every patient. Note down the names in a pencil, and check your copy of Drugs Today to get the correct spelling. Submit the forms only after the correct spellings have been filled in.

In the first column, write down the name of the Tablet/Injection given, and in the next column (T/I) write T if the name was for a Tablet, and write I if the name was for an injection. In the dosage section, note down both the *number of tablets* as well as the *number of days*: for instance, 3 tablets for 4 days will be written as 3Tabs x 4. *It is very important that there is complete coordination between the numbers in the first three columns!*

In the injections/IV column, write **Yes** under the **Asked** column if the patient specifically asks for an injection or IV. If the patient does not ask for an injection/IV, write **No** in the **asked** column under injections/IV. Finally, in the injection/IV sections, write **Yes** if the injection/IV given was sterile, and write No otherwise. An injection is sterile if

1. It is a disposable syringe, and the doctor removes the packaging in front of you.
2. It is a non-disposable syringe, but it is sterilized in boiling water. For this, the doctor must have a stove in the clinic.

Tablet/Injection	T/I	Dosage	Injections			IV			Other
			Given	Sterile	Asked	Given	Sterile	Asked	
1. Note down the names of the tablets here, if tablets were given.	Indicate whether the name in the previous column corresponds to a tablet (T) or an injection (I).	1. Note down the dosage here, as instructed above. Please make sure that the dosage for each tablet corresponds to the correct name in the previous column.	1. Note down the names of injections given, if injections were given.	Note down Yes here if the injection was sterile, otherwise note No using the rules above.	Write Yes here if the patient asked for an injection, write No otherwise	Write Yes here if an IV drip was given. Otherwise, write No.	Write Yes here if the needle used for the drip was sterile. Exactly the same rules apply for IV needles and injections.	Write Yes here if the patient asked for an IV, write No otherwise	Write down other treatments given (ORS packages, bandages etc. over here).

VIII. Total Time

Hours

Note down the number of hours spent with the patient here.

Minutes

Note down the number of minutes spent with the patient here.

IX. Fees Charged

Finally, note down the fees charged by the doctor over here. If the fees cannot be determined, for instance if the doctor says that he will take it later, write '-99'.

Three Examples

There are three examples of participant observations forms below.

Example 1.

A young man comes in at 10:06 and tells the doctor that he has been suffering from a fever, cough and a headache.

The doctor puts his hand on his forehead. They then have the following conversation:

Doctor: How many days have you had this fever?

Patient: For three days.

Doctor: And the cough?

Patient: Also for three days.

Doctor: Have you seen any expectorant in the cough?

Patient: Yes, in the mornings.

Doctor: What is the color of the expectorant?

Patient: I think it was greenish in color.

Doctor: I am giving you two different tablets. Take the yellow one thrice a day for two days and the white one 2 a day today. I am also giving you this powerful ayurvedic medicine.

The patient gives the doctor Rs. 20 and leaves at 10:09. The doctor turns to the observer and says the yellow tablet was ciproflaxacin, the white one was dispirin and the ayurvedic preparation is called Zintec.

Special Points: Since this was a case of fever, the fever section of the history questions must be filled in. From the question answer session, there are tick marks in the E and F sections of Fever, as well as four tally marks. Also, it is clear from the conversation that this patient is a new patient.

ISERDD & The World Bank: Participation Observation Form

Clinic ID

9123

IA. Patient

New

Repeat

IB. Age: U5

Young

MA

Old

IC. Gender

Male

Female

ID. Practitioner Name

Prita Dasgupta

II. Presenting With

Fever	Cough	Cold	Pain	Location of Pain	Diarrhea	Weakness	Other	# Days
X	X			1.			1.	
				2.			2.	
				3.			3.	

F			V			S			E			F			CP			Total
						III			X			X						4
Diarrhea			Tally Marks			Fever/Cold/Cough												

IV.a : Physical Examination Yes No

IV.b. Type of Physical Examinations (note below)

Stethoscope	BP Apparatus	Checked Fever		Palpitation	Pulse	Other
		Hand	Thermometer			
		X				1.
						2.

V. Tests Ordered? Yes No VI.c. Instructions Given? Yes No VI.a. Treatment Given? Yes No VI.d. F/U Instructions Given? Yes No VI.b. Written documents? Yes No VI.e. Referred Elsewhere? Yes No

VII. Treatment

Tablet/Injection	T/I	Dosage	Injections (record Yes or No under each column)			IV (record Yes/No under each column)			Other
			Given	Sterile	Ask?	Given	Sterile	Ask?	
1. Ciproflaxicin	1.T	1. 3 Tabs x 3d	NO			NO			1. Ayurvedic Medicine Zintec
2. Dispirin	2.T	2. 2tabsx1d							2.
3.	3.	3.							3.

