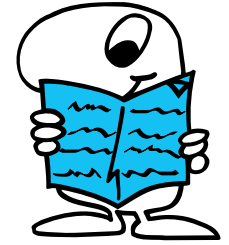


## Initiative for Sub-District Support



Kwik-Skwiz  
#15

# Supporting staff through effective supervision: How to assess, plan and implement more effective clinic supervision

*The best supervisor provides support without taking charge and with skill, understanding and patience - Feuenstein, M.T. (1986), P. 166*

## The Issue

This Kwik-Skwiz addresses the important area of clinic supervision. This document is aimed at district management teams; clinic supervisors and programme managers may find it especially useful. Key areas of effective supervision are presented with the aim of assisting district management teams to critically assess clinic supervision in your district.

## The role of the clinic supervisor

The role of a clinic supervisor is an interesting and challenging one. This is because clinic supervisors find themselves working between the world of management and the world of people directly providing health services. The role of a clinic supervisor is dynamic and should include such activities as mentoring (especially new staff), seeing that clinics are well supplied and staffed, coordinating in-service training programmes, identifying training needs, and monitoring the quality of service delivery. Yet, there can be difficulties within this position such as:

- Lack of a clear job description
- Lack of coordination between clinic supervisors and programme coordinators
- Time spent on non-supervisory tasks
- Clinic time not being used effectively
- Lack of adequate training for supervisors in key areas of interpersonal skills and supervisory techniques. (WHO, 1993)

Effective supervisors must be able to strike a balance between monitoring and evaluating services and providing support and encouragement to staff. Broadly defined,

supervision includes setting realistic goals for clinics (in consultation with the district management team and clinic staff) and assisting clinic staff to meet such goals. (WHO, 1993) As one ISDS facilitator explains; "Supervision should no longer be seen as a policing or inspection function only, but one that involves consultation, participation, self criticism and working out solutions together".

Clinic supervisors must be able to work effectively within evolving district structures and be able to report changes in management and policy back to clinic staff. Such "report back" is essential for staff motivation and team building. They also need to work intersectorally. For example, the clinic supervisor must work collaboratively with doctors, PHC nurses and programme coordinators to coordinate and rationalise training. This job can be facilitated through the development of training task teams which has been done in some districts. Supervisors must work closely with programme coordinators not only in planning and implementing training programmes, but collecting and disseminating information on new policies and guidelines as well.

Supervisors also need to liaise with others such as the district health information officer regarding statistics and data routinely collected at the clinic level. For example, the current development of new daily clinic registers (tick registers) requires that all clinic staff receive adequate training in their use. Staff should also be challenged to see what this health information says about their community and the services they provide. Also, clinic supervisors must work closely with district drug coordinators to improve the management of drugs, the use of essential drugs lists and rational drug prescribing.

Finally, supervisors themselves will require periodic training and updates to keep abreast of the many rapid changes in health care.

Although supervision is an important part of programme activities, it is often the weakest part. Supervision has been defined as, "The support and guidance that a supervisor gives staff for whom he or she is responsible in order for them to perform their duties effectively, competently, and receive job satisfaction (WHO. 1993. p. 7). Poor quality supervision can lead to staff feeling isolated and unsupported, while too much supervision can lead to staff resentment. (Feuerstein MT, 1986.) Developing the skills and abilities of clinic supervisors should be seen as an important part of district development and overall improvement in quality of care.

### *The framework*

Below is a framework of questions and topics to use when reviewing the current state of clinic supervision in your district.

### *Developing Capacity to Do the Job*

#### **Job Description**

Do the supervisors have clear job descriptions?

If **YES**; ask

- Does the job description match the actual day to day activities of the person?
- Is time spent on non-supervisory activities or on one or two activities at the expense of others?
- How is the job different from the job of a programme co-ordinator?
- How does the work of co-ordinators and supervisors complement (or overlap) the other?

If **NO**; a job description needs to be developed.

The job description should reflect the unique needs of the district as well as current constraints. The description should be as specific and action oriented as possible. Goals as well as activities to achieve such goals should be included (Feuerstein MT 1986).

#### *Skills Development*

#### **What background training is needed to do this job?**

It may be dangerous to assume that supervisors have the clinic and managerial expertise to effectively supervise staff. This is especially true in settings where the scope of

practice of clinic nurses is wide and where poor systems of referral exist.

- What type of orientation is required or provided to new supervisors in your district?
- How are on-going educational needs of supervisors addressed?

Although needs will vary from district to district, clinic supervisors, at a minimum, must have strong skills in primary clinical care, health promotion, as well as good interpersonal skills and the ability to supervise and mentor staff.

