

SECTION 3

SUPERVISORS SUPPORT LISTS

- Guideline to use of Supervisors Support List
- Red Flag List
- Regular Review List –Version 1
- Regular Review List –Version 2
- Supervision Support List- Notes
- Quarterly Review List
- Checklist: Clinic supervisors – staff relationship

SECTION 3: SUPERVISORS SUPPORT LISTS

GUIDELINES TO USE SUPERVISORY SUPPORT LISTS

INTRODUCTION

The checklists should be seen as a tool to support you as you conduct a supervisory visit. It really supports you to systematically review important aspects related to clinic service provision. It consists of three sections:

RED FLAG SECTION (Completed Monthly)

This section allows for a rapid review of key elements of critical importance for service delivery. The absence of any of these elements implies that an important health programme cannot be provided and needs to be rectified as a matter of urgency. The list is completed by rapidly checking off with a yes or a no whether there are stock outs, problems with the refrigerator, broken equipment or absent staff (the number of days of staff not on duty for the last month is totalled). There is space for a monthly note to be made to record the monthly actions required to deal with these key problems

REGULAR REVIEW LIST (Completed Monthly)

This list encourages the regular monthly review of important elements involved in service delivery. Districts/sub-districts can take this list and customize it to support district needs for supervision.

An uncompleted list is included as well as a completed list from the Albany District to serve as an example.

- **Y/N** - blocks containing a Y/N should be ticked depending on the outcome of review process. A tick through the **Y** indicates that the desired outcome is appropriate/correct/done; a tick through the **N** indicates that the desired outcome is not appropriate/correct/done.
- **# (Number of)** - rows headed by this symbol indicate that the number of events occurring during that month should be counted and entered into the appropriate block.
- **RTH Cards** - collect five cards and indicate how many of the five are correctly completed. Enter this number on checklist.
- **STG use** - from register/minor ailments book pick five interesting curative care cases managed at the clinic – using the Standard Treatment Guidelines (“*Green Book*”) check for the correctness of the treatment for that specific case. Indicate the diagnosis/symptom complex of the case reviewed in the appropriate block and whether it was correctly managed. When finished add up the number of correctly managed STG's and enter the number in the row titled STG's followed # correct.
- **Public Health Impact** - generally, this section will be completed by indicating a percentage taken from an appropriate graph on the wall for the month (previous month if visit occurred during early or mid-month) during which the visit took place.
- **Clinic Visits** - indicate whether the doctor or other persons (district manager, EHO, program manager, etc) visited the clinic in the last month.
- **Supervisory Actions** - from your notes, observations and discussions with staff determine how many actions need to be completed subsequent to your visit. Enter this figure into the area before the forward slash of the next month. If you visit the clinic in February the number of actions should be written in the column under March. During March you will review how many of the identified actions were carried out and indicate this in the area behind the forward slash of the March block.

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GUIDELINES TO USE SUPERVISORY SUPPORT LISTS

NOTES

The note section allows you to write important notes/comments and identify actions by both supervisor and clinic staff over the next month. The number of actions are totalled and entered into the row "**Supervisory Actions Completed**". See Above.

QUARTERLY SUPERVISORY SUPPORT LIST

This list is completed once every three months and provides a more in depth perspective on the functioning of the clinic.

CLINIC SUPERVISORS STAFF RELATIONSHIP

This checklist is used by the CS to assess her relationship with the staff she supervises. It may be used monthly or as required.

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RED FLAG LIST

CLINICNAME _____

DRUG STOCK OUTS

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
FP												
STD												
TB												
ANC												
EPI												
Chronic												
HIV												

REFRIGERATOR NOT FUNCTIONING

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Mechanical												
Electricity												
Gas												

STAFF NOT ON DUTY (LEAVE, TRAINING, ABSENT WITHOUT LEAVE)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Professional												
Non-Professional												

BROKEN EQUIPMENT

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Baumometer												
Scale												

RED FLAG ACTIONS*

January	February	March
April	May	June
July	August	September
October	November	December

*The supervisor and clinic manager will decide how to deal with the red flag item needing attention

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REGULAR REVIEW LIST – VERSION 1

