

PN-AAT-054

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WORKING WITH THE
HEALTH TEAM

1980
Rural Health Development Project
Ministry of Health and Social Welfare
Maseru, Lesotho

ACKNOWLEDGEMENTS

Nurse Clinician training materials are Lesotho adaptations based upon the MEDEX prototype curriculum for training mid-level health workers.

The prototype MEDEX materials were developed by the Health Manpower Development Staff of the John A. Burns School of Medicine, University of Hawaii. The original prototypes were based on training experience in over a dozen third-world countries. These were revised on the basis of HMDS experience in Micronesia, Thailand, Pakistan, and Guyana before being made available to Lesotho under a U.S.A.I.D. funded contract.

Major adaptation in Lesotho began at the National Nurse Clinician Training Programme Curriculum Adaptation Workshop held at Maserod in January 1980. The nearly fifty participants represented all major health and health related activities in Lesotho, both Government and private. These participants and others working as individuals and then as review committees have adapted the Nurse Clinician training materials to meet the conditions and needs of Lesotho.

The Government of Lesotho and particularly the staff of the Nurse Clinician training Programme are grateful to HMDS for supplying the prototype materials and to all those individuals who have helped in the Lesotho adaptation process.

First Edition May 1980

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SCHEDULE

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5

STUDENT GUIDE

WORKING WITH THE HEALTH TEAM

I. Entry Level Knowledge and Skill

Before starting this unit, you should have a basic knowledge about health care in Lesotho gained from having worked as a nurse in rural areas.

II. Objectives:

Using the information and experiences provided by the instructor and the module text, you will be able to:

1. Apply basic management principles.
2. Assume a leadership role in a health team.
3. Assess community needs and resources.
4. Develop a work plan.
5. Implement the work plan.
6. Supervise other workers.
7. Liaise with community and district health team.

III. Evaluation

MODULE PHASE

Upon completion of this module, you will be rated on your attainment of the above objectives.

1. Knowledge: Written test based upon module content. Acceptable performance, 80%.
2. Skills: Application of basic management principles. Development of a work plan.

ROTATION AND PRECEPTORSHIP PHASES

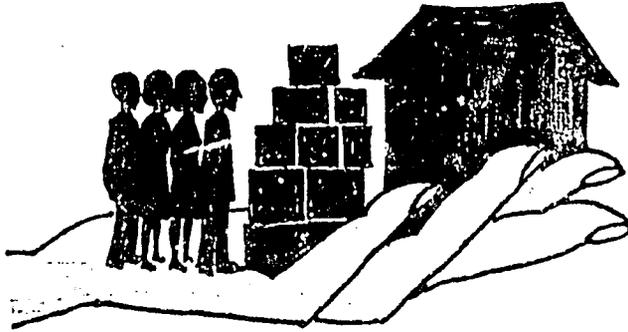
Assess community needs and resources.
 Implement work plan.
 Assume a leadership role in a health team.

IV. Activities you will be participating in to accomplish the objectives:

1. Trainees read module text of the "Working with the Health Team" module and answer review questions.
2. Discussions of basic management principles led by instructors.
3. Exercises, group discussions and role plays.

UNIT 1

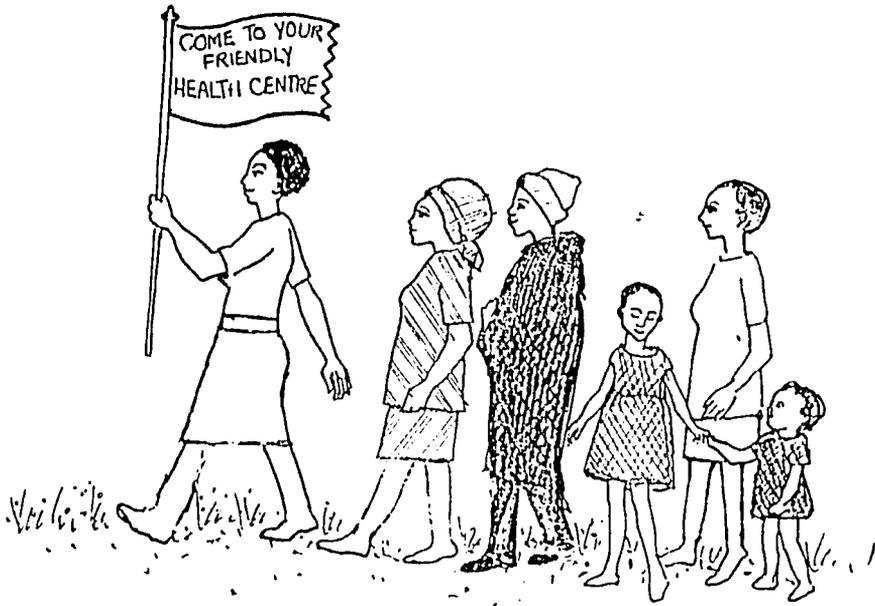
THE MANAGEMENT PROCESS



This is the first in a series of management training units. Management training is provided to give the nurse clinician useful skills in management techniques. Use of these management skills will help the nurse clinician to provide the services that are needed by our people. We must master management skills if we want our clinic to run well.

We are spending 12 months in training and preparation to become a nurse clinician. Once a nurse clinician, the process of learning will continue. The continuing training we will receive in prevention and treatment of disease will enable us to maintain and further improve the skills we have acquired. We must acquire knowledge about the management process, and skill as managers for assumption of our leadership role. As nurse clinician, we must be skillful managers and leaders in the provision of health services.

NURSE CLINICIANS ARE LEADERS



Nurse clinicians are expected to help improve the health care delivery system. The system must be improved to be able to provide services, where needed, in all parts of the country. In order to provide services, we must be leaders and managers as well as practitioners. We must do our part to help make the system function well.

SUCCESS

- Success of the programme is dependent upon success of the nurse clinician.
- Success of the nurse clinician is dependent upon success of the programme.
- Success of both (programme and nurse clinician) are dependent upon success of the team.

Nurse clinicians are expected to promote improved health services for the people and the communities served. Since nurse clinicians are responsible for both treatment and prevention of disease, it is necessary for us to provide coordination between other providers of service and the communities we serve. As nurse clinician, we are expected to improve teamwork and coordination among health service workers. We must include and involve our colleagues, subordinates, and supervisors in the management process.

This management training is designed to give us more information about the health care delivery system. We learned how it is organized in the first module about Primary Health Care. We need to know how it functions and how the separate sub-systems relate to each other. We must understand the system and how we can best use it to provide better services. In this process of learning, we must become skillful in causing the changes which are needed. This training will assist us in understanding and developing the necessary leadership and management skills that we will need.

The knowledge and skills which are needed to manage a programme are different from those used to do the work that is managed. Successful management requires use of specialized knowledge and skills.

MANAGEMENT AND THE NURSE CLINICIAN

THE SUCCESSFUL NURSE CLINICIAN MUST KNOW HOW:

To make sound decisions

about ourselves, our patients, our fellow workers and the community.

To involve others

in the decision making process.

To mobilize

To protect

To conserve

To utilize

resources (people and materials) that are available to us in carrying out our responsibilities.

To plan and organize

our work and to assist others in planning and organizing their work.

To evaluate and improve

our own work and the work of other health team members for whom we have responsibility.

To be effective

in handling our environment and influencing change.

As we know, to be a successful nurse clinician requires a range of knowledge and skills greater than those needed to work on a one-to-one relationship with a patient. We will address those that are basic to the management process.

The main purpose of this unit is to acquaint us with the Concept of Management and to give us a basic understanding of the Management Process.

THE TRAINING

The purpose of management training is to prepare us, as nurse clinicians, to utilize the management process in progressively improving health status of the community. We will try to learn those things so that we will be able to assume this responsibility and to make correct decisions. Much of what we learn will be about ourselves, our relations with others, and how to improve our performance in the process. We must be motivated to achieve our objectives and to assist others in achievement of the overall objectives and goals of the Primary Health Care Programme.

This management training will consist of a number of training units involving a series of reading assignments and individual and group exercises. Few formal lectures will be given. Oral instructions will be given to the group by one of the tutors. The tutors will be available during every session to answer questions and to otherwise assist as needed.

At the beginning, there are many reading assignments. As we progress, the reading assignments will decrease. These assignments will assist us in developing familiar definitions and vocabulary which will help us in our work.

EXERCISE 1ATHOUGHTS ABOUT YOURSELF
AND YOUR FUTURE ROLE AS A NURSE CLINICIAN

Worksheet 1A consists of a list of incomplete sentences. Complete each sentence.

EXERCISE 1B

DESCRIBING A PREVIOUS WORK EXPERIENCE

The requirement for completion of Worksheet 1B is as follows:

STEP 1

Describe, in your own words, the purpose of your last regular job prior to entering the nurse clinician training programme;

STEP 2

Describe at least five of the more difficult problems and difficulties encountered in achieving the purpose of your job; and

STEP 3

List, in order of importance, the problems and difficulties encountered.

Retain Worksheet 1B for use in completing your next exercise (Exercise 1C) which you will do after the next reading assignment.

WORKSHEET 1A

Complete each of the following incomplete sentences.

1. My last job was at
2. I liked my last job because
3. I was hindered in my last job by
4. I decided to take nurse clinician training because
5. After a few weeks in nurse clinician training, I feel
6. Doctors are not the complete answer to providing adequate health care because
7. Nurses are not the complete answer to providing adequate health care because
8. The place of the community in health care is to

WORKSHEET 1B

PREVIOUS WORK EXPERIENCE

NAME: _____

Purpose of your Job: Think back to your last job assignment prior to entering nurse clinician training and describe in your own words: 1) the title of your job, and 2) what you think the purpose or objective of your work on that job was.

The title was:

The purpose was:

PROBLEMS AND OBSTACLES IN ACHIEVING THE PURPOSE OF YOUR JOB:

In each of the five (5) numbered boxes below write one problem or obstacle that you encountered that prevented or hindered you in achieving the purpose of your job.

	PRIORITY
1.	<input type="radio"/>
2.	<input type="radio"/>
3.	<input type="radio"/>
4.	<input type="radio"/>
5.	<input type="radio"/>

PRIORITY OF IMPORTANCE: Within the circle at the righthand side of each block you have completed above, indicate by number 1 through 5, the order of importance of the problem described, with the most important being assigned "1" and the least important "5".

READING ASSIGNMENT:

ELEMENTS OF THE MANAGEMENT PROCESS

The management process consists of four critical elements. These are:

- Planning the Work
- Performing the Work
- Evaluating the Work
- Maintaining a Positive Mental Attitude

In the reading material that follows, we will become acquainted with each element of the management process and discover how every element is interrelated with every other element, as the following diagram illustrates:

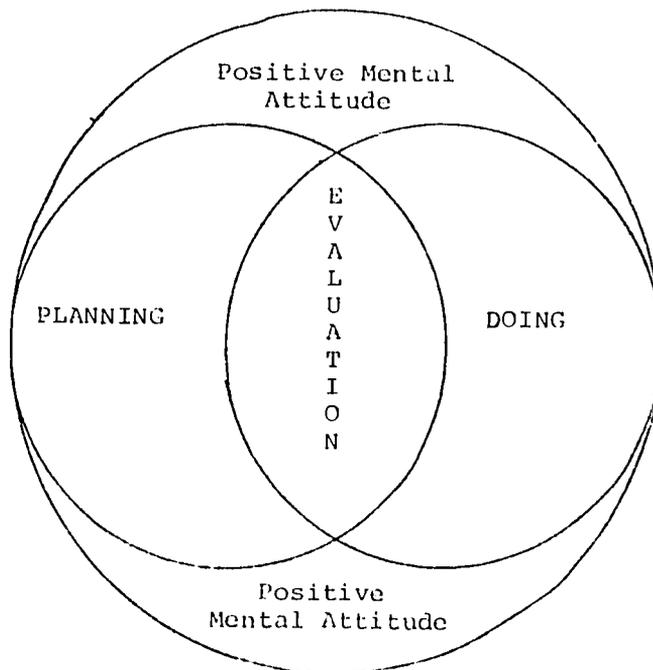


Diagram of the Management Process

PLANNING

Planning is not difficult or complicated. Each of us must plan our day in advance. We do this without giving much thought to it. The routine matters which occupy a part of our day are usually repeated each day. Those activities which are not routine must be planned to fit within our daily schedules. Decisions are made and routines are altered to accommodate our needs.

Planning is fulfillment of needs in an organized way. For example, if you want to eat dinner, you or someone must first go to the bank and get out some money, and then to the stores and buy some food and then take the food to the kitchen to cook it.

Without adequate planning we mis-appropriate and mis-use our resources; (for example, we might go to the store without any money and not be able to buy any food) and have difficulty in meeting our needs. Planning is absolutely essential in our health services work. Planning is the foundation upon which the management process works. No nurse clinician can manage successfully without planning.

Planning is thinking before acting. It is the process of deciding:

WHAT work needs to be done;

WHO should do it;

HOW it should be done;

WHEN it should be done before it is done.

Planning provides the connection between where we are and where we want to be. In this process we have objectives and goals; we anticipate and decide what we wish to accomplish. In view of what seems possible, decisions are made about how to achieve the desired objectives toward accomplishment of our goals. Consideration is given to alternative uses of our time and other resources to achieve the best possible results.

Effective planning is based on factual information. While intuition and insight are of help in planning, reliance on guessing, wishful thinking or emotion is never acceptable. We realize, however, that adequate information is not always available to us and we must use our experience and judgement to assist us in planning.

TO PLAN WE

Determine and Define Objectives

List Different Approaches to Accomplish Objectives

Select Best Approaches to Accomplish Objectives

Decide How, When, Where and by Whom Action is to Start.

STEP 1:

DETERMINE AND DEFINE OBJECTIVES

The first step in planning is to determine and define our objectives. This must be done first, and involves deciding what we must accomplish to achieve our goals. Defining objectives is the most difficult part of planning and should involve supervisors and other members of the team.

As a nurse clinician we have many objectives. Some objectives are long range, other objectives are short range. Some objectives require our personal attention without the involvement of others. When objectives involve the work of other team members, they should participate in determining those objectives. Team members must clearly understand the objectives if they are to be helpful in accomplishing them. We must clearly state our objectives and be sure that they are understood.

STEP 2:

IDENTIFY ALTERNATIVES

The second step in planning is to identify all of the alternate ways which could be followed to achieve our objectives. This requires that we consider the limited resources available to us. The most important resources we have are our own time, knowledge, and skills. These are limited. As additional resources, we may also have:

- other members of the health care team
- health care facility, equipment and supplies
- community resources
- other components of the health care delivery system

These resources are also limited.

STEP 3:SELECT BEST ALTERNATIVES

The third step in planning is selecting the best alternate way to achieve the objectives which are established in step one. This is fairly easy after we have analyzed all of the alternatives available to us which we identified in step two.

STEP 4:DECIDE

The fourth step in planning is deciding how to start action on what we decided to do in step three. That is deciding:

- how, when and where to start the work
- who is to do the work, ourselves or others
- schedule the work activities

The point at which a decision is made is the action point of decision making. Use of the systems approach will assist us in making realistic decisions. By use of the systems approach we will be better able to recognize when a decision is needed. We will be able to recognize and weigh real alternatives which are applicable to real needs. This approach then permits use of available resources in such a way that the outcome of action is measurable.

We will learn more about the four steps in planning later on during this management course. Remember, planning is the foundation of the management process. Effective planning is essential to the success of any programme.

PERFORMANCE

In performance of our work, we must take responsibility for the planning we have done and the decisions we have made in planning our work. In the course of working, we must continually reassess our priorities on what we are doing in view of the changing demands for our services. In our nurse clinician role, many demands are made on our time for:

- mobilizing resources
- protecting and conserving resources
- utilizing limited resources effectively

MOBILIZE RESOURCES

Mobilizing resources requires action. We must put ourselves to work instead of just thinking about it. The efforts of the team must be coordinated. Broken equipment must be repaired or replaced; supplies and equipment must be made available when needed. We must encourage the community to become involved in doing something about its own health problems. In doing this, we may need to call upon other parts of the health care system to provide services when needed. There is a continuing need to get others to assist us in handling problems of individual patients and of the community. We must be sure that our facilities and other resources are available when needed.

CONSERVE RESOURCES

Protecting and Conserving Resources is a never ending task. Maintaining the building we work in and maintenance of the equipment we use is a basic requirement. The handling, storage, and distribution of drugs and other supplies must be controlled to avoid damage, misuse, or loss through theft. We must protect and prolong the life of resources by preventing deterioration, spoilage, and waste. By looking after our own physical and mental health and the health of our team members, we ensure that we are all available to work as needed. Good preventive health practices include assisting other members of the health team to keep high their morale and satisfaction with their work, their job location, and their career. By doing this, we ensure that they remain available to work with us. Calling upon the services of our supervisor and other parts of the health services delivery team only when they are actually needed conserves the use of their time. And, utilizing no more than the absolute minimum resources to do our job conserves and extends all of our resources.

EFFECTIVE UTILIZATION

Utilizing limited resources efficiently recognizes that there will never be enough resources to satisfy all the needs that exist. Selection of the most appropriate resource for a task prevents waste of our resources. For example, as others have delegated work to us for which we are most capable, we must delegate certain work to other members of our health care team. Appropriate delegation to those who are capable extends the capabilities of our team and expands available resources. We must learn to substitute the next best resource when the most appropriate resource is unavailable. In this way, we will get the best results from the resources we utilize.

