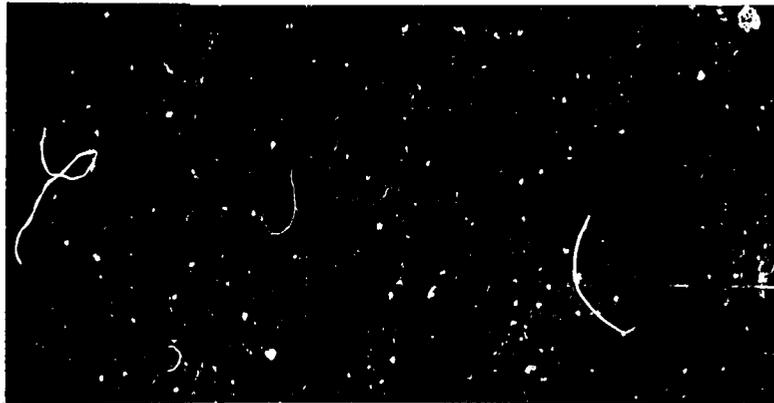


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AMERICAN PUBLIC HEALTH ASSOCIATION
International Health Programs
1015 Fifteenth Street, NW
Washington, DC 20005

PN AMN 968

FINAL REPORT ON
DEVELOPMENT OF A SUPERVISORY
SKILLS WORKSHOP CURRICULUM
FOR CLINIC NURSES IN SWAZILAND

A Report Prepared By:
H. DANIEL THOMPSON

During The Period:
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ACKNOWLEDGMENTS

The author of this report has been working with the Ministry of Health in Swaziland from June 1980 to the present. During this period several organizations funded by the U.S. Agency for International Development have sponsored aspects of his work. In early 1983 the author again faced a situation in which a funding agency decided to terminate its association with the work in Swaziland. The author is indebted to the American Public Health Association for believing that the work the author has been conducting in Swaziland with the community health worker program is valuable, and is most grateful that APHA has decided to sponsor the continuation of this work.

The author would also like to acknowledge the assistance and of the USAID staff in Swaziland for their ongoing support of this work--namely, Dr. Charles Debose, Rural Health Development Officer, and the Director of USAID/Swaziland, Robert Husemann. It is the author's firm belief that the success that has been achieved thus far would have been impossible without their interest and assistance.

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EXECUTIVE SUMMARY

A 14-day workshop, Development of a Supervisory Workshop Curriculum for Clinic Nurses, was conducted July 18-August 5, 1983, in Mbabane, Swaziland. The workshop was sponsored by the Ministry of Health/Swaziland, the American Public Health Association, Washington, D.C., and the United States Agency for International Development (USAID).

The objectives of this workshop should be viewed within the overall objective of the author's work in Swaziland since 1980, which is to strengthen aspects of the community health worker program (called Rural Health Motivators - RHMs - in Swaziland) with special emphasis on MCH/FP services as related to the delivery of primary health care. MCH/FP services are the principal focus of the work of the community health workers in Swaziland.

The workshop was conducted at the Swaziland Institute for Management and Planning Administration (SIMPA), located near the capital city Mbabane, and accommodation was provided by the Ministry of Health. Seven nurses identified by the Ministry of Health/Swaziland (MOH) as the core cadre of trainers attended the workshop. These same nurses have worked with the author since 1980 and have received a wide range of skills needed to develop training programs as well as skills needed in the delivery of training. The workshop focused on the development of a workshop curriculum on supervisory skills for clinic nurses. It is anticipated that the seven nurse/trainers will be called upon to conduct this curriculum for clinic nurses assigned to rural health facilities throughout Swaziland. Furthermore, these clinic nurses will be expected to supervise and train the community health workers (RHMs) in their catchment areas. The curriculum is seen as the vehicle to provide these necessary skills.

The author used a participatory approach, and the seven participants worked exclusively in small groups to develop the curriculum. The author's main function was to guide the participants through each stage in development of the curriculum (objectives, content outlines, methodologies, etc.), and reviewed and revised each stage with participants before moving on. As a result the curriculum developed should be seen as entirely the work of the participants, who based some of their materials on materials developed by the author and other consultants in previous workshops. The reader is referred to a copy of the curriculum developed, Supervisory Skills Workshop Curriculum for Clinic Nurses: Trainer's Manual, attached to this report.

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The only problem encountered by the author was a delay in the start of the workshop. As this was discovered shortly after arrival in Swaziland, the author was able to use the time to develop much-needed materials for the workshop.

The work the author has been conducting in Swaziland since 1980 is nearing an end. Under previous work agreements with the Ministry of Health and USAID/Swaziland, the final stage is to be the delivery of the supervisory curriculum by the seven nurse/trainers who attended the July workshop. However, the Ministry of Health expects these nurses to train other levels of health personnel within the ministry, particularly the new position of District-Level Nurse Supervisor. In discussions with both USAID/Swaziland and the Ministry of Health, it became clear that the seven nurse/trainers need to be given the necessary skills to undertake this added responsibility.

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INTRODUCTION

A 14-day workshop, Development of a Supervisory Workshop Curriculum for Clinic Nurses, was conducted in Mbabane, Swaziland, July 18-August 5, 1983. The workshop was sponsored by the American Public Health Association (APHA), the Ministry of Health/Government of Swaziland, and the United States Agency for International Development (USAID). H. Daniel Thompson, training and development consultant, the principal consultant, developed and conducted the workshop. The overall objective of the workshop was to assist seven public health nurse/trainers in the development of a workshop curriculum on supervisory skills for clinic nurses within the Ministry of Health in Swaziland. The content incorporated into the curriculum will provide clinic nurses with the skills needed to effectively supervise and train clinic staff and the community health workers (Rural Health Motivators). This workshop should be seen as one stage in the overall objective of strengthening various aspects of the community health worker program in Swaziland.

History of Work in Swaziland

To understand the value of the workshop as it fits into the overall objective stated above, it is important to briefly review the history of the work.

The author has had the privilege of working in Swaziland with the Ministry of Health since 1980. See Appendix A for a detailed description of the history of this association. Since 1980, the work has been sponsored by three organizations, all funded by USAID. In early 1983, the second sponsoring agency decided to forego its association with the work, and the American Public Health Association agreed to sponsor the continuation of the objectives.

A total of 12 workshops and technical assistance visits have been conducted in Swaziland since 1980. These have included workshops for clinic nurses on supervisory skills, revision of the curriculum used in the preservice training of the community health workers, a refresher training course for 28 community health workers focused on MCH/FP, training of trainers workshops, and, most recently, the development of a supervisory curriculum for training clinic nurses in their supervision of clinic staff and community health workers. This most recent workshop is seen as a further step in the development of the training skills of the seven nurse/trainers who work closely with the community health worker program.

The reader is also referred to final reports of all workshops conducted in Swaziland, which can be obtained by contacting USAID/Washington, INTRAH-UNC, or the author of this report.

Summary of Training Activity

The 3-week workshop was conducted at the Swaziland Institute for Management and Planning Administration (SIMPA), and excellent training facility located just north of the capital city Mbabane. SIMPA also has excellent housing facilities, and two of the seven participants were housed there during the workshop. Meals and tea breaks were provided for all participants at SIMPA.

Logistics

As established in previous agreements with the Ministry of Health and the USAID sponsoring agency, the MOH provided all transportation, accommodation, and food for the seven participants who attended the workshop. The American Public Health Association provided assistance in the form of the consultant as well as workshop materials, such as paper, pens, notebooks, and other teaching aids necessary to the development of the curriculum.

Relevance of Workshop to Overall Objective

The overall objective of the author's work in Swaziland since 1980 has been to strengthen various aspects of the community health worker program within the Ministry of Health, with particular emphasis on maternal and child health/family planning. See Appendix A for a description of the history of this work.

In Swaziland, the seven nurse/trainers who attended the workshop have been identified by the MOH as the principal cadre of trainers for the community health worker program. Therefore, to assist in achieving the objectives the author has focused attention on strengthening the skills of these seven nurse/trainers, who will, in turn, train not only clinic nurses who work with the community health workers, but also will hold responsibility for training other health personnel within the MOH.

This workshop is seen as an important step in that development and can be looked at in a broad sense as an important stage in the development of the overall training abilities of these nurses.

Training Activities

Curriculum/Schedule. A tentative schedule of activities for the three-week workshop was drafted and workshop materials were developed by the author upon arrival in Swaziland. The

schedule was presented to the participants on the first day of the workshop, reviewed, and revised by the participants. At that time priorities were stated by the participants and incorporated into the workshop schedule. The results and schedule as it was conducted is outlined in Appendix B.

Methodology. The author applied a participatory approach to learning based on the principles of adult education. Although the number of participants was small, the participants were placed in two groups during the workshop. At times these group merged into one to work on broader, more complex aspects of the curriculum.

The author worked with the participants strictly on a consulting basis. Specific assignments were given to the groups in the development of the curriculum and assistance was provided as requested. When objectives, content outline, and methodologies were developed, the author reviewed them carefully with the participants and, through discussions, made revisions acceptable to the participants.

Overview of Participants. The seven nurses from the MOH who attended the workshop were all trained in public health nursing. They have all worked with the author since 1980. Three work at the Public Health Unit in the capital city Mbabane, from which all public health centers in Swaziland are managed. One of the participants holds major responsibility for all aspects of the community health worker program. Three of the participants come from public health centers in various parts of the country: the King Sobhuza II Clinic in Manzini, the country's second largest city; Hlatikulu Public Health Center; and Mankayane Public Health Center. One participant came from the Expanded Programme for Immunization (EPI), which is housed within the Public Health Unit buildings in Mbabane. All seven participants work in a dual role; in addition to their full-time primary responsibility as nurses, they are called upon to conduct training of the community health workers. In addition, the participant from the EPI manages that program and is called upon to train personnel working specifically on it. It is anticipated that the training responsibilities of these seven nurses will be expanded in the future to include the training of various levels of health personnel in the MOH as well as the community health workers. See Appendix C for a list of participants.

Changes in Original Itinerary. Since the American Public Health Association agreed to sponsor the author's work in Swaziland, there has been significant confusion over workshop dates and objectives. For example, upon arrival in Swaziland on July 8, the author discovered that specific dates for the workshop had not been designated. As a result, the Ministry of Health requested a week to prepare the logistical aspects of the workshop, and the author used this time to prepare

needed workshop materials which he was not able to develop in Washington prior to his departure. As a result, the amount of time the author spent in Swaziland was extended by 1 week. This extension was approved by APHA, USAID/Swaziland, and USAID/Washington.

Contacts in Swaziland. The reader should refer to Appendix D for a list of persons contacted in Swaziland during the author's visit. These people played an important role in the development of the supervisory workshop curriculum as well as in the author's ongoing work. The author also met with these people at the end of the workshop to review the outcome with them. Copies of the curriculum developed by the participants were left with the Ministry of Health, the Public Health Unit, USAID/Swaziland, and for each of the participants.

FINDINGS AND RECOMMENDATIONS

Under a workplan developed by INTRAH-UNC, the work of the author is expected to be completed by the end of 1983. The last workshop is seen as the delivery of the supervisory curriculum by the seven nurse/trainers, with the author providing important support with specific attention to the development of the nurse's training skills as well as their understanding of the supervisory concepts being taught. It is anticipated that APHA will continue to support this work.

In addition, soon after the beginning of the workshop, the participants presented the author with a situation that required some attention. Since the author's last visit to Swaziland in November 1982, a new position within the MOH was announced: that of district-level nurse supervisor. Two nurses from each district were assigned to this position. Their principal role will be to travel to each clinic within their district and supervise all aspects of clinic services, with special focus on MCH/FP services. This supervisory role will require these nurses to have skills in management and logistics as well as supervision of clinic staff, including the community health workers. In addition, the seven nurse/trainers with whom the author has worked will be expected to train these district supervisors in all aspects of their work (management, logistics, supervision, etc.). Given this new situation, the seven nurse/trainers presented the author with ideas for training them in this new role. The author then held informal discussions with USAID/Swaziland and the Ministry of Health, and a workplan was developed. As a result, the overall workplan was expanded by two workshops, and USAID/Swaziland agreed to seek funding for the plan once approval was reached by the MOH.

The author recommends that APHA and USAID/Washington give special attention to this expanded workplan and view it in terms of achieving the expected goal of developing the training skills of the nurse/trainers. This is seen as particularly crucial considering that, at the conclusion of the author's work in Swaziland, these seven nurses will be expected to develop and conduct any number of training programs for health personnel throughout the Ministry of Health in Swaziland.

APPENDIX A

HISTORY OF WORK WITH MINISTRY OF HEALTH/
SWAZILAND TO STRENGTHEN DELIVERY OF PRI-
MARY HEALTH CARE THROUGH COMMUNITY HEALTH
WORKER PROGRAM
1980 - 1983

DATE OF WORKSHOP	WORKSHOP AND OBJECTIVE	FUNDING AGENCY
July 1-14, 1980	Needs Assessment. Discussions held with Ministry of Health and AID/Swaziland officials to plan objectives and long-term schedule of training.	Centre for Population Activities, Washington/USAID
July 28 - August 8, 1980	Training of Trainers workshop for 12 Public Health Nurses who train the community health workers (Rural Health Motivators -RHMs). Overall objective was to provide appropriate teaching skills based on experiential learning through the development of a two-week workshop on family planning services.	CEFPA/USAID
August 11-22, 1980	Refresher Training Course for 28 RHMs on family planning services. Consultants worked closely with three nurse/trainers from the July/August workshop as they conducted in local language. Content of workshop focused on methodologies of family planning developed by nurse/trainers in July/August training of trainers.	CEFPA/USAID
November 2-9, 1980	"Supervision of Auxiliary Health Workers". An eight-day workshop to provide nurses working in rural facilities with appropriate skills needed in the supervision of RHMs.	INTRAH-UNC; USAID
June 1-19, 1981	Revision of curriculum used in the pre-service training of RHMs.	INTRAH-UNC; USAID
September 14-25, 1981	"Management Skills in Integrated MCH/FP Services" for mid-level nurses responsible for the management of government hospital wards and rural clinics.	INTRAH-UNC; USAID

February 1-19, 1982	Adaptation of Revised Curriculum; and Follow-Up Seminar for participants from Management Workshop (September 1981). Focus was review of revised training curriculum for RHMs to make necessary adjustments to strengthen RHM pre-service training.	INTRAH-UNC; USAID
May 3-14, 1982	"Supervision and Training Skills in Integrated MCH/FP Services". A basic repeat of the supervision workshop conducted in November 1980, this workshop was the first to use nurses as co-trainers.	INTRAH-UNC; USAID
July 5-16, 1982	"Management Skills in Integrated MCH/FP Services". While basically a repeat of the management workshop conducted in September 1981, this workshop also used the same co-trainers in an attempt to familiarize them with basic managerial concepts and skills relevant to the Swazi nursing context.	INTRAH-UNC; USAID
October 4-22, 1982	"Master-Level Training of Trainers" workshop. A three-week workshop designed for 7 public health nurses identified by the MOH as the core cadre of trainers. While previous workshops on training skills focused on development of methodologies on family planning content, this workshop focused on all aspects of training skills: Needs Assessment; Curriculum Development; Methodologies; Training Skills; and Evaluation of Training.	INTRAH-UNC; USAID
November 1982	Development of a five-year plan to strengthen all aspects of the RHM program. Sponsored by the Health Planning Unit within the MOH responsible for the development of long-range plans to strengthen the MOH's health delivery systems.	International Human Assistance Programs (New York); USAID
July 18 - August 5, 1983	"Development of a Supervisory Workshop Curriculum for Clinic Nurses". This workshop used the 7 nurses identified above and	APHA; USAID

	<p>focused on the development of a curriculum on supervisory skills that these seven nurses will use to train clinic nurses in rural clinics who supervise the community health workers and clinic staff.</p>	
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APPENDIX B

WORKSHOP SCHEDULE

"DEVELOPMENT OF A SUPERVISION WORKSHOP CURRICULUM FOR CLINIC NURSES IN SWAZILAND"

July 18 - August 5, 1983

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
18	19	20	21	22
<p>Introduction to workshop objectives and schedule</p> <p>Review of content and schedules of workshops conducted in Swaziland since 1980</p> <p>Discussion and listing of priorities by participants</p> <p>Participants list and prioritize content of a supervisory workshop</p>	<p>Prioritize content (continued)</p> <p>TRAINING PROGRAM DESIGN</p> <p>Discussion and development of training program design for this curriculum</p>	<p>Training Program Design (continued)</p> <p>STEPS IN CURRICULUM DEVELOPMENT</p> <p>A. Developing Overall Program Objectives (group work; review and revision)</p> <p>B. Overall Content Outline (group work; review)</p>	<p>Overall Content Outline (revision)</p> <p>C. Sequencing Content (group work; review and revision)</p> <p>D. Listing of Topics to Be Developed by Participants</p> <p>E. Development of Topic Objectives and Content</p> <ul style="list-style-type: none"> o What is Supervision o Analysis of Catchment Area 	<p>SWAZI HOLIDAY</p>
25	26	27	28	29
<p>Development of Objectives (continued)</p> <ul style="list-style-type: none"> o Supervisory Structure o Benefits/Constraints to Supervision o Co-ordinating Activities o Leadership 	<p>Developing Objectives and Content Outline (continued)</p> <ul style="list-style-type: none"> o Motivation o Decision-Making 	<p>Developing Objectives and Content Outline (continued)</p> <ul style="list-style-type: none"> o Communication Skills o The Supervisory Visit o Administrative Policies and Procedures 	<p>Developing Objectives and Content Outline (continued)</p> <ul style="list-style-type: none"> o Understanding Performance Appraisals o Evaluation of Staff Performance 	<p>Developing Objectives and Content Outline (continued)</p> <ul style="list-style-type: none"> o Development of Observation Forms for Evaluating Staff o In-Service Training for Staff

2

1	2	3	4	
<p>DEVELOPMENT OF METHODOLOGIES</p> <p>What is Supervision?</p> <p>Supervisory Structure</p> <p>Benefits/Constraints to Supervision</p> <p>Analysis of Catchment Area</p> <p>Co-ordinating Activities</p> <p>Leadership</p>	<p>Development of Methodologies (continued)</p> <ul style="list-style-type: none"> o Motivation o Problem Identification <p>Problem Solving, and Decision-Making</p>	<p>Development of Methodologies (continued)</p> <ul style="list-style-type: none"> o Supervisory Visit o Communication Skills o Administrative Policies and Procedures o Understanding Performance Appraisals o Evaluating Staff Performance o In-Service Training of Staff 	<p>SCHEDULING CONTENT OF SUPERVISORY WORKSHOP:</p> <ul style="list-style-type: none"> o 2-week workshop o 5-day workshop o 3-day workshop 	<p>Review of workshop and discussions on specific training needs of participants.</p>

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APPENDIX C
PARTICIPANT LIST

Catherine Dube
King Sobhuza II Clinic, Manzini

Beauty Masondo
Hlatikulu Public Health Centre, Hlatikulu

Gladys Matsebula
Public Health Unit, Mbabane

Hilda Mdluli
Expanded Programme for Immunization,
Public Health Unit, Mbabane

Elizabeth Mndebele
Public Health Unit, Mbabane

Martha Nkambule
Public Health Unit, Mbabane

Thandie Nxumalo
Mankayane Public Health Centre, Mankayane

APPENDIX D

PERSONS CONTACTED

USAID/SWAZILAND:

Dr. Charles Debose, Rural Health Development
Officer, and the author's principal
AID contact

Mr. Robert Husemann, AID/Swaziland Director

MINISTRY OF HEALTH/SWAZILAND:

Dr. Michael Dlamini, Director of Medical Services

Ms. Victoria Dlamini, Chief Nursing Officer

Ms. Maggie Makhubu, Deputy Chief Nursing Officer*
and the author's principal contact within
Ministry of Health

Matron Edith Ntiwane, Chief Matron, Public Health
Unit, Mbabane

Matron Dlamini, Chief Matron, Mbabane Government
Hospital

* It is anticipated, through discussions the author held with the Ministry of Health, that Ms. Makhubu will succeed Ms. Dlamini as Chief Nursing Officer when Ms. Dlamini retires later this year. As a result Ms. Makhubu was assigned as the author's principal liaison within the Ministry of Health during this visit.

