

Effective Diagnosis, Treatment, and Monitoring of Hypertension in Primary Care

Participant Guide

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.

Expected competency on completion of session:

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

Target users:

District supervisors

Higher-level 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.

KEY POINT

Good supervision is the process of helping staff continually improve their own performance.

7.1 Purpose of supervision

Effective management of hypertension requires the cooperation of health care providers in the primary health care facilities. As a district supervisor, you will be responsible for ensuring that screening, diagnosis, treatment and monitoring of patients with hypertension is undertaken according to the guidelines. Supervisory visits to health facilities give you the opportunity to assess performance and provide technical guidance so that staff are best equipped to provide services and perform activities accurately.

- Good supervision:
 - Is the process of helping staff improve their performance
 - Is an opportunity to improve staff knowledge and skills
 - Gives you the opportunity to see and better understand the challenges staff face as well as to 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.

In conducting regular supervisory visits, you should aim to help staff identify and solve problems rather than simply highlighting things that are “wrong.” Regular visits can foster a good working relationship with staff.

7.2 Approaches to supervision

While many public health programmes have historically used an authoritarian or controlling approach in supervising, a supportive approach is preferred. An environment in which supervisors and staff work together to solve problems and improve performance has been shown to produce better results.

Supportive supervision explores the programme’s priorities and problems with workers and recognizes that workers are well-placed to offer solutions and provide valuable perspectives. Supportive supervision helps workers understand the importance of the data they collect as well as interpret it in their local context. The hallmark of supportive supervision is open, two-way communication.

Supportive supervision leads to a dialogue that jointly explores challenges or gaps, sets priorities, and formulates solutions.

The following table compares the characteristics of a supportive versus controlling approach to 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

KEY POINT

Supportive supervision is about helping to make things work rather than checking to see what is wrong.



EXERCISE 1: DISCUSSION: POSITIVE AND NEGATIVE EXPERIENCES OF BEING SUPERVISED

Recall a past experience of being supervised. Did you feel supported or controlled? What impact did this experience have on your performance?

7.3 Steps of supervision

Overview of Steps

Step 1: Planning regular supervisory visits

- Where: use 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 supervisory visits

- Observe
- Use data
- Problem solve
- Perform on-the-job training
- Record observations and feedback.

Step 3: Follow-up

- Follow up on agreed actions by supervisors and supervised staff
- Conduct regular data analysis
- Provide feedback to all stakeholders.

Step 1: Planning supervisory visits

Where to conduct the visits:

- In general, each primary health centre should be visited at least once a quarter.
- If there are more health facilities than available time, prioritize supervisory visits based on the following criteria:
 - Low BP control rate
 - Poor reports from previous supervision visits
 - No visit conducted in the last quarter
 - Missing, incomplete, or inaccurate report for the last quarter
 - New staff who may need training.

When to schedule supervisory visits

- Plan your 3-month calendar using approximately 70 working days per quarter.
- Keep in mind other planned work, such as district, state or national review meetings, training of new staff, preparation of reports, etc.
- Create a feasible and practical schedule, taking into account the distance, transportation difficulties, or constraints due to weather and travel conditions.
- Try not to rush your visit. Plan to spend enough time at each health facility so that you can connect with staff and complete all necessary tasks.
- Inform the health staff you supervise of the schedule.
- Take into account planned activities of health staff you supervise, such as weekly/monthly meetings and special activities (e.g. **market days**).

What to focus on

- Prepare a summary of the review of previous supervision reports or data analysis to identify what to focus on during supportive supervisory visits. An example is provided below.

Name of facility	6-month control rate	Last quarter supervision 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 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

- Always provide sufficient advanced notice of the visit to relevant officials.
- Always try to involve the health facility supervisor during the visit.
- Give a summary of findings and recommendations at the end of your visit.
- Give a written feedback to the health facility after the visit, and periodically give a summary to all relevant officials.



EXERCISE 2: SUPPORTIVE SUPERVISION PLANNING

There are *150 subcentres, 40 primary health centres and 10 community health centres* in a district. Plan your visits for the first quarter of 2019, and mark your visits on the calendar provided.

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 you 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.

JANUARY 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat	Notes:
	1	2	3	4	5	6	
7	8	9	10	11	12	13	
14	15	16	17	18	19	20	
21	22	23	24	25	26	27	
28	29	30	31				

FEBRUARY 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat	Notes:
				1	2	3	
4	5	6	7	8	9	10	
11	12	13	14	15	16	17	
18	19	20	21	22	23	24	
25	26	27	28				

MARCH 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat	Notes:
				1	2	3	
4	5	6	7	8	9	10	
11	12	13	14	15	16	17	
18	19	20	21	22	23	24	
25	26	27	28	29	30	31	

Step 2: Conducting supportive supervisory visits

Supervision checklist

A simple and short supervision checklist helps with the systematic collection of information on various key activities at the health facility. Please refer to the end of this section for a sample supervision checklist (Annex A). Information to be collected is organized in the following sections:

1. Screening and BP measurement
2. Treatment
3. Counselling and follow-up
4. Service delivery
5. Drug inventory system
6. Patient recording and reporting system.