EVALUATION = MONITORING PROGRESS

A CONTINUOUS PROCESS

As a nurse clinician, your knowledge and skill must continue to develop. There is no standing still. We must constantly review what we are doing and how well we are doing it. The work done by our team members must also be evaluated. In this way we are able to improve our performance. In the course of this evaluation of our own performance and the performance of those around us, we can determine how effective we are. We must determine if the planned objectives are attained, and how the overall team effort can be improved.

Evaluation provides us with a method of determining if plans or objectives are achieved. This process also reveals important information to enable us to make necessary changes in what we are doing. We are able to review our progress and determine if progress is adequate and if not, why not. In so doing, we identify where our plans are not accurate and are in need of revision. Most important of all we know if what was done was what we intended or planned to do. If mistakes are made, these mistakes will be identified and we will have an opportunity to correct them. We can learn a lot from our mistakes, but only when we recognize and evaluate the mistakes we make.

THREE BASIC STEPS

- Gather information
- Compare information gathered
- Identify possible improvements

Let us review each of these evaluation steps.

GATHER INFORMATION

We do this by observing ourselves and others, and interviewing individuals and groups. We include our fellow workers, patients, and the community in this process. Data is also compiled from records that we and others maintain. Whenever objective, quantifiable data are available, it should be used!

COMPARE INFORMATION

Gathered information is analyzed and compared with plans and expectations to identify differences between plans, expectancy, and actual performance. We use our judgement to assess the importance of any differences. In some cases, there may be large differences. When large differences exist, it may be that the plans and expectations were wrong and need to be corrected rather than changing the work performance.

IDENTIFY IMPROVEMENTS

This final step is to determine how we can revise our plans and/or change our work performance to improve the results of our work. Consideration must be given to changing or rescheduling the work of others for whom we may have responsibility. This leadership opportunity promotes continuing development of our own knowledge and skills and the knowledge and skills of other team members with whom we work.

REPEAT THE PROCESS

The three (3) evaluation steps are carried on continuously and should result in continual readjustment of our plans. This readjustment of our plans and changes in work performance causes improvements in our health care programme. Thus, evaluation continues at the same time we are planning and performing our work.

Evaluation should be a positive, helpful activity which promotes favourable relationships among health team members. Sharing of information, identifying when help is needed, and determining what kind of help is needed are all part of the evaluation process. When evaluation is correctly done, it provides team members with the motivation to be more effective workers.

Since the knowledge and skills we need to evaluate work performance are critical to our success as a nurse clinician, a separate unit in this management module is devoted entirely to this subject.

Remember, evaluating the work that we and others do is an essential element of the management process.

To be most effective as a nurse clinician, we must continually think about what we are doing, why we are doing it that way, and whether there is a better way to do it. We cannot simply show up at work, treat a few sick people, and go home without really thinking about it.

POSITIVE MENTAL ATTITUDE

A positive mental attitude is one of the essential elements of the management process. We call it "PMA". Positive thoughts and actions are essential if we are to succeed as leaders and managers in the delivery of health services. Without PMA self-motivation is not possible, nor is it possible to motivate others. Without motivation little worthwhile happens. Our attitudes influence and shape our personality and even determine the quality of our mental and physical health.

The Positive Mental Attitude that has brought us this far in our career is the same attitude that will enable us to be successful managers. Our PMA will vary and waiver at times, and we will sometimes have to work to maintain an optimistic attitude. This is extremely important because our attitudes influence the attitudes of our patients and fellow workers.

Remember, even in the worst of circumstances a Positive Mental Attitude can pull us through when nothing else exists. It is the first and most important step to success, just as its absence is the first and most important step to failure, both in managing the affairs of our own lives and assisting others (whether they be patients or colleagues) with their lives.

Throughout this management course, we will have a opportunity to learn more about PMA, and an opportunity to practice it.

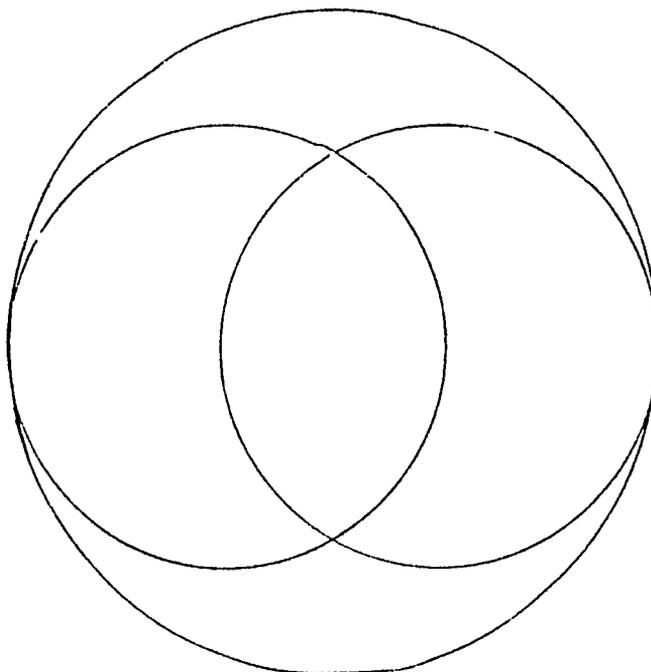
In conclusion, the four essential elements of the management process are:

1. Planning the Work
2. Performing the Work
3. Evaluating the Work
4. Maintaining a Positive Mental Attitude

To be successful leaders and managers, we must master the practice of all of them.

Each of us needs to understand now how all elements of the management process are closely interrelated. Planning, for example, should determine how we perform our work. Evaluating the work that we do should influence how we plan the work and how we do it. Our attitude towards the work to be planned, performed and evaluated will greatly influence our overall performance.

Complete and following diagram:



EXERCISE 1C

ANALYZING OUR PREVIOUS WORK EXPERIENCE

Instructions: We need to refer to Worksheet 1B, which each of us previously completed and still retain. On Worksheet 1B we were asked to write down the purpose of our last job prior to entering nurse clinician training. We were also asked to write down the problems or obstacles encountered in achieving the purpose or objectives of our last job. In this assignment we were then asked to assign priorities to these problems or obstacles in order of importance. Now that we have read about the elements of the management process, we are asked to analyze the problems or obstacles that we listed on Worksheet 1B. We need to determine what elements of the management process were lacking or deficient with other people and ourselves. To do this, we will complete Worksheet 1C which is provided.

STEP ONE

COMPLETING WORKSHEET 1C

There will normally be more than one deficient element for every problem or obstacle we encounter in doing our work. In completing Worksheet 1C, list in order of priority the deficient elements by indicating the most deficient element with a "1" placed in the circle by it, a "2" in the circle by the next most deficient element, etc. Then write down, using your own thoughts and words, the reason or reasons why you assigned "1" priority to a particular deficient element.

STEP TWO

SMALL GROUP DISCUSSION

Form small groups of five (5) each, for purpose of discussing Worksheet 1B and 1C.

Each member of the group, in rotating order, will report to the group on the following:

1. Select and describe to the group any one problem or obstacle listed on Worksheet 1B, provided the same or similar problem or obstacle has not been reported on by another member of the group.
2. Describe the elements of the management process you feel were deficient and indicate which element was most deficient and the reasons why.

After presenting the above information, ask the group for questions and comments. Other members of the group should feel free to challenge the conclusions presented. We should not become upset if any member of the group disagrees with us as this exercise is intended to explore differences of opinion. Remember everyone is entitled to his/her own opinion.

STEP THREE

FULL CLASS DISCUSSION

Members of the class will be selected at random to report to the entire class on what happened during the small group discussion. The report should include:

1. Were group members accurate in their judgement on who was at fault for a problem or obstacle?
2. Was there agreement or disagreement about which was the most deficient element of the management process, for any problem or obstacle discussed?
3. What seemed to be the most commonly mentioned deficient elements?

After several of the above reports are given, a general class discussion will be held about the elements of the management process and any questions or comments each of us would like to make, can be handled at that time.

WORKSHEET 1C
ANALYZING YOUR PREVIOUS WORK EXPERIENCE

NAME: _____

*PROBLEM PRIORITY	WITH OTHER PEOPLE	WITH YOURSELF
○	<input type="checkbox"/> PMA <input type="checkbox"/> PLANNING <input type="checkbox"/> PERFORMING <input type="checkbox"/> EVALUATING <p align="right">Reasons :</p>	<input type="checkbox"/> PMA <input type="checkbox"/> PLANNING <input type="checkbox"/> PERFORMING <input type="checkbox"/> EVALUATING <p align="right">Reasons :</p>
○	<input type="checkbox"/> PMA <input type="checkbox"/> PLANNING <input type="checkbox"/> PERFORMING <input type="checkbox"/> EVALUATING <p align="right">Reasons :</p>	<input type="checkbox"/> PMA <input type="checkbox"/> PLANNING <input type="checkbox"/> PERFORMING <input type="checkbox"/> EVALUATING <p align="right">Reasons :</p>
○	<input type="checkbox"/> PMA <input type="checkbox"/> PLANNING <input type="checkbox"/> PERFORMING <input type="checkbox"/> EVALUATING <p align="right">Reasons :</p>	<input type="checkbox"/> PMA <input type="checkbox"/> PLANNING <input type="checkbox"/> PERFORMING <input type="checkbox"/> EVALUATING <p align="right">Reasons :</p>
○	<input type="checkbox"/> PMA <input type="checkbox"/> PLANNING <input type="checkbox"/> PERFORMING <input type="checkbox"/> EVALUATING <p align="right">Reasons :</p>	<input type="checkbox"/> PMA <input type="checkbox"/> PLANNING <input type="checkbox"/> PERFORMING <input type="checkbox"/> EVALUATING <p align="right">Reasons :</p>

WORKSHEET 1C - Analyzing your previous Work Experience (cont'd)

Name: _____

*PROBLEM PRIORITY	WITH OTHER PEOPLE	WITH YOURSELF
	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> PMA <input type="checkbox"/> PLANNING <input type="checkbox"/> PERFORMING <input type="checkbox"/> EVALUATING </div> <div style="width: 50%; text-align: right;"> Reasons: </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> PMA <input type="checkbox"/> PLANNING <input type="checkbox"/> PERFORMING <input type="checkbox"/> EVALUATING </div> <div style="width: 50%; text-align: right;"> Reasons: </div> </div>

SYSTEMS APPROACH

We have already seen how all of the elements of the management process are interrelated and interdependent. Viewing things as being interconnected, interrelated and interdependent is the "systems approach". This way of thinking, this perspective, or approach, is fundamental to management.

The systems approach is reflected in all life and activities around us. What is thought of as one activity is in fact the result of many other sub-activities and these, in turn, of sub-sub-activities. Thinking in terms of systems helps us to better understand what is happening around us and helps us to better handle our work situation and the environment in which we must work. The systems approach helps us to clearly see the interrelationships between people and between activities, the constraints within which we must work, and the opportunities.

We already have been thoroughly exposed to the systems approach in developing our knowledge and skills in the treatment of illness and disease. For instance, we have learned that the human organism consists of many sub-systems, including the nervous system, skeletal system, respiratory system, circulatory system, and endocrine system. We have learned that these sub-systems of the human body are all interrelated and interdependent, and that if one system malfunctions, it adversely affects the other systems. We are also aware that one person can adversely or favourably affect another person because they are both sub-systems within a larger system.

As managers, we should apply the systems approach to everything we do: such as in planning, in performing work, and in evaluating work. The people we will be serving and the people we will be working with are all interrelated and interdependent.

In our next units of study, we will learn more about the health services team and the health services delivery system, how they are organized, and how health services are delivered to the people. We will learn more about how we, as nurse clinicians, fit within the health team and the health services system. In fact, we will learn about all of the important sub-systems within the health services system, and how they are all interrelated.

The Health Services Delivery System is comparable to the human body. Each component of the body has its own particular function. All of the components functioning in unison comprise the body as a whole. Coordinated action requires cooperative functioning of the inter-related organs in a systematic way. Management is systematic, coordinated action of the sub-systems within the larger system to produce desired outcomes. In this process, the shared systems which are utilized by all components must be compatible to all. This we will discuss in greater detail as we progress in our study of management.

UNIT I

REVIEW QUESTIONS

True or False:

1. ___ The knowledge and skill needed to manage a programme are different from those used to do the work that is managed.
2. ___ Others should be involved in the decision making process.
3. ___ It is possible to evaluate an activity without having a plan for that activity.
4. The four critical elements of the management process are:
 - a.
 - b.
 - c.
 - d.
5. The hazards of not planning before beginning a task are:
 - a.
 - b.
6. The four steps in making a plan are:
 - a.
 - b.
 - c.
 - d.
7. The purpose of evaluation is to determine if

True or False:

8. ___ Evaluation should be attempted only when the task is finished.
9. ___ P.M.A. stands for Progressive Medical Action.
10. ___ A systems approach views things as being interconnected, interrelated and interdependent.

UNIT 2

THE HEALTH SERVICES TEAM

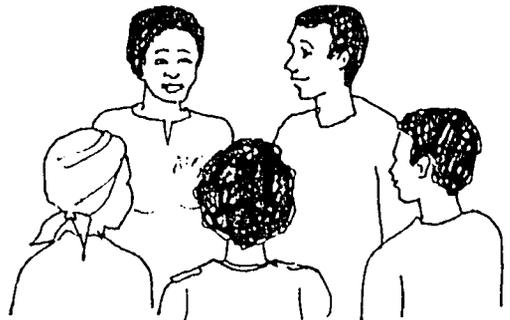


PEOPLE WORKING TOGETHER
TO PROMOTE
COMMUNITY HEALTH

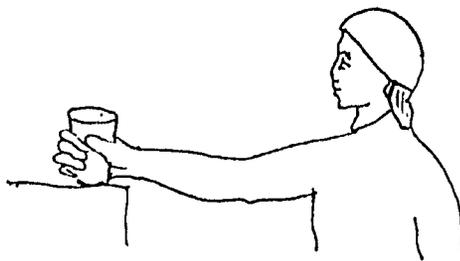
There are several kinds of teams which we may know about. There are teams of animals which, when attached together, help to pull a cart. There are boys who, when they join together as teams, can play soccer. There are special teams, like the team of people who, when joined together, promote better health in the community and in the country. Each of us will be a part of that team - The Health Services Team:

HOW ARE WE A TEAM?

A team of people is a group of individuals who work together and who understand that each member of the team performs a job which depends on the jobs performed by the other team members. The team is like a body - each has a job to do - the heart pumps blood, the eyes see, the hand moves, and the fingers take a hold on a glass. Each part of the body was doing its job, but it was all of the parts working together that finally picked up the glass.



COULD ANY PART DO THE JOB
ALONE?



Some people like to argue that the heart pumping the blood is the most important part of the body. Others like to say it is the hand or the fingers, but each part depended on the other part to do its job.

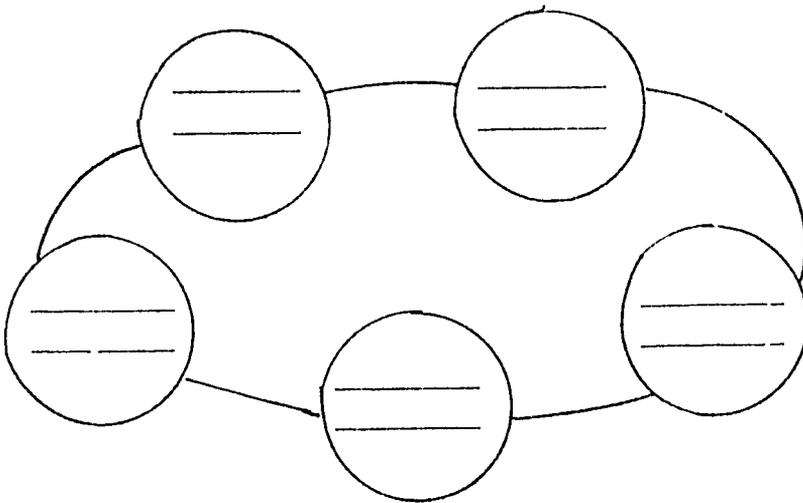
So, the way the parts of the body work together in order for us to do something, is the same way the health team works. Each member of the team knows and understands his or her job, but they also know about the jobs of the other team members and they all work together to promote better health in the community. Each job is a respected job, and an important job. In our jobs as nurse clinicians we may need to do a clinical service, but we need to get to the patient or the patient needs to get to us. The person who is responsible for the transportation of either the nurse clinician or the patient has a very important job. What about the Village Health Worker or who requested the service? Without that request we have no way of knowing that our services are needed. There may also be a messenger who delivered the message. So, as we can see, it is all of us, each doing our own job, but working together and respecting each other and each other's job that makes the concept of the health team work.

