

FISTULA CARE

Fistula Facilitative Supervision and Clinical Monitoring Supplement: For Training Site and for Training Follow-Up

Updated

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USAID
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for a better life

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I. Facility Information

Facility Name: _____

District/State/Country: _____

Time Period Covered

Date of This Supervisory Visit: (dd/mm/yy) _____

Length of Visit (days/hours): _____

Date of Previous Fistula Supervisory Visit at this Site _____

Report from Last Visit: Available?/Reviewed? _____

Time Period Covered/Reviewed in This Visit: _____

Assessment Completed by (key persons in supervision team)

Name: _____

Organization: _____

Job Title: _____

Name: _____

Organization: _____

Job Title: _____

Name: _____

Organization: _____

Job Title: _____

Main Fistula Contact Person(s) Interviewed at Facility

(e.g., fistula ward administrator, doctor or nurse-in-charge, fistula surgeon, recent trainee[s])

The site visitor may have additional comment from unstructured client-satisfaction interview(s) with client(s).

Name: _____

Job Title: _____

Cadre: _____

Name: _____

Job Title: _____

Cadre: _____

Name: _____

Job Title: _____

Cadre: _____

II. Training Follow-Up for Fistula Surgery and Perioperative Care

| | |
|--|--|
| <p>TOTAL number of fistula surgeons trained in last four full quarters: ____</p> | <p>For each surgeon trained in the last four quarters, list:</p> <ul style="list-style-type: none"> • Name • No. of months since end of last fistula training: ____ • No. of repairs done during training (as the primary surgeon): ____ • No. of repairs done since training: ____ • Skill level at end of training (competence in simple/medium/complex repairs): _____ • Current skill level: _____ <p><i>(Please use additional paper or the back of this page, if needed)</i></p> <hr/> <hr/> |
| <p>TOTAL number of fistula nonphysician clinical personnel trained in last four full quarters _____</p> | <ul style="list-style-type: none"> • Name of each • No. of months since end of last fistula training: _____ • No. of clients attended to during training: ____ • No. of clients attended to since training: ____ • Skill level at end of training: _____ • Current skill level: _____ |

III. Training Follow-Up For Fistula Counselors

| | |
|--|---|
| <p>TOTAL number of fistula counselors trained in last four full quarters: ____</p> | <p>For each counselor trained in the last four quarters, list:</p> <p>Name</p> <p>No. of months since end of training: ____</p> <p>No. of women counseled during training (as the primary counselor): ____</p> <p>No. of women counseled since training: ____</p> <p>Skill level at end of training (competent, proficient, preceptor/trainer): _____</p> <p>Current skill level: _____</p> <p><i>(Please use additional paper or the back of this page, if needed)</i></p> <hr/> <hr/> <hr/> <hr/> |
| <p>a. Follow-up of recent trainee's counseling process</p> | |

(State whether this section was completed after direct observation of the provider doing a counseling session, if possible. If not, was it derived from their description of a typical counseling session?)

Does the provider follow the Standard Guidelines for Fistula Counseling during the phases of:
(please state the phase observed and/or described)

- Admission
- Preoperative phase
- Intraoperative phase
- Postoperative phase
- Discharge from hospital?

Did the provider make appropriate use of REDI, GATHER, or another counseling model?

No. of women this provider has counseled in the last two full quarters: _____

b. Follow-up of recent trainee for counseling content; which of these specific aspects does the provider include in counseling?

| | | | |
|--|--|--|--|
| To avoid vaginal intercourse for 3–6 months (specify) | | | |
| Possible return of fertility and menstruation (if absent) | | | |
| Advice on pelvic floor exercises | | | |
| Follow-up schedule | | | |
| Reintegration into the community | | | |
| Verbal and tactile gentleness and empathy in the operating theater | | | |
| Importance of early antenatal care for next pregnancy | | | |
| Necessity for elective delivery in a hospital | | | |

c. Family planning counseling

| | | | |
|--|--|--|--|
| Does the provider give adequate information on family planning options? | | | |
| Does the provider screen for method appropriateness, if needed? | | | |
| Provider clarifies the need for early postrepair abstinence to aid healing, even if not necessarily for family planning. | | | |
| Provider shows awareness of specific needs of a woman living with fistula, or a woman who has had repair. | | | |
| Provider helps individual self-assess her need for protection against HIV and answers other concerns. | | | |
| Provider offers referrals for methods available elsewhere in/outside of facility | | | |
| No. of women counseled for family planning in last two full quarters. | | | |
| No. of women who adopted family planning method in last two full quarters. | | | |

d. What information or services does the provider give to women who do not accept family planning after fistula services?