The checklist can help to identify key problems to be addressed and to focus discussion on possible solutions.

Use the checklist to conduct supervision visits by:

- Observing how staff do their work
 - Observe availability and functioning of essential tools in the health facility, such as BP monitoring, treatment protocol, Patient Treatment Cards, Facility Register for Hypertension.
 - Observe how services are organized, including BP measurement, counselling, treatment.
 - Listen to how staff interact with patients.
 - Speak with various teams of health staff to understand their roles and assess their knowledge.
 - Interview patients at the end of their visit to understand the quality of service being provided.
- Using data
 - Check records and validate data.
 - Check prescriptions on the patient card to see if treatment is given per the protocol.
 - Verify BP entries on the Patient Treatment Cards.
 - Validate entries on the Patient Treatment Cards with the Facility Register for Hypertension versus reports.
 - Check drug stocks.

KEY POINT

Always conduct supervision together with the health facility staff.

The purpose of supervision is to help solve problems together.



EXERCISE 3: DISCUSSION: COLLECTING INFORMATION FOR THE SUPERVISION CHECKLIST

Review the sample hypertension treatment supervision checklist. For each section of the form, discuss how best to collect information and which data are most suitable for performance evaluation.

Hypertension Treatment Supervision Checklist

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

Summary report

Once the supervision checklist has been completed, generate a summary report, which will list the problems identified during the visit (See sample summary report below.) Discuss your findings with the health facility supervisor and appropriate staff. Work with staff to find possible solutions.

- 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.

After the visit, a copy of the report stays at the health facility. Send a copy to the district, and keep a copy for your files.

KEY POINT

Giving and receiving feedback should be a sincere attempt to help the recipient improve his/her performance, behaviour, understanding, relationships, or interpersonal skills.

Summary Report

SUMMARY OF SUPERVISION VISIT		
Problems identified		Recommendations
1	Screening and BP measurement	
2	Treatment	
3	Counselling and follow-up	
4	Service delivery including costs to patient	
5	Drug inventory	
6	Recording and reporting	
7	Any other	

Tips on effective communication

Feedback should aim to help the recipients improve their effectiveness and should focus on developing skills and strengthening areas that need improvement, rather than on criticizing or judging the recipient.

- The provider should suggest some possible alternatives to what the recipient has been doing.
- Feedback should help the recipient set reasonable goals for changing and improving performance or behaviour.

Be supportive

- Before stating issues and concerns directly, find out if the recipient is already aware of them. If the person is given an opportunity to share his/her views, he/she is less likely to be defensive and more likely to be constructive and creative in discussing alternatives.
- Start with the positive. Emphasize what went really well and praise what the individual or group is doing right.
- Identify the issue or problem as clearly and specifically as possible. Once you have done that, stick to exploring it. The question is not “Who’s to blame?” but “How do we make this work as well as possible?”
- If you are talking with the person you consider to be at the centre of the issue, assume – or, better yet, identify and describe – common ground and focus on your common interest in making things better.
- Do not look for expressions of guilt or responsibility but rather for changes that will improve the effectiveness of an individual or organization’s efforts.

Be honest

- Providing constructive feedback, being supportive, and avoiding blame do not mean being dishonest. On the contrary, they require honesty, or the feedback will be useless.
- Deal directly with the real problem or issue. Identify it clearly. If you know how it became a problem, explain this and help the recipient work out strategies for fixing it now and preventing its recurrence in the future.

KEY POINT

Ask questions in a friendly manner and you are likely to obtain more useful information.

Always praise correct performance.



EXERCISE 4: SUPERVISION CHECKLIST REVIEW

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

Using the summary form provided on page 15, identify solutions/recommendations for each problem and note them under each subheading. An example is provided.

