BUILDING AN EFFECTIVE AND SUPPORTIVE SUPERVISION FOR QUALITY IMPROVEMENT

Sedef YENICE

Istanbul Bilim University and

Group Florence Nightingale Hospitals, Istanbul, Turkey

sedefyenice@gmail.com

sedef.yenice@florence.com.tr

IFCC EMD - Committee on Clinical Laboratory Management (C-CLM)

Learning Objectives

- Define supportive supervision
- Compare of traditional and supportive supervision
- Supportive supervision as a process
- Framework for Supervision towards Quality Improvement
- Key competencies for supervisors
- Describe different supervisory roles

What is Supervision?

- A "**process**". It is not a one-time event, but is connected series of events over a period of time.

- Involves **guiding**, **helping** and **encouraging** staff to improve their performance over the long term so that they meet the defined standards of their organization.

- Helps staff to **meet the defined standards of their organization.**

- Service delivery standards or management standards define how and when work should be done.

Encouraging

Helping

Guiding

Is supervision conducted frequently or regularly in your work environment and your organization?

1. Yes

2. No

Audience Response

Is supervision findings documented and feedback provided to staff of facilities that had been supervised?

1. Yes

**2. No**

Transformation of Supervision

Views about effective supervision have changed over the years.

- Traditionally, supervision was seen as an inspection of what a supervisee was doing and it was carried out by a «designated supervisor».

- In traditional supervision, a supervisor came in and went out quickly, and **talked at** the staff being supervised rather than **talked with** them.

- With this approach, supervision focused on identifying what had **not** been accomplished.

IFCC
International Federation
of Clinical Chemistry
and Laboratory Medicine

PATHCAPE 2018
Rejuvenating Pathology

What is Supportive Supervision?

- A facilitative approach to supervision that promotes **mentorship, joint problem-solving and communication between supervisors and supervisees.**

- It is carried out in as respectful and non-authoritarian way with a focus on using supervision as an opportunity to **improve knowledge and skills of staff.**

- Depends upon **regular follow-up** with staff to ensure new tasks are being implemented correctly.

- Helping to make things work, rather than checking to see what is wrong.
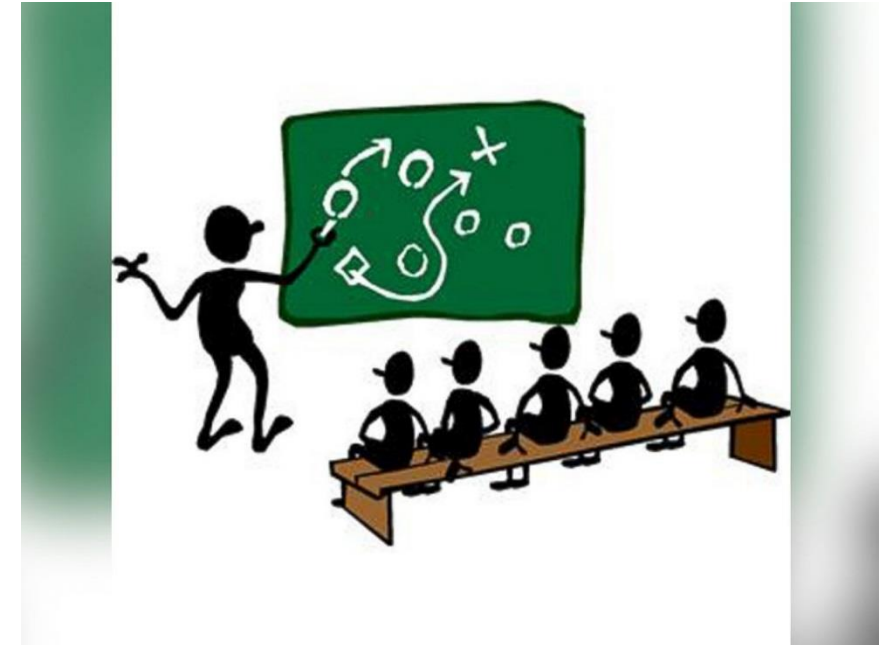
Process and Skills