SUPERVISORY SKILLS
WORKSHOP
FOR
CLINIC NURSES

MINISTRY OF HEALTH / SWAZILAND

TRAINER'S MANUAL

FOREWARD

This curriculum was developed by seven public health nurses in the Ministry of Health, Swaziland, with the assistance of Mr. Daniel Thompson, Consultant to the United States Agency for International Development and the American Public Health Association, Washington, D.C.

We are grateful to the Ministry of Health and the funding agencies for giving us the opportunity to develop this curriculum.

Catherine Dube
Beauty Masondo
Gladys Matsebula
Hilda Mdluli
Elizabeth Mdebele
Martha Nkambule
Thandie Nxumalo

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1. WORKSHOP
OBJECTIVES

OVERALL PROGRAM OBJECTIVES

By the end of the workshop the participants will be able to:

1. Apply the skills, techniques and methods of supervision to their work with subordinates.
2. Discuss and execute effectively administrative policies and procedures, and their supervisory responsibilities.
3. Co-ordinate activities and work between extension workers, community leaders and the community.
4. Evaluate staff performance and develop and conduct in-service training as required.

2.

INTRODUCTORY
MATERIALS

CONTENT OF A SUPERVISORY WORKSHOP FOR CLINIC NURSES
(PRIORITIZED)

I. MUST KNOW

What is Supervision?/What Do Supervisors Do?

SKILLS Supervisors Need:

- Technical
- Human (COMMUNICATION)
- Conceptual

RESPONSIBILITIES of Supervisors:

- Leadership (Qualities of a Good Leader)
- Motivation
- Decision-Making

Administrative Policies and Procedures

Problem Identification, Problem Solving, and
Decision-Making

Evaluation of Staff

Developing In-Service Training for Subordinates

Co-ordinating Activities and Work Between Extension
Workers, Community Leaders and the Community

II. SHOULD KNOW

Catchment Area

Understanding Performance Appraisals

The Supervisory Visit

III. NICE TO KNOW (IF TIME ALLOWS)

Supervisory Structure Within Ministry of Health

How to Analyze as a Supervisory Tool:

- Record Forms
- RHM Referral Slips

TRAINING PROGRAM DESIGN

1. EXPERIENCED-BASED LEARNING
 - o Apply theories of adult learning to program.
 - o Build in as much observation as possible (of clinic, hospital, in field).
 - o Apply appropriate methodologies throughout workshop and vary to avoid monotony: role plays, case studies, group discussion, field activities, etc.
 - o Develop and copy informational handouts that will help clarify theories of supervision for participants.
2. USE OF RESOURCE PERSONS
 - o Use only as needed (when trainer herself does not feel competent teaching a skill or when there is a known 'expert' available on that topic).
 - o When 2 trainers are used to conduct workshop, other nurse/trainers can be called in as resource persons to conduct specific topics.
 - o When outside resource persons are used to conduct any aspect of the training, be sure they have knowledge of topic and where possible, proven training skills.
3. PARTICIPANTS
 - o Participants should be only clinic nurses with supervisory responsibilities for RIMS and subordinates.
4. LOCATION OF TRAINING
 - o Organize and conduct training at district level as appropriate, with clinic nurses from the specific district attending.
5. RESOURCE LIBRARY
 - o Provide books for participants during workshop:
 - A. Supervision: Concepts and Practices of Management
 - B. On Being in Charge (WHO)
 - C. Any other materials appropriate to supervision.
6. NUMBER OF TRAINERS REQUIRED TO CONDUCT WORKSHOP
 - o The longer the workshop the more trainers can be used, but ideally two (2) trainers should be used full-time to conduct the workshop.
 - o Utilize other nurse/trainers as available during workshop as resource persons.
7. EVALUATION TOOLS
 - o Base on objectives (overall and topic objectives).
 - o Evaluation tools can be administered:
 - at end of each day;
 - at end of each topic;
 - at end of each week;
 - at end of workshop as an overall evaluation;
 - pre- and post-tests.

Training Program Design/Continued

8. TOPIC FORMAT

- A. Introduction
- B. Exercise/methodology
- C. Review and summary

9. TRAINING MANUAL FORMAT

- A. Title Page:
 - 1. Topic title
 - 2. Topic objectives
 - 3. Content Outline
- B. Content page with notes to facilitator:

CONTENT	NOTES TO FACILITATOR

- C. Handouts and Methodologies

TOPIC TITLE	ROLE PLAY	CASE STUDY	GROUP DISCUSSION	VISUAL AIDS USED DURING SESSION	INDIVIDUAL OR GROUP WORK	INFORMATIONAL HANDOUTS	FIELD VISIT OUTSIDE CLASSROOM
WHAT IS SUPERVISION?				✓	✓		
SUPERVISORY STRUCTURE			✓		✓		
BENEFITS/CONSTRAINTS TO SUPERVISION			✓		✓		
ANALYSIS OF CATCHMENT AREA			✓	✓	✓	✓	
CO-ORDINATING ACTIVITIES			✓				
LEADERSHIP			✓		✓	✓	
MOTIVATION			✓	✓		✓	
PROBLEM I.D./SOLVING/DECISION-MAKING	✓		✓		✓		
COMMUNICATION SKILLS	✓		✓	✓	✓	✓	
THE SUPERVISORY VISIT		✓			✓	✓	✓
UNDERSTANDING PERFORMANCE APPRAISALS					✓		
EVALUATION OF STAFF PERFORMANCE			✓		✓		
DEVELOPING IN-SERVICE TRAINING			✓		✓		
ADMINISTRATIVE POLICIES/PROCEDURES			✓	✓	✓	✓	

3. CONTENT
OUTLINE

OVERALL CONTENT OUTLINE

- I. INTRODUCTION
 - A. Workshop objectives
 - B. What is Supervision?/What do Supervisors Do?
 - C. Supervisory Structure within Ministry of Health
 - D. Benefits and Constraints to Supervision
- II. ADMINISTRATIVE POLICIES AND PROCEDURES
 - A. Job Descriptions of Subordinates
 - B. RHM Program
 - C. Clinic Schedule
- III. CATCHMENT AREA
 - A. Analysis
 - B. Co-ordinating Activities
 - 1. Extension workers and other agencies
 - 2. Community leaders
 - 3. Community
- IV. THE SUPERVISOR'S ROLE
 - A. Responsibilities of Supervisors
 - 1. Leadership
 - 2. Motivation
 - 3. Decision-making
 - B. Skills Supervisors Need
 - 1. Technical
 - 2. Human (Communication Skills)
 - 3. Conceptual
 - C. The Supervisory Visit
- V. STAFF DEVELOPMENT
 - A. Understanding Performance Appraisals
 - B. Evaluation of Staff Performance
 - C. Development of In-Service Training for Staff

4.

WHAT IS SUPERVISION?

WHAT DO SUPERVISORS
DO?

TOPIC TITLE: WHAT IS SUPERVISION?/WHAT DO SUPERVISORS DO?

TOPIC OBJECTIVES:

By the end of the session the participants will be able to:

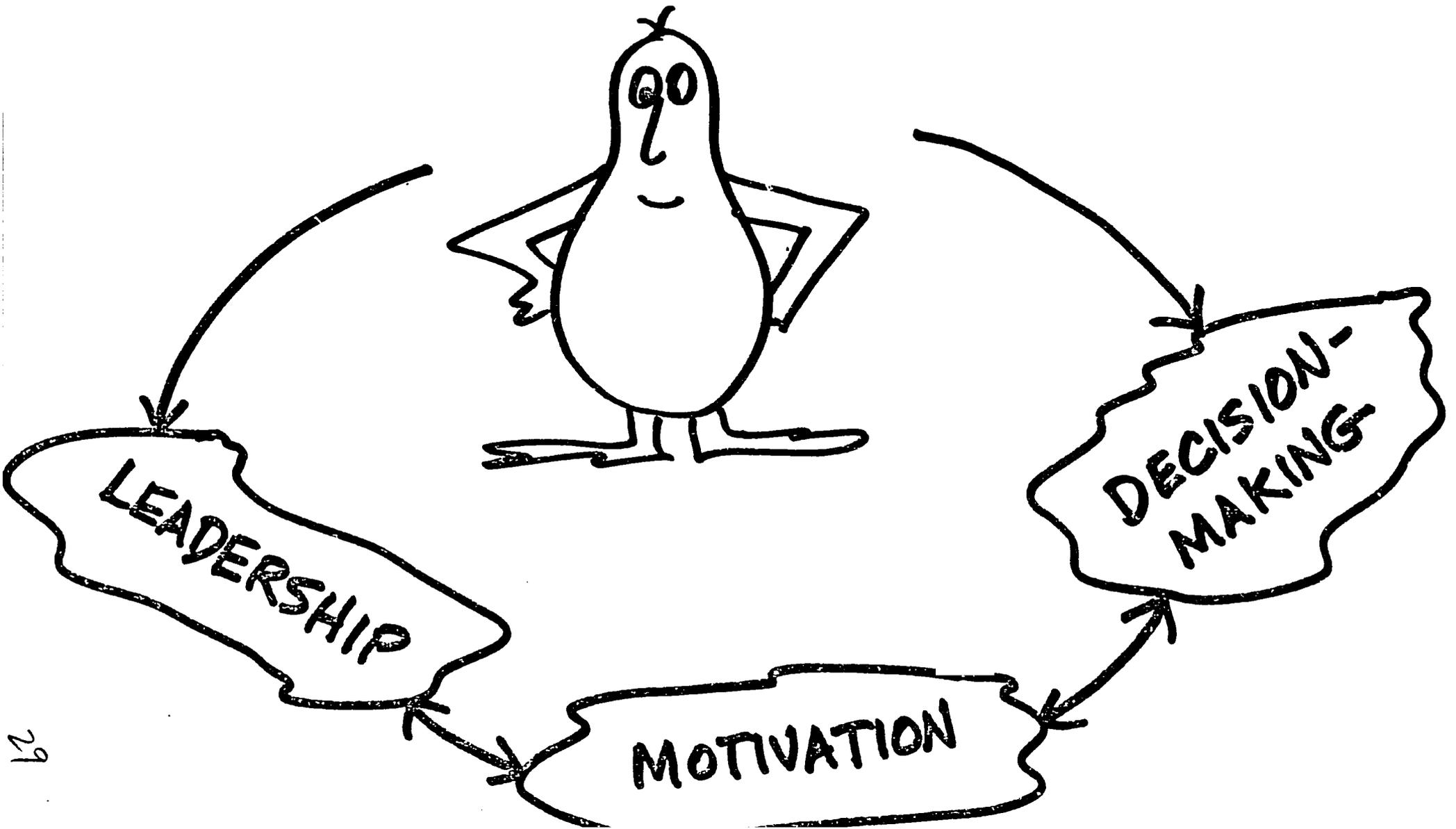
1. Write a definition of supervision as it relates to their work.
2. List the responsibilities and skills of a supervisor.

TOPIC OUTLINE:

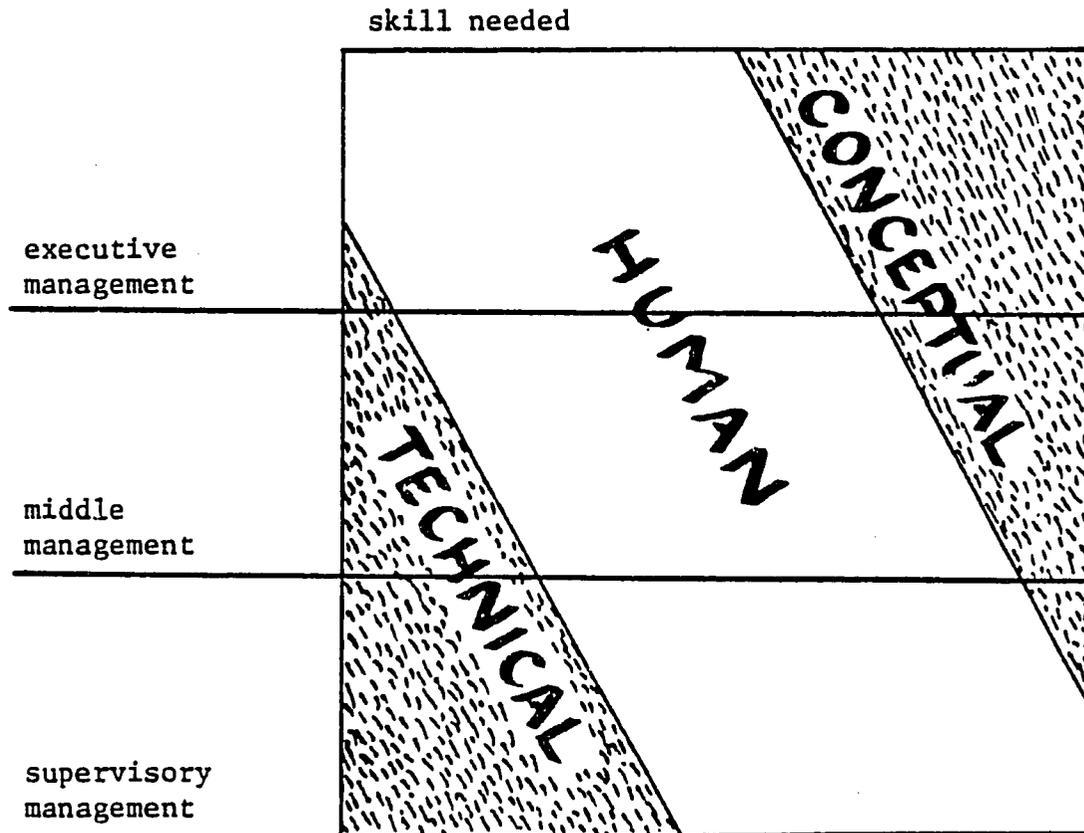
1. Define supervision.
2. What do supervisors do?
3. Three major responsibilities of supervisors
 - A. Leadership
 - B. Motivation
 - C. Decision-making
3. Skills supervisors need
 - A. Technical
 - B. Human
 - C. Conceptual.

TIME	CONTENT	NOTES TO FACILITATOR
	<p>I. Define supervision</p> <p>II. What do supervisors do?</p> <p>III. Three major responsibilities of supervisors:</p> <ol style="list-style-type: none"> 1. Leadership 2. Motivation 3. Decision-making <p>IV. Skills needed by supervisors</p> <ol style="list-style-type: none"> 1. Technical 2. Human 3. Conceptual 	<p>Facilitator asks participants to write their own definition of supervision individually. When completed review each definition. Discuss and form one definition with group combining ideas from participant's definitions.</p> <p>Ask participants to list what they do as supervisors in their work with subordinates. Work in small groups. Review each group's lists and develop one list. Facilitator adds to list if any important thing has been omitted.</p> <p>Facilitator writes the three major responsibilities on chalkboard and asks participants in their small groups to relate the list they have developed with the three major responsibilities. Review and discuss.</p> <p>Participants work in small groups to list what they think the skills supervisors need in order to carry out the three major responsibilities listed above. Review group work.</p> <p>Facilitator introduces diagram, SKILLS NEEDED BY MANAGERS AND SUPERVISORS, and relates it to group's work.</p> <p>At end of session, distribute to each participant: Handout: MAJOR RESPONSIBILITIES OF SUPERVISORS; Handout: SKILLS NEEDED BY MANAGERS AND SUPERVISORS</p>

MAJOR RESPONSIBILITIES OF SUPERVISORS



SKILLS NEEDED BY MANAGERS & SUPERVISORS



From: Supervisory Responsibilities, Graduate School, U.S. Department of Agriculture.

5.

SUPERVISORY STRUCTURE

TOPIC TITLE: SUPERVISORY STRUCTURE

TOPIC OBJECTIVES:

By the end of the session the participants will be able to:

1. Draw the supervisory structure within the Ministry of Health.
2. Discuss advantages and disadvantages of supervision within this structure.

CONTENT OUTLINE:

1. Draw the supervisory structure within Ministry of Health.
2. Chain of command within supervisory structure.
3. Advantages of supervisory structure.
4. Disadvantages of supervisory structure.
5. How to work as an effective supervisor within this structure.

TIME	CONTENT	NOTES TO FACILITATOR
	<ol style="list-style-type: none"> 1. The supervisory structure in the Ministry of Health. 2. Chain of command within the supervisory structure 3. Advantages and disadvantages of this supervisory structure. 4. How to work as an effective supervisor within this structure. 	<p>Ask participants, in small groups, to draw what they think is the supervisory structure within the Ministry of Health. Review work and discuss. Facilitator then should draw the actual organizational structure on the chalkboard and discuss the supervisory structure at the clinic nurse level.</p> <p>Discuss the chain of command as large group discussion.</p> <p>In small groups participants list the advantages and disadvantages of this supervisory structure. Review work and discuss.</p> <p>Facilitator leads group in a discussion of how the supervisor can work effectively within this structure.</p>

6.

BENEFITS AND CONSTRAINTS TO SUPERVISION

TOPIC TITLE: BENEFITS AND CONSTRAINTS TO SUPERVISION

TOPIC OBJECTIVES:

By the end of the session the participants will be able to:

1. List the benefits of supervision.
2. List constraints to supervision.
3. Identify possible ways of supervising given these constraints.

TOPIC OUTLINE:

1. Benefits of supervision.
2. Constraints to supervision.
3. Possible ways of overcoming supervisory constraints.

TIME	CONTENT	NOTES TO FACILITATOR
	<p>1. Benefits to supervision</p> <p>Facilitator gives introduction to topic based on the worker, services and the organization.</p>	<p>Ask participants to work in small groups and list the benefits to supervision based on work, services and the organization.</p> <p>Review groups work.</p>
	<p>2. Constraints to supervision</p>	<p>Ask groups to list constraints to supervision.</p> <p>Review group work.</p>
	<p>3. Possible ways to overcome these constraints.</p>	<p>Ask groups to list ways of overcoming the constraints listed above.</p> <p>Facilitator should review group work and discuss, adding her own suggestions and ideas.</p> <p>NOTE: This list can be placed on the wall and referred to throughout the workshop.</p>

7.

CATCHMENT AREA

TOPIC TITLE: ANALYSIS OF CATCHMENT AREA

TOPIC OBJECTIVES:

By the end of the session the participants will be able to:

1. Sketch a map of their catchment areas showing important geographic features, health facilities, etc.
2. Discuss features in their catchment areas including population, health problems, beliefs and customs affecting health practices and community resources available.
3. Identify influential people in the community and how to use them.

TOPIC OUTLINE:

1. Define/describe catchment area.
2. Fundamental facts about catchment areas of participants.
 - A. Family structure
 - B. Beliefs and practices
 - C. Political structure
 - D. Socio-economic structure
 - E. Means of communication
 - F. Nutritional status of the community
 - G. Maternal and child care
 - H. Health problems

TIME	CONTENT	NOTES TO FACILITATOR
		<p>Allow each group sufficient time for discussion.</p> <p>When completed, have each group review their catchment area and findings for the group.</p> <p>NOTE: Facilitator has two options for having participants draw their catchment areas:</p> <ol style="list-style-type: none"> 1. As described above, on paper; 2. Use cutouts, found at the end of this session. Have participants construct their catchment areas using the cutouts. Place cutouts on a large sheet of paper, if possible, and glue or tape. When groups have completed their work, tape catchment areas to wall.

GUIDELINES FOR ANALYZING CATCHMENT AREA

INSTRUCTIONS: Use the following questions as a guide in compiling valuable information about your Catchment Area.

BASIC FACTS ABOUT YOUR CATCHMENT AREA

1. What is the population of your Catchment Area?
2. How many RHVs work in your Catchment Area?
3. What are the major health problems that you are aware of?
4. What is the basic topography of your Catchment Area (hilly, mountainous, flat, etc.)?
5. How does the topography affect transportation:
 - o For the population?
 - o For RHVs?
 - o For you?
6. What is the typical weather/temperatures in your Catchment Area and how does it affect transportation? Health?
7. How many schools are there in your Catchment Area?
8. How many children go to school?
9. Is health education taught in the schools?
10. What available transportation is there - buses, trains, private or government vehicles, etc.)? How do most people travel? What is the average distance people must travel for services - food, health services, schools, etc.?