CLINIC NAME SUPERVISOR NAME

ROUTINE REVIEW	Jan	Feb	Mar	Apr	May	Jun
Staff Management						
Leave forms completed	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Attendance reg. correct	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Staff meetings took place	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
# In-service training activities						
# Days people absent(*)						
Clinic Management						
Fridge packing correct	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Fridge T correct	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Sharps disposal correct	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Bin cards correct	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Drug stock outs	Depot/Local	Depot/Local	Depot/Local	Depot/Local	Depot/Local	Depot/Local
Monthly stock take done						
# Report breaks repaired						
Information Review						
Statistical return correct	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Referral Review						
Back referrals received	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Clinical care						
RTH Card correct	/5	/5	/5	/5	/5	/5
STG's followed						
1 Dnosis/Correct Manag	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
2 Dnosis/Correct Manag	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
3 Dnosis/Correct Manag	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
4 Dnosis/Correct Manag	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
5 Dnosis/Correct Manag	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Public Health Impact						
Fully immun children rate						
FP coverage rate						
STD contact tracing rate						
TB contact tracing rate						
Clinic committee						
Meeting held last month	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
New projects initiated	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Clinic visits						
Doctor visits	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Other						
Supervisory visit actions completed	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N

(*) Please indicate the number of days each category absent ie Professional nurse (PN) 5, Enrolled Nurse (EN) 5, Enrolled Nurse Assistant (ENA) 8 and General Assistant (GA) 2

SECTION 3: SUPERVISORS SUPPORT LISTS

REGULAR REVIEW LIST – VERSION 1

CLINIC NAME SUPERVISOR NAME

ROUTINE REVIEW	Jul	Aug	Sep	Oct	Nov	Dec
Staff Management						
Leave forms completed	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Attendance reg. correct	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Staff meetings took place	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
# In-service training activities						
# Days people absent (*)						
Clinic Management						
Fridge packing correct	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Fridge T correct	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Sharps disposal correct	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Bin cards correct	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Drug stock outs	Depot/Local	Depot/Local	Depot/Local	Depot/Local	Depot/Local	Depot/Local
Monthly stock take done						
# Report breaks repaired						
Information Review						
Statistical return correct	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Referral Review						
Back referrals received	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Clinical care						
RTH Card correct	/5	/5	/5	/5	/5	/5
STG's followed						
1 Dnosis/Correct Manag	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
2 Dnosis/Correct Manag	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
3 Dnosis/Correct Manag	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
4 Dnosis/Correct Manag	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
5 Dnosis/Correct Manag	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Public Health Impact						
Fully immun children rate						
FP coverage rate						
STD contact tracing rate						
TB contact tracing rate						
Clinic committee						
Meeting held last month	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
New projects initiated	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Clinic visits						
Doctor visits	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Other						
Supervisory visit actions completed	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N

(*) Please indicate the number of days each category absent ie Professional nurse (PN) 5, Enrolled Nurse (EN) 5, Enrolled Nurse Assistant (ENA) 8 and General Assistant (GA) 2

SECTION 3: SUPERVISORS SUPPORT LISTS

REGULAR REVIEW LIST - VERSION 2

CLINICNAME SUPERVISOR NAME

ROUTINE REVIEW	Jan	Feb	Mar	Apr	May	Jun
Staff Management						
Clinic Management						
Information Review						
Referral Review						
Clinicalcare						
STG's followed						
1 Dnosis/Correct Manag	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
2 Dnosis/Correct Manag	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
3 Dnosis/Correct Manag	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
4 Dnosis/Correct Manag	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
5 Dnosis/Correct Manag	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Public Health Impact						
Clinic committee						
Clinic visits						
Supervisory visit actions completed	Y/N/P	Y/N/P	Y/N/P	Y/N/P	Y/N/P	Y/N/P