TREATMENT SUPERVISION/AUDIT FORM		
Facility name: PHC A District name: XXXXX		Date: 15.9.2017
Name of supervisor: Mr. Z Name of medical officer: Dr. X		
Has the facility started the hypertension treatment programme? Circle, as appropriate:		<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA
N°	Indicator	Circle any
1	Screening and BP measurement	
1.1	Is opportunistic screening done for all adults?	<input checked="" type="radio"/> Y <input type="radio"/> N
1.2	Is the BP measurement protocol displayed on the wall/desk?	<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA
1.3	Is there at least one functioning BP instrument in the facility?	<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA
1.4	Are all patients with BP $\geq 140/90$ referred to the medical officer for treatment?	<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> 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 <input checked="" type="radio"/> 5
2	Treatment	
2.1	Is the treatment algorithm displayed on the wall/desk?	Y <input checked="" type="radio"/> N <input type="radio"/> 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	9/10
2.3	Initial antihypertensive medication was given as per protocol	4/8
2.4	Medication was intensified or added as per protocol if BP $\geq 140/90$ (write NA if not applicable)	2/4
2.5	Aspirin was given if patient had prior CVD (write NA if not applicable)	1/2
2.6	Statin was given if patient >40 yrs with diabetes or if patient had prior CVD (NA if not applicable)	1/1
2.7	Referral to a specialist was made if BP $\geq 140/90$ after treating with three drugs (NA if not applicable)	1/1
2.8	BP was <140/90 at last visit	2/10
3	Counselling and follow-up	
3.1	Is there a staff assigned for patient counselling?	<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA
3.2	Are patient counselling tools/materials available?	<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA
3.3	Is there a system for counselling patients individually or as a group?	Y <input checked="" type="radio"/> N <input type="radio"/> NA
3.4	Is there a system for tracking initial defaulters?	Y <input checked="" type="radio"/> N <input type="radio"/> NA
3.5	Is there a functional system for patient reminder and follow-up?	Y <input checked="" type="radio"/> N <input type="radio"/> 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 <input checked="" type="radio"/> 5
4.2	Did the patient receive all prescribed medicines at this visit?	0 1 2 3 4 <input checked="" type="radio"/> 5

4.3	Did the patient ever have to pay for medicines in the past?	<input checked="" type="radio"/> 0 1 2 3 4 5
4.4	Does the patient have correct understanding of how to take medicines?	0 1 <input checked="" type="radio"/> 2 3 4 5
4.5	Does the patient know his/her BP reading at this visit?	0 1 <input checked="" type="radio"/> 2 3 4 5
4.6	Does the patient know the target BP?	0 1 <input checked="" type="radio"/> 2 3 4 5
5	Drug inventory system	
5.1	Is there a functioning drug inventory system in place?	<input checked="" type="radio"/> Y N NA
5.2	Was there a stock-out of core drugs in the past quarter?	Y <input checked="" type="radio"/> N NA
5.3	If there was a stock-out this quarter, which drugs were not available?	
5.4	Is there enough buffer stock of core drugs for the next quarter?	<input checked="" type="radio"/> Y N NA
6	Patient recording and reporting system	
6.1	Is there a functioning recording and reporting system in place?	<input checked="" type="radio"/> Y N NA
6.2	Are there sufficient patient cards for next three months?	<input checked="" type="radio"/> Y N NA
6.3	Is the facility register for follow-up available?	Y <input checked="" type="radio"/> N NA
6.4	Is there a place to arrange/store patient cards?	<input checked="" type="radio"/> Y N NA
6.5	Are the cards organized by serial number or other system so easily retrievable	Y <input checked="" type="radio"/> N NA
6.6	Was last quarter's report sent on time?	Y <input checked="" type="radio"/> N NA
6.7	Does the clinic in charge know the percentage of patients with BP <140/90 at the facility?	Y <input checked="" type="radio"/> N NA
6.8	Is last quarter's 6-month BP control rate reported accurately? (check register from last quarter)	Y <input checked="" type="radio"/> N NA

SUMMARY OF SUPERVISION VISIT

Problems identified		Recommendations
1	Screening and BP measurement	
2	Treatment	
3	Counselling and follow-up <ul style="list-style-type: none"> • No follow-up system 	<ul style="list-style-type: none"> • Set-up system for identifying defaulters and tracking system
4	Service delivery <ul style="list-style-type: none"> • Ineffective counselling 	<ul style="list-style-type: none"> • Refresher training on counselling
5	Drug inventory	
6	Recording and reporting	
7	Any other <ul style="list-style-type: none"> • New Medical Officer 	

Step 3: Follow-up

Soon after the supervisory visit, share the report with all concerned. Supportive supervision does not end with the visit. Follow-up should be done after the visit to solve any urgent issues related to equipment or drug supply and to act on issues, as agreed with health facility staff. In the long term:

- Continue to analyse data to see if there is performance improvement.
- Communicate regularly with staff to see if recommendations are being adopted.
- If needed, conduct a follow-up visit to the facility before the next supervisory visit to support health staff, re-enforce key messages, and ensure that urgent problems identified during the supervisory visit have been solved.



EXERCISE 5: PROBLEM-SOLVING AND FEEDBACK ROLE PLAY

Work in pairs or groups, as instructed.

Role 1– Supervisor who has made a visit to a health facility: Pick a problem from the summary report in Exercise 4. 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

(half-day field work; half-day classroom)

Using the supervision checklist, conduct a supervisory visit to a primary health facility. Prepare the Summary of Supervision Visit report. Provide feedback to staff. After returning to the classroom, reflect on the supervision process and share your reflections with other participants. Make a plan for follow-up to the supervision visit.

Sources

- Managing the Revised National Tuberculosis Control Programme In Your Area. New Delhi: Central TB Division, Directorate General of Health Services, Ministry of Health and Family Welfare; 2000.
- HEARTS technical package: Systems for monitoring module. Geneva: World Health Organization; 2016.