FAMILY STRUCTURE

1. What is the average size homestead?
2. In general, how much education do the adults have?
3. What are the occupations of the adults?
4. What are the typical daily activities of the people? Women? Men?
5. How many homesteads have women as heads of the household due to absence of the male/husband?
6. Who would be the most influential person(s) in the household? Who is the decision-maker?

RELIGION

1. What are the religions (churches; places of worship; etc.)?
 2. What emphasis do the religions place on family health? Family Planning? MCH? Nutrition? Sanitation?
 3. Who are influential religious leaders? Do you have contact with them? Do they know of your services and do they support you?
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ECONOMY OF CATCHMENT AREA

1. What is the economy of your Catchment Area based on?
2. How do people make a living (sources of income)?

POLITICAL STRUCTURE

1. How many chiefs are in your Catchment Area?
2. Do the chiefs support the RHVs? How do you know this?
3. Do the chiefs support your clinic services?

COMMUNICATIONS WITHIN YOUR CATCHMENT AREA

1. How is information spread in your Catchment Area?
2. Where do people gather for meetings, formal and informal?
3. What role do RHVs play in spreading information (health and non-health related)?

HYGIENE

1. What are local attitudes and practices regarding personal hygiene?
2. How do living conditions and available resources influence habits of personal hygiene?

NUTRITION

1. What are the commonly available foods? Winter? Summer?
2. What are local beliefs regarding certain foods?
3. Are there foods pregnant women do not eat because of traditional beliefs? How do these practices affect her (good/bad)?
4. What techniques are used to preserve food?
5. What are family eating practices? (Example, do women eat last? Are males served first?)

MATERNAL AND CHILD NUTRITION

1. What foods do women eat during pregnancy?
2. How often and how long do mothers breast feed?
3. At what age do babies begin eating foods other than mother's milk? What do they eat?
4. When children are sick are they placed on a special diet? What does it consist of?

MATERNAL AND CHILD CARE

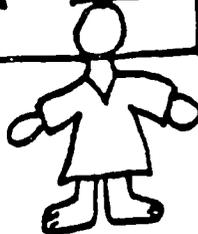
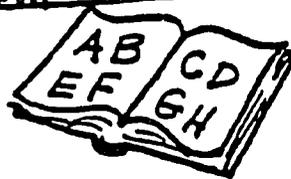
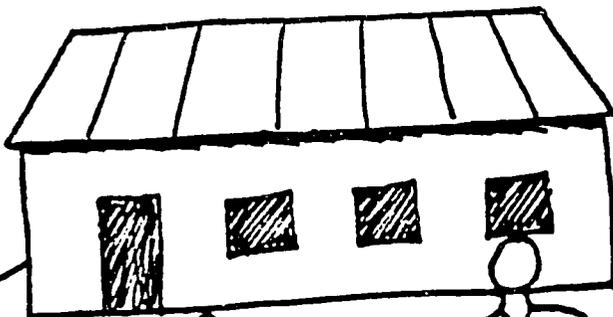
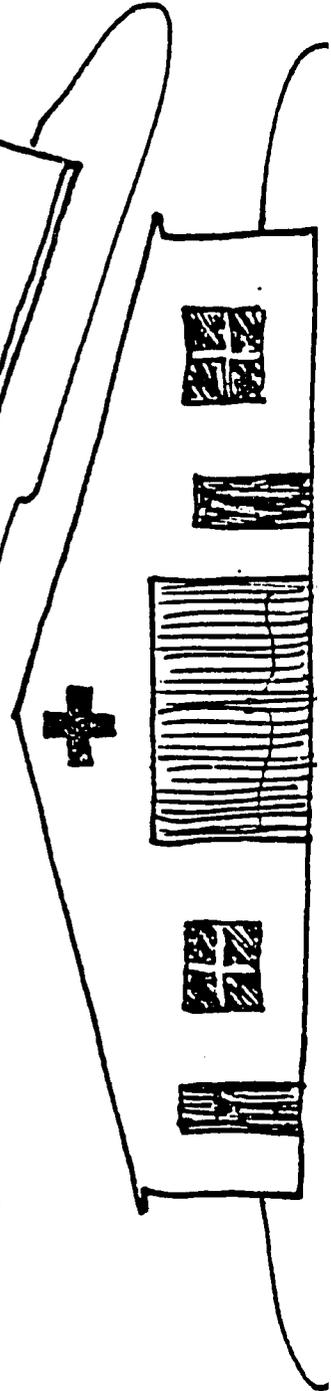
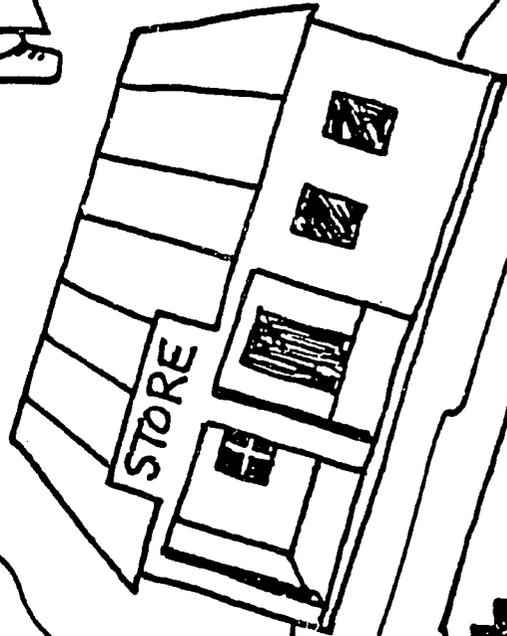
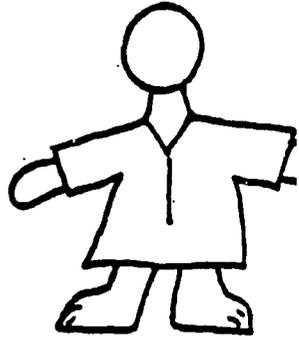
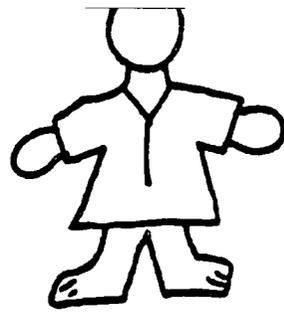
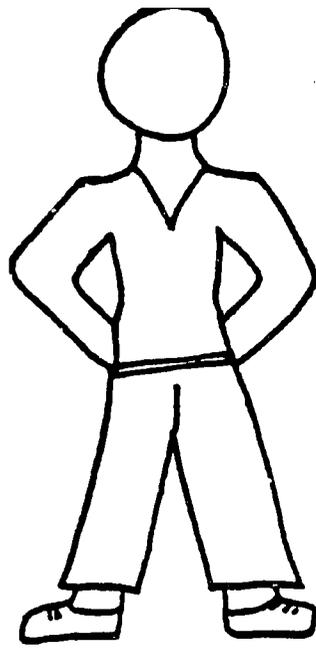
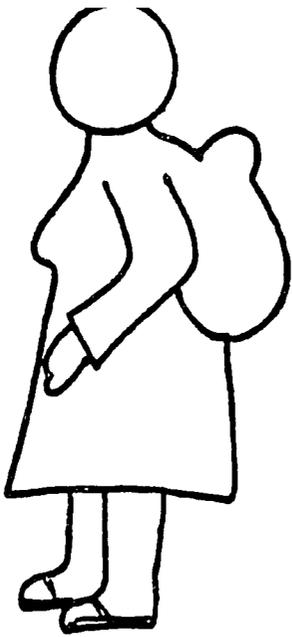
1. Where do most women give birth? Why?
2. Who assists during delivery?
3. What methods are used to cut the umbilical cord?
4. Do women follow special practices after delivery?
5. What are the attitudes and practices of family planning?
6. What are traditional methods of birth control?
7. What problems do RHVs have in discussing family planning?

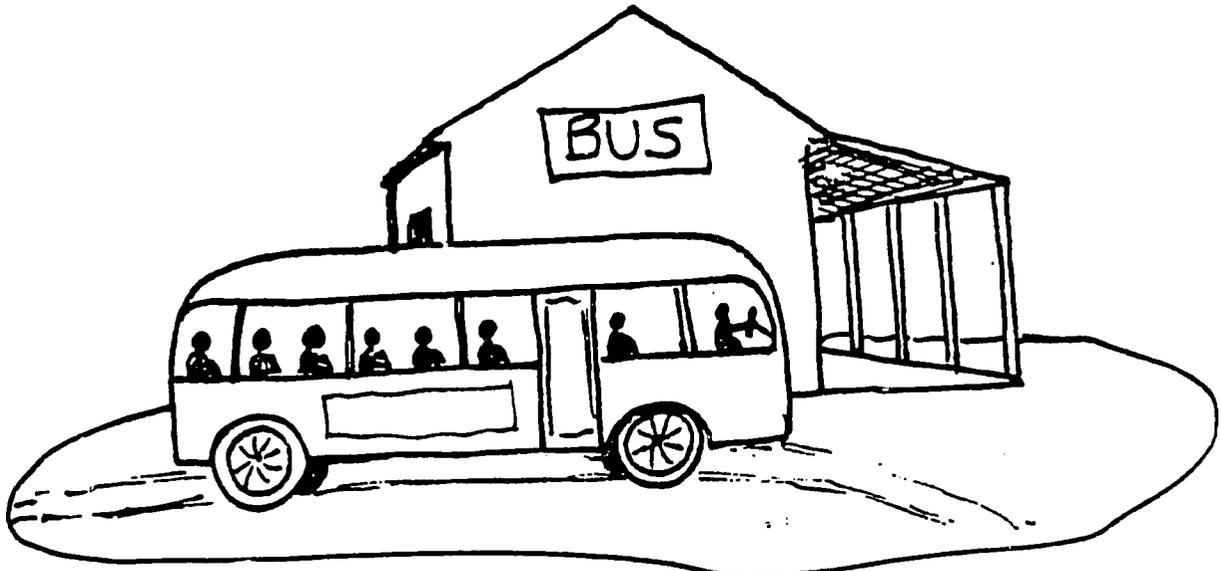
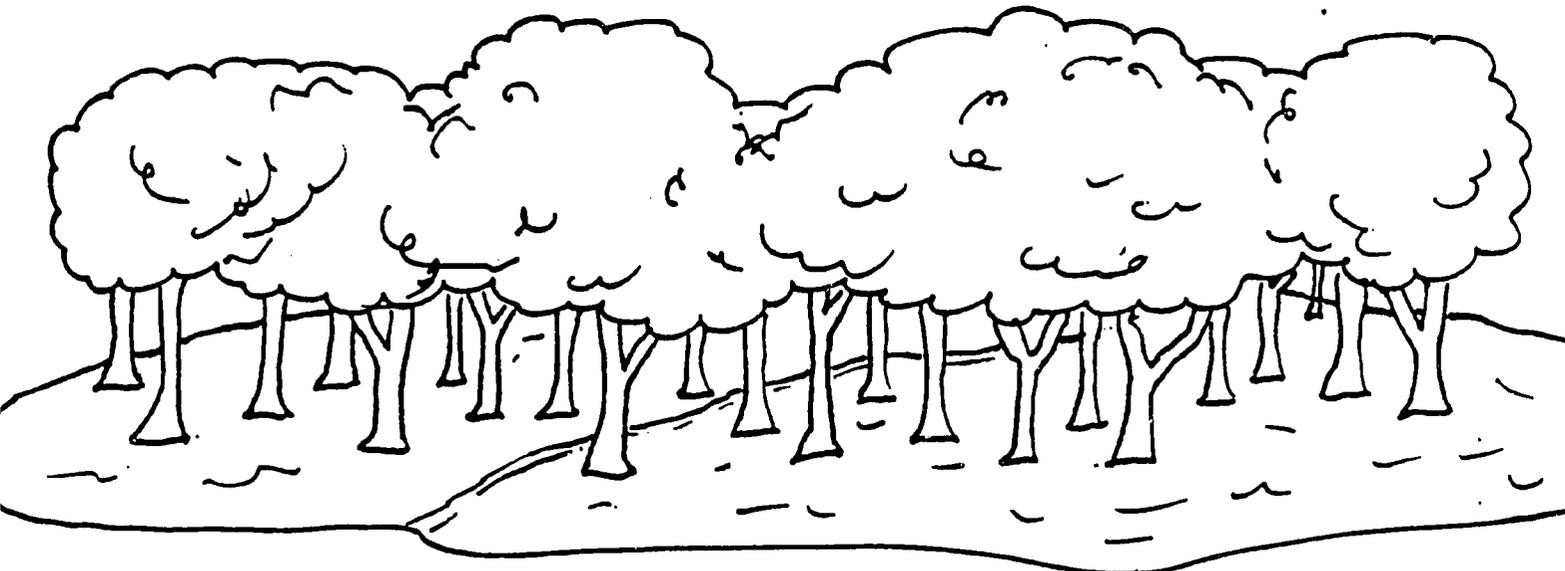
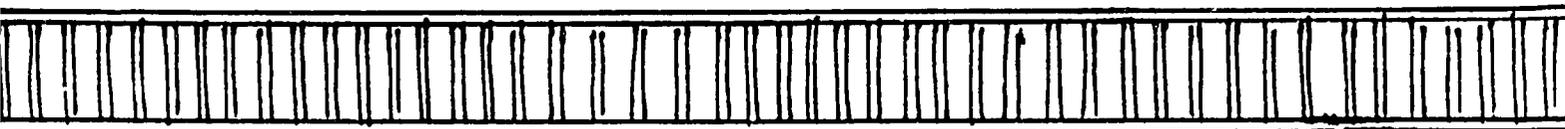
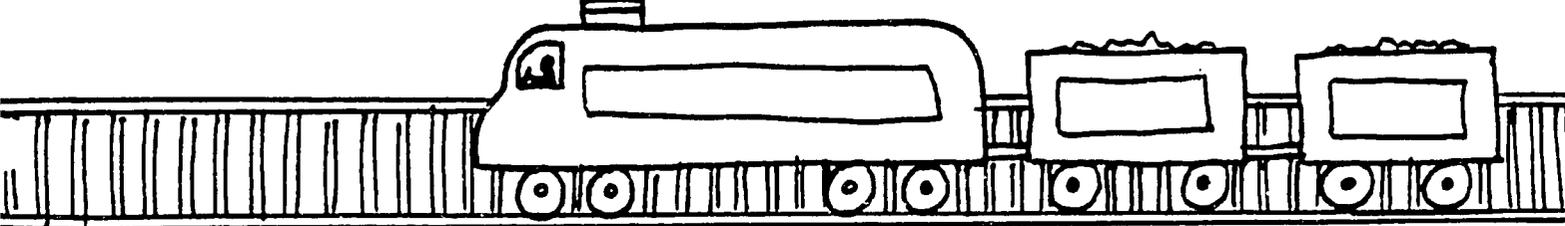
ENVIRONMENTAL SANITATION

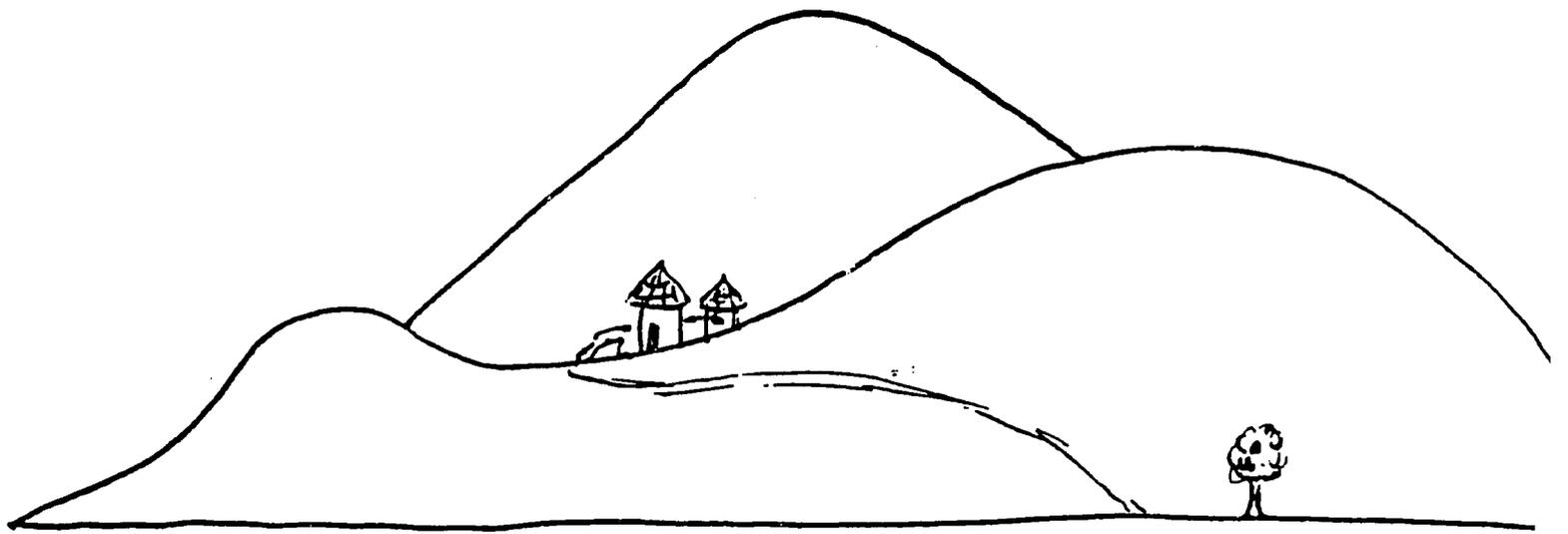
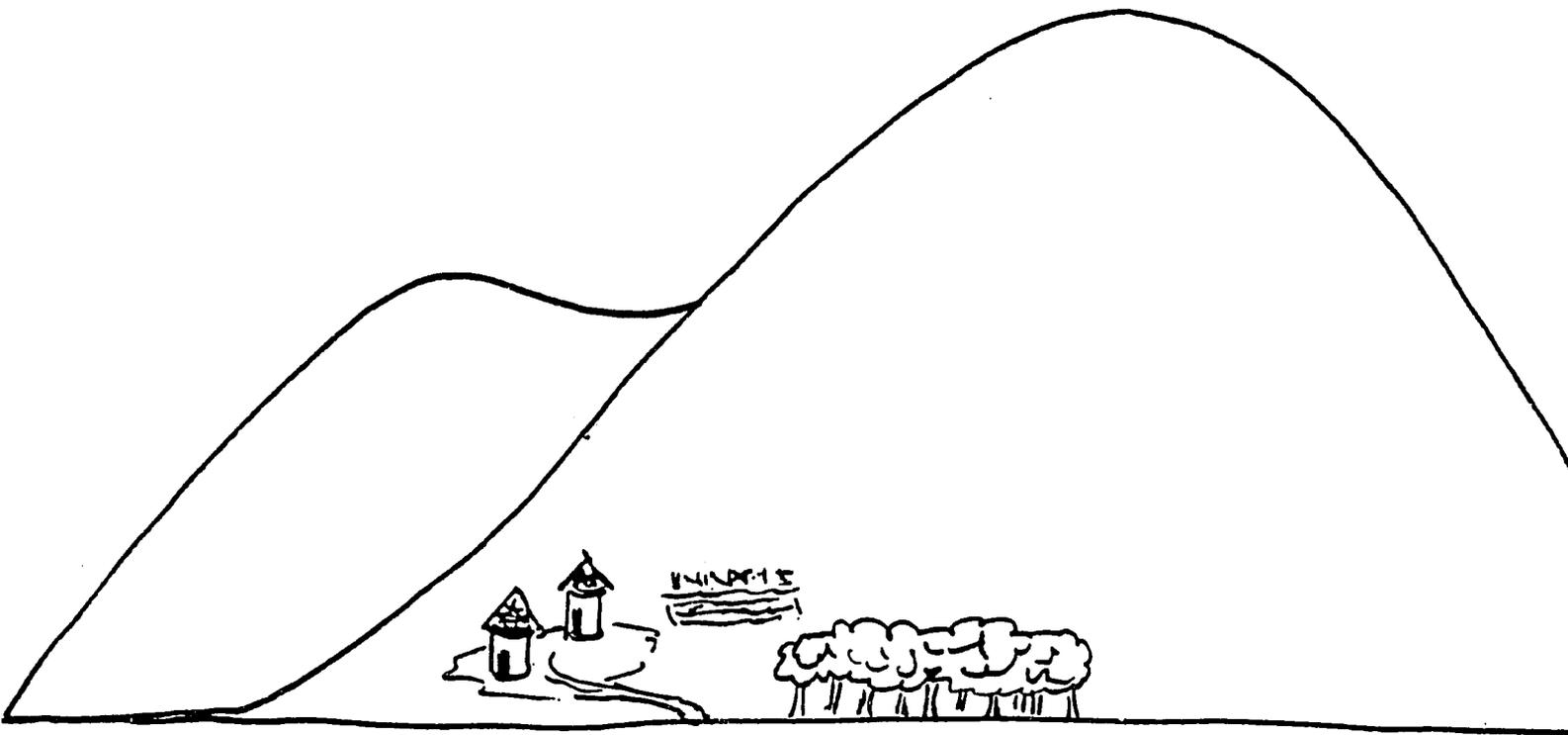
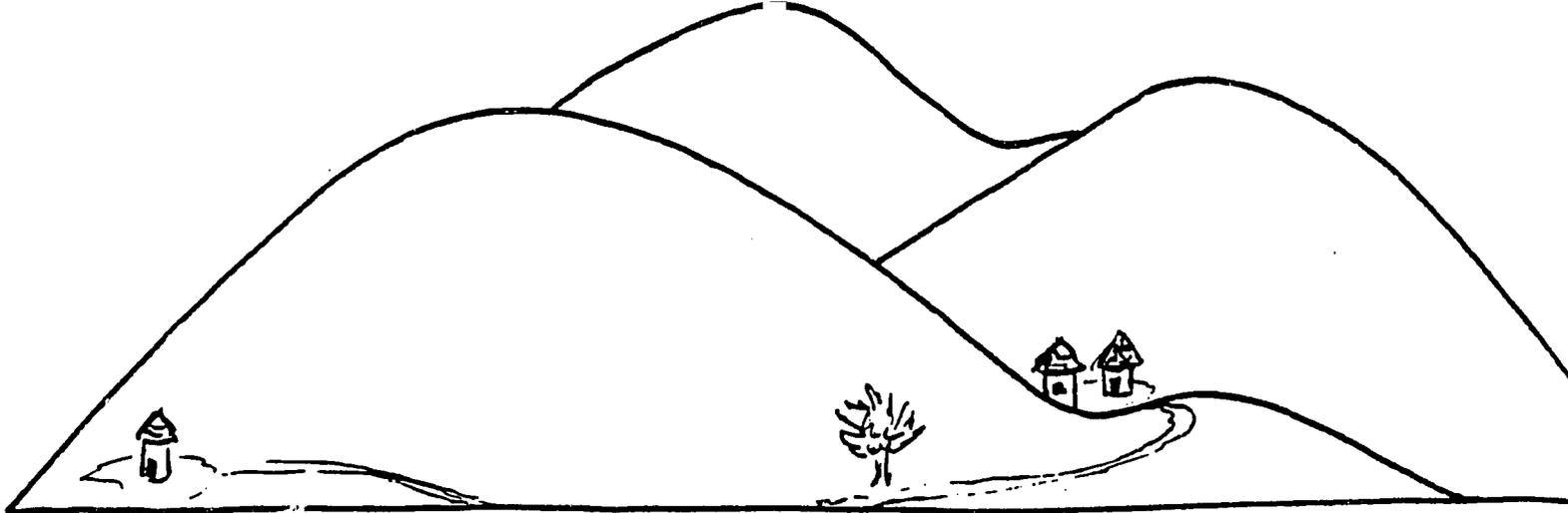
1. What are the major sources of water?
2. Are water supplies protected?
3. Is water safe for drinking?
4. Where do people go for defecation and urination? Do they know that certain diseases may be contracted through human feces?
5. Are human and animal wastes used as fertilizer?
6. Are there problems with pests?
7. How many covered pit latrines would you estimate have been built?
8. What problems with use of pit latrines are you aware of?