FROM 2 TO 20

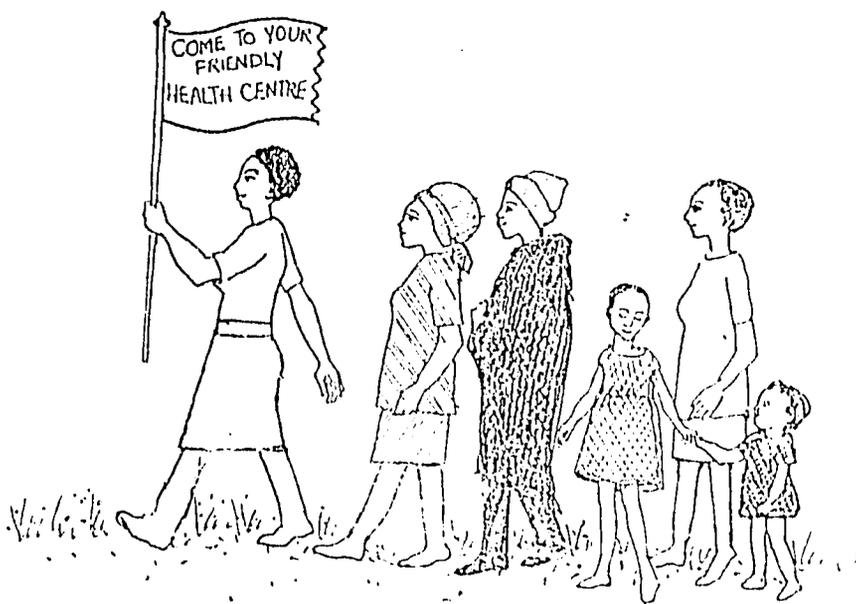
Our Health Services Team does not always have the same number of members - sometimes there are more members and sometimes there are less. This means that the jobs which we do are not always the same. But the most important thing which helps us to decide what we should be doing in the community is the health needs of the community (not the number on our team).

When we do not have as many members on our team as we would like, to do the best job, or when the skills of the members of the team do not match the needs of the community, our jobs are more difficult. In these situations, we must try to do as much as we can to respond to the community's needs.

In the blank space provided below, there are 5 small circles joined together in a large circular pattern. If each small circle represents a job being done by one person, write in the job title of who you think 5 members of the team could be.



THE NURSE CLINICIAN AS A LEADER



The nurse clinician has an unusual position in her role as a member of the health team, because she also has a leadership responsibility. As leaders and managers concerned with planning, performing and evaluating the health services for which we have responsibility, we are continually looking at the health problems of the community and the services needed to solve these problems. Because the needs of the community may change from time to time, so will some of the jobs performed by ourselves and the other team members. Our flexibility to respond to the community's needs will, however, be limited by the authorized job descriptions we have. So, we can see that there will be times when conflicts will arise between our authorized jobs and the needs of the community. In our responsibility as team leader we will be expected to satisfactorily resolve the conflicts when they happen. If we are to do this successfully, there are three things which will happen to us:

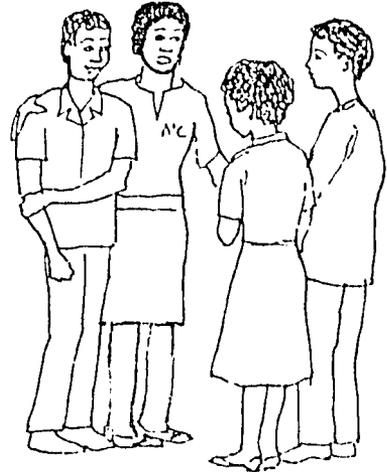
1. Good interpersonal relations with our fellow health team members and their supervisors in the health delivery system.

2. Consultation with our supervisors, other team members, and with their supervisors.
3. Our individual experience, discretion, and judgement.

The ideal method of training people to work as members of a health team is by training all of the members together at the same time. This is not always possible. Therefore, our understanding of the health team concept, how it should work, and the benefits from it, may not be so easy to understand by the other team members. One of our important responsibilities as a nurse clinician will be to help other team members to understand the health team concept and in working together as helpful team members. For the health workers who are used to working alone, the team approach is especially difficult.

LEARNING TO BE A LEADER

Being a member of a team is not always easy, and being a leader on a team is not always easy either. But each of us can learn skills which can help us to be better leaders, and at the same time better team members. The more we can learn about being a team member and a team leader, the better will be our ability to help others learn about being team members.



On the following pages are some exercises which can help us learn some of the new skills which we will need. The examples which are used will help us to look at the job and responsibilities of each team member. Let us begin by learning more about our team members.

EXERCISE 2A

RESPONSIBILITIES AND DUTIES OF HEALTH TEAM MEMBERS

Step One

On the following page is a Worksheet (2A). Without reading any of the pages which follow that worksheet, we will each fill in the following information for each team member:

1. Team Member Job Title
2. Who each member of the health services team reports to.
3. What each team member is responsible for, and what their duties are.

We should try to complete the worksheet in about 10 minutes. When we are finished filling in the information, we can turn the worksheet face down on our desk and go on to Step Two of this Exercise.

Step Two

Let us review now the authorized job descriptions of the health team members in our area. We will be able to compare what we thought were the duties and responsibilities of each health team member to what they actually are according to the actual job descriptions.

Step Three

Having had the opportunity to compare what we thought were the responsibilities and duties of the health team members with the authorized job descriptions, let's take Worksheet 2A and do the following two things in the next 5 minutes.

1. Correct any errors that were made by crossing them out and entering new information where needed.
2. Add additional information.

EXERCISE 2B

ROLE PLAYING AS A HEALTH TEAM MEMBER

Role playing is an activity which helps us to learn more about how we see our own job and that of other team members. We each assume a role, in this situation, the position of one of the health team members, and we act that role out according to the situation which is presented to us.

Step One

We will all form into groups of five, with each person in the group selecting the role of one of five health team members. One of the persons should be the nurse clinician and the other four roles can be selected by the group. List the positions below:

1. Nurse clinician
- 2.
- 3.
- 4.
- 5.

Whoever selects the role of nurse clinician will be expected to be the leader of the group, and may be called upon to report to the full class on the conclusions and decisions reached by the health team group. If no one in the group volunteers to serve as the nurse clinician, then the group should jointly select one of its members to fill this role.

Step Two

SETTING THE STAGE

While reading the following case history or situation about a fictitious rural community, we are "setting the stage" for our social drama. We will be preparing ourselves to discuss the situation according to the particular health team role we will each be playing in the discussion following the reading. As we read, we must ask ourselves these questions:

1. What do I consider to be my responsibilities related to the community health problems described in the case history?
2. What should I as a member of the health team do about the health problems, including what I could do to assist other team members?

We may also find it helpful to review the authorized role and responsibilities of the health team member each of us selected to role play.

A CASE HISTORY

THE COMMUNITY OF HA MOLLO

Ha Mollo is a rural foothill community of about 400 residents. It is situated 25 km east of the Hlotse-Butha Buthe Highway at the end of the gravel road, about 5 km above the drift or the Upper Hlotse River which is closed by flooding about 30 days a year. It is in the Hlotse district, and is served by the Hlotse Government Hospital, about 40 km away. Among the 9 smaller nearby villages are Phomolong 5 km to the north, Koasa 10 km to the east, and Ha Pela 4 km to the south-east. Of these Koasa can be reached by 4-wheel drive vehicle up a track extending beyond the end of the road, and the others are reached by foot or horse trail. It usually takes 1½ hours to drive to the hospital. There is a radio at the clinic that can be used to communicate with the hospital. There are usually one or two taxis coming to Ha Mollo each day.

Ha Mollo has a clinic with a staff of a nurse clinician, an enrolled nurse, one nurse assistant and a station attendant-guard. There is a Public Health Nurse and a health inspector in Hlotse. The D.M.O. usually visits the clinic twice a week.

The health problems encountered by residents of the Ha Mollo area (which include all four villages described above) are typical of a rural area and include:

1. Maternal-infant malnutrition
2. Gastro-enteritis/Diarrhcea
3. Accidents and other trauma
4. Venereal diseases
5. Tuberculosis
6. Hypertension and diabetes
7. Seasonal upper respiratory infections

The nurse clinician, though permanently housed at the Ha Mollo clinic, visits the VIHW she is training in the nearby villages on Tuesday afternoons and Thursdays in addition to regularly visiting the homes in these communities. The Public Health Nurse comes to Ha Mollo on an irregular basis as she is needed to assist in special clinics or public health problems. No dentist has ever come to Ha Mollo.

All urgent patient problems and problems beyond the competency of the clinic staff are transferred to the District Hospital or to Queen Elizabeth II Hospital depending on the circumstances.

The Ha Mollo Clinic includes a waiting area, an examination/treatment room, a delivery room, and a dispensary as well as 2 beds and has nearby housing accommodations for the staff. The Hlotse Hospital has a 4-wheel drive ambulance. Horses are available in Ha Mollo for clinic staff use.

The Specific Health Problems: The nurse clinician opened her regular clinic on a Monday morning in December. By 11.00 a.m., she was surprised to have diagnosed and treated 14 cases of pneumonia and 32 cases of severe gastro-enteritis. This represented a sudden increase for both illnesses. The nurse clinician proceeded to treat both problems and, because of the uniformity and volume of the symptoms involved, she was almost certain that she was dealing with two epidemics: pneumonia and gastro-enteritis. At the day's end, after many more pneumonia and gastro-enteritis cases had been seen at the Clinic, the VIHW came from Koasa and reported that "almost half of the children had either severe coughs with fever or diarrhoea." At 6.00 p.m. the clinic's enrolled nurse, who had been to the District Hospital all day getting supplies, returned by taxi. She also brought word that the District Hospital was out of penicillin, and by this time so was the Clinic.

Step Three

HEALTH TEAM DISCUSSION

If we follow the points below, we will find our discussion of the case history we have just read to be more constructive:

1. The person in the role of the nurse clinician will call the team to order and ask each member in turn to report to the group their reaction to the health problems described in the case history and what their role and responsibilities are.
2. The nurse clinician should report last.
3. As each member of the team reports to the group, the nurse clinician should ask for comments on the member's reports.
4. The nurse clinician should lead the group in discussion to resolve any differences of opinion that may emerge regarding the team member's report.
5. The nurse clinician should take notes to assist her if later called upon to report to the full class on the specific conclusion of the team, including the suggested course of action to be taken by each team member.

Step Four

RESETTING THE STAGE

Utilizing the following new case history, we will repeat what we did in Step Two of this role playing section. We may decide to change roles among our group members and to review these two questions:

1. What do I consider to be my responsibilities related to the community health problems described in the case history?
2. What should I as a member of the health team do about the health problems, including what I could do to assist other team members?

A CASE HISTORY

ROAD ACCIDENT NEAR IIA MOLLO

It is 2.30 p.m. at the Clinic. Suddenly a truck arrives carrying several accident victims, three of whom have multiple simple lacerations, two more with possible leg fractures in addition to lacerations (including an expectant mother), and one older person who is unconscious and in shock. The truck driver reports that two trucks have collided 6 kms away on the road to Koasa and that there were six other injured people which he would immediately return to pick up and carry back to the Clinic. All health team members are present at the Clinic. The enrolled nurse is conducting a prenatal clinic and has about 35 expectant mothers with their children in the waiting room. The Public Health Nurse is visiting to talk about a large immunization programme. She has a Land Rover and driver. The nearest doctor is located at the District Hospital, 40 kms away.

Step Five

HEALTH TEAM DISCUSSION

Repeat the Health Team Discussion as indicated in Step Three.

Step Six

FULL CLASS DISCUSSION

A nurse clinician will be asked to volunteer (or will be selected) from each of several randomly selected health team groups to give a short report to the entire class on the conclusion reached by her group about one of the two case studies. This will be followed by a general class discussion, at which time, we will each have an opportunity to ask questions or make comments.

SHARING WORK

Sharing or delegating is the process of passing authority and responsibility to the most appropriate levels. A rule of management is that decisions and duties should be assigned to the lowest level in the organization that is competent to make the decision or do the job. There are several reasons for this principal of sharing:

1. The closer a decision-maker is to the scene of action the quicker the decision can be made.
2. The person at the scene of action is likely to know more of the local situation than someone at a distance.
3. If too many decisions or duties are passed up the line, the higher levels will be overburdened and the lower will have little opportunity to use any initiative.

The concept of sharing or delegating should become very familiar to the nurse clinician. The whole idea of the nurse clinician is that of delegation. While the doctor has years of training and can care for minor illnesses, the nurse clinician can also care for these illnesses. The doctor delegates care of these conditions to the nurse clinician, and not to a driver or guard, who has not had the necessary training. Driving, on the other hand, can be delegated to the driver and does not require a nurse clinician who may be able to drive but has some medical training.

In learning about the roles of others on a health team, we have learned what their training has been and what they should be able to do. We must always try to use as much of each person's training as possible. If the training will not be used, why have someone on the team who has that training?

**DUTIES GIVEN MUST NOT BE
CONSTANTLY "PULLED" AWAY!**

When a person delegates decisions and duties, he or she is still responsible for what happens; therefore, it is important that we know our fellow health team members, their training, and their competencies. As we become more familiar with them, we will probably be able to delegate more to them, and we may find areas of their skills we can help them to improve.

A regular part of our jobs as nurse clinicians may be to help our fellow health team members improve their skills in these areas. We have had a different type of training from other team members. As we work together, we can explain what we are doing and why. Not only will this help other team members, it will also help us keep in mind our own skills. We may find areas which all of us as a team lack skills. In these areas, we may be able to study and learn together.

Delegation includes certain freedom to act. The nurse clinician cannot say to the Village Health Worker, "I leave the responsibility to teach village women the importance of rehydration solution and how to make it - but ask me before you teach a group." NO. Either the responsibility is delegated, or it is not. If the VHW knows how to determine when a child is in need of rehydration solution and knows how to teach a mother to make the solution, she should do it. It would not be a waste not to delegate such responsibility. We must not make others on the team dependent on us to make decisions: they can make themselves.

Since the idea of a team is a sharing of responsibilities so that each team member brings some special skill to help, not only the nurse clinician but also others on the team can benefit from learning to delegate or share within the team.

Step One

PREPARING A TALK OUTLINE

Each of us will be asked to give a 5 minute explanation of the health team concept. Based on the information we have just read above on "sharing" and on information which we have previously studied on the health team concept, we can prepare a written outline on Worksheet 2C (on the next page) to guide us in explaining the team concept.

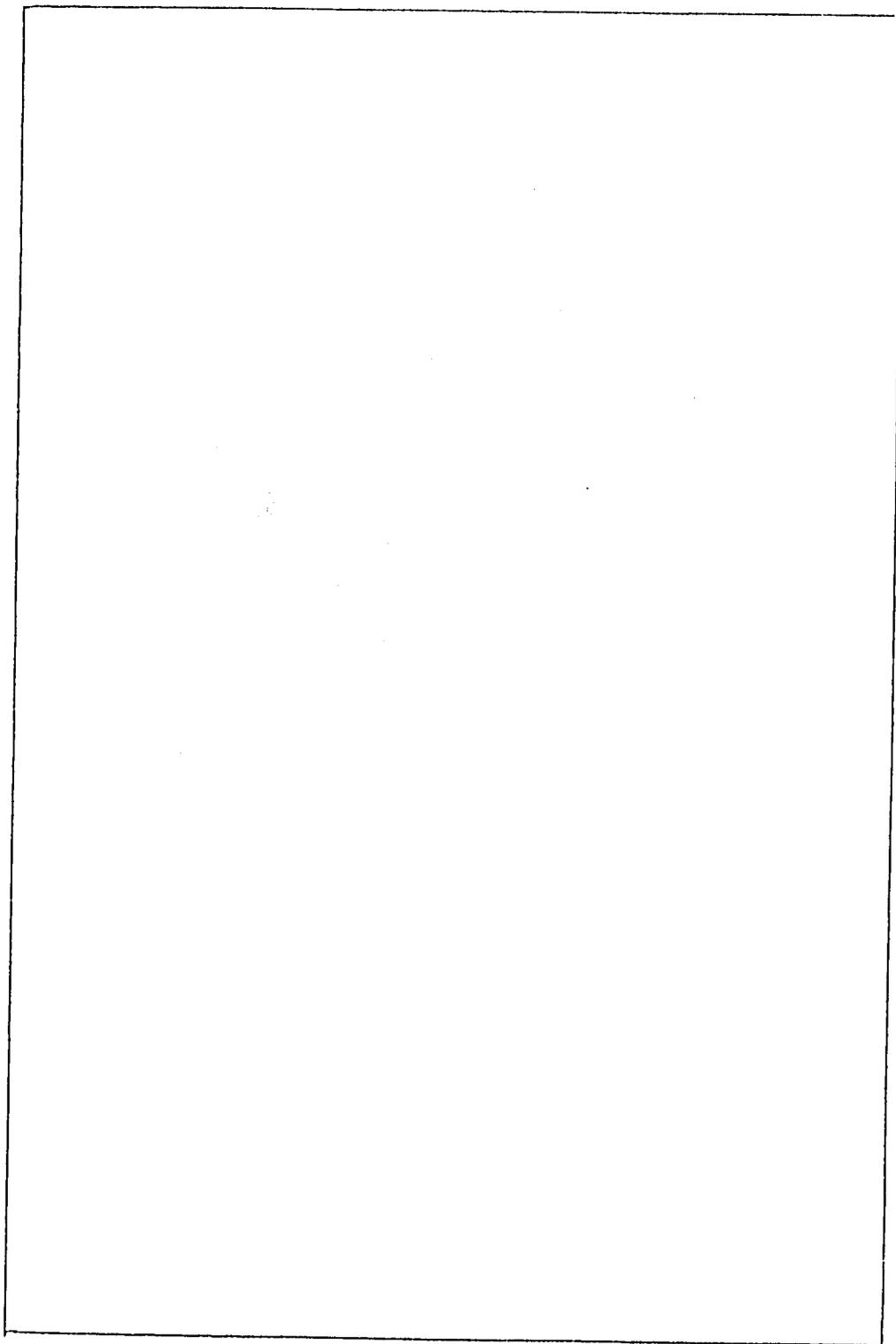
We can take 15 minutes to do this.

