

The MalariaCare Toolkit

Tools for maintaining high-quality malaria case management services

Evaluation form for clinical supervisors

Download all the MalariaCare tools from: www.malariacare.org/resources/toolkit.



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U.S. President's Malaria Initiative

Evaluation form for clinical supervisors

Evaluator name (your name): _____

Clinical outreach training and supportive supervision (OTSS) supervisor name:

Location: _____

Date of health facility visit: ____/____/____

For the following questions, observe the supervisor during a health facility visit. Indicate your observations using the yes/no check boxes below. Write additional comments, if needed, in the “comments” space below.

MENTORING SKILLS	Check only one
<p>1. Did the supervisor prepare for the visit by reviewing records from previous visits?*</p> <p><i>Comments:</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Initial visit</p>
<p>2. At the beginning of the visit, did the supervisor greet the health worker and try to put him/her at ease (e.g., supervisor was nonjudgmental, listened attentively, was polite, had body language [i.e., eye contact] that did not intimidate local staff, addressed individuals by name)?</p> <p><i>Comments:</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. Did the supervisor treat all individuals similarly regardless of sex, age, ethnicity, or level of training?</p> <p><i>Comments:</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

*If this form is being used during an initial training or visit, simply remind the supervisor that they should routinely do this for each OTSS visit.

<p>4. Did the supervisor silently observe the health worker as he/she managed a patient brought in for initial consultation?</p> <p><i>Comments:</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5. Did the supervisor stand close enough to the health worker to accurately assess his/her ability to correctly perform a rapid diagnostic test (RDT)?</p> <p><i>Comments:</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>6. Did the supervisor record the health worker's assessment findings, classifications, treatments, and patient feedback on the supervisor checklist?</p> <p><i>Comments:</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>7. After the caretaker/patient left, did the supervisor provide feedback to the health care worker on the consultation?</p> <p><i>Comments:</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>8. Did the supervisor provide feedback in a constructive manner to the health worker?</p> <p><i>Comments:</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>9. Did the supervisor document that staff understood feedback based both on a discussion with them and obtaining their signature to indicate their understanding?</p> <p><i>Comments:</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>10. Did the supervisor use problem-solving techniques* to help solve a problem?</p> <p><i>Comments:</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>11. Did the supervisor provide appropriate and accurate correction for the identified problem/s? (Did he/she have relevant knowledge of the subject or skills to provide an appropriate correction?)</p> <p><i>Comments:</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>12. Did the supervisor have access to the current policies for laboratory and treatment algorithms and use them as a reference when asked questions related to policy or to justify a correction?</p> <p><i>Comments:</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>COMPLETENESS OF SECTIONS IN CHECKLIST</p>	
<p>13. Did the supervisor assess stocks of equipment and supplies?</p> <p><i>Comments:</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Done by other team member</p>
<p>14. Did the supervisor assess availability of standard operating procedure (SOPs) and reference materials?</p> <p><i>Comments:</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Done by other team member</p>

**Problem-solving techniques: Supervisor understands the cause of the problem, helps the health worker list possible solutions, and helps the health worker select a solution. Unless the health worker has no ideas, the supervisor should not tell the health worker what to do. The supervisor's role is to help the health worker find a solution himself/herself.*

<p>15. Did the supervisor assess antenatal care (ANC) services?</p> <p><i>Comments:</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Done by other team member</p>
<p>16. Did the supervisor assess referral systems?</p> <p><i>Comments:</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Done by other team member</p>
<p>17. Did the supervisor determine if staff received any previous training?</p> <p><i>Comments:</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Done by other team member</p>
<p>18. Did the supervisor review the register to collect epidemiological data (tallies)?</p> <p><i>Comments:</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Done by other team member</p>
<p>19. Did the supervisor review the register to collect data on adherence?</p> <p><i>Comments:</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Done by other team member</p>

FOLLOW-UP

<p>20. Did the supervisor record major issues to be addressed in the next supervisory visit?</p> <p><i>Comments:</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Done by other team member</p>
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In the boxes below, record positive and critical feedback that was given to the supervisor. The supervisor must sign below to confirm that the feedback was received and understood.

<p>Positive feedback:</p> <ol style="list-style-type: none">1.2.3.	<p>Critical feedback:</p> <ol style="list-style-type: none">1.2.3.
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Supervisor signature: _____



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