DISEASES

1. What are the most common diseases? Winter? Summer?
2. What are the general beliefs regarding prevention and cure of each of them?
3. What diseases do the people express most concern about?
4. Where do people usually go for treatment of diseases?
5. Who makes the decisions about seeking treatment for the sick?
6. Who do people go to for advice on health matters? Where does most of their information on health prevention come from?







ACCIDENTS

MALNUTRITION

T. B.

MALNUTRITION

TYPHOID

CHOLERA

BILHARZIA

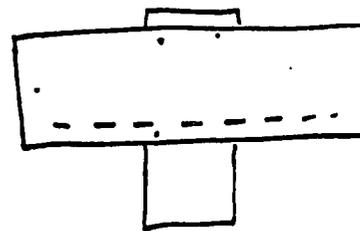
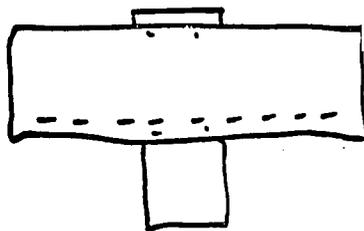
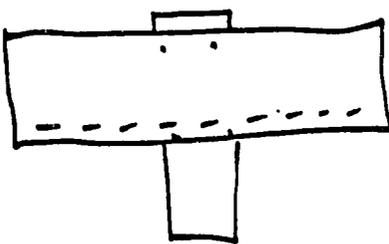
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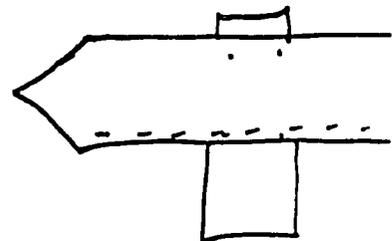
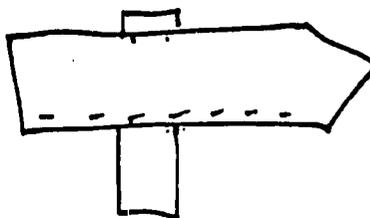
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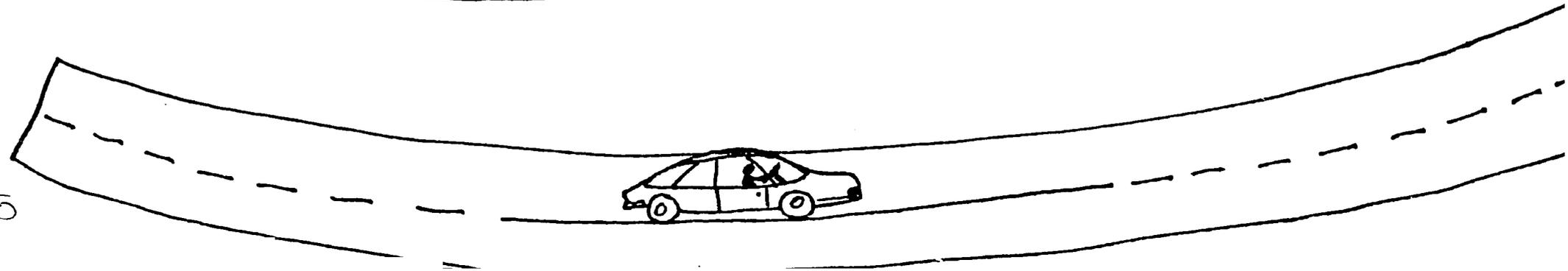
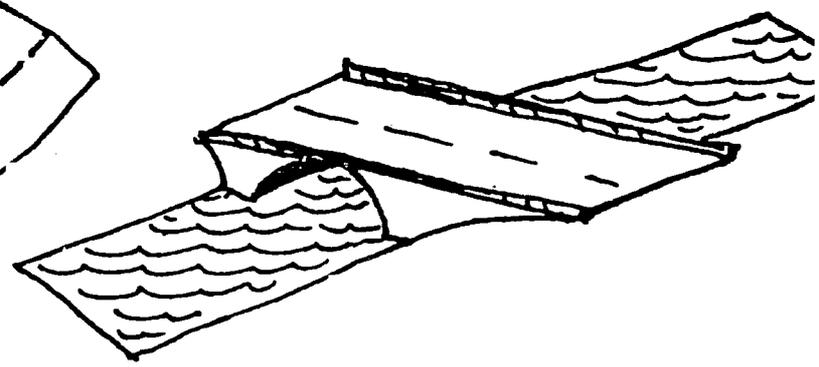
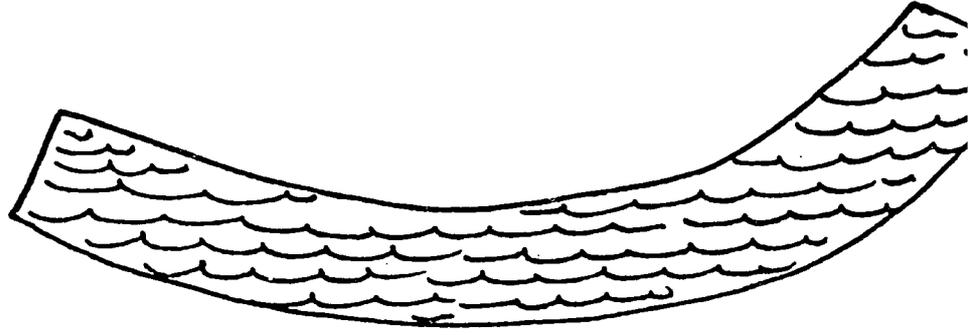
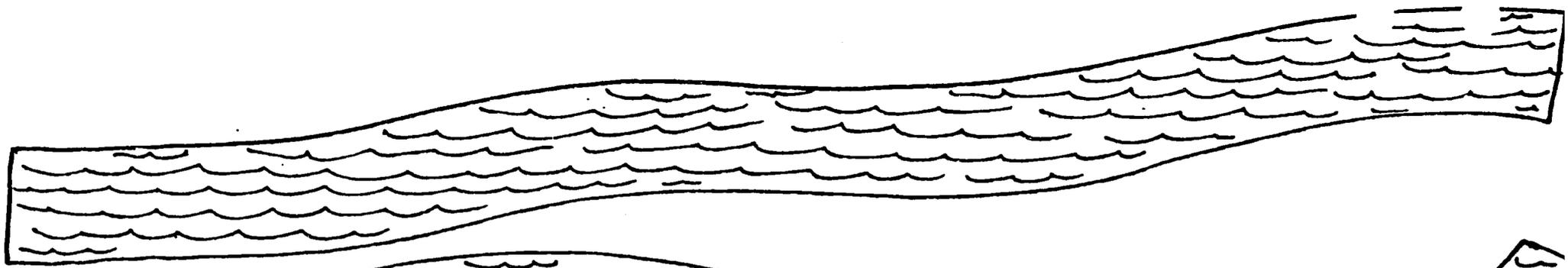
MALNUTRITION

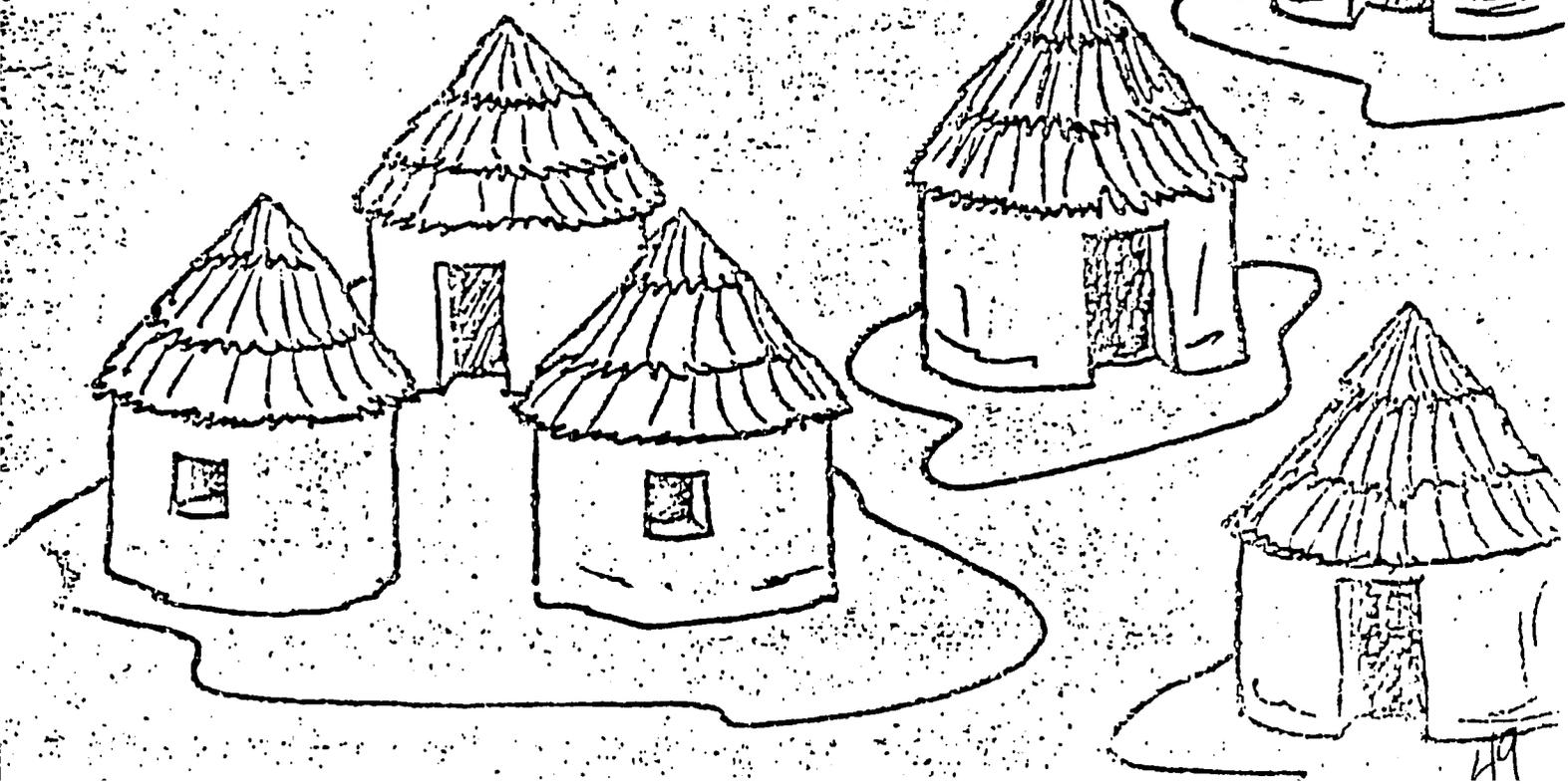
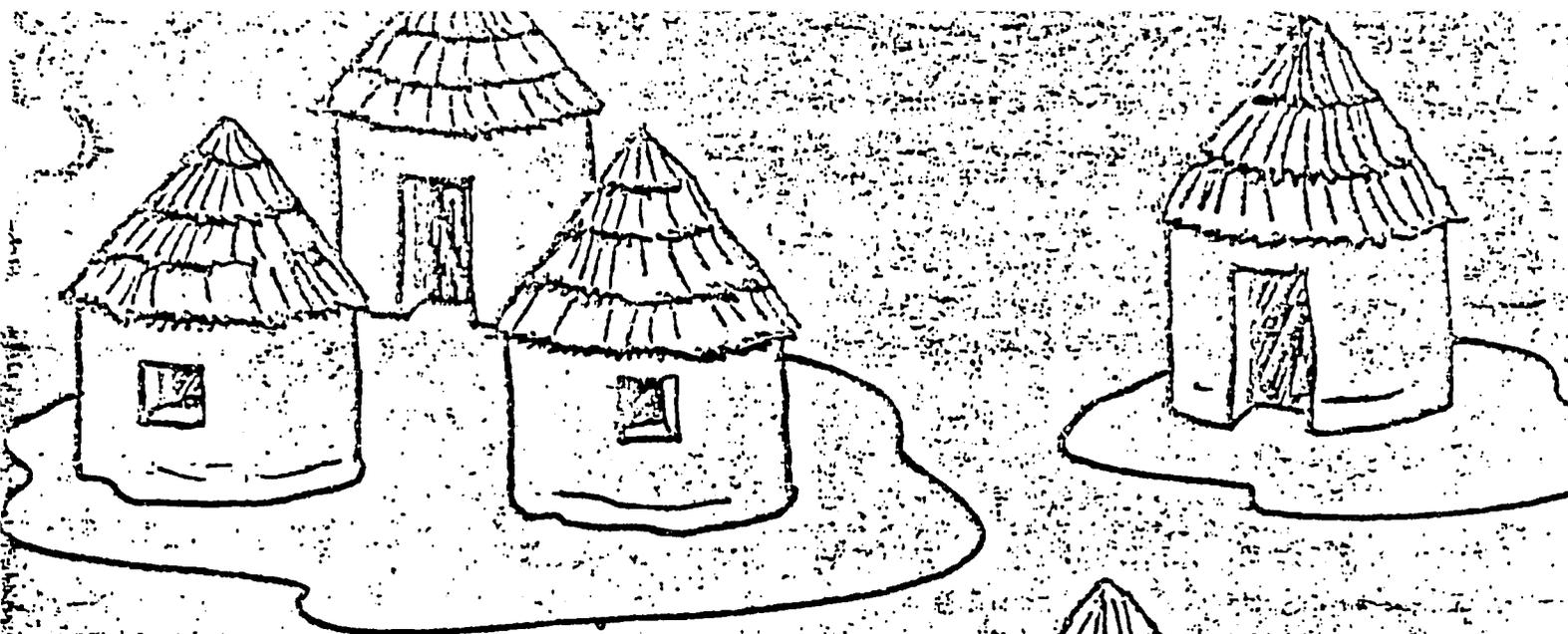
ACCIDENTS



PESTS







8.

CO-ORDINATING ACTIVITIES

TOPIC TITLE: CO-ORDINATING ACTIVITIES BETWEEN EXTENSION WORKERS,
COMMUNITY LEADERS AND THE COMMUNITY

TOPIC OBJECTIVES:

By the end of the session the participants will be able to:

1. Define co-ordinating activities.
2. Identify the people they co-ordinate activities with.
3. List the benefits and constraints of co-ordinating activities.
4. Identify possible ways of overcoming these constraints.

CONTENT OUTLINE:

1. Definition of co-ordinating activities.
2. Know the people with whom you co-ordinate activities:
 - A. Extension workers
 - B. Community leaders
 - C. Schools
 - D. Sebenta
3. How do you co-ordinate activities in your area?
4. Understand the benefits of co-ordinating activities.
5. Understand the constraints of co-ordinating activities.
6. Possible ways of overcoming these constraints.

TIME	CONTENT	NOTES TO FACILITATOR
	1. Definition	Facilitator asks participants to give their ideas of what co-ordinating activities means. Write responses on board and discuss.
	2. Know the people with whom you co-ordinate activities	Group participants according to geographic areas. Have groups discuss how they co-ordinate activities. Have each group report.
	3. Understanding the benefits of co-ordinating activities	Groups list benefits. Review and discuss.
	4. Understanding the constraints to co-ordinating activities.	Have groups list constraints to co-ordinating activities. Review and discuss.
	5. Possible ways of overcoming these constraints?	Facilitator leads group in identifying one way of overcoming constraints listed by participants. Then have groups work out other ways. This can be done in small group work or in large group with facilitator leading the discussion.

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9.