Name: _____

"Sharing Work"

WORKSHEET 2C

TALK OUTLINE: THE HEALTH TEAM CONCEPT



Step Two

EXPLAINING THE TEAM CONCEPT

We will now form into groups of three. Each group will consist of the following members: a nurse clinician, a new health team member, and an observer.

Each group member will serve as the nurse clinician on a rotating basis and will give a 5 minute explanation on the health team concept to the other person serving as the new health team member. The third person will serve as an observer and do the following:

1. Record observations and conclusions on the Observer Sheet 2C.
2. Report to the group on information recorded on Observer Sheet 2C and lead the group in a brief discussion.

As each group member will serve as the observer once, we need to each take 4 to 5 minutes to acquaint ourselves with Observer Sheet 2C found on the following page.

Step Three

EXPLANATION AND DISCUSSION

The first person selected by the group to play and the role of nurse clinician will give a 5 minute explanation to the new health team member, utilizing the talk outline prepared previously.

Following the explanation will be the 5 minute report and discussion led by the observer. The group member should then switch roles and repeat the process until every member has had an opportunity to serve in all three roles.

Step Four

FULL CLASS DISCUSSION

A general class discussion is now held to review and comment on this last exercise.

Name of Observer: _____

OBSERVER SHEET 2C

THE HEALTH TEAM CONCEPT

1. How sincere was the nurse clinician in explaining the health team concept?

very much ← → very little

2. How complete was the explanation?

complete, → incomplete

3. Did the nurse clinician make the new team member feel comfortable?

comfortable, → uncomfortable

4. How much time did the nurse clinician take with the explanation?

7 min.	5 min.	2 min.
--------	--------	--------

5. How was the importance of the health team concept stressed?

6. What other comments do you have?

UNIT 2

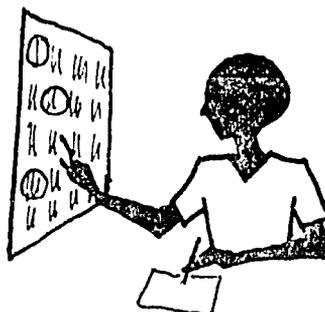
REVIEW QUESTIONS

True or False:

1. ___ A team is a group of people working together in interdependent jobs.
2. ___ The team leader is always the most important member of the team.
3. ___ The health team, like a soccer team, always has a set number of members.
4. ___ The most important thing in determining what we should do in the community is the number of members in the health team.
5. ___ The nurse clinician will usually be the leader of a health team.

UNIT 3

PLANNING AND SCHEDULING WORK



We have already learned that planning is the foundation of the management process and that planning gives us leadership capability.

This unit of study gives us an opportunity to try out and improve upon our planning skills. The exercises that we will attempt represent realistic planning duties that are included in our actual job assignment at our post of duty. Since we may be the only member of the health team specifically trained in planning and scheduling work, we must be able to assist others in developing an understanding of the need for planning and scheduling work. When we have finished this unit, we will be able to:

1. Identify the major health problems of our area according to their importance.
2. Identify and allocate resources available to meet those problems.
3. Schedule our work.
4. Explain the need for planning and scheduling.

PLANNING THE WORK

Let us read the section on "Planning the Work" in Unit 1. Please see page 11.

EXERCISE 3AIDENTIFYING HEALTH
PROBLEMSStep One

REVIEW OF HEALTH DATA



We will note that the first step in planning our work is to decide what we want to accomplish. Underlying that decision is a review and knowledge of health problems and needs in the area we are assigned to serve. This must be done for our area, individually, because the health problems and needs of each area may be different. Further, this determination of needs must be reviewed on a regular basis - perhaps seasonally, semi-yearly, or yearly - as we make progress toward meeting some of the needs. Needs change as circumstances change, with time, weather conditions (i.e. during rains the road may be closed due to flooding), introduction of new diseases, availability of new treatments (which will be dealt with as part of our scheduled continuing education), etc.

One way to determine health problems and needs in an area would be to examine and diagnose every person in that area. Obviously this is not generally possible! However, we may have several sources of information available. Among them are:

- Clinic registry
- Monthly outpatient morbidity report and other reports we prepare
- Reports prepared by other health workers
- Discussions with other health workers
- Home visits
- Interviews with community leaders.

CLINIC REGISTER Week of December 12

<u>NAME</u>	<u>ADDRESS</u>	<u>SEX</u>	<u>AGE</u>	<u>DIAGNOSIS</u>
1.		F	23 y.o.	Chicken Pox
2.		M	11 mo.	Upper Resp.Infection
3.		F	17 y.o.	Pneumonia
4.		F	73 y.o.	Chronic Bronchitis
5.		M	59 y.o.	Gastritis
6.		M	38 y.o.	Pellagra
7.		F	63 y.o.	Myalgia
8.		F	34 y.o.	Puerperal Fever
9.		F	14 mo.	Gastro-Enteritis
10.		M	45 y.o.	Tuberculosis
11.		F	44 y.o.	Hypertension
12.		F	24 y.o.	Syphilis
13.		F	26 y.o.	Gonorrhoea
14.		M	9 y.o.	Pneumonia
15.		F	7 y.o.	Gastro-Enteritis
16.		M	48 y.o.	Hypertension
17.		M	23 y.o.	Gonorrhoea
18.		F	18 y.o.	Fractured ankle
19.		F	37 y.o.	Pneumonia
20.		M	16 mo.	Gastro-Enteritis
21.		F	6 mo.	Gastro-Enteritis
22.		F	10 y.o.	Contusions
23.		F	12 mo.	Otitis Media
24.		M	40 y.o.	Influenza

(cont'd)

CLINIC REGISTER

Week of December 12

	<u>NAME</u>	<u>ADDRESS</u>	<u>SEX</u>	<u>AGE</u>	<u>DIAGNOSIS</u>
25.			M	7 y.o.	Pneumonia
26.			F	43 y.o.	Gastritis
27.			F	22 y.o.	Mumps
28.			M	2 y.o.	Gastro-Enteritis
29.			F	29 y.o.	Infertility
30.			F	32 y.o.	Gonorrhoea & Syphilis
31.			F	78 y.o.	Pneumonia
32.			M	9 y.o.	Pneumonia
33.			F	59 y.o.	Hypertension
34.			F	10 mo.	Measles
35.			M	8 y.o.	Pneumonia
36.			F	4 y.o.	Gastro-Enteritis
37.			F	57 y.o.	Myalgia
38.			F	57 y.o.	Tooth Extraction
39.			F	10 y.o.	Gastro-Enteritis
40.			F	26 y.o.	Gonorrhoea
41.			M	22 y.o.	Gonorrhoea
42.			M	17 y.o.	Lacerations
43.			M	2 y.o.	Gastro-Enteritis
44.			F	11 mo.	Upper Resp. Infection
45.			F	44 y.o.	Menopause
46.			M	10 mo	Gastro-Enteritis
47.			F	39 y.o.	Tooth Extration
48.			M	11 y.o.	Conjunctivitis

(cont'd)

CLINIC REGISTER

Week of December 12

<u>NAME</u>	<u>ADDRESS</u>	<u>SEX</u>	<u>AGE</u>	<u>DIAGNOSIS</u>
49.		F	26 y.o.	Syphilis
50.		M	75 y.o.	Gastritis
51.		M	2 y.o.	Gastro-Enteritis
52.		F	9 days	Sepsis
53.		M	3 mo.	Gastro-Enteritis
54.		F	40 y.o.	Tuberculosis
55.		F	38 y.o.	Tuberculosis
56.		F	13 mo.	Epilepsy
57.		M	29 y.o.	Gonorrhoea/Infertility
58.		F	4 y.o.	Pneumonia
59.		F	36 y.o.	Myalgia
60.		M	42 y.o.	Gastritis

GENERAL CLINIC REGISTRY

The Clinic Registry is a very important and useful document. In it are the names, addresses, ages and complaints and diseases of all patients seen in General Clinics. This Registry provides us much information about illness in our area. Periodic review of a week's entry in the Clinic Registry should help us direct our time, order appropriate supplies and mobilize other resources that may be needed.

REPORTING DISEASES

All health facilities who care for outpatients are required to fill out a "Monthly Outpatient Morbidity Report". We should be familiar with this report from our previous jobs. If we can review the Outpatient Morbidity Report prepared by our District Hospital, it will give us an idea of the types of illnesses that are treated at that level of the system. Some patients go directly to the hospital, bypassing the clinic, and we will not know the types of illnesses currently being treated there. Also, nearby areas served by the hospital may be experiencing diseases we have not yet seen in the course of our work in the areas we serve (i.e. a measles epidemic in a village on the road to the district town with children developing secondary pneumonia). This information provided by the hospital could forewarn us of imminent disease and perhaps help us prevent outbreaks or occurrences in our area of responsibility.

HOME VISITS

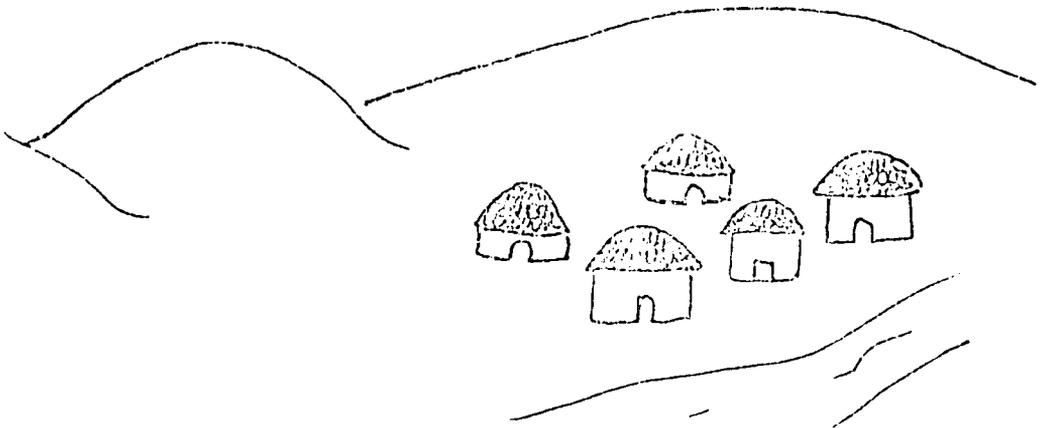
Not all illnesses are treated in the clinic. Some sick people do not seek care. Some go directly to the hospital. We know from visiting homes what some of the problems are. For the purpose of this exercise let us read the following report of a nurse clinician home visit:



"This afternoon I returned from visiting the village of Phomolong where it was reported that large numbers of people were ill with respiratory infection and/or gastroenteritis. Since it was not my usual clinic afternoon, I visited various homes in the village. I was able to confirm that nearly half the homes had experienced either respiratory infection or gastroenteritis. These diseases have been increasing for at least a month before the report was given to me. They seem to be affecting children more than adults. Most families in the area have from four to six children. Many of these show signs of malnutrition. Most of the ill have not been taken for treatment, since adults are busy planting at this time. Some have received medicine from Ngake ea Sesotho; a few have gone directly to the hospital."

INTERVIEW WITH COMMUNITY LEADERS

A regular part of our visit to communities in our area should be discussions with community leaders on what they see as health problems and needs in their community. People such as the village leader, school teachers, religious leaders, and traditional healers each see the community from a special viewpoint. For the purpose of this exercise, let us read the following report of a visit by a nurse clinician with a village leader.



"Within the first month of arriving at my new duty station, I visited all villages in the area. Among other things such as surveying the site where I will hold clinics, I met community leaders, introduced myself to them, and heard their comments on the needs of their village.

In Koasa, the village leader told me he feels the distance to Ha Mollo Clinic is a big problem. Health worker visits have been very infrequent. He wonders what I am going to do to be sure they have adequate medical care."

COMMENTS BY OTHER HEALTH WORKERS

Let us review the comments by other health workers as given in the Ha Mollo example and previously discussed. We will need to use all these information sources and more to get a sense of health problems and needs of our area which is necessary in planning our work.

Step Two

COMPLETE WORKSHEET 3A "IDENTIFYING AND PRIORITY RANKING HEALTH PROBLEMS"

Instructions: Worksheet 3A requires that we:

1. Identify the health needs of our area using the information referred to above, which is summarized as follows:
 - a. Clinic Registry,
 - b. Monthly Outpatient Morbidity Report.
 - c. Nurse clinician home visiting, see above
 - d. Interview with Village leader, see above
 - e. Comments by other health workers, see Master Case History, Unit on the Health Services Team
 - f. Any past experience we may have had.
2. Based on the above review of information, let us identify the eight most important health needs and rank them by priority. We should plan on being able to document and explain how we arrived at our problem list and the priorities.

WORKSHEET 3A

IDENTIFYING AND PRIORITY RANKING HEALTH PROBLEMS

NAME: _____

1. In each of the eight numbered boxes below write one of the health problems or needs that you have identified from the information provided and your experience.

1.	<input type="radio"/>
2.	<input type="radio"/>
3.	<input type="radio"/>
4.	<input type="radio"/>
5.	<input type="radio"/>
6.	<input type="radio"/>
7.	<input type="radio"/>
8.	<input type="radio"/>

2. Priority of Importance: Within the circle at the right hand side of each block you have completed above, indicate by number 1 through 8 the order of importance of the problems described, with the most important being assigned "1" and the least important "8".

Step Three

SMALL GROUP DISCUSSION

1. One member of each group, chosen at random by the Instructor, will share with her group the list and priorities she prepared for Worksheet 3A. The small group should compare this list with those prepared by other members, discussing the process used by each in developing her list and the differences between lists.
2. From this discussion, it is required that we develop a Worksheet 3A for the group.

Step Four

FULL CLASS DISCUSSION

Members of the class will be selected at random to report to the entire class what happened during the group discussions. The report should include:

1. Methods used by individuals in developing lists and priorities.
2. Differences among methods used by individuals in developing their lists and priorities.

After several of these reports are given, a general class discussion will be held about strengths and weaknesses of various data sources that are available (some identify "real needs" such as the village leader's comments, and some "demands" such as the Clinic Register), how the nurse clinician can improve the data that is available, methods used in analyzing the data to form lists and priorities, and the advantage of team discussions in determining needs. Let us take 30 minutes for this discussion.

EXERCISE 3B

IDENTIFYING AND ALLOCATING RESOURCES

Step One

We should recall from our review of the section in planning in Unit number 1 that the first step in planning is determining what the purposes or objectives should be, based upon needs.

This determination of purposes or objectives should be followed by the second step of identifying all the alternate ways which could be followed to achieve the objectives we have set for ourselves. Alternate ways of doing things consist of resources and ways of using these resources. Resources should be thought of in broad terms. Our time, our knowledge, and our skills are important resources. However, we will soon learn, if we have not already learned that there are more than enough problems to use up all our time - several times over. That is one of the reasons planning is so important.

Other resources available will include the time, knowledge, and skills of other workers on our health team as well as on the hospital staff and the Ministry of Health. It is possible that some problems can be addressed as well, or better, by the public health nurse or health inspector than by us. Some problems can be best addressed by VHWs. Other problems may need the resources available only at the Ministry of Health level. These "other resources" might assure adequate supplies of some medicine, or coordinate a problem with country or area-wide scope. It is important in considering resources not only to think of as many possibilities as we can, but also to realize that the resources available to each person are limited and we are faced with many demands. That is, not only may we want to use the Senior Medical Officer of Health for Epidemiology but so may others in the Ministry, in hospitals, and other health teams. Also, it seems that the further a person is from a problem, the broader the demands are on the person in that position. Therefore, the person in that position must plan the best use of his/her resources just as we are doing for ours.

Community resources that may be useful in helping to solve health problems should always be considered. These include VHWs, nutrition or Ministry of Agriculture workers, religious and political leaders and many others.

What is highest in our priorities may not be highest in the priorities of others upon whom we rely. They may see a different set of problems than we see (i.e. we may feel "nutrition activities" should be the number one priority in the community, but the chief public health nurse may feel that immunizations should be first priority for the public health nurse).

What may seem the best possible use of all resources may have to be rejected as an alternative because it is not realistic. In that case, we must search among realistic alternatives for one that is almost as good. This should not, however, keep us from thinking of those resources and that alternative. If we haven't thought of it, we can't consider it.

Step Two

COMPLETE WORKSHEET 3B "IDENTIFY AND ALLOCATE RESOURCES"

Instructions: Worksheet 3B requires that we:

1. Take a specific health problem and identify staff resources that might address this problem. We should use one of the eight health needs as problems identified by our small group in Exercise 3A.
2. Select from among available resources the best realistic alternative combination of resources to meet the problem.

Let us assume that we have been assigned to "Ha Mollo" as previously described in the "Master Case".

On completing this worksheet, we should be able to explain how we have arrived at the resources of the best alternative.

Step Three

SMALL GROUP DISCUSSION

Instructions: Let us form ourselves into the same small groups of five that we participated in for Exercise 3A, for the purpose now of discussion Worksheet 3B.

1. One member of each group, chosen at random, will share with the small group the problem she has chosen to address, resources she identified, and alternatives chosen. The small group should discuss the process used by this person in developing her choice.
2. Other group members should share their process where it may differ from that presented.