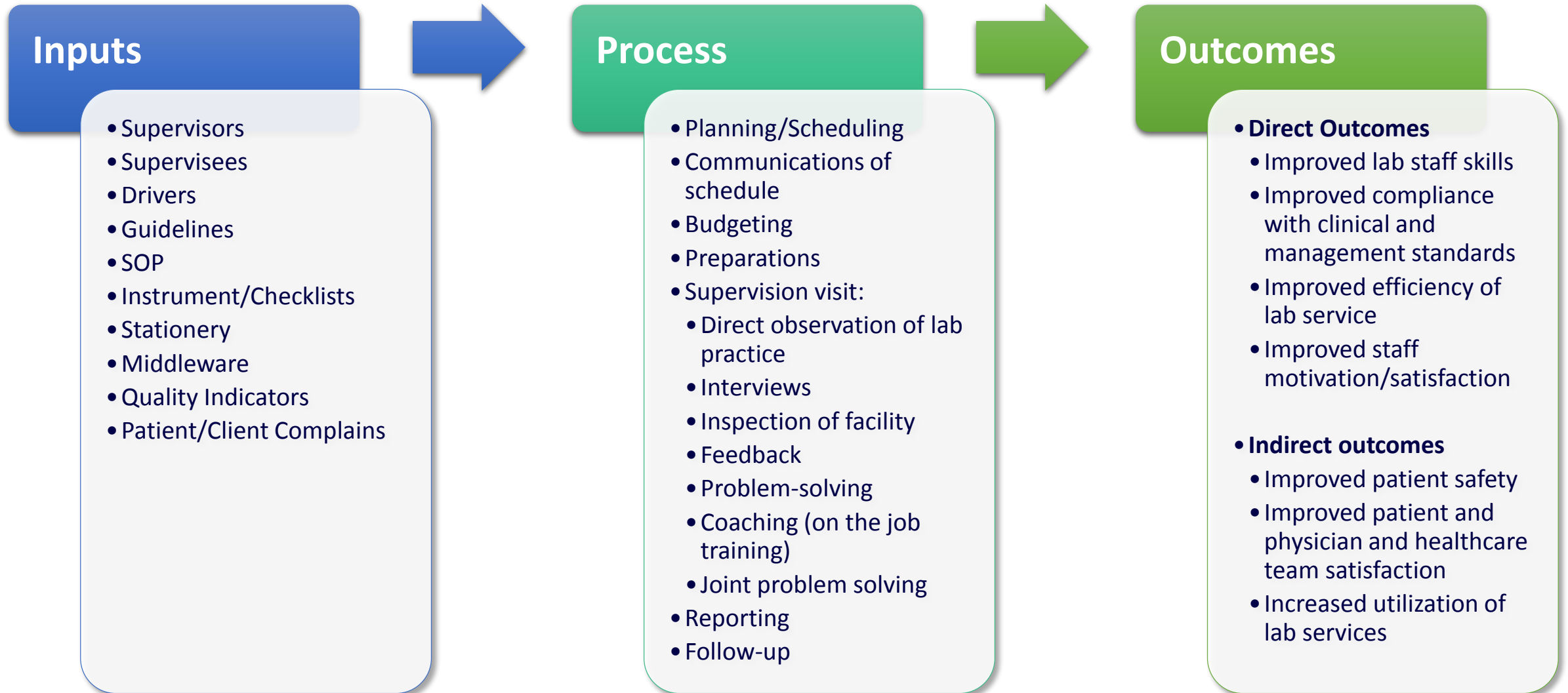What are the key differences between traditional and supportive supervision?