LEADERSHIP

TOPIC TITLE: LEADERSHIP

TOPIC OBJECTIVES:

By the end of the session the participants will be able to:

1. Define leadership.
2. Discuss the types of leaders and their advantages and disadvantages.
3. List the qualities of a good leader.
4. Identify their own leadership styles.
5. Identify their qualities as a leader.
6. Conduct periodic self-evaluation of their leadership style.

CONTENT OUTLINE:

1. Define leadership.
2. Qualities of a good leader.
3. Types of leaders:
 - A. Informal
 - B. Formal
 1. Autocratic
 2. Democratic
 3. Coercive
 4. Diplomatic
 5. Participative
 6. Free-rein
 - C. Advantages and Disadvantages
4. Participants identify their own leadership styles.
5. Participants identify qualities they can acquire to be better leaders.
6. Self-evaluation of participants' leadership styles.
7. Summary.

TIME	CONTENT	NOTES TO FACILITATOR
	1. Definition	Participants work in small groups to develop a definition of leadership. Facilitator reviews group work with open discussion.
	2. Qualities of a good leader.	Groups list what they feel to be the qualities of a good leader. Review lists and discuss. NOTE: Facilitator may want to post this list on the wall and leave throughout workshop. Can be referred to.
	3. Types of leaders: 1. Autocratic 2. Democratic 3. Bureaucratic 4. Diplomatic 5. Free-rein Advantages and Disadvantages of each leadership style.	Lecture presentation. Participants work in small groups to develop lists. Review and discuss.
	4. Participants identify their own leadership styles.	Facilitator leads participants through process to identify their own leadership styles.
	5. Participants identify qualities they can acquire to be better leaders.	Group discussion. Make use of the list of Qualities of a Good Leader and the different styles of leadership.
	6. Summary	Emphasize periodic self-evaluation by participants of their leadership styles.

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LEADERSHIP STYLES IN SUPERVISION

STYLE	ADVANTAGES	DISADVANTAGES
AUTOCRATIC	<ul style="list-style-type: none"> - saves time - good in emergencies - works well with employees who are insecure and do not like responsibility - chain of command and work division clearly understood by all 	<ul style="list-style-type: none"> - no feedback - supervisor alone in decision-making - most people resent this type of "rule" - stifles creativity
BUREAUCRATIC	<ul style="list-style-type: none"> - very consistent - fair, applies for one and all - people know where they stand 	<ul style="list-style-type: none"> - inflexible - confusion in situations where rules apply - resentment of employees
DIPLOMATIC	<ul style="list-style-type: none"> - people cooperate and work more enthusiastically if they know <u>why</u> they are doing something - show of respect for employee 	<ul style="list-style-type: none"> - some see persuasion efforts as sign of weakness - if supervisor is not sincere, be seen as manipulation - supervisor must be "good sales
DEMOCRATIC	<ul style="list-style-type: none"> - when people help make a decision, they support it and work hard to make it work - supervisor has benefit of best information, ideas and suggestions for decision-making - group discussion can bring critical information to surface - encourages development and growth of staff - most people work better with degree of freedom - establishes good work climate for motivated workers 	<ul style="list-style-type: none"> - takes time - some supervisors use this style to avoid responsibility - if not done well, can result in complete loss of control
FREE-REIN	<ul style="list-style-type: none"> - optimum use of time and resources - many motivated to full effort only if have complete freedom 	<ul style="list-style-type: none"> - little control - high degree of risk - can be a disaster if supervisor does not know well the competence and integrity of staff

adapted from: Owens, James: "The Uses of Leadership Theory" in MICHIGAN BUSINESS REVIEW
University of Michigan, January, 1973.

Types of Leaders

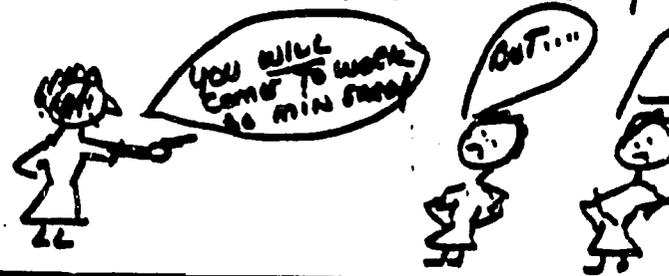
1) DEMOCRATIC

- o shares decisions
- o discusses
- o takes a vote & "majority rules"



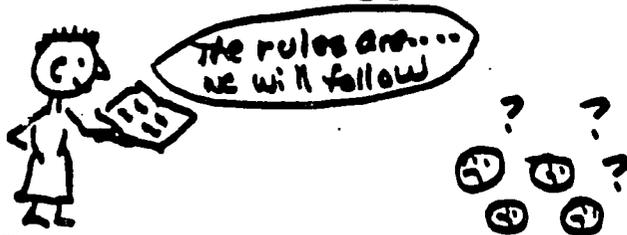
2) AUTOCRATIC

- o exerts authority
- o knows
- o tells
- o expects obedience
- o others have no say



3) BUREAUCRATIC

- o Tells you what to do
- o follows the rules of organization
- o does it by the book
- o sets rules



4) DIPLOMATIC

- o persuades - talks you into it.
- o sells you on the idea
- o uses tactics
- o keeps authority



FREE-REIN (RUN)

- o sets own goals
- o free to operate without interference from superiors



10.

MOTIVATION

TOPIC TITLE: MOTIVATION

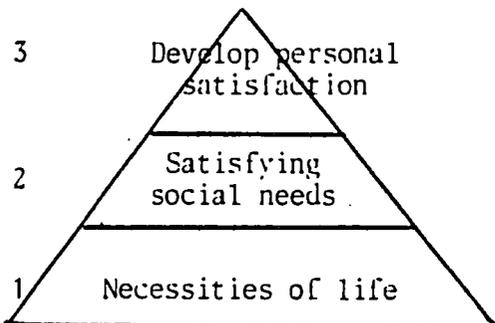
TOPIC OBJECTIVES:

By the end of the session the participants will be able to:

1. Define motivation.
2. Apply all levels of motivation to subordinates.
3. Identify factors that motivate them in their work.
4. Identify ways of overcoming de-motivation.
5. Identify ways of motivating subordinates given limitations.
6. Discuss various theories of motivation and how to apply each to their supervision of subordinates.

CONTENT OUTLINE:

1. Introduction
 - A. Define motivation.
 - B. Understand the Levels of Motivation
 - C. Identify What Motivates You:
 1. Achievement
 2. Recognition
 3. Salary
 4. The Administration
 5. Competent Manager/Supervisor
 5. Personal Qualities of the Leader
 7. Accommodation
 3. Advancement
 9. Communication System
 10. Allowances
 11. Suitable Working Conditions
 12. Job Rotation
 - D. What Motivates Your Subordinates
 - E. How can you as a supervisor/leader motivate your staff?
2. Theories of Motivation
 - A. Internal/External
 - B. McGregor's Theory X and Theory Y
 - C. Maslow's Hierarchy of Human Needs
 - D. Job Enrichment
 - E. Job Enlargement
3. Applying Motivational Theories to Clinic Nurses' Work as Supervisors
 - A. How to apply McGregor's theories.
 - B. How to apply Maslow's Hierarchy.
 - C. How to enlarge the jobs of subordinates.
 - D. How to enrich the jobs of subordinates.

TIME	CONTENT	NOTES TO FACILITATOR
	<p>I. INTRODUCTION</p> <ol style="list-style-type: none"> 1. Define motivation. 2. Understand the levels of motivation 3. Identify what motivates you in your work 4. What motivates your subordinates. 5. How can you as a supervisor motivate your staff? <p>II. THEORIES OF MOTIVATION</p>	<p>Participants work in small groups and develop separate definitions of motivation. Facilitator reviews each definition. Discuss. Then combine ideas from each definition and develop one definition and place on chalkboard.</p> <p>Introduce following diagram to participants and review:</p> <div style="text-align: center;">  </div> <p>Distribute handout, WHAT MOTIVATES ME, and review. Have participants fill out the questionnaire individually. When completed, review briefly and discuss.</p> <p>Facilitator leads group in a discussion of what they think motivates their subordinates. Write responses on chalkboard and discuss.</p> <p>Facilitator leads group in discussion.</p> <p>ASSUMPTION QUESTIONNAIRE. Facilitator distributes handout, Assumption Questionnaire, and reviews with participants. Have participants fill out the questionnaire individually. When completed, have participants put questionnaire aside.</p>

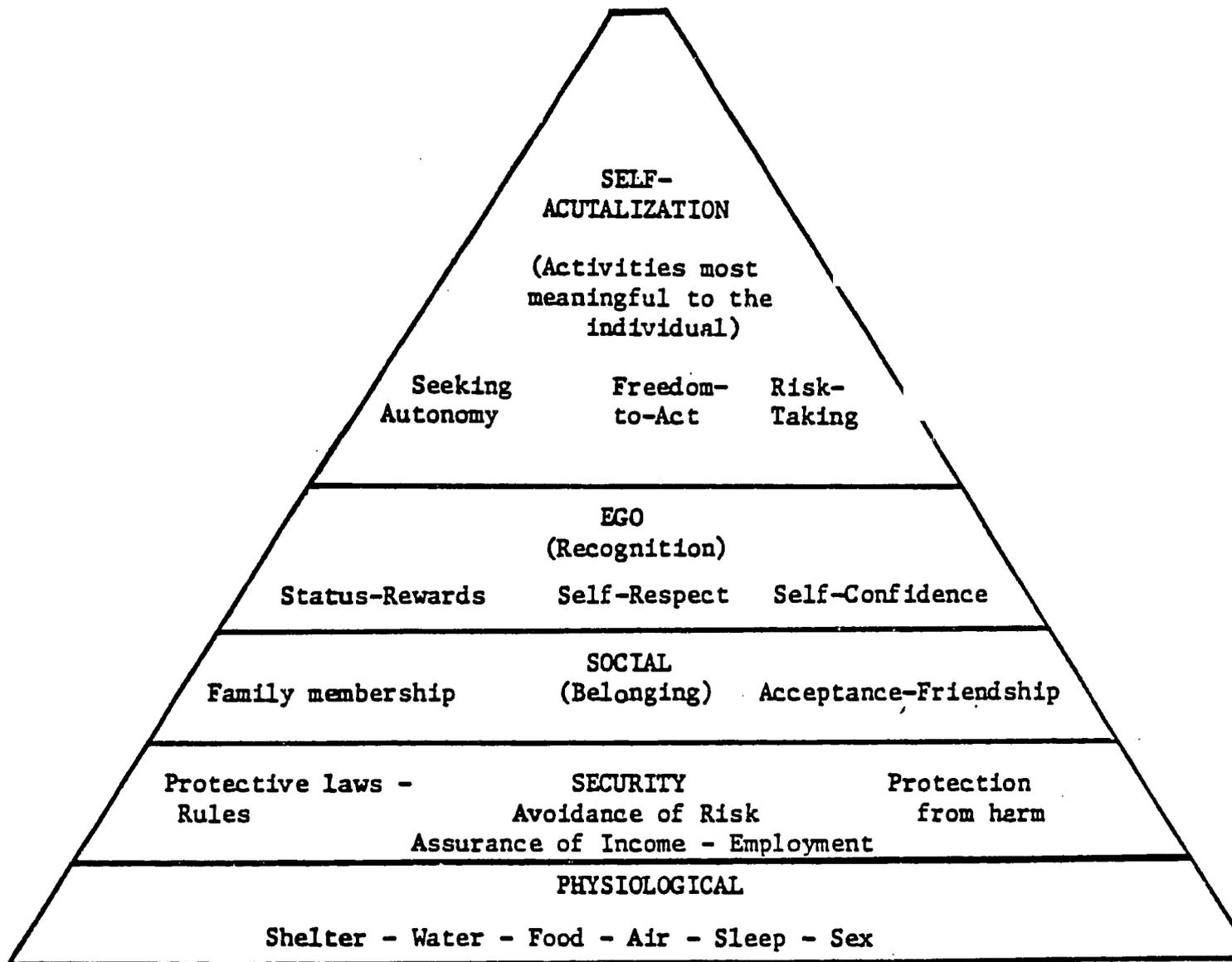
TIME	CONTENT	NOTES TO FACILITATOR
	<ol style="list-style-type: none"> 1. Internal/External Motivation 2. McGregor's Theory X and Theory Y 3. Maslow's Hierarchy of Human Needs 4. Job Enlargement 5. Job Enrichment 	<p>When facilitator has finished lecture on Theory X and Y, have participants refer to the ASSUMPTION. QUESTIONNAIRE they completed earlier. Give answers as to which statement is Theory X and which is Theory Y. Relate this to significance of staff behaviour and performance a result of each type of manager</p> <p>Introduce diagram to participant Facilitator can draw diagram on chalkboard, or distribute hand-out, Maslow's Hierarchy.</p> <p>Facilitator begins discussion by giving an example of job enlarge Then lead discussion with participants on ideas they can use enlarge the jobs of their subordinates when necessary.</p> <p>Facilitator introduces idea of job enrichment and provides an example for participants. Then lead participants in a discussion of ideas they can use to enrich the jobs of their subordinates.</p>
	<p>III. APPLYING MOTIVATIONAL THEORIES TO CLINIC, NURSES WORK AS SUPERVISORS</p> <ol style="list-style-type: none"> A. McGregor B. Maslow 	<p>Lead participants in a discussion of how to apply these theories.</p> <p>Facilitator may also have participants discuss in their small groups, then review in a large group discussion.</p>

WHAT MOTIVATES ME

DIRECTIONS: Review the following list of motivating factors and select the 5 that motivate you most in your work. Place a tick (✓) in the column to the right.

MOTIVATING FACTOR	MOTIVATES ME
1. Achievement	
2. Recognition	
3. Salary	
4. Administration	
5. Competent Manager/ Supervisor	
6. Personal Qualities of the Leader	
7. Accommodation	
8. Advancement	
9. Communication System	
10. Allowance	
11. Suitable Working Conditions	
12. Job Rotation	

MASLOW'S HIERARCHY OF NEEDS



PHYSIOLOGICAL NEEDS: Includes those things which are important to life and basic to survival, things like water, food, air, sleep, sex and shelter.

SECURITY NEEDS: Protection from physical harm, assurance of income and employment.

SOCIAL NEEDS: A sense of belonging and membership in a group, and acceptance of other people.

EGO NEEDS: Things that reflect a sense of self-respect and self-confidence on the part of the individual.

SELF-ACTUALIZATION: Refers to a sense of accomplishment and the development and utilization of one's capabilities.

MOTIVATION
ASSUMPTION QUESTIONNAIRE

HANDOUT

Circle the A if you agree with the statement; circle the D if you disagree.

- | | | | |
|-----|--|---|---|
| 1. | Most workers have similar backgrounds and should be treated alike. | A | D |
| 2. | Managers often underestimate the true abilities of their subordinates. | A | D |
| 3. | The best way to assure good quality work from employees is to closely watch and supervise them as they work. | A | D |
| 4. | Subordinates should be told just enough to keep them contented. | A | D |
| 5. | Most employees have talents and skills that are never used or developed by the organization. | A | D |
| 6. | Most employees just work for their weekly or monthly pay. | A | D |
| 7. | It is useful to make an example of one subordinate to warn others who are breaking the rules. | A | D |
| 8. | Managers should treat their subordinates as though they were as capable as themselves. | A | D |
| 9. | Most employees truly enjoy their work. | A | D |
| 10. | Employees should be told well in advance about any changes that will affect them. | A | D |
| 11. | A manager should ignore the 'grapevine'. | A | D |
| 12. | Employees should have a say in the work they do. | A | D |

11.

PROBLEM IDENTIFICATION
PROBLEM SOLVING,
AND
DECISION-MAKING

TOPIC TITLE: PROBLEM IDENTIFICATION, PROBLEM SOLVING, AND DECISION-MAKING

TOPIC OBJECTIVES:

By the end of the session the participants will be able to:

1. Analyze any clinic situation in order to correctly identify a problem.
2. Discuss what decision-making is.
3. Describe the steps in decision-making.
4. Make appropriate decisions based on the steps in decision-making.

CONTENT OUTLINE:

1. Definition of a problem:
 - A. A matter which is difficult to decide what to do.
 - B. An undesirable situation that needs to be changed or corrected.
2. Problem Identification, Problem Solving, and Decision-Making
 - A. Problem Identification:
 1. Define the problem
(What is/What should be)
 2. Analyze the problem to find the cause
(Cause vs. consequence)
 - B. Problem Solving:
 1. Develop alternative solutions.
 2. Analyze alternatives carefully.
 3. Select appropriate alternative.
 - C. Decision-Making:
 1. Implement the selected alternative.
 2. Follow-up and monitor.

TIME	CONTENT	NOTES TO FACILITATOR
	<ol style="list-style-type: none"> 1. DEFINITION OF A PROBLEM <ol style="list-style-type: none"> 1. A matter which is difficult to decide what to do. 2. An undesirable situation that needs to be changed or corrected. 2. PROBLEM IDENTIFICATION, PROBLEM SOLVING, AND DECISION-MAKING <ol style="list-style-type: none"> 1. Problem Identification: <ol style="list-style-type: none"> a. Define the problem (What is/What should be; cause; consequences) b. Analyze the problem to come up with the cause. 2. Problem Solving: <ol style="list-style-type: none"> a. Develop alternative solutions. b. Analyze all alternatives carefully. c. Select a suitable alternative. 3. Decision-Making: <ol style="list-style-type: none"> a. Implement the selected alternative. b. Follow-up and monitor. 	<p>Facilitator leads participants in a discussion of what a problem is. Facilitator then presents her definition on chalkboard.</p> <p>Present ROLE PLAY with Clinic Supervisor Mary and Groundsman Schweppes. Review with participants and lead through role play. Use role play to continue with steps listed to the left.</p> <p>Facilitator leads groups in a discussion of all the alternatives. Allow participants to select the alternative they feel is most appropriate.</p> <p>Facilitator leads discussion of the need to monitor and follow-up the solution that is being implemented.</p>

PROBLEM-IDENTIFICATION, PROBLEM SOLVING, AND
DECISION-MAKING

ROLE PLAY

ROLE: NURSE MARY

SITUATION:

Nurse Mary is a supervisor at Matimakhulu Clinic. She has been at this clinic for one year. The last supervisor was Nurse Daisy who worked in the clinic for 15 years. Mary is a very active supervisor and her staff like her very much. Since she came to the clinic a year ago services have improved.

One of Mary's subordinates, Schweppes, is a groundsman at the clinic. He has been there for 10 years. In the last month Mary has noticed that Schweppes is not doing his work as a groundsman properly, but he keeps himself busy with other clinic activities.

Mary has no idea why Schweppes is not doing his work. She constantly has to force him to do his job.

One afternoon Nurse Mary decides she must talk with Schweppes about this situation.

PROBLEM-IDENTIFICATION, PROBLEM SOLVING, AND
DECISION-MAKING

ROLE PLAY

ROLE: SCHWEPPEES

SITUATION:

You are Schweppes, a groundsman at the Matimakhulu Clinic. You have been working here for 10 years. You like your work very much and also like working in this clinic.

Your first supervisor, Nurse Daisy, for whom you worked for 9 years, promised you job improvement and allowed you to do other jobs in the clinic after you finished your other job, like dispensing medicines, answering phone calls and chatting to patients.

But not with the new supervisor, Nurse Mary, with whom you have worked for one year, you have continued to do these chores in the clinic and since she has not said anything to you, you gradually decide to forget cleaning the grounds, emptying the dust bins, and taking care of the flower garden.

One afternoon you are called by Nurse Mary who wants to talk to you.

12.

COMMUNICATION SKILLS

TOPIC TITLE: COMMUNICATION SKILLS

TOPIC OBJECTIVES:

By the end of the session the participants will be able to:

1. Define communication.
2. Discuss the process of communication.
3. Identify and overcome barriers to communication.
4. Discuss communication skills and their importance in supervising subordinates.
5. Apply communication skills in their day to day work with others.