P = Partially

SECTION 3: SUPERVISORS SUPPORT LISTS

REGULAR REVIEW LIST - VERSION 2

CLINIC NAME SUPERVISOR NAME

ROUTINE REVIEW	Jul	Aug	Sep	Oct	Nov	Dec
Staff Management						
Clinic Management						
Information Review						
Referral Review						
Clinical care						
STG's followed						
1 Dnosis/Correct Manag	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
2 Dnosis/Correct Manag	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
3 Dnosis/Correct Manag	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
4 Dnosis/Correct Manag	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
5 Dnosis/Correct Manag	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Public Health Impact						
Clinic committee						
Clinic visits						
Supervisory visit actions completed	Y/N/P	Y/N/P	Y/N/P	Y/N/P	Y/N/P	Y/N/P

P = Partially

SECTION 3: SUPERVISORS SUPPORT LISTS

SUPERVISION SUPPORT LIST – NOTES

CLINIC NAME SUPERVISOR NAME

MONTH	NOTES	ACTIONS	DONE
JANUARY			
FEBRUARY			
MARCH			
APRIL			
MAY			
JUNE			

SECTION 3: SUPERVISORS SUPPORT LISTS

SUPERVISION SUPPORT LIST – NOTES

CLINICNAME

SUPERVISOR NAME

MONTH	NOTES	ACTIONS	DONE
JULY			
AUGUST			
SEPTEMBER			
OCTOBER			
NOVEMBER			
DECEMBER			

SECTION 3: SUPERVISORS SUPPORT LISTS

QUARTERLY SUPERVISORY SUPPORT CHECK LIST

CLINIC		SUPERVISOR	
DISTRICT		CLINIC STAFF	DATE

MANAGEMENT FUNCTIONS

Tick appropriate box

PERSONNEL	Action to be taken		Clin	Sup
	#			
Vacant posts pending	#			
Disciplinary action pending	#			
Employer folder updated	Y	N		
Staff training plan	Y	N		
Staff meetings weekly	Y	N		

LOGISTICS

Telephone working	Y	N		
Radio working	Y	N		
Ambulance service functional	Y	N		
Transport plan	Y	N		

SUPERVISION

Monthly visit schedule	Y	N		
Visits on schedule	Y	N		
Written report of supervision	Y	N		
In-service training of clinic staff	Y	N		

INFORMATION

Registers used properly	Y	N		
Monthly stats feedback	Y	N		
Data graphed	Y	N		
Catchment map update	Y	N		
Posters up to date / display	Y	N		

EQUIPMENT

Refridge - temperature record	Y	N		
Polio VVM	Y	N		
Vaccines expiry	Y	N		
BP cuff	Y	N		
Scales	Y	N		
Other requirements (lists)	Y	N		
Repairs not completed/awaited	Y	N		

DRUGS/SUPPLIES

Review monthly out of stock	Y	N		
Out > 1 full month	Y	N		
Storage conditions/records ok	Y	N		

COMMUNITY

Date	Action to be taken		Clin	Sup
Last meeting				
Last CHW meeting				
Condoms in clinic freely	Y	N		
Condoms in community places	Y	N		

Clin = Clinic
Sup = Supervisor

SECTION 3: SUPERVISORS SUPPORT LISTS

QUARTERLY SUPERVISORY SUPPORT CHECK LIST

SERVICE PROVISION

Tick the appropriate box

SERVICES AVAILABLE	Action to be taken if (N) to questions below		Clin	Sup
EPI	#	Days		
Sharps disposal correct	Y N			
Records correct	Y N			
Return date indicated	Y N			
FP	#	Days		
Continuity of cases	Y N			
All choices available	Y N			
HIV counsel	Y N			
ANC	#	Days		
RPR's sent/treated	Y N			
Fe tabs	Y N			
Tetanus Toxoid	Y N			
STD's	#	Days		
Contact tracing	Y N			
FP	Y N			
HIV counsel	Y N			
Mental	#	Days		
Violence counseling	Y N			
Psychiatric disease	Y N			
Epilepsy/f/u	Y N			
Chronic	#	Days		
Diabetes managed	Y N			
Hypertension cases checked	Y N			
Home cases	Y N			
Child Curative	#	Days		
IMCI protocol use	Y N			
EPI checked	Y N			
Nutrition advise	Y N			
Nutrition Growth Promotion	#	Days		
WT Chart used for advise	Y N			
No bottles	Y N			
Vitamin A	Y N			
Adult Curative	#	Days		
HIV counselling	Y N			
BP > age 50	Y N			
Gloves for blood	Y N			
All services 5 days	Y N			