Comparison of Traditional and Supportive Supervision

ACTION	TRADITIONAL	SUPPORTIVE
Who does the supervision?	External supervisors designated by the management structure	• External supervisors designated by the management structure • Staff from other facilities • Colleagues from the same facility • Staff through self-assessment • Organizational Committees
When does supervision happen?	During periodic visits by external supervisors	• Continously: during routine work • During team meetings • Confirmation visits by external supervisor
How do supervisors prepare?	Little or no preparation	• Supervisors review previous supervisory reports • Supervisors review reported achievements • Supervisors decide before the supervision visit on what they need to focus on

Comparison of Traditional and Supportive Supervision

ACTION	TRADITIONAL	SUPPORTIVE
What happens during supervision?	• Inspection of facility • Review of records and supplies • Focus on fault finding • Little feedac or discussion of supervisor observations • Supervisors make most decisions	• Observation of performance and comparison to standards • Immediate feedback from supervisor • Joint problem solving on possible solutions to performance problems • Provision of technical updates and guidance • On-the-jobtraining where necessary • Use of data to help identify opportunities for improvement • Follow-up on the previously identified problems
What happens after supervision?	No or irregular follow-up	• Actions and discussions are recorded • Ongoing monitoring of weak areas and improvements • Follow-up on prior visits and problems

Framework for Supervision towards Quality Improvement

Inputs

- Supervisors
- Supervisees
- Drivers
- Guidelines
- SOP
- Instrument/Checklists
- Stationery
- Middleware
- Quality Indicators
- Patient/Client Complains

Process

- Planning/Scheduling
- Communications of schedule
- Budgeting
- Preparations
- Supervision visit:
  - Direct observation of lab practice
  - Interviews
  - Inspection of facility
  - Feedback
  - Problem-solving
  - Coaching (on the job training)
  - Joint problem solving
- Reporting
- Follow-up

Outcomes

- **Direct Outcomes**
  - Improved lab staff skills
  - Improved compliance with clinical and management standards
  - Improved efficiency of lab service
  - Improved staff motivation/satisfaction
- **Indirect outcomes**
  - Improved patient safety
  - Improved patient and physician and healthcare team satisfaction
  - Increased utilization of lab services

Types of Supportive Supervision

Integrated

- Periodic assessment of all the activities for which a particular facility is responsible.
- Every activity should have been supervised at least once in the course of one year.
- Most effectively carried out by multi-disciplinary teams which have expertise in lab practice, quality management, administration and biosafety
- Enables the different supervisors to develop a broad understanding of all the different programs and offer integrated guidance
- The problems found can not be dealt with during the current visit and reported back to seek the necessary experts or materials and to provide technical support.
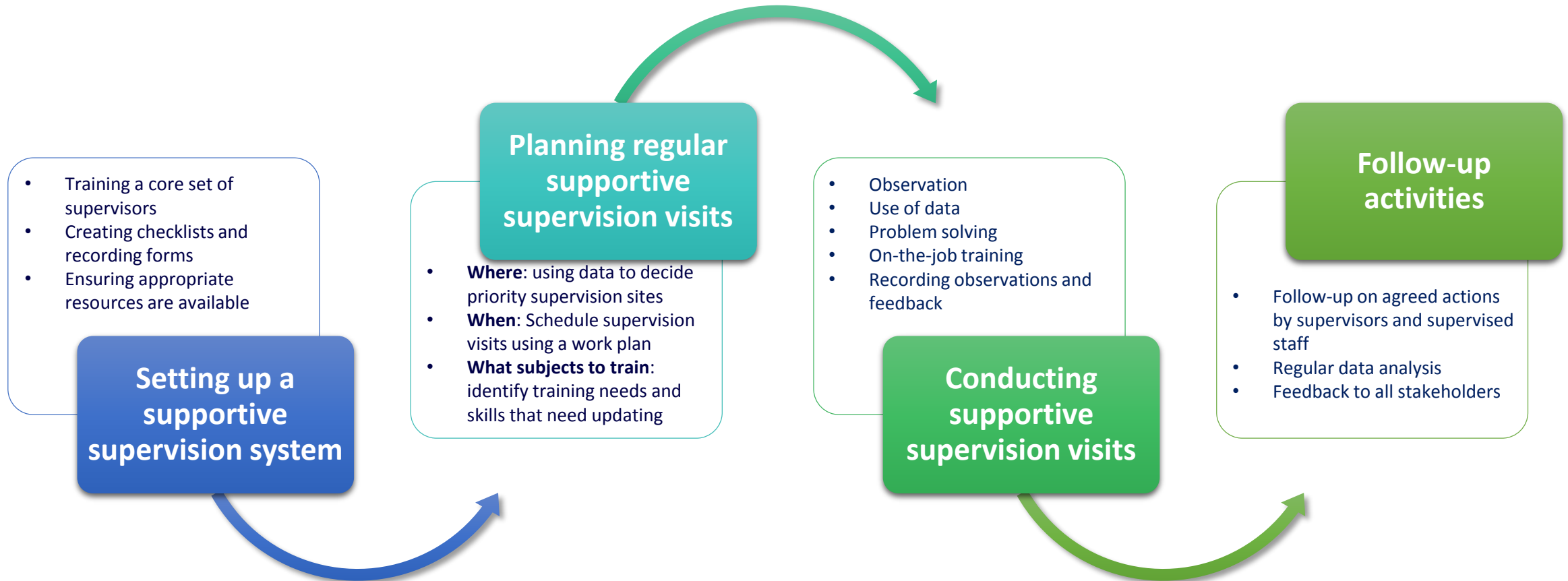
Technical

