

The MalariaCare Toolkit

Tools for maintaining high-quality malaria case management services

Evaluation form for laboratory supervisors

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



MalariaCare
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U.S. President's Malaria Initiative

Evaluation form for laboratory supervisors

Evaluator name (your name): _____

Laboratory 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	<i>Check only one</i>
<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 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 preparation, staining, and reading of thin and/or thick films?</p> <p><i>Comments:</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable</p>
<p>5. Did the supervisor silently observe the preparation and reading of rapid diagnostic tests (RDTs)?</p> <p><i>Comments:</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable</p>
<p>6. Did the supervisor stand close enough to be able to accurately assess the preparation of RDTs?</p> <p><i>Comments:</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable</p>
<p>7. Did the supervisor record observations using the checklist?</p> <p><i>Comments:</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>8. Did the supervisor provide constructive feedback to the laboratory staff?</p> <p><i>Comments:</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>9. Did the supervisor document that laboratory staff understood feedback based both on a discussion with them and obtaining their signature that 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 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 polices 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 the 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 available standard operating procedures (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: The 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 internal quality control mechanisms?</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 external quality assurance mechanisms?</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 recheck at least ten slides?</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 assess the number of staff and 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>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

20. Did the supervisor record major issues for follow-up in the next supervisory visit?

Yes No

Comments:

Done by other team member

In the following boxes, record positive and critical feedback given to the supervisor. The supervisor must sign below to confirm that the feedback was received and understood.

Positive feedback:

- 1.
- 2.
- 3.

Critical feedback:

- 1.
- 2.
- 3.

Supervisor signature: _____



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