VIII. Total Time Hours Minutes

Surveyor

Sourabh Priyadarshi

IX. Fees Charged

Rs.20

Date

February 21st 2002

Example 2.

A mother comes in carrying a small female child at 4:45. She tells the doctor that she feels that the child has been very weak for the last two days and has been crying a lot. They then have the following conversation:

Doctor: Has the child been doing anything when she cries?

Patient: I don't know, I am not sure.

Doctor: Have you seen her putting things in her mouth or anything?

Patient: No, she is only 4 months old- she has not even started teething yet.

Doctor: Have you seen her pulling at her ears or something like that?

Patient: Yes, she has been doing that.

Doctor: And how many days has this been going on for?

Patient: For the last two days. I came home after work and noticed that the child behaving like this two days back.

Doctor: And you are bringing the patient only now?

Patient: Doctor, what can I do? I have to work during the day, and her father has gone to the village.

Doctor: Does the child have any other illness?

Patient: No otherwise she is fine.

Doctor: Have you given the child the immunizations?

Patient: I am not sure- but yes, the polio people had come and she took the medicines.

The doctor then looks in the child's ear with a torch and presses the child's stomach.

Doctor: I think that this child has a serious ear infection, and I think you should take her to the hospital- I don't have the medicines here, and the medicines that I have are too strong for a child this small. I will write some instructions on this paper, and if you take it to Dr. Dasgupta in the Surveying Medical Practitioner Polyclinic then she will take care of the child. The patient then leaves at 4:49.

Special Points: Note that in the age of the patient, the age of the *child* and not the mother must be entered. Next, although the doctor asks 7 questions, one of them (And you are bringing the patient only now?) has nothing to do with the child's illness or health- on the other hand, the question regarding immunizations may not have anything to do with the current illness, but *is* related to the health- in this case, the former question *should not be* recorded as a history question, but the second *should*. The doctor then does two physical examinations- from the instruction module, the moment the doctor feels any part of the patient's body, an X should be marked under 'Palpitation'. The second examination is noted under 'Other'. Finally, the doctor does not give any treatment in this case, but refers the patient to the hospital. This is noted in the form as a tick mark under the NO box of 'Treatment Given'. However, since the doctor **does** refer the child, the **Referred Elsewhere** question is noted as a **Yes**. Finally, note that the doctor *does give* something written to the patient, and this is recorded as a **Yes** under Written Documents.

ISERDD & The World Bank: Participation Observation Form

Clinic ID

9275

IA. Patient

New

Repeat

IB. Age: U5

Young

MA

Old

IC. Gender

Male

Female

ID. Practitioner Name

Nityanand Deepak RMP

II. Presenting With

Fever	Cough	Cold	Pain	Location of Pain	Diarrhea	Weakness	Other	# Days
X	X			1.		X	1. Mother says that the child has been crying a lot	2
				2.			2. Mother says that the child has been pulling at her ears	
				3.			3.	

F			V			S			E			F			CP			Total		
																		6		
Diarrhea									Tally Marks									Fever/Cold/Cough		

IV.a : Physical Examination

Yes

No

IV.b. Type of Physical Examinations (note below)

Stethoscope	BP Apparatus	Checked Fever		Palpitation	Pulse	Other
		Hand	Thermometer			
				X		1. Looked in ear with torch
						2.

V. Tests Ordered?

Yes

No

VI.c. Instructions Given?

Yes

No

VI.a. Treatment Given?

Yes

No

VI.d. F/U Instructions Given?

Yes

No

VI.b. Written documents?

Yes

No

VI.e. Referred Elsewhere?

Yes

No

VII. Treatment

Tablet/Injection	T/I	Dosage	Injections (record Yes or No under each column)			IV (record Yes/No under each column)			Other
			Given	Sterile	Ask?	Given	Sterile	Ask?	
1.	1.	1.	NO			NO			1.
2.	2.	2.							2.
3.	3.	3.							3.

VIII. Total Time

Hours

Minutes

Surveyor

Tafseer Mazahir

IX. Fees Charged

Rs.0

Date

February 21st 2002

Example 3.

A older man comes in at 7:40 to the clinic. They then have the following conversation:

Patient: What kind of a doctor are you? I have been taking your medicine for two days now, and I am still not OK.

Doctor: Wait a minute, what has been going on with you?

Patient: It's the same thing- this cough and cold. Now my body is also paining and I am feeling a bit weak as well.

Doctor: Have you been coughing up any expectorant?

Patient: No, nothing like that.

Doctor: And how long has this weakness been going on for?

Patient: This just started yesterday..

The doctor then checks the temperature with a thermometer and puts a stethoscope to the patient's chest. Finally, he holds his wrist for a bit.

Doctor: Your fever has become very high. I will have to give you an injection for this.