- Specific programs may require program-specific supervision, such as IVF, Tissue Typing, Genetics, Stem-cell research, Blood Bank or Molecular testing labs
- A need for program-specific technical support may be identified during an integrated supportive supervision visit to a facility.
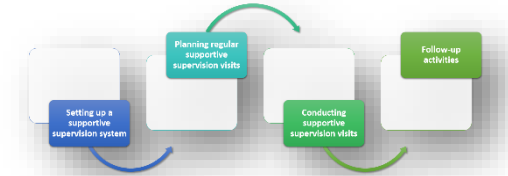- Can provide needed specialist support

Emergency

- Supervisors may be required to provide support in the case of emergencies such as an outbreak or disaster.

How To Conduct a Supportive Supervision Process

Setting up a supportive supervision system
- Training a core set of supervisors
- Creating checklists and recording forms
- Ensuring appropriate resources are available

Planning regular supportive supervision visits
- **Where**: using data to decide priority supervision sites
- **When**: Schedule supervision visits using a work plan
- **What subjects to train**: identify training needs and skills that need updating

Conducting supportive supervision visits
- Observation
- Use of data
- Problem solving
- On-the-job training
- Recording observations and feedback

Follow-up activities
- Follow-up on agreed actions by supervisors and supervised staff
- Regular data analysis
- Feedback to all stakeholders

Setting up a supportive supervision system

The three main Rs for an effective supportive supervision system are:

Right Supervisors

- A core set of supervisors, well trained on supportive supervision techniques and with updated information and skills on a particular issue.
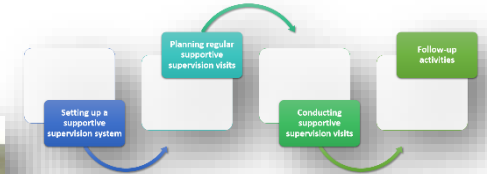
Right Tools

- Availability of training materials and job aids to update skills of health workers during supervision visits, and checklists and forms for recording recommendations and following up.

Right Resources

- Sufficient tools and instruments, time allocated for supervision and follow-up.

PATHCAPE 2018
Rejuvenating Pathology

Right Supervisors

- Supervisors are themselves well informed and trained. The initial step will be to provide refresher training for the core supervisors.
- To identify the training needs of supervisors, start by asking the following questions. E.g.:
- Have there been any major changes in the POCT system which require training – introduction of new instrument, new policies or reporting procedures).
- Do the supervisors require training on supportive supervision techniques and participatory approaches – problem identification and solving, coaching, on-site training, etc.
- Are there areas that can be strengthened by supportive supervision and will therefore require supervisor training? –e.g. infection control procedures need to be enhanced to prevent the transmission of blood-born pathogens and therefore supervisor nurse of infection control needs training to train the nursing staff at the wards.