WORKSHEET 3B

Name: _____

IDENTIFYING AND ALLOCATING RESOURCES

1. Problem to be solved:

2. The results desired:

3. Staff (and community resources possible available):

<u>Resource</u>	<u>How resources would be used</u>	<u>How this would address the problem</u>	<u>How much of resource is required</u>
-----------------	------------------------------------	---	---

4. Various combinations of staff and community resources to achieve result desired:

5. Place a star beside the alternative chosen and outline why it is chosen:

Step Four

FULL CLASS DISCUSSION

Members of the class will be selected at random to report to the entire class what happened during the small group discussions. The report should include problem addressed, alternative chosen, and reasoning involved in that choice. A general class discussion on how to identify resources and how to choose among them will conclude the exercise.

EXERCISE 3C

SCHEDULING WORK

Step One

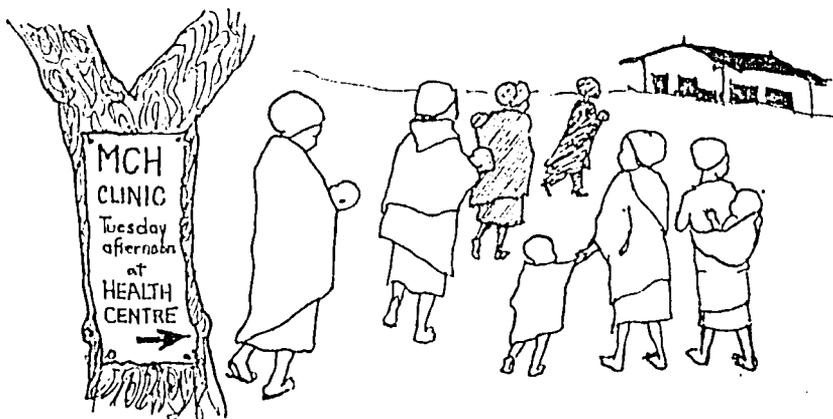
Scheduling our work may at first glance seem less important than the preceding steps of planning. After all, we have already decided what the problems are and how we plan to address them. But just because we have decided that a resource will be used does not assure that it actually will be used or that it will be available at the time it can best be used. Every resource that has any value will have many people or programmes demanding it. It is natural for the resource to be used up by whoever asks for it first or loudest. Then when we suddenly remember we need the resource, it has already been used up or has already been committed.

Scheduling use of resources to address a health problem is similar to the process used when building a house. If one is building a house, he/she needs to prepare land, make a floor, walls, and roof, and to paint and finish the house. Each of these things is important and necessary. There is, however, little use for the paint and roofing before the ground has been prepared. They just get in the way and may get stolen! Thus, when building a house, the builder determines the resources he needs, when he will need them, and where he will need them. He prepares a schedule to be sure the resources will be there when needed. Similarly, in delivering health services, we must determine what resources we need for each part of our job and then schedule resource use for when and where we need them.

Scheduling would be very easy if there were only one job to do. It also would be easy if resources were unlimited. But the nurse clinician has not only general medical care to give but also well-child care, child spacing, preventive work in the community, etc. In all situations the nurse clinician will rapidly find she has many more demands on her time than available. That is why scheduling becomes so important. Without scheduling, a nurse clinician will be at the mercy of whoever shouts the loudest in demanding her time.

With scheduling the shouters will still shout, but the nurse clinician can point to the schedule and show she has already planned to do that particular job and when it will be done.

We will need to make work schedules not only on a week-by-week basis, i.e. clinics scheduled on certain days, community visits scheduled on other days, but also on a monthly and yearly basis, i.e. visit scheduled to Village A the first week of each month, supplies ordered every third month, etc.



Scheduling must be done recognizing the reality of the situation at our location. Therefore, it is important for us and the other members of the health team to work out our schedule together. For example, if there is a regularly scheduled MCH clinic at our clinic run by the enrolled nurse every Tuesday afternoon, it is important that we be present to care for the general health needs of the patients and families who come. We might, then, schedule some of our community visits for Tuesday morning. Or we might find it is better at our clinic not to try to have general clinic when MCH clinic is being held.

When we have prepared the weekly schedule for our clinic covering the entire health team, we have produced a clinic schedule as well. It is important to keep this clinic schedule as consistent as possible. The community should come to expect specific clinics at the same time each week. We should write up the schedule and post it publicly throughout our area. We must then try to keep that schedule or inform the community in advance if a change is necessary.

It is important to remember that schedules are designed to help us and the community, not to imprison us. They should be revised periodically as the situation changes, and they must allow flexibility to meet the unexpected, whether that be weather, epidemics, or a visit by our supervisor.

Step Two

FORM INTO SMALL GROUPS

Let us divide again into the small groups used in Exercises 3A and 3B. For the purpose of this exercise, each member of the group should play one of the following roles identified in the Master Case. These are:

1. Nurse clinician
2. Enrolled nurse
3. Nursing assistant
4. Station attendant-guard, and
5. Visiting public health nurse

Step Three

REVIEW HEALTH PROBLEMS, RESOURCES AND INSTRUCTIONS

Review the health problems determined by our group in Exercise 3A which exist in the Ha Mollo area.

Also review the resources available in Ha Mollo as outlined in the Master Case "Ha Mollo".

Now review the following supervisor's instructions:

Per your Doctor Supervisor:

"Nurse clinicians should do whatever they can to reduce the number of patients travelling directly to the District Hospital and Queen Elizabeth II Hospital for treatment of minor ailments which the nurse clinician could treat, reduce the number of emergency evacuations required because of complicated deliveries and other reasons which should be anticipated and planned for, conduct at least two MCH clinics a week, spend enough time visiting villages and homes so that the nurse clinician can visit every VIH in his/her village at least monthly, and keep current on all required records and reports."

Step Four

TEAM PREPARATION OF WORKSHEET 3C - WEEKLY WORK SCHEDULE

The team should jointly design a weekly work schedule utilizing information reviewed in Step 3 above. Worksheet 3C is provided on the next page.

1. Tasks or parts of the job, such as various clinics and visits, should be identified and the time required for completion should be marked on the time chart for each team member.
2. Time periods should be specified according to what will be required - in terms of minutes, hours, days, weeks, months, or years - whichever fits best. In this case, time periods for a weekly schedule have been specified.

WORKSHEET 3C

WEEKLY WORK SCHEDULE

Name: _____

	STAFF AVAILABLE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
MORNINGS	Nurse clinician					
	Enrolled nurse					
	Station attendant- Guard					
AFTERNOONS	Nurse clinician					
	Enrolled nurse					
	Station attendant- Guard					

Step Five

PREPARE WORKSHEET 3D "PHYSICAL RESOURCE SCHEDULE"

Working individually and independently, complete Worksheet 3D by designing a Physical Resource Schedule for our team that will correspond to the Weekly Work Schedule completed previously by the team (Worksheet 3C).

Physical resources necessary for all the tasks scheduled on the Weekly Work Schedule should be marked on the time chart. This includes things such as examining and waiting rooms, etc.

Step Six

FULL CLASS DISCUSSION

One of the small groups will share completed Worksheets 3C and 3D. The class should discuss the process of producing a Weekly Work Schedule for a health team. The class also will discuss how to approach the problem of multiple demands on one resource, how a team should integrate work schedules addressing several high priority problems, and how to produce longer term schedules.

WORKSHEET 3D

PHYSICAL RESOURCE SCHEDULE

Name : _____

		FACILITY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
MORNINGS	Waiting Area						
	Examining Room						
	Dispensary						
AFTERNOONS	Waiting Area						
	Examining Room						
	Dispensary						

UNIT 3

REVIEW QUESTIONS

True or False:

1. ___ All members of the health team are trained in how to plan and schedule work.
2. ___ One of our duties will be to explain the need for planning.
3. ___ Work should be scheduled and then a plan should be made.
4. Among the sources of information that can be used to determine health problems are:
 - a.
 - b.
 - c.
 - d.
 - e.
 - f.
5. One of the reasons that planning is so important is
_____.

True or False:

6. ___ Resources that may be available to solve health problems come only from MOHSW.
7. ___ We should not even think about alternative uses of resources that at first glance seem unrealistic.
8. ___ Even health workers often have very different priorities.
9. ___ Scheduling our work is a very important part of planning.
10. ___ All nurse clinicians can use the same work schedule.

UNIT 4

PROGRAMME

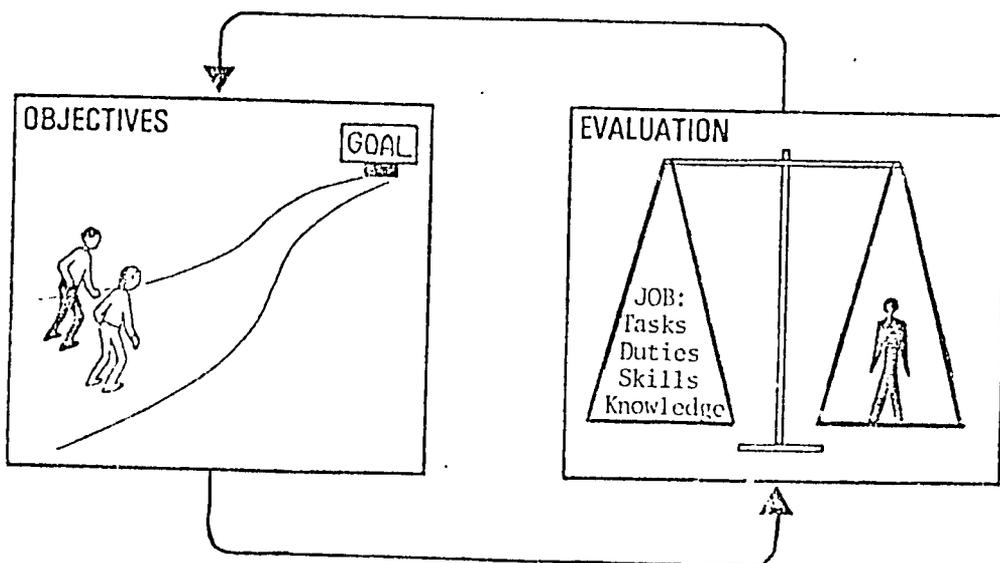
AND TEAM

EVALUATION

The purpose of programme evaluation is to measure overall progress toward the established objectives and goals of the Primary Health Care Programme. This evaluation includes monthly documentation and review of progress by the nurse clinician at the local level and annual evaluation of the overall Rural Health Programme at the national level. Evaluation is a continuous process and is a basic component of the systems approach. To evaluate programmes using the systems approach we must:

1. Gather information
2. Compare information
3. Identify the improvements

By use of this process we are able to measure the outcomes of our job activities toward established goals.



We are already familiar with the need to evaluate the work performance of ourselves and others for whom we may have responsibility. We know that evaluation is one of the four critical elements of the management process. This unit of study is designed to enlarge our knowledge about evaluation and to improve upon our skills in evaluating ourselves and others.

COMPARING OUR PLANNED OBJECTIVES WITH OUR ACHIEVEMENTS

Knowledge and skills either continue to develop or they deteriorate. The nurse clinician wants to improve the way she is doing the job, and this means that there must be evaluation. The successful nurse clinician evaluates what she is doing and how well it is being done. The nurse clinician also evaluates other team members so that the overall work performance can be improved. This evaluation helps the health team to learn if the objectives they have planned are really being achieved.

EVERYONE MAKES MISTAKES

It is true, we all make mistakes, but the difference between the successful nurse clinician and the unsuccessful one is the ability to learn from the mistakes which have been made. Evaluation helps us to learn from our mistakes and it helps us to correct them. Sometimes it is necessary for others to help us see our mistakes; and if we are working as part of a team, it is sometimes necessary to help others on the team to see their mistakes and to evaluate them. By evaluating our performance, we can see where we have done a poor job of planning and we can revise our plans, or we can see where we have done a good job and need to continue as we have been doing.

THE THREE STEPS IN EVALUATION

Step One

GATHER INFORMATION

We gather information by observing ourselves, others, and by interviewing individuals and groups. This may include fellow workers, patients, and members of the community. We may also find helpful information in the records which we keep or which are kept by others.

Step Two

COMPARE THE INFORMATION

We compare the information which has been gathered. It is examined and compared to the plans and expectation we had so that we can identify the differences between our plans and our actual performance. Our good judgement is required to determine the importance of any differences. In some cases, there may be large differences between our plans and our performance. In such cases, the problem may not be a team work performance problem, but it may be that the plans and expectations were wrong and need correction.

Step Three

IDENTIFY THE IMPROVEMENTS

We identify the improvements. We must decide how our plans must be revised, work performance improved, or both, to improve the results of our own work or others for whom we may have responsibility.

This gives us the leadership opportunity to promote the continuing development of our own knowledge and skills and the knowledge and skills of the other team members with whom we work.

Rather than handling the steps of evaluation separately like the man with two separate wheels, the steps are a continuous interrelated process linked together and working together as the parts of a bicycle. This process allows for continual readjustment of our plans and our work performance to achieve improvement. Thus, evaluation continues all during the time we are planning and doing our work.

Evaluation is a positive, helpful activity which promotes favourable relationships among health team members. Sharing of information, praising the high performer, identifying when help is needed, and determining what kind of help is needed is all part of the evaluation process. When the evaluations are done correctly, they provide team members with the motivation to be more effective workers.

Our responsibility for life-long professional and personal self-evaluation is an ethical commitment inherent in all health professions. This unit will reinforce our understanding of that responsibility and will help us to better determine if we are doing an adequate job in caring for other people. In working with other health team members, it helps us to know how we may improve what we are doing for others, and how we may assist in helping others improve what they are doing for us. Of all the training we have undergone thus far, our responsibility to evaluate ourselves and those with whom we work is one of the most important duties that we should understand and practice in our daily work routine.

EXERCISE 4A

EVALUATING PERFORMANCE

Step One

We have already discussed the importance of evaluating our own performance. We know that this is an ethical commitment as a health professional and also the means by which we develop our skills and knowledge in building a successful career. We have learned that the three steps in evaluation are:

1. Gather information
2. Compare the information
3. Identify the improvements

EVALUATING OUR PERFORMANCE

The four methods of evaluating our programme performance and our performance as a team is by:

- Observing others
- Talking with others
- Reviewing records
- Observing ourselves

OBSERVING OTHERS

The first and best way to evaluate how others react to us and our programme is by observation and by listening to others. We find out how effective we are through their comments about problems and situations which occur in the course of our daily work with them. We learn whether what we have done is useful and whether or not it was found to be acceptable to them. We also find out whether we have proper training to deal with the problems we attempt to resolve. Through observation, we notice also whether the team members are working with interest and satisfaction, and stay on to complete the work. We can also observe whether the community is happy with the service we have provided.



Observation is not just looking. It is finding out, for example,

- o how did the team member find out about a problem?
- o what action was taken?
- o was the timing appropriate?
- o was the action appropriate and was it effective? etc.

Through observation of results and outcomes, we can know how our efforts were received and whether the outcomes were appropriate. As a nurse clinician and senior member of the health care team, we are able to use this information to foster good relationships while improving performance.

Through observation we can obtain answers to many questions, including the following:

- o Are team members satisfied and interested in their work?
- o Are community leaders happy with services provided?

- Are patients happy with services they receive?
- Do team members call upon us to assist them?
- Have we been accepted by other team members as a full-fledged member of the health team?
- Are our facilities and equipment in good repair?
- Are our drug and medical supplies adequate to our needs?
- Do we have adequate administrative supplies?
- Is transportation for ourselves, other team members, and patients adequate?
- Is communication with our supervisor adequate?

An easy way to evaluate the attitude and behavior of other people towards ourselves is simply by completing the following table:

	Positive	Neutral	Negative
The community:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Our patients:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Our team members:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Our supervisor:	<input type="text"/>	<input type="text"/>	<input type="text"/>

If we observe a neutral or negative attitude or behavior towards ourselves by patients, community members, and other team members, such behavior or attitude can be further evaluated through talking with others.

TALKING WITH OTHERS

It is important to talk to people about health. We know that a sick person can often be cured of his sickness.

We also know that while he is sick he loses time from his work, causes additional work for others, and very often is weak and easily tired for some time afterwards. So, while we may be able to cure a sick person, it is much more important and better for the person if we can help stop him from being sick in the first place. When people or their children are sick, they only want to talk about curing the sickness. When they are better, they may be interested in talking and listening about ways to prevent sickness. Most of the things that can be done to stop sickness must be done by the person themselves, or those who care for the person if the person is a child. Sometimes it is necessary for the community to work together to prevent sickness. As nurse clinician, it is our task to help people to understand the causes and ways of preventing sickness and to remain healthy. In order to do this we must talk to them, but most importantly we must listen to them.

When there is an epidemic, those who are not yet sick may wish to talk about ways to stop the sickness. Sometimes people who are well will ask a question which gives us a chance to talk about prevention. It may take a long time, and many explanations, but at last something may change if we don't try to do something too quickly.

We may talk to individuals, groups, or the whole village. It is often easier to cause change if people make decisions together. Making decisions together gives people an opportunity to discuss the changes which are necessary. This is especially important if the change is such that it effects traditional ways of doing things. In most places, it is very necessary that the elders are convinced of the need to change. Sometimes they are slow to change and we may need the help of others to convince them that changes are necessary. If enough people agree, the changes necessary may be made.

Again, the first and best way to talk to people is to know how to listen to them, especially when we ask such questions as:

- What do they think about health?
- What do they think about our ideas?
- Can they propose new things that will help them and us?