OTHER VISITS TO CLINICS OVER PAST QUARTER

	Visits	Action to be taken	Clin	Sup
Environmental health officer (map, water, toilets)	#			
Dental	#			
Genetic	#			
Eye	#			
Other (doctor, Psych, etc)	#			

Clin = Clinic
Sup = Supervisor

SECTION 3: SUPERVISORS SUPPORT LISTS

CHECKLIST: CLINIC SUPERVISORS – STAFF RELATIONSHIP

Note: Supervisors need to complete this self-assessment before starting their new supervisory schedule and monthly after clinic visits to help make decisions about changing/improving their supervisory approach. It will help to keep track of one's progress in enhancing their interpersonal relationships with clinic in-charge and other staff.

CLINICS VISITED	1.	DATE	
	2.		
	3.		
	4.		

DO YOU NEED TO CHANGE YOUR APPROACH?

Take a few minutes to assess how you approach staff and relate with them

Tick appropriate box

Comments if NO

Approach all clinic staff more as supervisor's important partners and team members in ensuring quality PHC services and less as mere subordinates

<input type="checkbox"/> Y	<input type="checkbox"/> N
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Having good knowledge about the clinic and staff being supervised/visited

- Review study clinic file prior to visit to note agreements/issues raised previously Y N
- Note strengths and limitations regarding clinic performance in delivery of integrated package of PHC services and community participation Y N
- Note staffing complement and technical preparation Y N
- Be aware of important community issues already known/reported Y N
- Note any known recent personal experiences of individual staff members that need supervisor's word of comfort, best wishes, or congratulations Y N

Communication before visit

- Make sure clinic sister/staff are aware of intended supervisory visit and date Y N
- Share written agenda for visit with in-charge ahead of visit Y N

Approaching and treating clinic staff and their clients well

- Greet staff and announce arrival politely Y N
- Show warmth, respect and patience when handling in-charge and others throughout the supervisory visit Y N
- Allow time for staff to complete any consultations underway and for handover Y N
- Help to create calm atmosphere by waiting for appropriate timing before making comments or asking about staff behaviour/performance or mistakes eg when seated, once there is privacy, when climate is conducive Y N
- Validating that any emergencies have been attended to and in-charge is free to attend to the supervisor Y N
- Explain or review agenda for day's visit with in-charge Y N

SECTION 3: SUPERVISORS SUPPORT LISTS

CHECKLIST: CLINIC SUPERVISORS – STAFF RELATIONSHIP

[✓] Tick appropriate box

Comments if NO

Use a teamenhancing approach throughout the supervisory activities

- Practice active listening during discussions and throughout the interactions Y N
- Encourage staff to express what they liked about their work in the past month and their wishes for coming weeks Y N
- Give in-charge and other staff complements for jobs done well, new initiative and innovations or jobs done well to improve quality of care Y N
- Take enough time to understand the issues of clinic staff and problems or opportunities at the facility Y N
- Correct errors and wrong practices gently and constructively rather than criticizing or scolding Y N
- Assist, involve and encourage clinic in-charge and other staff to identify problems and in problem solving Y N
- Give staff the information they need to do their jobs well (use the relevant sections in the supervisors manual and standard guidelines) Y N
- Give staff the practical, workable suggestions on how they can obtain the supplies, equipment, and other materials they need to do their jobs well Y N
- Maintain open and focused discussions by asking open-ended questions, paraphrasing, and summarizing findings and agreed on solutions from time to time Y N
- Speak with other levels of staff and not only the sister in-charge Y N

Concluding the visit

- Summarize with in-charge the specific aspects of care going well and commend them for it Y N
- Summarize the specific aspects that need change and discuss/review what needs to be done and how Y N
- Share with staff as a group the supervisor's general impressions on what is going well and what needs further improvement based on the supervisor's findings (details to be provided by clinic in-charge later) Y N
- When ready to leave, thank clinic in-charge and others where possible Y N
- Bid the m goodbye till next time Y N