PATHCAPE 2018
Rejuvenating Pathology
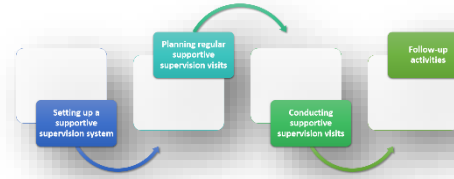
Right Tools

It is important to have the right tools available to assist supervisors and to standardize the supervision system. These tools include:

1) Supervisory checklist – **Three S's** for a good quality checklist are:

Short – should include only priority areas

Specific – with details on what exactly needs to be observed

Simple – Additional observations or comments should be easy to complete and flexible to record

2) Learning materials and job aids to be used by supervisors during supervision visits

Point of Care Testing (POCT) Checklist for Site Compliance
(Omission from this list does not preclude requirement for completion)

A. **Site Director**
  1. **Leadership**
     □ Is familiar with relevant JC standards as they apply to the site
     □ Ensures a system is in place to document orders or protocols for testing patients
     □ Annually reviews site specific protocols and procedures
     □ Ensures the sites are enrolled in a proficiency-testing program and documents results review, if required
     □ Recommends, approves and implements remedial action plans when necessary
  2. **Orientation, Training, and Education**
     □ Provides initial orientation to staff
     □ Ensures that staff can describe their roles and responsibilities relative to safety.

B. **Site Coordinators**
  1. **Assessing Competence**
     □ Provides initial training, orientation and competency to staff for each POC test they perform
     □ Ensures that during the first year (**new hire or new operator to test method**), each staff member's competence is evaluated and documented at six months for non-waived tests
     □ Each staff member's competency is evaluated and documented on an **annual basis within 365 days of the initial training**

     Acceptable methods to document competency for <u>waived testing</u>:
       a. Written quiz   c. Monitoring QC performance
       b. Direct observation   d. Performance of a test on a blind specimen

     Acceptable methods to document competency for <u>non-waived testing</u>:
       a. Direct observation of patient testing
       b. Monitoring, recording, and reporting of test results
       c. Review of quality control and/or proficiency tests
       d. Direct observation of performance of instrument maintenance
       e. Testing previously analyzed specimens, internal blind testing samples
       f. Problem-solving skills as appropriate to the job
  2. **Documentation**
     □ Ensures that current test and quality control procedures are available for each test performed and that site specific protocols are reviewed and signed by the Site Director annually
     □ Investigates and takes remedial action for deficiencies identified through quality control measures
     □ Retains all the records for 4 years per MA DPH
  3. **Reagents**
     □ Ensures that the reagents are stored at required temperature as suggested by manufacturer
     □ Ensures that the reagents are dated and initialed when first opened.
     □ Ensures that any expired reagents or cartridges are discarded
     □ Ensures that the temperature log sheets are reviewed and corrective action documented as needed
  4. **Proficiency testing**
     □ Tests proficiency samples as requested by POCT program and ensures that documents are signed by site director and maintained (non-waived sites only)
  5. **Running QC**
     □ Ensures that appropriate levels and frequency of QC performed, specific to the instrument in use
     □ Ensures that appropriate levels and frequency of electronic quality control is performed, as required
     □ Ensures that appropriate levels and frequency of QC performed for non instrument-based testing.