### *Effective Supervision*

#### **What are the personal qualities of an effective supervisor and how are these promoted?**

- Supportive, good listener, able to provide constructive criticism
- Ability to mentor; to nurture, motivate, guide, counsel, challenge as well as facilitate education and training (DEPAM, 1997)
- Ability to build a trusting relationship with subordinates
- Ability to help staff evaluate their own achievements
- Ability to accept and initiate change
- Ability to set realistic goals and assist staff to meet them

### *Information dissemination*

- Provides staff with new information in a rationale and timely manner
- Keeps staff informed of changes and developments regarding policies and practice
- Provides staff with educational materials as needed
- Provides feedback on health information such as routinely collected data

### *Improving Quality of Care*

What role do the clinic supervisors in your district play in the Quality Assurance cycle?

For example,

- ✓ Advocating and assisting in the development of standards of care
- ✓ Communicating standards of care to clinic staff
- ✓ Using standards of care to routinely monitor practice

- ✓ Assisting staff to analyse and interpret routinely collected data
- ✓ Supplying the district management team with valuable information on current constraints and barriers to improved practice.
- ✓ Monitoring Quality- Identifying and Defining Problems and selecting areas for improvement. For example, how do clinic supervisors “*scratch the surface*” to assess quality of care? (Brown et al.)

#### ***Effective use of clinic visits***

- Scheduling clinic visits in a rational way
- Managing one’s time effectively
- Having objectives for each visit (disseminating new information, listening to staff problems, ensuring adequate supplies and staff, collecting routine data)
- Taking time to provide individual attention
- Completing routine observation checklists
- Keeping records of visits (areas of concern, action that needs to be taken)
- Providing immediate follow up to staff after a visit
- Providing timely reports back to the district management team

#### ***Effective Training***

- Provide orientation to new staff
- Identify training resources (e.g., district medical staff, nurses with specialised skills, resource manuals, journals, videos, etc.)
- Identify training needs;
  1. Conduct annual individual performance appraisals that are both subjective and objective.
  2. Work with staff members to identify their own strengths, weaknesses, career goals, educational goals, etc.
  3. Individual assessment of skills (a skills audit)
  4. Maintain individual in-service training records (an example is provided at the end of this Kwik Skwiz)
- Provide on-site support when new programmes or practices are introduced

- Promote self-directed learning amongst staff e.g. Distance based programmes like the Perinatal Education Programme (PEP)
- Encourage informal in-service education amongst staff on important topics such as assertiveness training and effective communication
- Assist with evaluation of training programmes

This list helps to illustrate the important role clinic supervisors play in the development and support of staff. When done well, supervision plays an important role in improving service delivery, motivating staff and ultimately improving the quality of care.

We welcome your comments and suggestions for future Kwik-Skwiz topics, two of which focus on clinic nurses and nurse training.

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### *Clinical Skills In-Service Training Record*

Ideally, data regarding in-service training should be generated on an individual basis. This will allow the district management team, especially the HRD committees and clinic supervisors, to have a clear understanding of individual staff training needs. It will also highlight the needs of new staff. An example of a *possible* training record is given below. Please note that this is just a sample and districts need to develop training records which suit their unique circumstances and priority health problems.

Topic	Date Completed
<b>Clinical Skills</b>	
History Taking & Physical Examination	
Collecting & interpreting lab data	
Rational drug use	
Use of the Essential Drugs List & Standard Treatment Guidelines	
<b>Midwifery</b>	
Recognition & referral of high risk pregnancies	
Use of the partograph	
Termination of Pregnancy	
Family Planning	
<b>Child Health</b>	
Expanded Programme on Immunisations	
Growth Monitoring	
IMCI (integrated management of childhood illness)	

Topic	Date Completed
Syndromic Management of STDs	
Tuberculosis Care and Control including DOTs (directly observed therapy)	
HIV primary care	
HIV/AIDS Home Based Care	
HIV Counseling	
<b>Chronic Disease</b>	
Management of Hypertension	
Management of Diabetes	
<b>Mental Health</b>	
Recognition and Referral of Psychiatric Emergencies	
Management of Chronic Conditions	
<b>Other issues such as;</b>	
Disabilities-recognition & referral	
Welfare services- knowledge of community resources and referral channels	
<b>Health Information Systems</b>	
Use of the daily clinic register	

*Written by Susan Strasser, ISDS Nurse Training Coordinator*

#### **Comments or criticism?**

Contact: Susan Strasser

Tel: 031 307 2954

Fax: 031 304 0775

Email: susan@healthlink.co.za

#### **Initiative for Sub-District Support**

Health Systems Trust

401 Maritime House

Salmon Grove, Durban 4001

Internet: <http://www.hst.org.za/isds>

Tel: 031 307 2954

Fax: 031 304 0775

Email: isds@healthlink.org.za

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