

Effective Diagnosis, Treatment, and Monitoring of Hypertension in Primary Care: Training Workshop

Session 7 Supervision

Content should be adapted with country-specific information prior to use.
Red text denotes places where modification may be required. Guidance on how to adapt the training is provided in the Course Overview.

Competency and objectives

Competency

Ability to conduct supervision visits and provide constructive feedback to primary health care staff

In this session you will discover how to:

- Prepare a schedule for a supervision visit
- Complete the supervision checklist
- Provide supportive supervision and effective feedback.

Purpose of supervisory visits

- Visits provide the opportunity to:
 - Improve staff knowledge and skills
 - See and better understand the challenges staff face
 - Dialogue with staff
- During these visits you can:
 - Observe and reinforce desired performance
 - Identify and correct unsatisfactory performance
 - Learn about concerns or challenges facing staff

Supportive supervision

Supportive supervision	Controlling supervision
<ul style="list-style-type: none">• Focus on improving performance and building relationships	<ul style="list-style-type: none">• Focus on finding faults
<ul style="list-style-type: none">• Respectful, non-authoritarian, open, two-way communication	<ul style="list-style-type: none">• Top-down, authoritarian, one-way communication
<ul style="list-style-type: none">• Supervisor as teacher, coach, mentor	<ul style="list-style-type: none">• Supervisor as enforcer
<ul style="list-style-type: none">• Programme monitoring and problem solving are identified and addressed consistently	<ul style="list-style-type: none">• Problem-solving is intermittent
<ul style="list-style-type: none">• Regular follow-up	<ul style="list-style-type: none">• Little or no follow-up
<ul style="list-style-type: none">• Provides support	<ul style="list-style-type: none">• Reprimands

EXERCISE 1



Discussion: Positive and negative experiences of being supervised

Share past supervised experience with the group.

Did you feel supported or controlled?

What impact did this experience have on your performance?

Steps of supervision

Step 1: Planning regular supervisory visits

Where: using data to decide priority supervision sites

When: schedule supervisory visits using a work plan

What: decide what to focus on during supervision



Step 2: Conducting supportive supervision visits

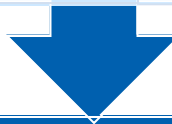
Observe

Use data

Problem solve

Provide on-the-job training

Record observations and feedback



Step 3: Follow-up

Follow up on agreed actions

Conduct regular data analysis

Provide feedback to all stakeholders

Step 1: Planning a visit

Developing a supervision summary table

Name of facility	6-month control rate	Last quarter visit	Additional remarks	Focus of the planned visit
A	25%	Treatment not escalated according to protocol	New staff	Training on treatment protocol
B	80%	Inconsistency between reported data and treatment register	Patient records and registers are not updated	Verify data. Provide on-the-job training
C	-	Missing report	Patient treatment cards out-of-stock	Provide support to print treatment algorithm
D	30%	Stock-out of core drugs	Sufficient drugs were not indented	Training on drug inventory projections and indenting

- Where to conduct the visits
- When to schedule supervisory visits
- What to focus on

EXERCISE 2



Supportive supervision planning

*There are **150 SCs**, **40 PHCs** and **10 CHCs** in a district. Plan your visits for the first quarter of 2018 (January to March) and mark your visits on the calendar.*

All facilities had BP control rate <50% in the last quarter.

*In addition, PHC **[NAME]** had drug stock-outs, while PHC **[NAME]** has only one doctor, who has been on sick leave for the last three months.*

Note that they are busy during the first week of the quarter preparing various reports. There is a district-level review meeting on the last Monday of every month and a state-level review every other month