C. **Operators**
     □ Read and become knowledgeable with all testing policies/procedures performed at the site
     □ Run the liquid QC for the appropriate analyzers at the expected frequency
     □ Verify the reagents or cartridges for in date prior to use and discard any expired ones
     □ Maintain the inventory adequately and store the inventory according to the manufacturer requirement
     □ Ensure that any reagents or controls with expiration dates that change upon opening are dated
     □ Ensure that the analyzers are downloaded and results transmitted after each patient and QC test performed
     □ If a transmission error occurs, notify the POCT Coordinators or the site coordinator within 24 hours for resolution
     □ Check **two patient identifiers** when scanning barcode for patient ID to ensure correct patient
     □ Perform the proficiency testing (for non-waived testing)

Preparing a Supervisory checklist

- You are a supervisor about to visit a facility/department. You have little time available as this will be one of the many places that you have to visit.
- Your challange is to create a checlist not more than one page long (max.15-20 questions).
- Give **priority to issues** on which you can provide on-the-job support.

Hemocue Operator Training Checklist

For certification of competency using the Hemocue 201DM, each operator must demonstrate the following necessary skills:

Sample Collection
- ☐ All materials for sample collection brought to patient side.
- ☐ Patient identified correctly utilizing two identifiers.
- ☐ Wears gloves and practices hand hygiene before putting gloves on and after removal
- ☐ Collection site prepared correctly.
- ☐ Fingerstick performed correctly.

Quality Control
- ☐ Understands the Hemocue "self test"
- ☐ Understands that two levels of liquid QC is performed daily.
- ☐ Dates QC reagent properly/checks expiration dates
- ☐ Mixes QC bottles properly

Test Procedure using cuvettes
- ☐ Operator is aware of expiration date of cuvettes in use.
- ☐ Cuvette bottle is dated if reagents are not individually wrapped (90 days)
- ☐ Cuvette handled correctly.
- ☐ Cuvette filled in one continuous motion and the outside wiped off properly.
- ☐ Operator ID and patient CSN entered correctly.
- ☐ Cuvette and other contaminated items disposed of correctly.

Result Reporting
- ☐ Policy and procedure for reporting results followed correctly.
- ☐ Operator is aware of action to be taken in the case of critical results.
- ☐ Operator aware of action to be taken in the case of ***, < , or >.
- ☐ Operator demonstrates ability to recall stored results.
- ☐ Operator demonstrates procedure to transmit results.

Care of Components
- ☐ Analyzer rechargeable battery, recharged correctly.
- ☐ Decontamination of analyzer performed correctly

Trainee: _____   Date: _____

Trainer: _____   Date: _____

Setting up a supportive supervision system

POCT Supervisory Checklist

GAYRETTEPE FLORENCE NIGHTINGALE HASTANESİ

HASTA BAŞI TESTLERİ (HBT – "POCT") DENETİM FORMU

Denetim Tarihi: ...../...../..........

Denetçiler:

(1)_____ Ünvan:_____

(2)_____ Ünvan:_____

DENETLENEN BÖLÜM	
DENETLENEN TEST	□ Glukometre □ Kan gazı
HBT TEST KİTİ	Üretici firma/kit adı:
HBT yapıldığı tarih	
Hasta adı-soyadı	
Hasta protokol numarası	
İstem yapan hekimin adı-soyadı	
Test laboratuvar sorumlu uzmanı tarafından tanı ve tedavi için onaylanır.	□ Evet □ Hayır Yorum:
Gerektiği takdirde, yazılı test prosedüründe belirtildiği şekilde izleme ve doğrulama testleri yapılır.	□ Politikaya gore doğrulama testi gereklidir. O Test yapıldı. Belirtiniz: O Test yapılmadı. Belirtiniz: □ Politikaya gore bu test için doğrulama gerekli değildir.
Bu testin uygulanması üretici firmanın tavsiyelerine uygundur.	□ Evet, klinik uygulama kurum prosedürleri ile uyumludur. □ Hayır, klinik uygulama kurum prosedürleri ile uyumlu değildir. Yorum:

NUMUNE TOPLAMA

Numune toplama saati	
Numune toplama tarihi	
Numune toplayanın adı-soyadı	
Numune toplayan kişi için, gerekli ekipmanlar hazırdır.	□ Evet □ Hayır Yorum:

PROSEDÜR/TALİMAT

| Testi uygulayan kişi için tüm teknik talimatlar hazırdır. Teknik işlemler için gerekli tüm süreçler talimatta tanımlıdır.	□ Evet □ Hayır Yorum:
Talimat laboratuvar politikalarına göre gözden geçirilmektedir. Son iki gözden geçirme tarihi:	Laboratuvar talimat/prosedürleri gözden geçirme gerekliliği: Yürürlük Tarihi: 1).....,/...../...... 2) ...../...../.......