- Do they understand what we are proposing?
- What do they think about the services they receive? others receive?
- Do team members call us to assist? If not, why not; what should be done?
- How should we modify our future plans?

REVIEWING RECORDS

In addition to the records, forms, and reports we are required to prepare, it is useful to maintain an informal log of daily activities. This diary will be helpful to us in answering many questions about our performance.

Not only will these records give us a more objective picture about what is happening but they will also give us information on trends and changes that are occurring. These trends are very important. They are like the early warning signals of diseases that we have learned about as a nurse clinician. If we can spot a problem early, before it has a chance to become serious or solidified, it is much easier to solve than if we wait to diagnose it until a full blown problem is present. We can also find very important information about whether preventive health services are making any impact on sickness and disease. We may find answers to the following questions.

	High				Low
1. How often are our diagnoses accurate?	<input type="checkbox"/>				
2. How often are treatments we provide or prescribe effective?	<input type="checkbox"/>				
3. What percentage of our time is devoted to preventive health services?	<input type="checkbox"/>				
4. What percentage of our time is devoted to assisting other team members?	<input type="checkbox"/>				

- | | | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | High | | | | | | Low |
| 5. What percentage of our time do you spend in home visiting? | <input type="checkbox"/> |
| 6. What percentage of our time is used for filling out records, reports, and forms? | <input type="checkbox"/> |
| 7. How often have we met with community officials to discuss work that we and health team members are doing? | <input type="checkbox"/> |
| 8. Are there any improvements in work performance of other team members which we can attribute to our assistance? | <input type="checkbox"/> |

A periodic review of the records, forms, and reports we will be preparing and which we will be learning about in the Working with Support Systems Module, can give us much useful information.

OBSERVING OURSELVES

This may be the most difficult method, as not many of us are accustomed to looking at ourselves in contrast with our environment and other people around us. We seldom take the time to analyze or study ourselves to consider as objectively as possible our own feelings, attitudes, and goals, to assess our own reactions and behaviour to any particular circumstance. Yet this is one of the most revealing methods to be followed in evaluating ourselves. It is most easily done when we are away from our job situation, and can see our circumstances from a slightly different perspective, thus bringing more objectivity to the review. There are some very interesting questions which we can answer about ourselves:

- To what extent are we repeating mistakes in either diagnosis or treatment for specific patient problems?
- Have we referred patients who we could have treated by ourselves?

- Have we attempted to handle problems which should have been referred?
- What percentage of our diagnoses do we feel unsure about?
- What are the kinds of treatments that we feel unsure about?
- What parts of our job do we like least? Why?
- Are we completing all of the necessary forms, records, and reports required of us? If not, why not?
- Are we planning and scheduling our work, and, in collaboration with team members, the work of other team members to achieve efficient use of time?
- Are there times when we feel we should take the initiative, but are reluctant to do so?
- Do we feel that we are in control of our circumstances?
- Are the workload demands on us equivalent to the time we have available to work? If not, explain.
- Are we satisfied with the quality of our performance?

If information is gathered from all four of the methods described above, there should be more than ample information to evaluate our performance. This brings us to the second step of self-evaluation, comparing information. To what do we compare the gathered information? In order to make a judgement about how well we are performing, we should compare gathered information to:

- Our personal aspirations and expectations.
- The expectations of our supervisors and others with whom we work.
- The expectations of our patients and the community we serve.

• Official performance standards and objectives as indicated by:

- Our Annual Performance Report.
- Guidelines and instructions given us by our supervisor.
- The work plans and objectives which we have participated in developing.

The third step of self-evaluation is really the only reason for evaluation. If we just gather and compare information without identifying possible improvement, we've wasted our time. The only reason to evaluate is to improve performance.

Whenever we discover an early trend indicating a potential problem, immediately look for ways to prevent or treat that problem.

Step Two

INDIVIDUAL EXERCISE - WORKSHEET 4A

Refer to Worksheet 1B in Unit 1, Management Process, on which we recorded problems in achieving the purpose of our last job. Select three (3) of the problems listed, and using Worksheet 4A on the next page, identify simple questions we could ask on each of the four areas for evaluation information: 1) observing others, 2) talking with others, 3) reviewing records, 4) studying ourselves. Then identify what could be done to prevent or solve each problem.

Step Three

FULL CLASS DISCUSSION

Members will be selected at random to discuss the measurements and interventions they have identified for each of their problems. Using these examples the class will discuss the importance of regular routine self-evaluation to achieving improved performance.

EVALUATING OURSELVES

The Problem is? Questions to be asked are?	Answer the Question by:				Possible Solutions to the Problem are:
	Observing Others	Talking to Others	Reviewing Records	Self	
1.A.	<input type="checkbox"/>				
B.		<input type="checkbox"/>			
C.			<input type="checkbox"/>		
D.				<input type="checkbox"/>	
<hr style="border-top: 1px dashed black;"/>					
2.A.	<input type="checkbox"/>				
B.		<input type="checkbox"/>			
C.			<input type="checkbox"/>		
D.				<input type="checkbox"/>	
<hr style="border-top: 1px dashed black;"/>					
3.A.	<input type="checkbox"/>				
B.		<input type="checkbox"/>			
C.			<input type="checkbox"/>		
D.				<input type="checkbox"/>	

Observers Name: _____

WORKSHEET 4B

TEAM MEMBER EVALUATION - OBSERVER COMMENTS

1. What was the nurse clinician's attitude?

2. What was the team member's attitude?

Initial:

Final:

3. What was the atmosphere of the interview?

Supportive ←→ Defensive

Helpful ←→ Critical

Bidirectional ←→ One-Sided

4. What did the nurse clinician do to create this attitude?

5. Did the nurse clinician and the team member really "hear" each other?

6. What suggestions for improved performance were made?

How were they accepted?

7. What other comments do you have?

EXERCISE 4B

EVALUATING TEAM PERFORMANCE

Step One

Just as it is important to evaluate ourselves and to evaluate performance of individuals on the health team, it is important to evaluate overall performance of the health team. It is the combined efforts of the team that produce improved health in the community.

Evaluation of the team should be as simple as possible - not something making more work for everyone. It is important to think of evaluation when we start work so that we know what we are trying to achieve and so that we can be sure that we are collecting information which we need in evaluation. Thus evaluation goes on as we are doing planning and while the team is performing its work. Indeed planning, working, and evaluating are inseparable. In the ongoing process, what our evaluation reveals will shape our planning for the next period.

In the Unit on Planning, we will identify major health problems or needs. Then we will identify resources available to deal with those problems. The next step should be to identify simple measures to evaluate whether the problem is coming closer to solution.

There are many measures that would answer at least part of the evaluation questions, but some measures are not available. For instance, if our team has identified preventable communicable diseases as a major problem, a very simple measure would be to find out how many cases of these diseases there were. But since not all of these diseases are reported, and since the percentage being reported will change, this simple measure would not be accurate.

Some simple measures are not as useful as others i.e., number of immunizations given by our team is useful, but depends on the population of our area, the age of population, and how many of the immunizations were given to each individual. A more useful measurement would be percentage of children vaccinated against a particular disease.

We will find that information on some measures is being collected because of national policy. If we can derive useful information from these, so much the better.

There will also be some useful simple measures that may result from activities directed at several problems. Thus infant mortality will respond to improvements in maternal care, improved nutrition, early treatment of diarrhoea in child clinics and immunizations.

Step Two

FORM INTO SMALL GROUPS

Let us form ourselves into the same small groups of five members each that we participated in when doing Exercise 3A.

Step Three

TEAM DECISION MAKING ON EVALUATION MEASURES

Utilizing Worksheet 4C on the following page and through team discussion, select simple measures to evaluate five of the problem areas that our team identified as health problems in Exercise 3A. (Refer to Worksheet 3A.)

If preventable communicable diseases was one of the areas, use others since that has just been discussed.

Identify three to five multiple activity measures as well.

Identify whether information on the measures we have selected are being collected and where; and if not being collected, how and where they could be collected.

Step Four

FULL CLASS DISCUSSION

Groups selected at random will be asked to present health problems, simple measures, and data collection that they have identified. The class will discuss how to make evaluation of health team performance simple, useful, and interconnected with the planning process.

WORKSHEET 4C

EVALUATING TEAM PERFORMANCE

Name: _____

THE HEALTH PROBLEM IS?	POSSIBLE SIMPLE MEASURES ARE:	DATA ON SIMPLE MEASURES CAN BE OBTAINED FROM:
1.		
2.		
3.		
4.		
5.		

UNIT 4

REVIEW QUESTIONS

1. To evaluate programmes, we must:
 - a.
 - b.
 - c.
 2. Our knowledge and skills will either continue to develop or they will _____.
 3. The difference between a successful nurse clinician and an unsuccessful one is _____ mistakes.
 4. When there is a big difference between plans and performance, it may be because of _____ or _____.
- True or False:
5. ___ Evaluation should be a positive, helpful activity.
 6. ___ Evaluation is a daily activity.
 7. ___ The best way to talk to people is by knowing how to listen to them.
 8. ___ Self-observation is easy.
 9. ___ Team evaluation makes extra work for everybody on the team.
 10. ___ All team members should participate in evaluating the team.

UNIT 5

SUPERVISION

In the past, people thought of supervision mostly in terms of punishing employees if they didn't do their job properly. Supervision, however, is really the task of educating and motivating people to do their assigned work.

A supervisor could be defined as a person at the first level of management who plans and controls the work of the non-management employees. The supervisor always works through others. To do this, he or she must have technical expertise, an understanding of human behavior, the ability to identify and solve problems, and the ability to organize and lead others.

The functions of a supervisor are very broad:

1. Be a leader, planner and organizer, including setting of specific goals.
2. Be a decision maker.
3. Be a communicator.
4. Be a trainer.
5. Be a motivator and reward giver.
6. Assure discipline.
7. Evaluate self and others.

Leadership Style

What type of leadership style should one choose? There are not easy answers for this. The best choice depends on many factors. One central factor is to remember that supervisors deal not just with individuals but with groups, so the issue is how well the group performs. It is this for which the supervisor is responsible.

A leadership style can be authoritarian or democratic, or usually at some point between these two extremes. An authoritarian style is one in which the supervisor makes all of the decisions and insists that her orders be rigidly followed. An authoritarian leader might also closely supervise every detail in the work, giving the staff very little freedom to think and act on their own. When research studies have been made of very close supervision as against less close supervision, it was found that output was lower for the close supervision.

With the democratic (participative) style, other members of the team are involved in major decision making. This style requires more time for decisions to be made, but as pointed out in the Assisting Team Members unit, there are advantages such as more information available for making the decision, and greater likelihood of team members accepting the decision. This type of leadership style often involves less close supervision of details and allows a more relaxed atmosphere. Team members are given greater degrees of responsibility, are more interested in doing a good job, and become confident in their own abilities. This style depends on the cooperativeness of all team members. Without this cooperation, each person may try to do whatever he/she wants and little be accomplished.

Choosing the correct leadership style can be said to depend on several factors:

1. Nature of the task or job to be done.
2. The experience, goals, personality, etc. of the persons with whom the leadership is dealing.
3. The situation, including timing (e.g. urgency), work load, and policy.

Probably the best guideline to use in choosing a leadership style is the golden rule, which is common to most religions and cultures: "Treat others as you, yourself, would want to be treated."

Leaders will find it helpful to realize that supervisors are the task leader. They should not try to be the social leader as well, since social and recreational life is often based on a separate structure. When the group expects someone to be a task leader, it often means that the leader cannot fit entirely into the group on a social basis.

Decision Making

Decision making is one of the key responsibilities of a supervisor. The decision making process involves several steps, the number of which may be increased or decreased according to the complexity of the problem. In general the steps are:

1. Decide that there is a problem or situation for which a decision is needed.
2. Define the problem or decide why the decision is needed.
3. Analyze the problem, looking at all sides of it. A useful approach is to ask a series of questions about it: who, what, where, when, why and how?
4. Develop alternative solutions (sometimes called options) to the problem, including looking at obstacles and consequences.
5. Select the best solution that is possible. There are some problems which are not worth solving since it might be preferable to live with them rather than with the consequences of the solution.
6. Implement the decision by taking whatever action is necessary.
7. Follow up steps include observing the results and evaluating the soundness of the decision.

Many decisions are poorly suited to being solved by the group since the group process takes more time. Examples of such problems are minor problems and emergency situations when immediate action must be taken.

PLANNING AND ORGANIZING WORK ASSIGNMENTS

Planning and organizing work assignments are two other primary responsibilities of the supervisor. Planning involves developing objectives and methods for achieving them. Again, as with decision making, in order to be sure that all aspects have been considered, it is helpful to ask questions "who, what, why, where, when, and how?" There should be some flexibility in every plan since there is always the chance that things will not proceed as originally thought.

Organizing involves getting each member of your team to work toward mutual goals. One starts the organizing by taking an inventory of the available resources, noting that people are always the most important component. The next step is to distribute the work among the people available, making clear work assignments and defining lines of authority for each work group or section so they will be able to function smoothly together.

COMMUNICATION

Communication can be described as the process in which a person sends a message through some medium (such as direct conversation, a savingram, a letter, etc.). The receiver of the message must understand and interpret the message and then act on it in order to achieve the purpose of the message.

There are two types of communication: informal and formal. Informal communication consists of the spoken word, which is suitable for smaller groups and for less important and short-term purposes. Formal communication such as through letters, a savingram, circulars, written policies, etc., is necessary for communicating important matters and decisions, and for matters in effect for a longer period of time. In larger organizations informal communications cannot be depended upon.

Communication takes place in two directions: (1) from the employees to the supervisor, and (2) from the supervisor to the employees.

- (1) Employees to the supervisor. It is absolutely essential for the supervisor to develop keen listening skills in order to hear ideas, comments, reactions, detect attitudes among the staff, and pick up reports on diverse matters.
- (2) From supervisor to employees. In this direction clarification and interpretation are given, as well as orders, instructions and policies. A supervisor can learn to be a good communicator by following these guidelines:
 - (a) Make messages clear (if talking, do not mumble or speak too fast).
 - (b) Find out if a message was understood in the way we intended it to be. This can often be done by asking questions to see if we were understood.
 - (c) If we do not say why a message or an order is sent, we may fail to motivate staff to act on it.
 - (d) Include the right amount of details, not too many or too few.
 - (e) Tailor a message or an order to the situation.

- (f) Send the message or order at the right time.
- (g) When giving orders, use the right approach. For experienced workers, requests asking for cooperation are far more effective than demands. In general direct orders should only be used in emergencies or with staff who would otherwise not react.

Communication grows when there is a climate of trust and confidence in a team.

TRAINING

The purpose of training is to help staff gain effectiveness in the performance of their duties. The objectives of training are the acquisition of knowledge, development of skills, and possible modification of attitudes.

Training includes the employees' initial orientation to a new job, as well as continuing education (sometimes called staff development). The orientation for a new employee explains the purpose of his/her job, the structure and function of the total organization, and the personnel policies such as salary, leave, rules and regulations. It is important to not only state what the rules are but to explain why the rules are necessary. Continuing education may be given on the job, or arranged to be provided at other locations, and sometimes even involves study leave.

In training it is essential to provide the student with frequent feedback to help him or her realize how they are progressing. At the same time it is helpful to the person providing the training to have feedback as to the adequacy of the training being provided.

MOTIVATION

Motivation concerns the attitude of mind affecting the willingness to work. This willingness to work in turn affects the attainment of organizational goals. The supervisor has the responsibility to motivate individuals and the group as a whole. One way of motivating people is through the giving of rewards, which can be either positive or negative. Positive rewards are financial benefits, recognition, good feedback, etc. Negative rewards are those such as criticism.

In the past it was felt that motivation only concerned salary. However, in more recent years it has been realized that motivation concerns the full range of economic and human needs. One psychologist has identified this range as the satisfying of:

- (1) Physical needs, e.g. food and shelter.
- (2) Safety needs, e.g. security from harm.
- (3) Social and affection needs.
- (4) Needs of being respected, e.g. status, self-respect, self-confidence.
- (5) Realizing of one's full potential.

If a supervisor accepts this broader understanding of what is involved in motivation, he or she acts more as a friend and guide, and tries to see a system established which satisfies these broad needs.

DISCIPLINE

The application of discipline can range from a positive self-discipline to that of punishment. Positive self-discipline is when employees accept it on their own free will. The ultimate goal for a team is clearly self-discipline.

Whenever a discipline problem occurs, it is important to determine the cause of it, which may result from a number of possible factors such as:

Supervisor problems - the supervisor may not be properly explaining the rules, giving clear instructions, training employees properly, or may be having a personality clash with an employee.

Employee problems - an employee may be unhappy, suffering from personal problems, or in the wrong job.

While we nurse clinicians need to have faith in the goodness of staff, there may be situations in which an employee purposely, or with malice (evil intentions), disobeys orders repeatedly. If this occurs, disciplinary action should be taken to correct the disobedience.

If an employee is allowed "to get away with wrongdoing" it invites further disobedience from that employee and others as well. However, taking disciplinary action is only to be used under serious circumstances since the employee almost always accepts it with bad feeling. The disciplinary should be appropriate to the incident. There are a variety of disciplinary actions: a simple warning for less serious or first offenses, a suspension of certain privileges, demotion (opposite of promotion), a temporary layoff, or even discharge (firing) for more serious offenses. Some of these we can do ourselves, some we must recommend be done through the M.O.H.S.W.