CONTENT OUTLINE:

1. Define communication.
2. The Communication Process
 - A. Sender-Chanel-Receiver
 - B. Barriers to Communication
 - C. How to Overcome Barriers to Communication
 - D. Formal and Informal Communication (see topic "Supervisory Structure")
3. Communication Skills
 - A. Questioning
 - B. Listening
 - C. Interviewing
 - D. Non-verbal Behaviours
 - E. Perception

TIME	CONTENT	NOTES TO FACILITATOR
	<p>1. DEFINE COMMUNICATION</p> <p>2. COMMUNICATION PROCESS</p> <p>A. Sender-channel-receiver</p> <p>B. Barriers to communication</p> <p>C. Overcoming barriers to communication</p> <p>D. Formal and informal communication.</p> <p>3. COMMUNICATION SKILLS</p> <p>A. Questioning skills</p> <p>B. Listening</p> <p>C. Non-verbal behaviours</p>	<p>Lecture/discussion.</p> <p>Facilitator introduces following diagram on chalkboard:</p> <div data-bbox="1050 418 1554 620" data-label="Diagram"> <pre> graph LR S[SENDER] --> R[RECEIVER] </pre> </div> <p>Using the diagram, facilitator leads group in discussion of barriers to effective communication. List barriers on chalkboard.</p> <p>EXERCISE: Facilitator introduces exercise and selects participants. Have all participants leave the room. One at a time participants enter room. Trainer gives first participant the message, then second participant enters room. Message is related verbally to each participant selected.</p> <p>NOTE: Trainer should keep a record of the differences that occur as the message is passed from one participant to the next.</p> <p>Use 4 to 5 participants for this exercise.</p> <p>See topic, SUPERVISORY STRUCTURE. This can cover the two types of communication within an organization, and some of this will have been covered in the topic on SUPERVISORY STRUCTURE.</p> <p>EXERCISE on Questions. Distribute to each participant and allow time to complete. Review.</p> <p>Present ROLE PLAY. Review.</p> <p>EXERCISE. Facilitator gives participants a word which can be expressed non-verbally. Each participant presents her word before the group and group guesses what the word is from the behaviour.</p>

TIME	CONTENT	NOTES TO FACILITATOR
	<p>D. Perception</p> <p>SUMMARIZE SESSION</p>	<p>Also, facilitator shows pictures of non-verbal behaviours from handout.</p> <p>Lecture/discussion.</p> <p>NOTE: The following words can be used in above exercise on non-verbal behaviours:</p> <ol style="list-style-type: none"> 1. Pain 2. Happy 3. Worried 4. Anxious 5. Frown 6. Yes 7. Disapproval 8. Stop 9. No 10. Proud 11. Angry 12. Love

COMMUNICATION SKILLS

ROLE PLAY 1

ROLE: CLINIC NURSE SUPERVISOR, MAVIS

SITUATION:

You are a supervisor in a clinic. One of the chiefs just came to you about the Nursing Assistant you are working with, Phindile. It seems she was quite rude to some of the women, especially the pregnant women, and has told them many unpleasant things which has scared them during her health talk. Now they refuse to go back to the clinic.

You need to find out what has been going on with Phindile.

ROLE: Phindile, Nursing Assistant

SITUATION:

You are Nursing Assistant Phindile. Last week you gave a health talk at the clinic to a group of pregnant women during the ANC session. You realized that this was a good time to talk about delivery plans and the need to come to the clinic for regular check-ups. The women seemed very interested in your talk. But there were two old gogos who became very angry at you and said that you were frightening the women. They also said they were going to report you to the chief if you didn't stop talking about such things. You did not want to make anyone angry, so you stopped talking about delivery plans with the women. As the women and the gogos were leaving the clinic you could hear them arguing.

One day you are called by your supervisor for a discussion.

COMMUNICATION SKILLS

ROLE PLAY

2

ROLE: Nursing Assistant, Zodwa

SITUATION:

You are Nursing Assistant Zodwa, in charge of immunizations in the clinic. You have noticed that many mothers do not bring their children back to the clinic after the first dose. This does not worry you because you know that they always end up bringing the children even if it is after 3 or 4 months.

One afternoon you are called by the clinic supervisor to discuss this issue with you.

ROLE: Clinic Nurse Supervisor Mavis

SITUATION:

You are Clinic Nurse Mavis. Your Nursing Assistant, Zodwa, is in charge of the immunizations at your clinic. You recently discovered that many mothers are not returning for the second and third doses of D.P.T. and Polio in time. A few days ago you asked some of the mothers who had come to the clinic why others are not returning in time. They told you that the Nursing Assistant did not tell them to return to the clinic for the remainder of their doses.

You call Nursing Assistant Zodwa into your office to discuss this matter.

75

COMMUNICATION SKILLS

SENDING MESSAGES

MESSAGE:

PLEASE TELL GLADYS TO TELL MR. BROWN THAT HIS PUPPY WHICH IS WHITE AND BROWN WAS HIT BY A CAR ON FRIDAY MORNING AT 10:00 AM ON THE 27 AUGUST 1983. TELL HER TO TELL HIM TO COME AND TAKE IT TO THE VETERINARY DOCTOR BECAUSE IT NEEDS A PLASTER OF PARIS ON THE LEFT LEG. HE MUST BRING A BLANKET WITH HIM TO COVER THE PUPPY SINCE IT IS VERY COLD.

QUESTIONING SKILLS

DIRECTIONS: Read each of the following sentences then decide if the questions are OPEN, IMPLIED, or CLOSED.

1. You must really like that shirt, Robert, don't you? _____
2. How did you manage to break your arm, Janet? _____
3. Did Steve go to the doctor about his chest pain? _____
4. Aren't you sure you can come back next month? _____
5. What seems to be the problem with your foot? _____
6. Why are you here? _____
7. Didn't you ask me that question yesterday? _____
8. Do you like your new job, Thandie? _____
9. Did that woman have her baby yet? _____
10. Why did you leave the clinic early yesterday? _____
11. How old is this child? _____
12. What did the nurses tell you when you went to the clinic this morning? _____
13. Last week I told Mary to write a letter to the Minister of Agriculture about speaking to the RHM's next Friday. What did the Minister say? _____
14. You never seem sure who needs medication, do you, Harriet? _____
15. Do you take your pills every day as I told you? _____

FACILITATOR'S ANSWER SHEET

QUESTIONING EXERCISE

1. IMPLIED
2. OPEN
3. CLOSED
4. IMPLIED
5. OPEN
6. OPEN
7. IMPLIED
8. CLOSED
9. CLOSED
10. OPEN
11. CLOSED
12. OPEN
13. OPEN
14. IMPLIED
15. CLOSED

QUESTIONS

CLOSED QUESTIONS

- o Require a short answer, such as "Yes" or "No".
- o Does not require the other person to think about the question or to formulate a lengthy response.
- o Often closes communication channels.
- o Examples:

Question: "Do you like your work?"
Response: "Yes."

Question: "How many children do you have?"
Response: "Four."

OPEN QUESTIONS

- o Usually requires a lengthier answer, more than a few words.
- o Requires the other person to think about the question and formulate a response.
- o Is often used to allow other person to express their feelings or opinions about an issue.
- o Examples:

Question: "Why was Miriam late for work today?"
Response: "She told me that she woke late and one of her children was sick and she had to take care of him and get the others ready for school, and by the time....."

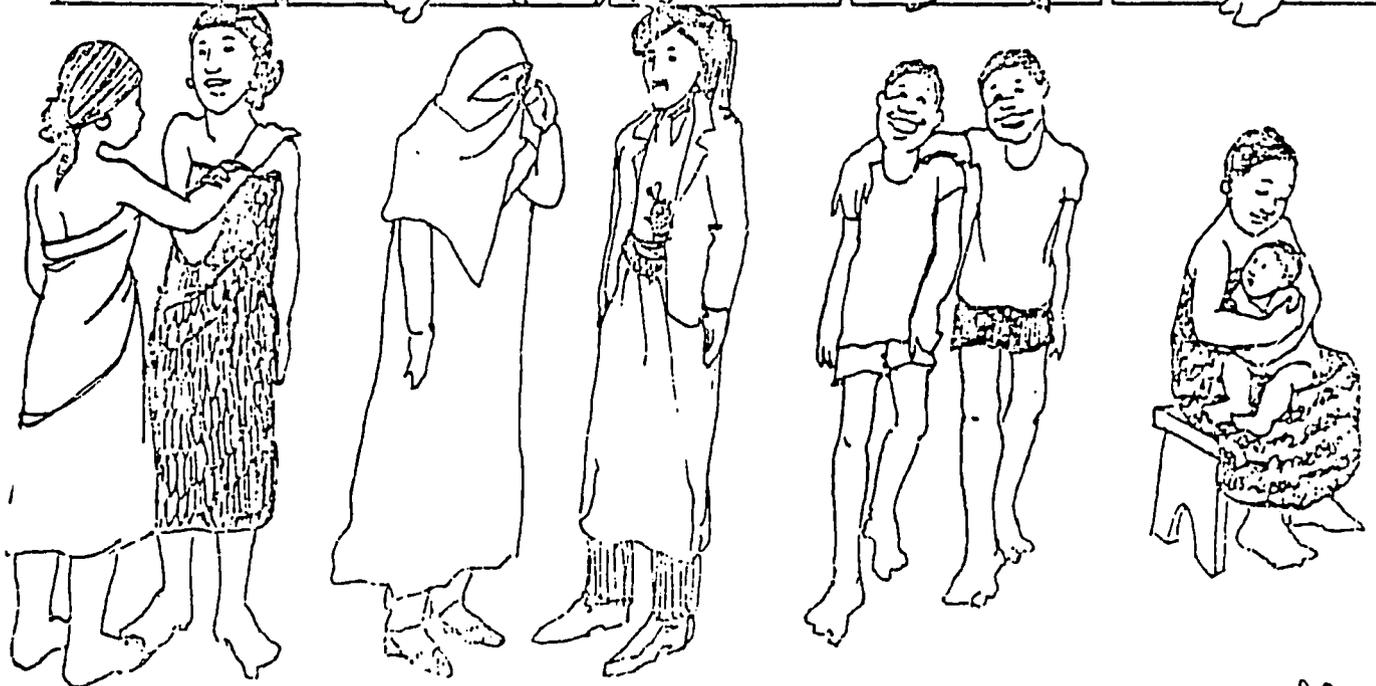
IMPLIED-ANSWER QUESTIONS

- o The answer is usually implied in the question.
- o Does not allow the other person to freely express his/her feelings or opinion, or the facts as they hear the answer that is expected in the question.
- o Usually closes communication channels.
- o Examples:

Question: "You feel better now, don't you, Mrs. Brown?"
Response: "Yes."

Question: "You'll remember to order those supplies today, won't you, Betty?"
Response: "Yes."

TYPES OF NONVERBAL COMMUNICATION



13.

THE
SUPERVISORY
VISIT

TOPIC TITLE: THE SUPERVISORY VISIT

TOPIC OBJECTIVES:

By the end of the session the participants will be able to:

1. Define what a supervisory visit is.
2. List where and when a supervisory visit is applicable.
3. List advantages and constraints of a supervisory visit by the clinic nurse.
4. Observe and use the components of a supervisory visit.

CONTENT OUTLINE:

1. Introduction
 - A. Define supervisory visit
 - B. Where information comes from for a supervisory visit:
 1. RHM
 2. Community Leaders
 3. Homestead
 4. Extension workers
 - B. The purpose of a supervisory visit.
2. Planning a Supervisory Visit
 - A. Constraints to Conducting a Supervisory Visit:
 1. Time
 2. Transport
 3. Shortage of staff
 4. Unfamiliarity with Roles of RHM
 5. Frequent Staff Changes
 - B. Advantages of a Supervisory Visit:
 1. Improves Performance
 2. Feedback
 3. Motivation
 4. Improves communication
 - C. The Components of a Supervisory Visit
 1. Interpersonal Relationship with the Homestead
 2. Observe communication skills of RHM:
 - a. Questions
 - b. Listening
 3. Check performance (visiting schedule)
 4. Check technical skills/knowledge
 5. Use supervisory tools:
 - a. Observation form
 - b. Checklist
3. Selective Supervision
 - A. How to identify who should receive supervision visits:
 1. Analyse information from RHM Record Form:
 - a. When too many deaths to be probable.
 - b. When too many deliveries in short period of time.
 - c. When too many homesteads visited.
 - d. When discrepancies appear on record forms over 3-month period

THE SUPERVISORY VISIT/Continued

2. Complaint received from community about an RHM
 3. RHM has not reported to clinic for more than 2 months
- B. When supervisory visits should be conducted:
1. According to need
 2. Make appointment with RHM whenever possible
 3. On request of RHM

TIME	CONTENT	NOTES TO FACILITATOR
	<p>I. INTRODUCTION</p> <p>A. Define supervisory visit</p> <p>B. Where does information come from for a supervisory visit:</p> <ol style="list-style-type: none"> 1. RHM 2. Community leaders 3. Homestead 4. Extension workers <p>C. Purpose of a supervisory visit</p>	<p>Facilitator asks participants to give their definition of what a supervisory visit is. Write responses on chalkboard. Review and discuss responses.</p> <p>Participants list where they can get information for a supervisory visit. Trainer reviews list and adds to list if necessary.</p> <p>Trainer asks participants where they conduct a supervisory visit. Write responses, on chalkboard. Review and discuss. Add additional items if necessary.</p>
	<p>II. Planning a Supervisory Visit</p> <p>A. Constraints to conducting a supervisory visit</p> <ol style="list-style-type: none"> 1. Time 2. Transport 3. Shortage of staff 4. Unfamiliar with roles of RHM 5. Frequent staff changes <p>B. Advantages of a supervisory visit</p> <ol style="list-style-type: none"> 1. Improves performance 2. Feedback 3. Motivation 4. Improves communication <p>C. Components of a supervisory visit</p>	<p>Divide participants into groups. Have one group work out constraints to a supervisory visit and the other group work out advantages of a supervisory visit. Each group presents their work through a recorder from each group. Review and discuss.</p> <p>FIELD VISIT. If possible, arrange to take participants on a field visit to observe several RHMs in a homestead. Use OBSERVATION FORM.</p>

TIME	CONTENT	NOTES TO FACILITATOR
	<p>III. SELECTIVE SUPERVISION</p> <p>A. How to identify who should receive a supervisory visit:</p> <ol style="list-style-type: none"> 1. Analyse information from RHM record form 2. Complaint received from community about an RHM 3. RHM has not reported to clinic for more than 2 months. <p>B. When supervisory visits should be conducted.</p>	<p>Facilitator divides participants into groups. Distribute RHM record forms for a period of three months for several RHMs. Participants analyse information and report findings. Discuss.</p> <p>Present Case Study: "Rumours".</p> <p>Review and discuss.</p> <p>Ask participants to list when a supervisory visit should be conducted. Write responses on chalkboard. Review and discuss.</p>

CASE STUDY

"RUMOURS"

SITUATION:

Chief Maphurizane of Zombodze arrives at Mahlandle Clinic to report to Staff Nurse Angelina about RHM Nokuthula Dlamini who has not been seen visiting homesteads allocated to her for 3 months.

The chief has heard rumours that Nokuthula is in the Republic of South Africa for her own business. The chief wants to find out from Nurse Angelina about Nokuthula.

Staff Nurse Angelina tells the chief that for the past two months Nokuthula has not reported to the clinic, and her pay has been collected by RHM Mandla with the excuse that Nokuthula is sick.

QUESTION:

As the supervisor of this RHM, what would you do to correct this situation? (List steps)

	YES	NO
1. Does RHM carry "Nansi limpilo" bag?		
2. Does RHM observe local customs in the homestead? (i.e., greet and sit down; man removes hat; use surname while talking; etc.)		
3. Does RHM have technical skills to perform the following:		
- Health talk		
- Giving tablets		
- Mixing Oral Rehydration Salts		
- First Aid treatment		
- Baby bath		
- Home delivery		
- Nutrition demonstration		
- Measuring pit latrine		
4. Does RHM have good interpersonal relations with homestead? (questioning skills; listening; non-verbal behaviours)		
5. Does RHM advise families on :		
- Environmental Sanitation?		
- MCH/FP?		
- Nutrition?		
6. Does RHM fill monthly record form on the spot before leaving the homestead?		

14.

UNDERSTANDING
PERFORMANCE
APPRAISALS

TOPIC TITLE: UNDERSTANDING PERFORMANCE APPRAISALS

TOPIC OBJECTIVES:

By the end of the session the participants will be able to:

1. Define performance appraisal.
2. Discuss the aims and process of performance appraisal.
3. Relate correct information about her subordinates to top management.
4. Discuss the consequences of an unfair performance appraisal to the subordinates work history.
5. Discuss how performance appraisals benefit the organization.

CONTENT OUTLINE:

1. INTRODUCTION
 - A. What is a performance appraisal?
 - B. Why have performance appraisals?
 - C. What performance appraisals look like.
2. PROCESS OF PERFORMANCE APPRAISALS
 - A. Who fills out performance appraisals.
 - B. Where do they go within the Ministry of Health?
 - C. How is performance appraisal used by the organisation?
3. THE IMPORTANCE OF KNOWING ABOUT PERFORMANCE APPRAISALS
 - A. Clinic nurse should understand use of performance appraisals as a method of improving performance.
 - B. Clinic nurse should inform subordinates about an unsatisfactory report that goes to top management.
 - C. Using performance appraisals as a means of evaluating staff performance instead of as a punishment.
 - D. Appreciate that a performance appraisal remains forever in a subordinates file.
 - E. Importance of conducting periodic performance appraisals.
 - F. Base performance appraisals on the following:
 1. Skills
 2. Resourcefulness
 3. Reliability
 4. Initiative
 5. Capability
 6. Neatness
 7. Relation with others
 8. General Conduct

TIME	CONTENT	NOTES TO FACILITATOR
	<p>I. INTRODUCTION</p> <p>A. What is a performance appraisal? B. Why have performance appraisals?</p> <p>C. What performance appraisals look like.</p> <p>II. THE PROCESS OF PERFORMANCE APPRAISALS (MOH)</p> <p>A. Who fills out performance appraisals? B. Where performance appraisals go within the MOH. C. How is performance appraisal used by the organization?</p> <p>III. THE IMPORTANCE OF KNOWING ABOUT PERFORMANCE APPRAISALS.</p> <p>A. Clinic nurse should understand use of performance appraisal as a method of improving performance. B. Clinic nurse should inform subordinates about an unsatisfactory report that goes to top management. C. Using performance appraisals as a means of evaluating staff performance instead of as a punishment. D. Appreciate that a performance appraisal remains forever in a subordinates file. E. Importance of conducting periodic performance appraisals. F. Base performance appraisals on the following:</p> <ol style="list-style-type: none"> 1. Skills 2. Resourcefulness 3. Reliability 4. Initiative 5. Capability 6. Neatness 7. Relation with others 8. General conduct 	<p>Facilitator asks participants to give their ideas of what a performance appraisal is and why there should be performance appraisals. Write responses on chalkboard and discuss.</p> <p>Facilitator introduces performance appraisal forms to participants.</p> <p>Lecture and discussion.</p> <p>Lecture, and discussion.</p>

JOB
DESCRIPTIONS
OF
CLINIC
STAFF

MOH
SWAZILAND

SWAZILAND GOVERNMENT
MINISTRY OF HEALTH
CONFIDENTIAL REPORT
NURSING STAFF

Year ending

PART I — PERSONAL PARTICULARS

NAME (Surname first in capital letters)	Marital Status	Personal File Number		
HOSPITAL/CLINIC	Date of birth	Period of service:		
SECTION	Date of first app't	yrs. m. under present reporting officer		
PRESENT APPOINTMENT AND GRADE	Date of app't to present grade	yrs. m. under present counter-signing officer		
		yrs. m.		
RECORD OF EMPLOYMENT COVERED BY REPORT				
Section	From	Until	Grade	Duties on which employed

INSTRUCTIONS FOR COMPLETING PART II & III

1. Before starting to complete this Report, study the notes on the preparation of Confidential Reports.
2. Do not refer to previous Reports. Base your appraisal on the current year's work.
3. The Report should be completed in ink. If the counter-signing officer disagrees with any rating awarded by the reporting officer he should indicate the rating which he considers right in ink of a distinctive colour and initial the entry.
4. Do not shrink from giving a low marking where it is deserved. Failure to give an honest or impartial opinion is not in the interests of the officer and is a reflexion on the reporting or counter-signing officer concerned. It is important that officers should be told of any faults or shortcomings which result in an adverse report.
5. The remarks spaces should be used freely to give a clearer picture of the officer's strengths and weaknesses; remarks may include specific points or general comments which complete the picture, but should not be used for vague comments or observations which merely repeat what has already been indicated by the ticks in the columns indicating the officer's rating.
6. Complete Part II by reference to the officer's present grade. Ratings should be awarded without regard to age, ill-health, domestic difficulties etc., but these factors may be brought out in Part III.