Dök.No:BİO-F01-TG28   Rev. No:0 (27.07.2012)   Sayfa 1

Talimat değişiklikleri onaylandı ve yayınlandı.	□ Evet □ Hayır □ Bu durumda uygun değildir.

PERSONEL

Bu bölümde HBT testlerinden sorumlu personelin adı-soyadı	□ GYS'de yazılı olarak tanımlıdır.
Bölümde testi yapan personel tanımlıdır.	□ GYS'de yazılı olarak tanımlıdır.
Testi yapan personelin adı-soyadı	
Testi yapan personelin oryantasyon ve eğitim tarihleri (Uygun ise, personelin geçmiş 2 sene içinde yapılan tüm yeterlilik eğitimleri)	Oryantasyon tarihi:...../...../..... Eğitimci adı-soyadı:................................ Yeterlilik tarihi:...../...../....... Değerlendiren:................. Yeterlilik tarihi:...../...../....... Değerlendiren:.................
Bu test bir cihaz ile yapılıyor ise, cihazın kullanımı ve bakımı ile ilgili bilgiler eğitime dahil edilmiştir.	□ Eğitim dokümanları incelendi. □ Eğitim dokümanları incelenemedi. Yorum:
Bu testi yapan çalışanlar için yeterlilik değerlendirmesi iki yöntem kullanılarak belgelenmiştir.	□ Kör numune ile test yapıldı. □ Supervisor ya da nitelikli bir personel tarafından rutin uygulama gözlemlendi. □ Kalite kontrol performansı izlendi. □ Yazılı test uygulandı.

KALİTE KONTROL

Bu testin kalite kontrolü için gerekli teknik talimat/prosedürler	
Numune testin yapıldığı tarihte kalite kontrol ile ilgili tüm değerlendirmeler yapılmıştır ve koşullara uygundur.	□ Cihaza göre (2 seviyeli, kullanılmakta olan her cihaz için her gün ya da üretici firmanın tavsiyelerine uygun olarak) Yorum: □ Cihaza göre değil (Üretici firmanın tavsiyelerine göre ve kurum politikalarında tanımlandığı şekilde)
İç kalite kontrolleri belgelenmiştir. Dış kalite kontrolleri belgelenmiştir.	□ Evet □ Hayır □ Bu durumda uygun değildir. □ Evet □ Hayır □ Bu durumda uygun değildir.
Test sonuçları hastanın tıbbi kayıtlarında uygun şekilde belgelenmiştir.	□ Evet □ Hayır Kantitatif Referans aralığı:
Kalite kontrol kayıtları, test sonuçları, cihaz bakım kayıtları 2 yıl süre ile saklanmaktadır.	□ Evet □ Hayır
Cihaz tanımı	
Cihazın bakım değerlendirmesi	
Kalite Kontrol Lot Numarası ve Son Kullanma Tarihi	Lot numarası: Son Kullanma Tarihi:..../...../.........

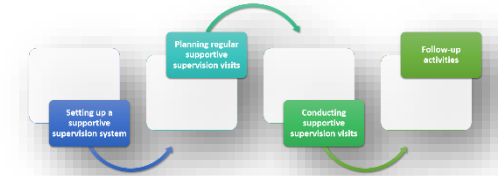Dök.No:BİO-F01-TG28   Rev. No:0 (27.07.2012)   Sayfa 2
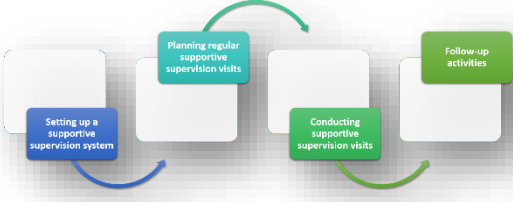
IFCC EMD - Committee on Clinical Laboratory Management (C-CLM)