It is essential that an employee fully understands why the disciplinary action is being taken. Whenever a penalty is given, a careful written record of the circumstances should be placed in the employees personnel file folder as a permanent record.

Some guidelines in handling disciplinary problems are:

- (1) Get the facts about the incident.
- (2) Be fair and consistent with employees.
- (3) Don't act in anger.
- (4) Maintain the employee's human dignity.
- (5) Follow up disciplinary action to assure the objective was accomplished.

Aside from warnings which a nurse clinician could give on his/her own (but preferably jointly with the nurse clinician supervisor), stronger disciplinary action must be decided by the M.O.H.S.W. personnel section. It is useful to remember that disciplinary action should be viewed as a tool, not as a weapon.

EXERCISE 5

EFFECTIVELY COMMUNICATING ORDERS

Review the section on communication in this unit, particularly the comments about communicating orders.

As the basis for this exercise, we will use the "Road Accident Near Ha Mollo" case history from the unit on Health Services Team in order to practice giving orders. Action is needed on an urgent basis.

CASE HISTORY

ROAD ACCIDENT NEAR HA MOLLO

It is 2:30 p.m. at the Clinic. Suddenly a truck arrives carrying several accident victims, three of whom have multiple simple lacerations, two more with possible leg fractures in addition to lacerations (including an expectant mother), and one older person who is unconscious and in shock. The truck driver reports that two trucks have collided 6 kms away on the road to Koasa and that there were six other injured persons which he would immediately return to pick up and carry back to the Clinic. All health team members are present at the Clinic. The Enrolled Nurse is conducting a prenatal clinic and has about 35 expectant mothers with their children in the waiting room. The Public Health Nurse is visiting. She has a Land-Rover and a driver. The Station Attendant is standing by. The nearest doctor is located at the District Hospital, 40 kms away.

Step One: ROLE PLAYING

Divide the class into groups of five, with each person taking one of the following roles: visiting Public Health Nurse, driver, station attendant and nurse clinician. The nurse clinician is to communicate the orders to each of the four team members.

After the orders have been given to each of the team members, the group is to change roles and repeat the exercise once.

Step Two: SMALL GROUP DISCUSSION

Each small group should discuss how adequate the orders were, and ways in which the orders could be improved.

Step Three: CLASS DISCUSSION

One member from each group is to give a report on the results of the small group discussion. This will be followed by a general class discussion, at which time we will each have an opportunity to ask questions or make comments.

UNIT 5

REVIEW QUESTIONS

1. Supervision is not _____,
it is really _____.
2. A supervisor always performs work through
_____.
3. An authoritarian leadership style is one in which
the supervisor _____.
4. With a democratic leadership style _____.

True or False:

5. ___ There is one best leadership style.
6. ___ The democratic leadership style saves time.
7. ___ A good leader will use different leadership
styles depending on the task to be done.
8. Among types of problems poorly suited to group
decision making are:
 - a.
 - b.
9. Communication is the process in which _____.
10. Communication may be of two types: a.

 or b.

 and must be in two directions : a.

 and b.

True or False:

11. ___ Training is done only before a worker begins a new job.
12. ___ Feedback is essential to effective training.
13. Motivation concerns the attitude _____
_____ .
14. Discipline can range from: a.

to b.
15. The hazard of allowing an employee to get away with doing a poor job is _____ .

UNIT 6

PERFORMANCE EVALUATION

The primary purpose of performance evaluation is to help the employee improve his/her job performance. It is also helpful in identifying strengths and weaknesses in the overall management of personnel by the supervisor and M.O.U.S.W. Additional uses of evaluation are in deciding about merit salary increases, promotion, etc.

Two methods used are "performance results" evaluation, and "personal traits" evaluation. With the performance results evaluation (referred to simply as performance evaluation), clearly identifiable goals are set in advance. The process for this should be one in which the supervisor and employee jointly develop a work plan which sets out:

- (1) Key performance areas of the job.
- (2) Specific objectives to be accomplished.
- (3) Performance standards.
- (4) Career development needs of the employee.
- (5) Any performance deficiencies that need special effort.

At the end of the period, usually a year, an evaluation is made of the degree to which the objectives have been achieved.

The second method, that of evaluating personal traits, looks at an employee's general attitude, cooperation, leadership, reliability, creativity, etc. Two disadvantages of this type of evaluation are that it does not necessarily tie the evaluation to how well the employee is doing his/her job, and it is difficult for the supervisor doing the evaluation to separate out subjective feelings (bias) toward the employee.

While evaluation should be an ongoing process, a formal evaluation should be carried out at the end of the new employee's probation, and at least once every year thereafter. The evaluation should be shared with the employee, otherwise the primary purpose, which is to help the employee improve performance, is not accomplished. The evaluation should be mainly a process of rewarding positive work achievements, but commenting on areas which still need strengthening. It is useful to ask the employee to evaluate his/her own performance, using the work plan, before the interview, in order to achieve maximum positive results. In an evaluation, as with all other areas in supervision, careful attention must be given to maintaining the employee's self-respect. Evaluation reports and information about them should always be kept on a completely confidential basis.

EXERCISE 6A

EVALUATING AND INTERVIEWING A TEAM MEMBER

Step One

Instructions: In this exercise we are asked to evaluate a fellow team member and to conduct an interview with the team member to review our evaluation.

The following information is descriptive of our team member:

By observation we learn that the team member:

1. Is often late in reporting for work.
2. Occasionally looks tired and unhappy.
3. Most of the time is cheerful and pleasant.
4. Doesn't seem to be too interested or motivated in performing work assignments.
5. Occasionally disappears without notice for up to an hour or more at a time.
6. Usually dresses neatly but looks unclean.

By talking with others we learn that the team member:

1. Has a chronically ill spouse.
2. Gets bored easily with the work.
3. Is unhappy over salary level and future salary prospects.
4. Is looking for a better job with better pay.

By reviewing records we learn that:

1. Allowed vacation and sick leave has been taken every year.
2. Previous annual performance evaluation reports ranked her as outstanding.

3. Salary level has reached the top step of her salary grade.
4. Monthly activity reports are inaccurately kept and some are missing, not having been submitted.

By studying ourselves you learn that:

1. You are becoming increasingly impatient and irritable with our team member.

Step Two

INDIVIDUAL ASSIGNMENT

Using the information provided in Step One, complete Sections C and D of the "Confidential Staff Report Form". A copy of this form is provided on a following page for our use. Prepare for an interview with this employee.

Step Three

FORM INTO SMALL GROUPS AND PREPARE FOR ROLE PLAY

Form into groups of three. Choose or assign the following roles of team members: nurse clinician, Observer, and Team member.

In preparing for role play, the nurse clinician should decide what to say and how to say it. The observer should review Worksheet 6B and become acquainted with how it is to be filled in and the criteria to be used in judging the performance of the nurse clinician.

Step Four

CONDUCT INTERVIEW

The nurse clinician is to conduct an interview regarding the team member's evaluation which we have just completed. The observer should use Worksheet 4B to record her comments.

WORKSHEET 6B

TEAM MEMBER EVALUATION - OBSERVER COMMENTS

1. What was the nurse clinician's attitude?

2. What was the team member's attitude?
 Initial:
 Final:

3. What was the atmosphere of the interview?
 Supportive ← → Defensive
 Helpful ← → Critical
 Bidirectional ← → One-Sided
4. What did the nurse clinician do to create this attitude?

5. Did the nurse clinician and the team member really "hear" each other?

6. What suggestions for improved performance were made?
 How were they accepted?

7. What other comments do you have?



LESOTHO

CONFIDENTIAL REPORT

FOR ALL STAFF
(excluding those on Scale E
and temporary terms)

Personal File No.

A—PERSONAL PARTICULARS AND RECORD OF EMPLOYMENT—(To be completed by the Officer)

Full Name

Report for period from to

C—REPORT ON QUALITIES AND PERFORMANCE OF DUTIES

(The Item marked* will only be completed for an officer when they are applicable)

CHARACTER AND PERSONALITY

Tick one Box under each of Headings 1-8 as appropriate

REMARKS
(if necessary to complete picture and amplify Ticks in Boxes)

1. Responsibility:

- Seeks and accepts responsibility at all times 1.
- Very willing to accept responsibility 2.
- Accepts responsibility as it comes 3.
- Inclined to refer up matters he could himself decide 4.
- Avoids taking responsibility 5.

2. Relations with colleagues:

- Wins and retains the highest regard of all 1.
- Is generally liked and respected 2.
- Gets on reasonably well with most people 3.
- Not very easy in his relationships 4.
- A very difficult colleague 5.

*3. Contacts with Public:

- Outstandingly effective, helpful and courteous in dealing with them 1.
- Considerate and firm as required 2.
- Handles them quite well 3.
- His manner tends to be unfortunate 4.
- Poor at dealing with them 5.

CAPACITY

4. Perception:

- Is very resourceful and has marked creative ability. 1.
- Can generally be relied on to cope with any problem 2.
- Usually grasps a point correctly 3.
- Not very quick in the uptake 4.
- Often misses the point 5.

5. Initiative and Constructive Power:

- Can be relied on always to use initiative and produce a solution 1.
- Generally uses initiative and contributes to a solution 2.
- Normally adequate without using a great deal of initiative 3.
- Seldom uses initiative or takes any constructive action 4.
- Fails to respond to a new situation 5.

6. Judgment:

- Judgment consistently sound and well thought out 1.
- His view on a matter is nearly always constructive and sensible 2.
- His judgment is reasonably satisfactory on most matters 3.
- His judgment tends to be erratic 4.
- His judgment cannot be relied on 5.

KNOWLEDGE AND PERFORMANCE OF DUTIES

7. Knowledge of work:

(This relates to an officer's immediate range of duties and other work having a bearing on them)

- Outstanding knowledge of detail and background 1.
- Good working knowledge and tries to acquire more 2.
- Adequate for normal requirements 3.
- Has only a limited knowledge 4.
- Knowledge inadequate and makes no effort to improve 5.

8. Output:

- Outstanding in the amount of work he does 1.
- Gets through a great deal of work 2.
- Output satisfactory 3.
- Does rather less than expected 4.
- Output regularly insufficient 5.

9. Quality:

- Distinguished for accurate and thorough work 1.
- Maintains a high standard 2.
- His work is generally of good quality 3.
- His performance is erratic 4.
- Inaccurate and slovenly in his work 5.

10. Expression on Paper:

- Exceptionally good at all written work 1.
- Written work always clear, cogent and well set out 2.
- Generally expresses himself clearly and concisely 3.
- Written work just good enough to get by 4.
- Cannot express himself clearly on paper 5.

11. Oral Expression:

- Extremely effective 1.
- Puts his points across convincingly 2.
- Expresses himself adequately 3.
- Does not put his points across well 4.
- Ineffective 5.

***12. Figurework:**

- Exceptionally good at all kinds of figurework 1.
- Handles and interprets figures very well 2.
- Competent at figurework 3.
- Has no aptitude for figures but just manages to get by 4.
- Poor at figures 5.

***13. Leadership and Management of Staff:**

- Always inspires them to give of their best 1.
- Manages them very well 2.
- Manages them adequately 3.
- Does not control them very skilfully 4.
- Handles them badly 5.

***14. Organisation of Work:**

- An exceptionally effective organiser 1.
- Shows considerable organising skill 2.
- Plans and controls work satisfactorily 3.
- An indifferent organiser 4.
- Cannot organise 5.

†Headings 15-17 will only be completed where appropriate and where the markings and remarks under the previous items have not fully covered all of the officer's qualities and performance of duties.

†15. Professional or Technical Ability:

†16. Administrative/Executive Ability--For Professional/Technical Officer only:

†17. Special Attributes, Aptitudes or Experience:

D--OVERALL GRADING FOR QUALITIES AND PERFORMANCE OF DUTIES DURING PERIOD COVERED BY THIS REPORT:

- | | | |
|-------------------|--|-----------------------------|
| | | <i>Tick Appropriate Box</i> |
| 1. OUTSTANDING | An exceptional officer, outstanding in most respects | 1. <input type="checkbox"/> |
| 2. VERY GOOD | An able and effective officer | 2. <input type="checkbox"/> |
| 3. GOOD | A moderately competent officer | 3. <input type="checkbox"/> |
| 4. INDIFFERENT | A below average officer with room for improvement | 4. <input type="checkbox"/> |
| 5. UNSATISFACTORY | Definitely not up to the duties of the grade | 5. <input type="checkbox"/> |

Parts C and D of this form deal with an officer's qualities and performance in his/her present grade, Part E asks for an estimate of his performance in a higher grade, and is quite distinct. An officer may have been well marked in Parts C and D without necessarily being ready or suitable for promotion.

Step Five

OBSERVER REPORTS

The observer in each group of three should give a report and lead a short discussion of her observations with her group.

Step Six

INTERVIEWS AND OBSERVER REPORTS

Repeat Steps Three to Five twice after changing roles so that each member has the chance to serve in each role.

Step Seven

FULL CLASS DISCUSSION

Members selected at random will be asked to discuss the interview they participated in from the standpoint of methods used and the improvement achieved as interviews were repeated the second and third time. The class will discuss the importance and process of team member evaluation. We will have an opportunity to ask questions and make comments.

OUR PERFORMANCE EVALUATION

We have already discussed in Unit 4 steps in observation and diagnosis of our performance. This is something we must regularly and continually do. In addition to our own self-observation, we will each have regular performance evaluations by our supervisor.

An evaluation is only partially useful if it is not a joint effort. We need to use it as a food to help us improve our performance. Many supervisors are not experienced in the use of evaluations. They find it difficult to perform and discuss the evaluation because they do not really understand the purpose of evaluations, thinking of them as negative, of some sort of punishment rather than the opportunity for feedback of information to help performance to improve that they should be. Because they feel this way, they may put off doing the evaluation, they may do a very superficial evaluation and they may be hesitant about discussing the evaluation with you. Often we can make their task easier and more useful to both of us if we approach the idea of our evaluation, and even sometimes by reminding our supervisor that our evaluation is due and that we are looking forward to the help it can give us.

EXERCISE 6BStep One: NURSE CLINICIAN EVALUATION

Each of us is to evaluate ourselves using a form such as our supervisor might use, which is Worksheet 6C, Performance Evaluation Criteria. After we have completed this, we should then select the four areas which you judge are your strongest, your four weakest, and the four areas you expect to improve yourself the most. As this is a personal exercise, you will retain this worksheet and not be requested to hand it in.

Step Two: CLASS DISCUSSION

An instructor will lead a general class discussion on the Performance Evaluation Unit, at which time questions may be asked and comments raised.

Name _____

WORKSHEET 6 C

PERFORMANCE EVALUATION CRITERIA

1. Zeal
 - Gives of his best at all times and in every respect
 - Noticeably diligent and conscientious
 - Reasonably conscientious
 - Needs watching
 - Gives as little as possible in every way
2. Responsibility
 - Seeks and accepts responsibility at all times
 - Very willing to accept responsibility
 - Accepts responsibility as it comes
 - Inclines to refer up matters he could himself decide
 - Avoids taking responsibility
3. Relations with Colleagues
 - Wins and retains the highest regard of all
 - Is generally liked and respected
 - Gets on well with everyone
 - Not very easy in his relationships
 - A difficult colleague
4. Contacts with Public
 - Outstandingly effective, helpful and courteous in dealing with them.
 - Considerate and firm as required
 - Handles them quite well
 - His manner tends to be unfortunate
 - Poor at dealing with them
5. Penetration
 - Gets at once to the root of any problem
 - Shows a ready appreciation of any problem
 - Usually grasps a point correctly
 - Not very quick in the uptake
 - Often misses the point
6. Initiative and Constructive Power
 - Can be relied on always to use initiative and produce a solution
 - Generally uses initiative and contributes to a solution
 - Normally adequate without using a great deal of initiative
 - Seldom uses initiative or takes any constructive action
 - Fails to respond to a new situation

7. Judgement
- Judgements consistently sound and well thought out
 - His view of matter is nearly always a sensible one
 - Takes a reasonable view on most matters
 - His judgement tends to be erratic
 - His judgement cannot be relied on
8. Output
- Outstanding in the amount of work he does
 - Gets through a great deal of work
 - Output satisfactory
 - Does rather less than expected
 - Output regularly insufficient
9. Quality
- Distinguished for accurate and thorough work
 - Maintains a high standard
 - His work is generally of good quality
 - His performance is uneven
 - Inaccurate and slovenly in his work
10. Expressions on Paper
- Brilliant on paper
 - Written work always clear, cogent and well set out
 - Generally expresses himself clearly and concisely
 - Written work just good enough to get by
 - Cannot express himself clearly on paper
11. Oral Expression
- Extremely effective
 - Puts his points across convincingly
 - Expresses himself adequately
 - Barely competent
 - Ineffective
12. Figurework
- Exceptionally good at all kinds of figurework
 - Handles and interprets figures very well
 - Competent at figurework
 - Handling of figures leaves something to be desired
 - Poor at figures

13. Leadership and Management of Staff
- Always inspires them to give of their best
 - Has their confidence and respect
 - Manages them reasonably well
 - Does not control them very skillfully
 - Handles them badly
14. Organisation of Work
- An exceptionally effective organiser
 - Shows considerable organising skill
 - Plans and controls work satisfactorily
 - An indifferent organiser
 - Cannot organise

List Your Four Strongest Areas:	List Your Four Weakest Areas:	List the Four Areas You Expect to Improve in the Me
<hr/>	<hr/>	<hr/>

Unit 6

REVIEW QUESTIONS

1. The primary purpose of performance evaluation is
_____ .
2. Two methods used for evaluation are:
 - a.
 - b.
3. A formal evaluation should be done at least how often? _____ .
4. To be fully effective, an evaluation must be
_____ .