Step 2: Conducting supervision visits

TREATMENT SUPERVISION/AUDIT FORM		
Facility name:	District name:	Date:
Name of supervisor:	Name of medical officer:	
Has the facility started the hypertension treatment programme? Circle, as appropriate:		Y N NA
N°	Indicator	Circle any
1	Screening and BP measurement	
1.1	Is opportunistic screening done for all adults?	Y N
1.2	Is the BP measurement protocol displayed on the wall/desk?	Y N NA
1.3	Is there at least one functioning BP instrument in the facility?	Y N NA
1.4	Are all patients with BP $\geq 140/90$ referred to the medical officer for treatment?	Y N NA
1.5	For how many patients was BP measured correctly? (Observe 5, >2 of each staff who measure BP)	0 1 2 3 4 5
2	Treatment	
2.1	Is the treatment algorithm displayed on the wall/desk?	Y N NA
	Randomly audit 10 patient treatment cards (see Patient card audit form). Write for what proportion of patients:	Proportion:
2.2	BP was recorded at every visit for the last three visits	
2.3	Initial antihypertensive medication was given as per protocol	
2.4	Medication was intensified or added as per protocol if BP $\geq 140/90$ (write NA if not applicable)	
2.5	Aspirin was given if patient had prior CVD (write NA if not applicable)	
2.6	Statin was given if patient >40 yrs with diabetes or if patient had prior CVD (NA if not applicable)	
2.7	Referral to a specialist was made if BP $\geq 140/90$ after treating with three drugs (NA if not applicable)	
2.8	BP was <140/90 at last visit	
3	Counselling and follow-up	
3.1	Is there a staff assigned for patient counselling?	Y N NA
3.2	Are patient counselling tools/materials available?	Y N NA
3.3	Is there a system for counselling patients individually or as a group?	Y N NA
3.4	Is there a system for tracking initial defaulters?	Y N NA
3.5	Is there a functional system for patient reminder and follow-up?	Y N NA
4	Service delivery. Interview 5 patients and validate (see Patient interview report card). Circle number of positive responses	
4.1	Was BP measured at every visit?	0 1 2 3 4 5
4.2	Did the patient receive all prescribed medicines at this visit?	0 1 2 3 4 5
4.3	Did the patient ever have to pay for medicines in the past?	0 1 2 3 4 5
4.4	Does the patient have correct understanding of how to take medicines?	0 1 2 3 4 5
4.5	Does the patient know his/her BP reading at this visit?	0 1 2 3 4 5
4.6	Does the patient know the target BP?	0 1 2 3 4 5
5	Drug inventory system	
5.1	Is there a functioning drug inventory system in place?	Y N NA
5.2	Was there a stock-out of core drugs in the past quarter?	Y N NA
5.3	If there was a stock-out this quarter, which drugs were not available?	Y N NA
5.4	Is there enough buffer stock of core drugs for the next quarter?	Y N NA
6	Patient recording and reporting system	
6.1	Is there a functioning recording and reporting system in place?	Y N NA
6.2	Are there sufficient patient cards for next three months?	Y N NA
6.3	Is the facility register for follow-up available?	Y N NA
6.4	Is there a place to arrange/store patient cards?	Y N NA
6.5	Are the cards organized by serial number or other system so easily retrievable?	Y N NA
6.6	Was last quarter's report sent on time?	Y N NA
6.7	Does the clinic in charge know the percentage of patients with BP <140/90 at the facility?	Y N NA
6.8	Is last quarter's 6-month BP control rate reported accurately? (check register from last quarter)	Y N NA

Supervision checklist

- Screening and BP measurement
- Treatment
- Counselling and follow-up
- Service delivery
- Drug inventory system
- Patient recording and reporting system

Step 2: Conducting supervision visits: Methods for collecting information

Observation

- Observe provision of services, organization, interactions
- Speak with health workers and patients

Use of data

- Check records and validate data
- Examine drug supplies

EXERCISE 3



Collecting information for the supervision checklist

Review the supervision checklist provided.

For each section of the checklist, discuss how best to collect information and which data are most suitable for evidence-based evaluation.

Summary report

- Come to an agreement with staff about timelines for prioritized recommendations
- Identify training needs and/or provide on-the-job training
- Record observations and feedback
- Discuss findings with health facility supervisor and appropriate staff

Effective communication tips

- Probe to see if awareness of an issue or concern exists prior to providing advice
- Start with the positive
- Seek solutions
- Identify and describe common ground
- Do not focus on fault or guilt
- Be honest

EXERCISE 4



Supervision checklist review

Review the supervision checklist provided to identify key problems and note them under each subheading.

Identify solutions/recommendations for each problem and note them under each subheading.

Step 3: Follow-up activities

- Share the summary report widely
- Continue post-visit follow-up
 - Analyse data for performance changes
 - Check-in on recommendation adoption
 - Schedule additional site visits, as needed

EXERCISE 5



Role play: Problem solving and feedback

Role 1– Supervisor who has made a visit to a health facility:

Pick a problem from the summary report in Exercise 3.

Keeping in mind principles of good communication, provide feedback to the rest of the group.

Role 2 – PHC staff:

Listen to the feedback on your performance and respond.

EXERCISE 6



Conducting a site visit to a health facility

Fieldwork (half day)

Using the supervision checklist, conduct a supervisory visit to a primary health centre

Prepare the supervision summary report

Provide feedback to staff

Classroom (half day)

After returning to the classroom, reflect on the supervision process and share your reflections with other participants

Make a plan for a follow-up to the supervision visit