Patient: Yes, I think I need something stronger. Also, my neighbor told me that I should get a drip for my weakness.

Doctor: Yes, I think that is also necessary. Lie down here.

The patient then lies down, and the doctor gives him an injection. To give the injection, the doctor takes the syringe from a disposable packet, but the observer notes the package was already open. He then takes out an IV needle after tearing a disposable package. Finally, he gives the man the injection, and puts the man on a drip. The next patient then comes in at 7:55. At 8:45, the doctor removes the drip from the patient, and gives him 4 tablets, which he tells the man to take 4 times tomorrow. The man then asks the doctor how much to pay him, and gives him Rs.180 after receiving the answer.

Special Points: From the first statement that the patient makes, it is clear that this is a **Repeat** patient, and the form is marked as such. However, nowhere during the conversation does the number of days that the person has had the illness for become clear, and thus, the #days is marked -99 for missing information. There are only three history questions, and since this is a case with fever, the question on expectoration is marked under E in the fever section. The doctor then gives him an injection, which the observer notices is **Not Sterile**. The patient asks for a drip as well, which the doctor gives him, and which the observer notices is sterile. Note that in this case, the patient does not **ask** for an injection- this is recorded as **no** in the asked section for injections; however, he **does ask** for an IV, and thus the asked section of the IV is recorded as **YES**. The names of both the tablet given at the end and the injection given are noted in the **Tablet/Injection** column, with the **T** and the **I** indicating each one. Finally, note that although the patient remains in the clinic for 1 hour and 5 minutes, the consultation itself lasts only 15 minutes. This is recorded in the time taken as such.

ISERDD & The World Bank: Participation Observation Form

Clinic ID

9036

IA. Patient

New

Repeat

IB. Age: U5

Young

MA

Old

IC. Gender

Male

Female

ID. Practitioner Name

Nityanand Deepak RMP

II. Presenting With

Fever	Cough	Cold	Pain	Location of Pain	Diarrhea	Weakness	Other	# Days
	X	X	X	1. X		X	1.	-99
				2.			2.	
				3.			3.	

III. Number of History Questions

F	V	S	Tally Marks			E	F	CP	Total
			III			X			3
Diarrhea						Fever/Cold/Cough			

IV.a : Physical Examination

Yes

No

IV.b. Type of Physical Examinations (note below)

Stethoscope	BP Apparatus	Checked Fever		Palpitation	Pulse	Other
		Hand	Thermometer			
X			X			1. 2.

V. Tests Ordered?

Yes

No

VI.c. Instructions Given?

Yes

No

VI.a. Treatment Given?

Yes

No

VI.d. F/U Instructions Given?

Yes

No

VI.b. Written documents?

Yes

No

VI.e. Referred Elsewhere?

Yes

No

VII. Treatment

Tablet/Injection	T/I	Dosage	Injections (record Yes or No under each column)			IV (record Yes/No under each column)			Other
			Given	Sterile	Ask?	Given	Sterile	Ask?	
1. Norflaxicin	1. T	1. 4Tabs x 1d	YES	NO	NO	YES	YES	YES	1.
2. Clotrimazole	2. I	2. 1 injection							2.
3.	3.	3.							3.

VIII. Total Time

Hours

Minutes

 15

Surveyor

Poonam Kumari

IX. Fees Charged

Rs.180

Date

February 21st 2002

ISERDD & The World Bank: Participation Observation Form

Clinic ID

IA. Patient New

Repeat

IB. Age: U5

Young

MA

Old

IC. Gender Male

Female

ID. Practitioner Name

II. Presenting With

Fever	Cough	Cold	Pain	Location of Pain	Diarrhea	Weakness	Other	# Days
				1.			1.	
				2.			2.	
				3.			3.	

III. Number of History Questions

F	V	S	Tally Marks			E	F	CP	Total
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhea						Fever/Cold/Cough			

IV.a : Physical Examination Yes No

IV.b. Type of Physical Examinations (note below)

Stethoscope	BP Apparatus	Checked Fever		Palpitation	Pulse	Other
		Hand	Thermometer			
						1.
						2.

V. Tests Ordered? Yes No

VI.c. Instructions Given? Yes No

VI.a. Treatment Given? Yes No

VI.d. F/U Instructions Given? Yes No

VI.b. Written documents? Yes No

VI.e. Referred Elsewhere? Yes No

VII. Treatment

Tablet/Injection	T/I	Dosage	Injections (record Yes or No under each column)			IV (record Yes/No under each column)			Other
			Given	Sterile	Ask?	Given	Sterile	Ask?	
1.	1.	1.							1.
2.	2.	2.							2.
3.	3.	3.							3.

VIII. Total Time Hours Minutes

Surveyor

IX. Fees Charged

Date