True or False:

5. ___ Many supervisors find giving evaluations a very difficult job.

UNIT 7

ASSISTING HEALTH TEAM MEMBERS

Wherever we nurse clinicians may be, we will probably be working closely with other members of the health team. Depending on the circumstances, we will often function as supervisors. Regardless of whether or not we become supervisors, we are expected to show leadership and to be as helpful as possible to those around us. When we assist others, they usually will respond by assisting us. There will be times and circumstances when we need all the help we can get, just as there will be times and circumstances when other team members need our help.

MAINTAINING GOOD INTERPERSONAL RELATIONS

While this unit cannot cover all possible situations or the skills and knowledge needed to assist team members, it will cover certain basic areas where our assistance often will be needed. The extent to which we can get along well with other team members will have a major influence on our success as nurse clinicians. While communication skills are important in working with other team members, behavioral skills in interpersonal relationships are possibly more important. These skills are more difficult to develop because we must learn to be honest with ourselves and others about our own strengths and weaknesses. Here are seven basic rules for better interpersonal relations:

1. Listen to other views and learn to understand and accept other persons' weaknesses and limitations.
2. Take discourtesies, accusations and injustices calmly - even the ones we don't deserve.
3. Avoid judging, condemning, hurting or ignoring others.
4. Let others criticize, inform and advise us.
5. Do not pout, sulk, brood or carry grudges, remembering our positive attitude.
6. Maintain personal integrity, not misrepresenting the truth.
7. Support the self-worth of others (and they will do this for us).

BECOMING CHANGE AGENTS

In our role as nurse clinician, we are expected to function in areas of prevention of disease, promotion of health, and education of people, in addition to being a practitioner of curative medicine. In order for objectives in these broader areas to be attained, it is essential to work as team members and usually team leaders. We must become "change agents." This is where the greatest impact of our efforts can be made, since we know that helping groups of people to learn how to become and stay healthy achieves much more than treating people's diseases. This requirement means we must develop behavioral skills and knowledge. In working with others, the most important area is always our attitude toward ourselves and our expectations. These greatly influence our attitudes toward others and the way we relate to other people.

TEAM PROBLEM-SOLVING

The process involved in solving problems resembles the planning process. It involves defining the problem, looking at alternative solutions, determining what obstacles there are to alternative solutions, and then finally solving the problem. If a team approach is skillfully used, the results can far exceed what is achieved through individual efforts. In this area, some practical knowledge of group psychology is helpful. A team approach does not happen unless there is guidance and experience among team members. Not only must we nurse clinicians develop the ability to communicate effectively, but we must intentionally bring out conflicting opinions. A group brings more than one brain and more than one viewpoint to bear on a problem. The more opinions or points of view considered, the greater is the possibility of selecting the best solution. Involving in advance people who will be carrying out a decision will also make their support more likely. Open communication is key, and some conflict is healthy in order to understand the various sides of an issue. We must always remember that each team member has a valuable perspective.

EXERCISE 7AStep One: INDIVIDUAL PROBLEM-SOLVING

The instructor will describe two problem situations. Each of us are asked to individually complete Worksheet 7A on the following page by taking notes on each problem in Block A and making a preliminary decision about how each problem should best be solved. For each problem, complete Blocks A, B and C only. We will have fifteen minutes for this exercise.

Step Two: SMALL GROUP PROBLEM-SOLVING

Form into small groups of four persons and assume the roles of: nurse clinician, public health nurse, enrolled nurse, nursing assistant.

Try to have the small group arrive at the best solution for each of the two problems given in Step One. We will have thirty minutes for this exercise and are to continue to use Worksheet 7A, completing the "Group Decision" section, Block D.

Step Three: CLASS DISCUSSION

Individuals chosen at random will be asked to present to the class their individual decision and that of their group. After several of these presentations, the class will discuss the advantages of group problem-solving and types of situations where it will be useful. We will have twenty minutes for this discussion.

WORKSHEET 7A

NAME: _____ 112

HEALTH TEAM GROUP PROBLEM SOLVING

Problem No.1

A.Record your notes on the problem here:
B.Define the problem:
C.How would you solve this? (Your decision)
D.How would the group solve this? (Group decision)

Problem No.2

A.Record your notes on the problem here:
B.Define the problem:
C.How would you solve this? (Your decision)
D.How would the group solve this? (Group decision)

DEALING WITH CONFLICT

When people work together in planning, performing, and evaluating work, there will often be differences of opinion. These differences can be minimized through communication, which is necessary for effective performance. The first step in resolving differences of opinion (conflicts) is in recognizing and understanding them. Some personality conflicts are inevitable and the role and power of emotions must not be underestimated. Patience is needed in listening to and allowing time for people to express (ventilate) frustrations. Thus it is only through recognizing and coping with differences of opinion that healthy relationships are maintained and new and better work objectives are identified and utilized. While conflict has a valid function, as team leaders we must be able to resolve conflicting opinions. This may be done either in the presence of other team members or in private. In resolving conflict, we know that opinions generally vary in validity and in accuracy, but at all times the dignity of each member must be maintained, even though opinions may be rejected.

In this way differences can lead to improvements and progress, and, therefore, are good for the team. Allowing conflicts to continue on without being resolved leads to stress and bitterness among team members and can destroy teamwork. Consequently, we have a responsibility to assist our team members in resolving conflicts as they occur. This is one of our key responsibilities.

The basic rules for good interpersonal relations, if followed honestly, will go far in helping team members to tolerate others' weaknesses and limitations. In resolving conflict, we must avoid being judgemental, accept people's differences, but try to achieve sufficient resolution to enable working together.

We nurse clinicians must learn to use power properly, since good team function is impossible when power is abused.

A sense of humour is helpful for us nurse clinicians to cultivate and develop since humour enhances positive attitudes. However, humour must never be at the expense of another person's dignity. Also helpful in promoting harmonious team relations are social and recreational events. When team members relate to each other in non-work situations, they can see each other differently without conflict. Good emotional and physical health are both important attributes of team members.

As nurse clinician, it is important for us to remember that we will be new persons working in new types of situations. Others at our health stations may have been there much longer than we have. Consequently, we should not expect them to immediately accept us. This must be earned.

EXERCISE 7B

EVOLVING HARMONIOUS TEAM FUNCTIONING

Step One: FORM INTO SMALL GROUPS

Form into the same small groups of four persons that we did in Exercise 7A. Assign each group member to one of the following roles: nurse clinician, public health nurse, enrolled nurse and nursing assistant; then attempt a resolution of the problem presented below in Step 3. Utilize Worksheet 7B for note-taking and for indicating desired results and group solutions to the problems.

The following represent initial attitudes that role playing team members should assume:

Nursing Assistant: "The nurse clinician is too bossy"

Public Health Nurse: "I don't see there is a problem because"

Enrolled Nurse: "The nursing assistant needs to be put in her place because"

Nurse Clinician: "The Enrolled nurse needs the delivery area clean and sterilized at all times ..."

In preparing for the role play, each team member should think about his/her special role and attitude regarding the problem situation, and the person selected to be the nurse clinician should decide how to present the problem to the group and obtain a solution.

Step Two: CASE HISTORY

"Since her arrival at the Mahlatsa Clinic two months ago, the nurse clinician has experienced hostility and rudeness on the part of the nursing assistant. The nursing assistant, who has been employed at the Clinic for four years, has privately expressed resentment over the fact that the nurse clinician is incompetent, too inexperienced to be playing doctor, and not nearly as smart as the Public Health Nurse.

Since the nurse clinician cannot fire the nursing assistant, and since she wishes to avoid direct confrontation, she has been avoiding asking the nursing assistant to do all of her jobs. The Enrolled Nurse, while at first cooperative, is now complaining that she can't get her work done because the nursing assistant does not keep the delivery area clean and the instruments sterilized and has become unhappy with the nurse clinician over this situation.

WORKSHEET 7B

HEALTH TEAM PROBLEM SOLVING

The Problem As You See It:

Needed to Resolve the Conflict is:

The Group Solution:

Step Three: TEAM DISCUSSION ROLE PLAY

The nurse clinician should lead the team in a discussion of the problem to be resolved.

We will be given 25 minutes for this Step.

Step Four: CLASS DISCUSSION

One group will be asked to discuss briefly their approach to solving this problem. The class will then discuss general problems that the nurse clinician may reasonably expect could arise within the team and which could interfere with health services delivery by the team. Approaches to solutions of these problems will be discussed.

We will be allowed 25 minutes for this discussion.

ACTIVE TEAM SUPPORT

As a leader on the health care team, we nurse clinicians will be faced with situations where we can assist fellow team members in their dealings with the public, their colleagues, and supervisors. By doing this, we will not only be solving a specific problem, but also will be assisting that team member to function more efficiently and, at the same time, strengthening the team.

One reason for less than efficient functioning of a health team member or lack of motivation is that he/she feels alone, feels lack of support for his/her part of the team's task or for a solution to a problem that is important to him/her. Every team member needs to know that they and their task are essential. By working as an advocate (active support) for a fellow team member, we will improve motivation of the team member and foster team spirit.

EXERCISE 7CStep One: FORM INTO SMALL GROUPS

Form into groups of four. Each member should choose (or be assigned) one of the four roles: nurse clinician, Visiting Public Health Nurse, Senior Public Health Nurse, or Observer.

The person assuming the role of nurse clinician should serve as an advocate for the Visiting Public Health Nurse, the team, and the villagers in the following situation. The Observer should use Worksheet 7C and be prepared to comment on the performance of the nurse clinician.

Step Two: CASE HISTORY

"During the past week, you have noticed an unusually large number of children and adults coming to the Clinic from an outlying village suffering from gastro-enteritis. You decide that you would like the Visiting Public Health Nurse to visit the families in that outlying village to determine the cause of this increased incidence of gastro-enteritis and hopefully do something about the cause. When you ask her to do this, she replies that she agrees this should be done and that she has already asked her supervisor, who instead instructed her to carry out immunization clinics in another area of the District. These clinics have been scheduled every day for the next two weeks, and she will be able to respond to the gastro-enteritis problem after that, providing nothing else of higher priority develops."

In preparing for this role play, the nurse clinician should decide how best to present this problem to the Senior Public Health Nurse. The Observer should review Worksheet 7C before the role play and become acquainted with how the worksheet is to be completed and the criteria to be used in judging the performance of the nurse clinician.

Step Three: ROLE PLAY

The nurse clinician is to discuss the problem with the Senior Public Health Nurse and attempt to resolve the problem. The Observer will enter comments on Worksheet 7C.

We are given 10 minutes to make the presentation.

Step Four: OBSERVER REPORTS

Using comments from Worksheet 7C, the Observer will report to the group on his/her observations and lead the group in a short discussion of the presentation.

We will be given 5 minutes for this step.

Step Five: TRADE ROLES

Reassign roles so that the Observer and the Supervisor trade roles with each other, and the Public Health Nurse and the nurse clinician trade roles. Repeat Steps Three and Four, until every member has had an opportunity to serve as nurse clinician and Observer.

Step Six: CLASS DISCUSSION

Several observers will be called upon to discuss for the class the role of advocacy they observed in their small groups. It is important to remember that the objective of this discussion is not to be drama critics or historians, but to improve each nurse clinician's ability to actively support fellow team members. The class will discuss how to be effective advocates.

We will have 30 minutes for this discussion.

WORKSHEET 7C

Comments by the Observer on Serving as Advocate

Instructions: Observer should take notes during the interview using the following guidelines. The following shows how a sample guideline has been completed:

Did the nurse clinician approach the supervisor on a friendly basis? (the mark shows friendly.)

Friendly ← 1 ----- → Unfriendly

Specific examples should be noted whenever possible.

 What was the problem identified by the nurse clinician?

Did the nurse clinician show understanding of the Supervisor's position?

Completely ← ----- → Not at All

What was the atmosphere of the interview?

Cooperative ← ----- → Antagonistic
 (enemy-like)

What was the attitude of the nurse clinician?

Positive ← ----- → Negative

Diplomatic ← ----- → Angry

How strong were the reasons the nurse clinician presented?

Overwhelming ← ----- → Completely
 inadequate

What did the nurse clinician offer the Supervisor in exchange?

Cooperation and assistance ← ----- → Nothing

What other comments do you have?

SERVING AS MOTIVATOR

First review the section on "Positive Attitude" in Unit 1 (The Management Process), pages 17 to 18.

Being motivated means being moved to act. Motivation causes a person to do something. If a person is not motivated, he or she is unlikely to grow either intellectually or emotionally and is unlikely to act effectively. When this occurs, the work of the health worker fails to get done, or perhaps falls on another. The presence of a poorly performing team member is destructive to the rest of the team, and lack of performance can be destructive to the person involved. As employees fail to perform, their sense of self-worth falls and they perform even less. Strengthening peoples' existing strengths can be key in raising their sense of self-esteem.

It may well take some time before we have sufficient experience to gain self-confidence and good judgment necessary in this area. An awareness of our own needs and relationships to others is important. Mistakes have often been made by exploiting people, which makes growth unlikely. Furthermore, we must concentrate on what is right, not who is right. Again, our own attitude toward other team members is a key factor. For instance, do we personally take credit for successes by blame other team members for failures? This would bring inevitable defeat of team function.

In this area of management, as in most, a flexible approach is essential since personalities and situations vary greatly and no single approach is adequate. Generally, team members should be praised in public; but when it is necessary to criticize, it should be in private. In all of this, however, we nurse clinicians must keep our humility and not abuse power.

Poor performance is usually a late symptom of employee dissatisfaction. Early symptoms of negative attitudes (such as tardiness and lack of communication) can be spotted, and that is when we should try to act. As a leader and change agent, we can help to provide job satisfaction and motivation in those around us. In the supervision and performance evaluation unit, we have learned more about this.

EXERCISE 7DStep One: FORM INTO SMALL GROUPS

Form into groups of three. Each person should choose or be assigned one of the following three roles: nurse clinician, nurse assistant or observer.

Step Two: CASE HISTORY

"Your nurse assistant is supposed to report to you every morning at 8 a.m. for daily instructions. Every Tuesday and Thursday mornings she does routine work in the Clinic while you go to outlying villages where you provide routine services. Your nurse assistant has been reporting to work with increasing tardiness which puts you behind in your schedule. Lately you have noticed alcohol on her breath. This has all occurred since last month after you had submitted her Annual Confidential Performance Report and recommended her for a promotion based upon excellent performance up until that time. She is a permanent public service employee and when you said something to her yesterday regarding the tardiness and drinking problem, she ignored you. What should you say and how should you go about it?"

In preparing for role play, the nurse clinician should decide how to approach the problem and what to say to the nurse assistant. The Observer should review Worksheet 7D before the interview and become acquainted with how it is to be filled in and the criteria to be used in judging the performance of the nurse clinician.

Step Three: INTERVIEW NURSE ASSISTANT

Using the above situation, the nurse clinician is to conduct a short motivational interview with the nurse assistant. The Observer should use Worksheet 7D to record comments.

We will be given 10 minutes to conduct this interview.

Step Four: OBSERVER REPORTS

The Observer will report to the small group on his/her observations and should lead the group in a short discussion of the nurse clinician's presentation.

We will be given 5 minutes for this step.

WORKSHEET 7D

Motivational Interview - Observer Comments

1. What was the nurse clinician's attitude toward the nurse assistant?

2. What was the nurse assistant's attitude?
 - Initial:

 - Final:

3. What was the atmosphere of interview?
 - Supportive ←-----→ Defensive (reacts to defend own position)

 - Open to discussion ←-----→ Closed to discussion

 - Helping ←-----→ Judging

4. What did the nurse clinician do to create this atmosphere?

5. Did the nurse clinician and the nurse assistant really communicate with each other? and discuss basic issues?

6. What other comments do you have?

Step Five: TRADE ROLES

Repeat Steps Three and Four twice after changing roles so that each member has a chance to serve in each role.

Step Six: CLASS DISCUSSION

Members selected at random will be asked to discuss the small group exercise they participated in from the standpoint of methods used in the interview and progression as the exercise was repeated the second the third time. The class will discuss how to identify lack of motivation and how to deal with the situation early.

We will be given 30 minutes for this discussion.

UNIT 7 REVIEW QUESTIONS

True of False:

1. ___ A nurse clinician can be fully effective working by herself.
2. ___ Listening to others can help us understand them.
3. ___ A Positive Mental Attitude can protect us from anger and discouragement.
4. ___ It is important to support the self-worth of others.
5. While we as nurse clinicians will treat and cure disease, our greatest impact will be as " _____ ."
6. Problem solving resembles the process of _____ .
7. A team approach doesn't happen unless there is _____ .

True or False:

8. ___ Differences of opinion can always be avoided.
9. ___ When differences of opinion arise, they must be recognized and coped with.
10. ___ Differences can lead to progress.
11. ___ A sense of humour is out of place in a supervisor.
12. ___ Respect and acceptance automatically follow training.
13. ___ Supervisors can improve motivation of team members.
14. We must concentrate on _____ is right, not _____ is right.
15. It is usually better to give praise _____ and criticism _____ .