

Mentorship tool for EVD Clinical Care Guidance (Clinicians)

Clinician's Name	
Position / title	
Mobile Number	
Gender	
Participated in training (y/n)	
Health Facility Visited	
Department	
County	
District	
Date of Visit (mm/dd/yyyy)	___ / ___ / _____
Assessor's Name	
Assessor's contact	
Start time: _____ End time: _____	

Directions: Please complete this assessment in 30 minutes or less. To answer, circle the appropriate response option letter (e.g. C) or fill in the blanks. Please pay attention to all instructions in italics (e.g. *circle all that apply*)

1. What defines an EVD survivor?
 - A. A person having symptoms of vomiting and diarrhea, headache and is not responding to treatment
 - B. A person with a confirmed positive result on RT-PCR testing for Ebola virus on any bodily fluid who subsequently recovered; and/or who has evidence of viral persistence in their body fluid (semen, breast milk, etc.) who is IgM and/or IgG positive on serological testing for EVD and has not been vaccinated against the Ebola virus.
 - C. A person who has touched a person with Ebola and is presenting signs and symptoms of Ebola
 - D. All of the above

2. What are the three immunologically privileged sites in a male survivor?
 - A. _____
 - B. _____
 - C. _____

3. If an EVD survivor presents with acute febrile illness or other clinical manifestations suspected to reflect potential EVD relapse, what three things should a clinician do?
(select the correct 3 options)
- A. IPC measures for EVD
 - B. Immediately refer patient to another facility for more advanced care
 - C. Blood test for Ebola
 - D. Blood test for Malaria
4. Which of the following is not one of the three key steps in the guidelines for the initial clinical evaluation of ocular conditions?
- A. Evaluate for eye pain, irritation or redness, increased tearing or dry eye, light sensitivity, and decreased visual acuity.
 - B. Test of visual acuity by Tumbling E chart Snellen chart: Check unilateral and bilateral at presentation and with best correction.
 - C. Pupillary exam, specifically testing for relative afferent pupillary defect
 - D. Dilated funduscopic examination.
5. Which of the following statements is most true regarding survivors who become pregnant following recovery?
- A. There are extreme risks of pregnancy complications for survivors. As such, all survivors should be admitted to a secondary level facility for intensive observation for the last 3 months of their pregnancy.
 - B. There is an increased risk of stillbirth in survivors so pregnancy is considered to be high risk. Survivors should attend more frequent ante-natal follow up visits than the general population.
 - C. There is no difference in the risks associated with pregnancy between an Ebola survivor and the general population.
 - D. There is less risk of pregnancy complications in survivors. Survivors should attend fewer ante-natal follow up visits than the general population.
6. List 5 examples of red flags (i.e. danger signs) which would indicate the need for specialized care for Ebola survivors:
- A. _____
 - B. _____
 - C. _____
 - D. _____
 - E. _____

7. What is the correct approach to treating arthralgia in EVD survivors:
- Only referral to a specialist
 - 1st line (paracetamol x 7-10 days) – 2nd line (ibuprofen x 7-10 days)
 - 1st line (steroids x 3-4 days) – 2nd line (paracetamol x 3-4 days)
 - 1st line (paracetamol x 1-2 days) - 2nd line (paracetamol x 1-2 days)
8. If a clinician strongly suspects the patient is suffering from Uveitis, which of the following should the clinician do?
- Immediately commence the patient on a topical treatment. Arrange for a referral to a specialist.
 - Commence the patient on a topical treatment. Get the patient to return for observation after one month to see if further action is needed.
 - Provide the patient with pain medication. Get the patient to come back if symptoms persist after 2 weeks.
 - Communicate with a specialist to organize an immediate referral. If recommended by the specialist, commence the patient on a topical treatment.
9. In which of the following circumstances does an Ebola survivor need to be urgently referred to an ophthalmic professional?
- Evidence of Uveitis especially intermediate, posterior or pan-uveitis and all cases of uveitis that do not respond to 7 days of topical therapy as described above.
 - Absent red reflex in one or both eyes
 - A child less than 10 years of age who presents with ocular pain, redness or irritation.
 - All of the above
10. When should you refer an EVD survivor for a lumbar puncture? (*Please choose the most correct answer*)
- When a survivor presents with neck stiffness, high fever or severe headache
 - When a survivor presents with neck stiffness
 - When a survivor presents with a potential EVD relapse
11. In which of the following situations should you immediately refer the patient for specialised treatment? (*circle the correct answer of A, B, C, or D; do not circle the situations themselves*)
- Situation 1: Imminent risk of suicide or self-harm
 Situation 2: Child with symptoms of depression
 Situation 3: Patient with psychotic symptoms, such as hallucinations
 Situation 4: Patient who is having marital problems
- Situation 1 only
 - Situations 1 and 3 only
 - Situations 1, 2, and 3 only
 - All the situations (1,2,3,4)

12. List the five moments for hand washing (the points of time at which you should wash your hands when interacting with patients):

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____

13. Which of the following statements best describes what EVD-related stigma means?

- A. Isolating any patient that is presenting signs and symptoms of Ebola
- B. People acting and/or feeling negative towards Ebola survivors or family members of someone that has died. This often results in the Ebola survivor being treated differently/worse than someone from the general population.
- C. An attitude of separating the medical treatment of people based on their EVD status
- D. All of the above