Knowledge of duties	Out-standing	Above average	Average	Below Average	Unsatisfactory	Remarks
(a) General Technical						
(b) Surgical, Medical and (c) Health						
(d) Midwifery and Welfare						
Knowledge of English						
(a) Oral						
(b) Written						
General Conduct						
Industry						
Initiative						
Mental ability						
Sense of Responsibility						
Relations with other officers						
Relations with the Public (if applicable)						
Supervisory Ability*						
Capacity for organisation*						
Overall Rating						

*To be completed in respect of supervisory grades.

PART III — FITNESS FOR PROMOTION

This Part of the Form asks for an estimate of the officers performance in a higher grade and is quite distinct from Part II

This officer is now capable of performing the duties of the next higher grade

- SATISFACTORILY
- VERY WELL
- EXCEPTIONALLY WELL

This officer is not now capable of performing the duties of the next higher grade: She is

- LIKELY TO QUALIFY IN TIME
- UNLIKELY TO QUALIFY

(a) Reporting Officer
Any information

I hereby certify that the above is a true and correct statement of the facts stated and is an "average" rating

Date

(b) Countersigning Officer

Note here

I hereby certify that the above is a true and correct statement of the facts stated and is an "average" rating

Date

(c) Head of Department

(d) I certify that the above is a true and correct statement of the facts stated and is an "average" rating

To be completed where the overall rating in Part II is given as "Unsatisfactory."

13

PART IV — CERTIFICATION

(a) Reporting Officer:- General Remarks and Certificate

Any information or comments not covered by previous sections of the Report should be included here.

I hereby certify that in my opinion the standard of efficiency and suitability for promotion of the officer named is as stated and that she has been informed of any faults or shortcomings which I have led to the award of the rating "below average" or "unsatisfactory".

Date Signature Rank

(b) Counter-signing Officer's Remarks and Certificate.

Note here any general comments — If the officer is, or may be suitable for exceptional promotion this should be stated.

I hereby certify that in my opinion the ratings awarded by the Reporting Officer are correct, subject to any correcting entries or remarks which I have made or initialled.

Date Signature Rank

(c) Head of Department's initials and date (if not the Reporting or Counter-signing officer)

(d) I confirm that the officer has been informed in writing of the overall rating awarded in Part II above/hus not been informed of her overall rating for the following reasons

To be completed where the overall rating in Part II is given as "Unsatisfactory."

Head of Department

JOB DESCRIPTION - CLINIC SUPERVISORS

A. OBJECTIVES

1. To improve and maintain the preventive and some curative health care services.
2. To improve and maintain the administration of rural clinics.
3. To assist in the development of increased participation of all people in their area of responsibility in health matters.

B. TASKS

To improve and maintain the preventive and some curative Health Care Services

- (a) To assist in and ensure that recommended policies and techniques are used in antenatal, postnatal, child-health and family planning care.
- (b) To ensure that equipment available to nurses is in satisfactory condition, and that the nurse is adequately taught to use it.
- (c) To initiate and organise in-service training of nurses in their area of responsibility.
- (d) Ensuring that newly arrived nurses are familiarized with the work requirements of the clinic.
- (e) To ensure that new initiatives and programs from the Ministry of Health or District Health Teams are adequately carried out.
- (f) To ensure adequate liason with Health Inspectors, Health Assistants in carrying out health programs.

- (g) To ensure that drug and medical supply stocks and requisitions are adequate and not time expired.

To improve and maintain the administration of rural clinics

- (a) Liaise with hospital/district Matron in all administrative matters with respect to rural clinics.
- (b) Liaise and co-ordinate all interministerial actions in her area.
- (c) Attend district health team meetings.
- (d) Review clinic activities with nurses monthly.
- (e) Ensure that all supplies of drug dressings are maintained.
- (f) Ensure that records are adequately maintained and monthly reports correctly completed and sent to Headquarters.

To assist in the development of increased participation of all people in their area of responsibility in health matters

- (a) Liaison with local community leaders in matters relating to health.
- (b) To assist the clinic nurse in the establishment of clinic health committees.
- (c) Encouraging and educating the community in identifying health needs.

CPK

- (d) Collaborate with the community and Health Assistants in clean water and sanitation projects.
- (c) Training, monitoring and ensuring that rural Health Motivators are adequately and properly supervised by their communities and by the clinic nurses.

The clinic supervisor is responsible for all clinics designated as under her charge and is responsible to the Matron of the District Hospital in her area.

MINISTRY OF HEALTH

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a1

INTRODUCTION:

This job-description has been developed in order to specify the professional competencies of a Clinical Specialist Nurse working at a rural clinic.

Each item in the job-description will be further clarified by an indication of whether a certain knowledge, professional skill or attitude is needed in order to carry out the tasks in a proper way.

1. The Clinic Work in Relation to the Organization of Health Services in Swaziland

1.0.1 Knowledge The Clinic Nurse should know how the work performed at the Clinic fits into the organization of health services in Swaziland.

1.0.2 Skill The Clinic Nurse is responsible for the smooth running of the clinic for the Mother-hospital i.e. she takes overall charge of the clinic.

1.0.3 Skill The Clinic Nurse should study conditions, and help with the analysis of health and related special situations, that affect the individual, family and community.

1.0.4 Skill The Clinic Nurse should assist with the formulation, planning, organization and evaluation of plans which are aimed at alleviating and/or preventing health problems, and improving nursing education.

1.0.5 Skill The Clinic Nurse should participate in official and voluntary programmes and meetings which are aimed at improving community health and welfare.

1.0.6 Skill The Clinic Nurse should conduct or assist in surveys and research dealing with community health.

1.0.7 Skill The Clinic Nurse should establish and maintain co-ordination and communication with other workers in the field of community health and welfare, e.g. community development, social welfare, agriculture, home economics Red Cross etc.

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- 1.0.8 Skill The Clinic Nurse should assist in the planning and implementation of school health services, health education and nutrition programmes.
- 1.0.9 Skill The Clinic Nurse should participate in the annual evaluation of the existing Public Health Services in each district and discuss possible improvements with the Public Health Centre team.

2. The Clinic Work:

2.1 Medical Care:

- 2.1.1 Skill The Clinic Nurse should attend all patients coming to the clinic, and should take every opportunity to incorporate preventive measures to patients who attend for sickness.
- 2.1.2 Skill The Clinic Nurse keeps a register of all the patients attended.
- 2.1.3 Knowledge & Skill The Clinic Nurse should know how to handle all common and important diseases in the country, and know when to refer cases such as must come with, to the Mother-hospital. She is also responsible for calling an ambulance when needed.
- 2.1.4 Skill The Clinic Nurse reports all her nursing problems and also clinic problems to her Patron in the Mother-hospital. Problems concerning her HCH/EP work should be referred to the district Public Health Centre.
- 2.1.5 Skill The Clinic Nurse submits the monthly returns of all her cases to the Mother-hospital at the end of each month.
- 2.1.6 Skill The Clinic Nurse is responsible to order her stock of medicines and injections from the Central Medical Stores well in advance.
- 2.1.7 Attitude The Clinic Nurse must exercise stringent economy in prescribing treatment as the cost of drugs is very high. Do not hand out more medicine than needed.

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- 2.1.2 Attitude Health Education can be much more effective when carried out at the stage of illness and it must always be done.
- 2.2.1 Skill The Clinic Nurse runs the following clinics regularly or on a daily basis:
(a) Ante Natal Clinic
(b) Post Natal Clinic
(c) Child Welfare Clinic
(d) Pre School Clinic
In order to protect these population groups and treat diseases which may be detected at the early stage.
- 2.2.2 Attitude For the convenience of the family and in order to reach as much of the population as possible, it would be an advantage if all MCH/FP services are to be made available every day. This arrangement will ensure that families need not to return several times a week for the needs of the different members.
- 2.2.3 Skill In case of emergency, the Clinic Nurse can deliver a maternity case and she must keep all her cases in a maternity register for record, this is very important, and she must advise the parents to register the birth of their babies at the District Commissioner's Office.
- 2.2.4 Skill Returns dealing with MCH/FP activities should be forwarded to the Public Health Unit, Nsabane, at the end of each month.
- 2.3 Communicable Disease Control:
- 2.3.1 Knowledge The Clinic Nurse must understand that this part of her activities needs a strong link between the clinic and the health workers who spend most of their time in the communities. Communicable diseases detected at the clinic among the patients who come for treatment need to be followed up in the communities, on the other hand staff who visits homes or schools might detect conditions which have to be referred to the clinic.

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2.3.2 Skill The Clinic Nurse has an important role of reporting and notifying the Mother-Hospital about epidemics or occurrence of serious infectious diseases.

2.4. Environmental Sanitation:

2.4.1. Skill & Attitude It should be appreciated by the Clinic Nurse that the responsibility for this activity is not restricted to the Health Inspectors and Health Assistants only, but it should be shared by her as well as other health workers. Motivation of the public for improvement of the environmental sanitation through Health Education is an activity all types of trained workers ought to undertake.

2.5. Health Education:

2.5.1. Skill This is also an activity which must be carried out by all types of trained health workers, including the clinic nurse.

2.5.2 Attitude It is important that the clinic nurse remembers that the approach on a subject to every social group has to be based on the background of the group, their level of education, the cultural beliefs and habits and such other factors.

2.6. Nutrition Activities:

2.6.1 Skill & Attitude As malnutrition is still a major Public Health problem in many areas in Swaziland the Clinic Nurse should integrate nutrition activities into all possible aspects of her clinic work.

2.7. The Maintenance of Records for Statistical Purposes:

2.7.1 Skill Record keeping is one of the basic activities which are essential for running the health services effectively. The needs of the communities and the effectiveness of the programmes which are organised to meet these needs can only be measured if accurate records are maintained.

2.7.2 Skill The Clinic Nurse must keep all her registers neat and in good order.

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2.8. The Maintenance of the Clinic:

- 2.8.1 Skill The Clinic Nurse must supervise the cleanliness of the clinic surroundings, breakage of windows, or anything concerning the buildings.
- 2.8.2 Skill The Clinic Nurse should keep the inventory books in good order i.e. she checks them monthly and records the stock.
- 2.8.3 Skill The Clinic Nurse is responsible to order new issues, to report loses, does the condemning, also present her breakages to the Mother-hospital for replacement.
- 2.8.4 Attitude The Clinic Nurse can make suggestions for improvement of the clinic to the right authority i.e. Mothering-hospital.
- 2.8.5 Knowledge The Ward Orderly is responsible to the Clinic Nurse in charge of the clinic and therefore takes orders as directed for all official duties.
- 2.8.6 Knowledge The Ward Orderly is responsible to maintain all the clinic linen, Clinic Nurses uniform and iron them and clean floors windows etc. where there is no Male Orderly.

2.9 EDUCATION OF HEALTH WORKERS.

- 2.9.1 Skill The Clinic Nurse is responsible to maintain the high standard of nursing, and should therefore always be in possession of the latest edition of the Community Health Manual Nursing Services. She should also teach the Auxiliary staff good patient relationship.
- 2.9.2 Attitude It is advisable for the Clinic Nurse to have the following books: English dictionary, Nursing dictionary and latest Nurses Medical Text Books.
- 2.9.3 Skill The Clinic Nurse should organise regular meetings for the clinic staff, Rural Health Visitors, Health Assistants etc. for discussions of their programmes and improving their knowledge on different aspects of Public Health work.

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2.9.4 Skill If possible once a year, the Clinic Nurse should attend a refresher course in the Mother-hospital, talks given by: Senior Medical Officer, Matron, Doctor and other senior staff members.

3. Service Delivery Procedures:

3.1 Working Hours:

3.1.1 Skill The Clinic Nurse attends to all Out-patients coming to the clinic, both day and night, the latter not encouraged. The clinic operates from 8.00 a.m. to 4.30 p.m. Monday to Friday. But if the patients are not finished, she continues until all patients have been attended. The Clinic Nurse remains on call after she has knocked off. When there are two nurses or more at the clinic one of them must keep the clinic open on Saturday from 8.00 to 1.00 p.m.

3.1.2 Skill The Clinic Nurse is allowed to be away on week-ends once a month. During her absence the Nurse Aid should be present and she must advise the Nurse Aid when she will be back. When there are two nurses or more at the clinic, they must share the week-end calls between them, so that one stays behind at the clinic.

3.2 Cleanliness:

3.2.1 Skill The Clinic Nurse should at all times, when on duty wear her complete uniform attire, this includes her helpers as well.

3.3 Supervision:

3.3.1 Knowledge The Matron should visit the clinic as often as possible, but if she does not have transport available, she visits once every two months.

3.4. Other Procedures:

3.4.1 Knowledge Specific information about procedures in relation to Medical Care, Health Education, MCH/FP clinics, Nutrition Activities, the maintenance of Records etc. will be found in the Community Health Manual.

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DEFINITION:

The nursing assistant shall provide nursing care and promote health to all members of the community in their homes, hospitals and health centres under the supervision of a state registered nurse. As a junior member of the health team she must respect her seniors and carry out orders. She work harmoniously with all members of the health team, and adhere to professional ethics and a high standard of nursing practice.

DUTIES:

1. ^S Under supervision she will give skilled nursing care as assigned to selected patients.
2. ^K With assistance she will identify different aspects of health care and find her place in the health team.
3. ^{S, A} She will practise and comply with the rules of domestic cleanliness and hygiene.
4. Posted at health centres the nursing assistant shall:-
 - (a) Teach and promote health education:-
 - ^{S, K, A} (i) Prevention and transmission of infectious diseases.
 - ^K (ii) Recognise early deviation from normal growth and development.
 - ^{S, K} (iii) Use the weight-chart as record of growth and as tool for early detection of malnutrition.
 - ^K (iv) Give nutritional advice, based on the knowledge of the principles of nutrition, the relation of good food to health and growth, local foods and their nutrients.
 - ^K (v) Prepare health talks and obtain the approval of the state registered nurse and give health talks to groups, based on the understanding of traditional customs and beliefs.
 - ^{S, K} (vi) ^K Assist with immunisations and vaccinations.
 - ^{S, K} (b) Observe, evaluate and report the physical and emotional condition of members of the community.
 - ^K (c) Recognise early signs of danger and anticipate health needs of individuals, homes, and community.
 - ^S (d) Under supervision she will conduct welfare clinics.
 - ^S (e) Under supervision carry out orders and delegated duties accurately.
5. Posted in hospitals, the nursing assistant shall:-
 - (a) Recognise nursing assistant policies.
 - (b) Practise desirable nursing standards:-
 - (i) Under supervision practise good nursing care techniques.
 - (ii) Practise professional care of patients and families in the out-patients department:-
 - (a) History taking
 - (b) Recording findings
 - (c) Personal hygiene of the patient
 - (d) Proper reports.
 - (iii) Under supervision carry out orders and delegated duties accurately:-
 - (a) Feeding helpless patients
 - (b) Basic nursing care
 - (c) Hygiene of the ward
 - (d) Attend to personal needs of the patients.
 - (iv) The nursing assistant under no circumstance will handle habit forming drugs.

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5. (v) Behaves responsibly and accepts discipline following misconduct.
- (vi) She must economically use equipment stores and supplies and maintain good after-care of equipment.
- (vii) She must maintain sound communication with all senior members of the health team.

PROPOSED JOB DESCRIPTION - SENIOR HEALTH ASSISTANT

1. Attend meetings convened by the Principal Health Assistant.
2. Supervises Health Assistants and other junior staff in his area.
3. Ordering and issuing of projects materials for his area.
4. Compiles reports for submission to the Principal Health Assister
5. Be involved in the expanded immunization programme.
6. Be involved in the promotion of health in his area as follows:-
 - (i) Inspection of food premises
 - (ii) Inspection of food premises for licensing purposes.
 - (iii) Meat Inspection - abattoirs and rural slaughter poles
 - (iv) Rural sanitation - provision of toilets
 - (a) advising
 - (b) guiding in construction work
 - (v) Rural water supply -
 - (a) improvement of such supplies
 - (b) water sampling
 - (vi) Supervision of disposal of refuse -
 - (a) dry
 - (b) wet
 - (vii) Pest control
 - (viii) Institutional environmental sanitation
 - (ix) Industrial hygiene
 - (x) Control of milk and milk supplies -
 - (a) dairy inspection
 - (b) milk sampling
 - (xi) Communicable disease control - immunization, etc.
 - (xii) Be involved in immunization programme.
 - (xiii) Attend Tinkhundla meetings.
 - (xiv) Health talks at seminars, meetings etc.

JOB SPECIFICATION. Assignment.

1st. Public Health Nurse Supervisor. (Nursing Sister).

Responsible for:-

1. Relieving the senior Public Health Nursing Officer. (Matron).
2. Staff assignment within the Unit.
3. Transport allocation for day to day work.
4. Supervision of M.C.N./T.P. services at the Unit.
5. Supervision of mobile sub-centres.
6. Supervision of clinic nurses in Public Health nursing activities.
7. Organisation and training of clinic nurses (in health planning.)
8. Training of student nurses in practical public health activities.
9. Participates in the organisation and training of Local Health Visitors.
10. Supervision and paying of P.H.V. in her District.
11. Helping communities in her district to form Community Health Committees.
12. Orientation of new personnel.
13. Health Education through invitation.
14. Staff appraisal - done quarterly.
15. Epidemiological investigations.
16. Preparation of work schedule for celebrations.
17. Participates in Trade Fair discussions and responsible for dissemination of information. (M.M.B. P.O.S.I.N.D.)
18. Orders and distributes staff uniforms.
19. Orders supplies and distributes to relevant centres.
20. Responsible for the review of activities and planning for the following year.
21. Writes annual report for district.

22. ESTIMATES.

23. Responsible for organizing the P.H.U. Matrons

24. E.S. Ntshane.

P.H.U. Matron.

JOB SPECIFICATION. Assistant.**2nd. Public Health Nurse Supervisor.****Responsible for :-**

1. Relieves 1st. P.H.N. Supervisor.
2. Community organisation for selection of people to be trained for primary health care.
3. Training of Rural Health Visitors.
4. Paying and supervision of Rural Health Visitors.
5. Health Education through invitation and at the Unit.
6. Supervision of M.C.H./P.P. services.
7. Practical training of student nurses in Public Health nursing activities.
8. Orientation of new staff.
9. Participates in training of nurses in m.c.h./P.P. services.
10. Checking of fridge temperatures for the safe storage of vaccines.
11. Epidemiological investigations.
12. Writes annual reports R.H.Vs project.
13. Participates in the reviewing of Unit activities and planning.
14. Participates in schedule preparation for celebrations.
15. Ledger-Book. *R.H.V. Inventory*
16. *Coordinate with community workers. (Unit)*

E.H.H.

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Senior Staff Nurse.

Responsible for:-

1. Ordering of drugs and cleaning supplies.
2. Revenue tickets and receipts.
3. Sub-centres assigned to her.
4. Health education in the Unit and sub-centres.
5. Writing of monthly report for Unit and sub-centres.
6. Immunisation in the Unit and sub-centres.
7. Participates in training of staff in P.P. services.
8. Integration of health services in her sub-centres.
9. Relieves the Nursing Sisters.
10. Checks on febrile temperatures.
11. Supervises P.M.N. activities.
12. Participates in the reviewing and planning of health services in the area.
13. Family Planning services in the country, if assigned for that.
14. Family Planning annual report.
15. Family Planning supplies and returns.