| | | | |
|---|--|--|--|
| Further information and/or services (specify) | | | |
| Appointment for another time at same site or referral to other family planning clinic or home visit | | | |

| e. Additional quality of service components | | | |
|--|--|--|--|
| Provider treats the woman with respect, dignity, empathy | | | |
| Provider ensures visual/auditory privacy, confidentiality | | | |
| Provider shows rapport and conducts a rights-based client-provider interaction | | | |

IV. Additional Supervision/Monitoring for a Fistula Training Site

(IF the facility is NOT an EngenderHealth-supported training site, please write “N/A” and skip this section, or provide any readily available information.)

| QUESTION | YES | NO | COMMENTS: NOTE DEFICIENCIES, REASONS, AND RECOMMENDATIONS |
|---|------------|-----------|--|
| 1. For this section, interview the administrator or doctor/nurse-in-charge of ward or site and ask for the following information: (Bring a blank form and list the responses.) | | | |
| <ul style="list-style-type: none"> Trainers (e.g., number, skill level, availability) Trainees (e.g., number, selection, types of support received for, skill level, duration, clinical and programmatic follow-up, types of support trainee receives after training) Clients (e.g., average caseload during training) Logistics (e.g., client food, transport etc.) Service delivery equipment/supplies Training equipment/supplies Training areas for clinical and didactic sessions Personal perspectives on training, strengths, challenges, perceived administrative support for training and service delivery, any other issues | | | |
| 2. For this section, interview trainer (s) and ask the same questions as in Section 1. (Bring a blank form and list the responses.) | | | |
| <ul style="list-style-type: none"> Modify the above questions, as needed. | | | |
| 3. For this section, interview sample trainee (s) and ask the same questions as in Section 1. (Bring a blank form and list the responses.) | | | |
| <ul style="list-style-type: none"> Modify the above questions, as needed. | | | |
| 4. Review the trainee registration forms and log sheets at the site. | | | |
| a. Are the trainee registration forms | | | |

| QUESTION | YES | NO | COMMENTS: NOTE DEFICIENCIES, REASONS, AND RECOMMENDATIONS |
|--|-----|----|---|
| complete for each trainee? | | | |
| b. Are sample log sheets complete? | | | |
| c. Is a copy of trainee registration form routinely sent to Ministry of Health Training Unit or other data collection unit? | | | |
| 5. Review the inventory list and training space at the site. | | | |
| a. Is there an inventory for fistula training materials? i) | | | |
| b. What is the availability of the fistula training strategy and training guidelines (e.g., from the Ministry of Health, EngenderHealth)? | | | |
| c. What is the availability of training curricula for the following? i. Fistula surgery ii. Nursing iii. Counseling iv. Training of trainers | | | |
| d. Are the following items available in adequate numbers/functionality? | | | |
| i. Anatomical model or pictures ii. Fistula clinical reference materials iii. Fistula trainer reference materials iv. Fistula programming reference materials v. TV/VCR vi. Videotapes vii. Flipcharts viii. Fistula surgery kits | | | |
| e. Is there a dedicated area for fistula clinical and didactic training? | | | |
| 6. Estimate the training Caseload (e.g. by reviewing the logbook at the site) and evaluate training linkages to other reproductive health services | | | |
| a. What is the caseload available for training? _____ Is the caseload sufficient for training? _____ | | | |
| b. Does the training outline linkages to other reproductive health services? (specify) | | | |

| QUESTION | YES | NO | COMMENTS: NOTE DEFICIENCIES, REASONS, AND RECOMMENDATIONS |
|---|-----|----|---|
| 7. Training review sheet (review at site) | | | |
| a. Is the training program proceeding in a satisfactory manner and according to plan? | | | |
| a. Does each trainer at the site have adequate <i>clinical</i> skills? If not, specify: b. Does each trainer at the site have adequate <i>training</i> skills? If not, why not? c. Was any training follow-up scheduled and conducted in the last two full quarters? (Specify by whom, to what site, what trainees) d. Are there any other training issues? (Specify.) | | | |
| V. Are there individual follow-up notes for each provider trained in the last two quarters? | | | |
| VI. Completed client interview notes: optional | | | |

VII. Summary Notes and Recommendations from the Supervision and Monitoring Visit

Progress toward resolving issues raised in the last visit (if applicable):

Programmatic challenges, quality improvement, and other issues to be addressed before next visit:

External assistance needed:

General comments:

Were results of visit shared with DHMT?

Yes

No