E.N. Ntiwane.

P.H.U. Matron.

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JOB SPECIFICATION. (last part).

STAFF NURSE.

Responsible for :-

1. Health Education in Unit and sub-centres.
2. Supervision of general cleanliness of the Unit.
3. Sub-centres assigned to her.
4. Writing of monthly reports for the Unit and her sub-centres.
5. Participate in keeping vaccines properly in fridge, and if assigned to be responsible for vaccines, should keep account of received and issued vaccine.
6. Home visiting to follow-up clients from the Unit.
7. Supervision of orderlies and casual labourers.
8. Participates in training of student nurses.
9. Participate in the reviewing and planning of work.
10. Health Education in maternity and childrens wards until the hospital staff is ready to do it.
11. Participates in all celebration activities.
12. Inventory.
13. Responsible for all P.H.U. Exhibitions
14. Community organization
15. Co-ordinates work in laboratory, wards

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JOB SPECIFICATION. Matron.

Nursing Assistant.

1. Responsible to the ~~Nursing~~ Sister.
2. Responsible for health education at the Unit and Matron.
3. Responsible for health education in maternity and children's ward.
4. History taking from mothers during sessions.
5. Individual advice to clients.
6. Home visiting to follow-up clients and to motivate others to come to the Unit.
7. Responsible for linen to and from the laundry.
8. Helps staff nurses in doing scientific procedures.
9. Dusting of the work area in the morning and leaving the area tidy in the afternoon.
10. Setting of vaccination trays.
11. Participates in checking of the fridge for safe vaccine storage.
12. Pre-packing of pills and mixtures.
13. Participates in all celebrations activities.
14. *Reception of babies*
15. *Testing of urine*
16. *Reception of patients*
17. *Reception of patients*

E.N. NTEGHE.
P.H.U. Matron.

Best Available Document

JOB DESCRIPTION. As 1 point.

ORDERLY.

Responsible for:-

1. Cleaning of floors and walls of the Unit.
Hlobisa siyilo nelubondsa lele ka Yuniti.
2. Cleaning of windows once a week.
Geza emfasitelo kaqo ngeliviki.
3. Mowing and cleaning of the area.
Kela tjani ahbaste tibi laha ekhaki nase eeleni kanyo.
4. Collect garbage into the dust bins.
Busta tibi utifake emadonni wato.
5. Special care to flower garden and rockery.
Hakekela ingadze yetimbali nerokhaki.
6. Make tea for staff.(if it is your assignment).
Yenta liTiya ,Uma kufanele.
7. Collection of the post from the Ministry of Post office.
Vikisa ulandse liposi .
8. Issuing of supplements to mothers and special clients. ✓
Banike lubisi noma imphuphu labo labafanele.
9. Assist the nurses in transporting the clients to the hospital. ✓
Sitana nabo hesi ekotfweleni tigelane matinikisa esibhenlele.
10. Help with the transportation of linen to and from the laundry.
Sita kusikisa nekulandra tingubo noma tinghala elondri
11. Unload and load food supplements. ✓
Yetfula lubisi nemphuphu levela kaThaba.
12. Load and unload supplements on mobile vehicles.
Yetfula vetfese labisi nemphuphu etinotini leti ngaphandle mitfolekhilo.
13. Participates in local celebrations.
Uyasebenta ngejivo yofive.
14. Relieves other orderlies when off duty.
Uyabambela labanye emsebantini uma bangokho.

E.N. Ntiwane.

P.H.U. Matron.

PUBLIC HEALTH UNIT

PERSONNEL ASSESSMENT FORM

Name of Officer -----

Assessment table.

- A Very good
- B Good
- C Fair
- D Poor

Please tick appropriate square

	A	B	C	D
1. <u>Client care</u>				
(a) Assignment performance -----				
(b) Interest in day to day activities -----				
(c) Individual education to clients -----				
(d) Communicating well with clients -----				
(e) Communicating well with co-workers -----				
2. <u>Responsibility</u>				
(a) Reporting on duty punctually -----				
(b) Take initiative in work to be done -----				
(c) Works intelligently and with good judgement -----				
(d) Carrying of assignments promptly -----				
(e) Supervisory capabilities -----				
(f) Health Education activity her prime work -----				
(g) Reports correct and neat -----				
(h) Capacity for organisation -----				
3. <u>Neatness.</u>				
(a) Wearing of proper Uniform and tidyness -----				
(b) Well grooving of hair and without fancy jewellery -----				
(c) In her work:- Replacing articles to their places and keeping work-area clean and tidy -----				
4. <u>Health</u>				
(a) Observing good health habits, e.g. Washing of hands, posture etc. -----				

- (b) Appears well rested each morning
- (c) Performs assignments without undue physical and mental strain
- (d) Her attitude towards correction

A	B	C	D

REMARKS-----

HEALTH UNIT -----

NAME OF SUPERVISOR. -----

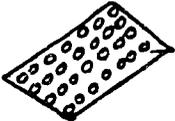
DATE -----

JOB DESCRIPTION: RURAL HEALTH MOTIVATOR

1. To create awareness of and solve problems in the community.
2. Motivate, teach, organize and follow-up the community.
3. Teach, motivate and assist in maternal and child health.
4. Motivate, assist and refer for family planning services.
5. Supply condoms to client in need.
6. Supply rehydration packets to patients with diarrhea.
7. Treat patients suffering from malaria.
8. Assist in emergency home delivery.
9. Teach, motivate and assist the community in agriculture, home economics and nutrition.
10. Teach, motivate, assist and organize the community to promote environmental sanitation.
11. Measure for homestead pit latrines.
12. Identify, teach, prevent and refer communicable diseases.
13. Follow-up TB cases, leprosy cases, mentally ill patients, etc.
14. Identify, teach, refer mental illness.
15. Teach and promote mental health.
16. Teach safety and provide first aid in the community.
17. Promote adult literacy.
18. Promote community participation in community development.
19. Identify resources and collaborate with extension workers.

[IDEA FOR A REFERRAL SLIP
FOR USE BY RHM's]:

REFERRAL SLIP

		
		
<u>NAME OF RHM</u>		<u>DATE OF REFERRAL</u>
REMARKS: _____		_____

15.

EVALUATING

STAFF

PERFORMANCE

OPIC TITLE: EVALUATION OF STAFF PERFORMANCE

TOPIC OBJECTIVES:

By the end of the session the participants will be able to:

1. Define evaluation of staff performance.
2. Discuss advantages of evaluating staff performance.
3. Evaluate staff performance using evaluation tools.
4. Identify the need for in-service training.
5. Identify constraints in evaluating staff performance.

CONTENT OUTLINE:

1. INTRODUCTION
 - A. Definition.
 - B. Why staff performance evaluations are important:
 1. To measure job performance and personnel abilities.
 2. To improve job performance.
 3. To recommend to top management on sending staff for training.
 4. To perform in-service or on-the-job training at the clinic.
2. ADVANTAGES OF EVALUATING STAFF PERFORMANCE.
 - A. Ability to see short-comings in the job for improving the work.
 - B. To monitor if subordinates are working towards goals of organisation.
3. CONSTRAINTS TO EVALUATING STAFF PERFORMANCE
 - A. Time.
 - B. Shortage of staff
 - C. Objectives are not well set.
4. EVALUATING STAFF PERFORMANCE:
 - A. Observation form
 - B. Job descriptions of subordinates
5. USING DATA GATHERED FROM EVALUATION FORMS
 - A. Report to top management as necessary.
 - B. Top management informed of need for training.
 - C. Monitor staff performance on continuing basis.

TIME	CONTENT	NOTES TO FACILITATOR
	<p>1. INTRODUCTION</p> <p>A. Definition</p> <p>B. Why evaluating staff performance is important:</p> <ol style="list-style-type: none"> 1. To measure job performance and personnel abilities. 2. To improve job performance. 3. To recommend to top management on sending staff for training. 4. To develop and conduct in-service or on-the-job training for subordinates. <p>2. ADVANTAGES OF EVALUATING STAFF PERFORMANCE</p> <p>A. Ability to see short-comings in the job for improving the work.</p> <p>B. To monitor if subordinates are working towards the goals of the organization.</p> <p>3. CONSTRAINTS TO EVALUATING STAFF PERFORMANCE</p> <p>A. Time</p> <p>B. Shortage of staff.</p> <p>C. Objectives not well set.</p> <p>4. EVALUATING STAFF PERFORMANCE</p> <p>5. USING DATA GATHERED FROM EVALUATION FORMS</p> <p>A. Report to top management if necessary.</p> <p>B. Top management informed of need for training.</p> <p>C. Monitor staff performance on a continuing basis.</p>	<p>Discussion.</p> <p>Review role play from session on Communication Skills (clinic supervisor and Nursing Assistant Zodwa).</p> <p>Refer to above role play.</p> <p>Lecture and discussion.</p> <p>Facilitator distributes copies of handouts:</p> <ol style="list-style-type: none"> 1. OBSERVATION FORM FOR NURSING ASSISTANTS 2. OBSERVATION FORM FOR ORDERLYS <p>Review forms with participants.</p> <p>Lecture and discussion.</p>

INFORMAL OBSERVATION FORM FOR NURSING ASSISTANTS AT CLINIC LEVEL

Name of Nursing Assistant: _____

Name of Clinic Nurse/Supervisor: _____

DATE: _____

B DUTIES	OUTSTAND- ING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	UNSATIS- FACTORY	COMMENTS
KNOWLEDGE OF DUTIES:						
1. Nursing Care						
2. MCH/FP						
3. Health Education						
4. Maintaining cleanliness of clinic						
5. Home visiting						
General Conduct						
Initiative						
Mental Ability						
Sense of Responsibility						
Relationship with other workers						
Relationship with the community/clinic patients						
Supervisory ability						
Ability to organize						

INFORMAL OBSERVATION FORM FOR ORDERLYS AT CLINIC LEVEL

Name of Orderly: _____

Name of Clinic Nurse/Supervisor: _____

DATE: _____

J DUTIES	OUT- STANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	UNSAT- ISFACTORY	COMMENTS
KNOWLEDGE OF DUTIES						
1. Maintaining cleanliness in the clinic						
2. Maintenance of flower garden						
3. Assists with food supplements'						
4. Assists in transportation of patients						
5. Participates in local celebrations						
6. Care of linen						
General Conduct						
Initiative						
Mental Ability						
Sense of Responsibility						
Relationship with other workers						
Relationship with the community						
Ability to organize						

16.

DEVELOPING
IN-SERVICE TRAINING
FOR
SUBORDINATES

TOPIC TITLE: DEVELOPING IN-SERVICE TRAINING FOR SUBORDINATES

TOPIC OBJECTIVES:

By the end of the topic the participants will be able to:

1. Develop topics and conduct on-the-job training and in-service training for subordinates.
2. Define what in-service training is.
3. Discuss the advantages of in-service training in improving staff performance.
4. Develop a schedule for in-service training.

CONTENT OUTLINE:

1. What is in-service training?
2. Why conduct in-service training:
 - A. Improving staff performance.
 - B. Introduce new skills.
 - C. Motivate staff.
3. Advantages of in-service training:
 - A. Job performance improves.
 - B. Staff gets new satisfaction.
 - C. Staff build confidence.
 - D. Organisation's goals and objectives are likely to be met.
 - E. Overall performance of clinic improves.
4. How to develop in-service training:
 - A. Developing a 12-month schedule of topics.
 - B. Choosing the appropriate time for in-service training.
5. Applying methodologies to in-service training.

TIME	CONTENT	NOTES TO FACILITATOR
	<ol style="list-style-type: none"> 1. What is in-service training? 2. Why conduct in-service training? <ol style="list-style-type: none"> A. Improving staff performance. B. Introduce new skills. C. Motivate staff. 3. Advantages of in-service training: <ol style="list-style-type: none"> A. Job performance improves. B. Staff gets new satisfaction. C. Staff builds confidence. D. Organization's goals and objectives are likely to be met. E. Overall performance of clinic services improves. 4. How to develop in-service training programs <ol style="list-style-type: none"> A. Developing a 12-month schedule of topics. B. Choosing the appropriate time for in-service training. 	<p>Facilitator discusses definition with participants and writes definition of chalkboard.</p> <p>Ask participants to give reasons for conducting in-service training for subordinates. Write responses on chalkboard.</p> <p>Participants work in small groups to list advantages of conducting in-service training for subordinates. Review and discuss.</p> <p>Distribute handouts on in-service training to each participant. Review. Have participants work in their small groups to develop an in-service training schedule for a 12-month period.</p> <p>NOTE: If participants are not already divided into similar geographic areas, facilitator may wish to do so at this time.</p> <p>When groups have completed work, have each group report to entire group on their schedule.</p>

IN-SERVICE TRAINING PLAN FOR SUBORDINATES

MONTH	TOPIC	ACTIVITIES	DATE COMPLETED	TRAINED (Actual #)
JANUARY				
FEBRUARY				
MARCH				
APRIL				
MAY				
JUNE				
JULY				
AUGUST				
SEPTEMBER				
OCTOBER				
NOVEMBER				
DECEMBER				

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17.

ADMINISTRATIVE
POLICIES AND
PROCEDURES
FOR THE
CLINIC SUPERVISOR

TOPIC TITLE: ADMINISTRATIVE POLICIES AND PROCEDURES

TOPIC OBJECTIVES:

By the end of the session the participants will be able to:

1. Discuss the job descriptions of her subordinates and RHMs and write clinic schedules accordingly.
2. Supervise and train subordinates and RHMs in the proper filling out of record forms.
3. Discuss all aspects of the RHM program.

CONTENT OUTLINE:

1. Introduction
2. Job Descriptions
 - A. Definition
 - B. Review:
 1. Clinic Nurse
 2. Nursing Assistant
 3. Health Assistant
 4. Orderly
 5. Groundsman
 6. Watchman
 7. RHM:
 - a. Programme
 - b. Record Forms
 - c. Referral Slips
3. Clinic Schedule
 - A. Staff leave
 - B. Off-duty Schedule
 - C. Assignments
4. Supervising the keeping of clinic records

18.

WORKSHOP SCHEDULES

- 3 DAY
- 5 DAY
- 2 WEEKS

TIME	CONTENT	NOTES TO FACILITATOR
	<p>1. Introduction</p> <p>Explain what administrative policies and procedures are.</p> <p>2. Job Descriptions:</p> <p>A. Clinic nurse</p> <p>B. Nursing assistant</p> <p>C. Health assistants</p> <p>D. Orderly</p> <p>E. Groundsman</p> <p>F. RHM:</p> <p>1. RHM programme</p> <p>2. Record forms</p> <p>3. Referral slips</p> <p>4. Training curriculum</p> <p>3. Clinic Schedule:</p> <p>A. Staff leave</p> <p>B. Off-duty schedule</p> <p>C. Assignments</p> <p>4. Supervising the keeping of clinic records</p> <p>5. Summary</p>	<p>Lecture/discussion.</p> <p>Distribute to each participant a copy of the Job Descriptions for the appropriate clinic staff.</p> <p>view each.</p> <p>Distribute copies of RHM training curriculum for review of RHM programme.</p> <p>Facilitator instructs small group to develop a clinic schedule. Review work and discuss.</p> <p>Lecture/discussion.</p>

3-DAY SUPERVISORY WORKSHOP - FOR CLINIC NURSES -

MONDAY	TUESDAY	WEDNESDAY
<p>INTRODUCTION OBJECTIVES OF WORKSHOP WHAT IS SUPERVISION? WHAT DO SUPERVISORS DO? CONSTRAINTS/BENEFITS</p>	<p>ACTIVATION</p>	<p>SKILLS SUPERVISOR Technical Human (Communication) Conceptual</p>
<p>CONCURRENT WORK PROBATIONARY PERIODS HIS/HER RECORDS LEARNING</p>	<p>DECISION MAKING PROBLEM IDENTIFICATION PROBLEM SOLVING</p>	<p>STAFF SELECTION</p>

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1-WEEK SUPERVISORY WORKSHOP — FOR CLINIC NURSES —

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<p>1. Opening Ceremony 2. Introduction 3. Workshop Objectives 4. "What is Supervision?" 5. Role of Supervisor 6. Models and 7. Constraints to 8. Supervision.</p>	<p>1. Attachment Area 2. Analysis 3. Extension workers 4. Other agencies 5. Community leaders 6. Community</p>	<p>Leadership (continues)</p>	<p>2. Decision making (problem / d. solving).</p>	<p>3. Conceptual 4. Supervision visit 5. Understanding Performance Appraisals.</p>
LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
<p>1. Administrative Policies 2. Procedures 3. Job descriptions of 4. staff 5. Programme 6. Time Schedule</p>	<p>1. Supervisors Role 2. Responsibilities of Supervisor 3. Leadership.</p>	<p>Motivation</p>	<p>Skills Supervisors Need 1. Technical 2. Human (communication skills).</p>	<p>3. Evaluation of staff- performance. 4. Development of In-service Training 5. Closing Ceremony.</p>

2-WEEK WORKSHOP ON SUPERVISORY - SKILLS FOR CLINIC NURSES -

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<p>UNIT I I. INTRODUCTION II. PURPOSE OF THE COURSE III. OBJECTIVES IV. THE SUPERVISOR'S ROLE</p>	<p>C. SUPERVISORY STRUCTURE WITHIN MINISTRY OF HEALTH D. BENEFITS AND CONSTRAINTS TO SUPERVISION</p>	<p>UNIT II ADMINISTRATIVE POLICIES AND PROCEDURES a. Job Description of Supervisors b. R.H.M. program c. Clinic Schedule ----- UNIT III I. Catchment Area II. Selection</p>	<p>Catchment Area</p>	<p>Catchment Area UNIT IV THE SUPERVISOR'S ROLE A. Responsibilities of Supervisor</p>
<p>UNIT IV Responsibilities of Supervisor</p>	<p>UNIT IV RESPONSIBILITIES OF SUPERVISORS</p>	<p>B. Staff Supervision NEED TECHNICAL Human Resource Development</p>	<p>Staff Supervision Need The Role of the Visit UNIT V STAFF DEVELOPMENT</p>	<p>STAFF DEVELOPMENT CLOSING</p>

Best Available Document

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19.

EVALUATION
TOOLS

SUPERV RY I NTORY

Name: _____

KNOWLEDGE. How much do you know about the skills listed below? Place a check in the appropriate column.

Skill	I know nothing about this skill	I've heard of this but know very little about it	I have fair knowledge of this skill	I have good knowledge of	I am very knowledgable about this skill
Communicating with subordinates					
Motivation of subordinates					
Identifying and Solving Problems of subordinates					
Training subordinates					
Use of RM form to evaluate perf.					
Use of observation form to evaluate staff performance.					
Planning a Supervisory Visit					

USE. How well can you use these skills? Place a check in the appropriate column.

Skill	I have no idea how to use this skill	I don't feel comfortable using this skill	I am sometimes comfortable using this skill	My ability to use this skill is good	My ability to use this skill is very good
Communicating with subordinates					
Motivation of subordinates					
Identifying and Solving Problems of subordinates					
Training subordinates					
Use of RM record form to eval. perf.					
Use of observation form to evaluate staff performance					
Planning a Supervisory Visit					

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DAILY REACTION FORM

DAY # _____

NAME: _____ (Optional)

1. What were the most useful aspects of the day to you? Why?

2. What were the least useful aspects of the day to you? Why?

3. What did you like most about the day?

4. What did you like least about the day?

5. Was there anything covered today that you would like clarified before going further with the workshop? What?

6. Comments/Suggestions.

SESSION REACTION FORM

NAME OF SESSION: _____

DATE: _____

Place a tick (.) in the box that best describes your response to the session.

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONTENT OF SESSION	Didn't teach me anything I didn't know already	Some of it was new to me	Taught me a lot

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLEARNESS OF SESSION	Confusing	Parts were clear	Very clear

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
USEFULNESS OF SESSION TO MY WORK	Not useful to my work	Somewhat useful	Very useful

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LENGTH OF SESSION	Too short	Just right	Too long

Comments: _____

Name (Optional): _____

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