Preparing learning materials and job aids

It is important to have standard materials available that:

- Are specific to the skills that need to be improved
- Can be used to prepare for training
- Supervisors can refer to during training sessions
- Workers can use to practice and reference

Different training methods that a supervisor could use to help on-site training are:

- Participatory exercises
- Group discussion
- Small group work
- Case study
- Practical exercises
- Demonstrations/presentations
- Role playing Q&A sessions

What is a Job Aid? – Quick and easy reference useful as they target specific tasks or skills – posters, cards, manuals, etc.

- Checklist of things to perform the job
- One-page sheet with pictures showing how to do
- Poster on the appropriate area
- Poster showing methods
- Poster with standard case definitions, pictures of microscopic views, etc.
- Important telephone numbers
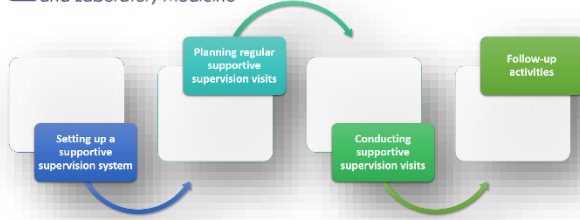
Setting up a supportive supervision system

Preparing learning materials and job aids

- **Employee Orientation/ Competency Assessment Checklist**

GAYRETTEPE
FLORENCE NIGHTINGALE
HASTANESİ

HASTA BAŞI TESTLERİ - GLUKOMETRE
ELEMAN ORYANTASYON VE YETERLİLİK DEĞERLENDİRME FORMU
POINT OF CARE TESTS - GLUCOMETER
EMPLOYEE ORIENTATION / COMPETENCY ASSESSMENT CHECKLIST

ELEMAN ONAYI

1. Hasta Bakımında Glukometreleri Kullanma Kılavuzundaki (BİO-KLV-01) Bilgilerin Okunması ve Bilinmesi
   1.1 Glukometrelerin güvenli kullanılmasını sağlayan yöntemlerin bilinmesi
   1.2 Fiziksel değerlendirme ve iletişimin öneminin bilinmesi
   1.3 Şüpheli sonuçlar elde edildiği takdirde yapılması gerekenlerin bilinmesi
   1.4 Glukometrelerin kullanılması sırasında enfeksiyon kontrolünün nasıl yapılacağının bilinmesi
   1.5 Glukometre sonuçlarını etkileyen fizyolojik koşulların ve tedavilerin bilinmesi

2. PRECISION Xceed Pro (ABBOTT) kapiller kan şekeri ölçüm cihazının kullanılması
   2.1 BİO-TG28, Hasta Başı Test Uygulama Talimatı'nda glukometre ile ilgili tüm bilgi ve ayrıntıların bilinmesi
   2.2 Hasta örneklerinin cihazda çalışılması
   2.3 İç kalite kontrol örneklerinin çalışılması
   2.4 BİO-TG28, Hasta Başı Test Uygulama Talimatı'nda yazılı bulunan cihaz alarm tanımlarının bilinmesi ve yapılması gerekenlerin cihazın alarm listesinden saptanması
   2.5 Kritik / Panik test değerlerinin bilinmesi, kritik hasta sonuçlarının bildirilme sürelerinin ve bildirilme yöntemlerinin, BİO-T03/P01, Lab, Testlerine İlişkin Kritik Değerlerin Bildirilmesi Talimatı'na göre uygulanması
   2.6 Kritik / Panik test sonuçlarını Biyokimya Lab. Sorumlu teknisyeni yada uzmanına bildirerek, doğrulama süreçlerinin uygulanmasının bilinmesi
   2.7 Hasta sonuçlarının hastanın yaşı ve cinsiyetine göre değerlendirilmesi
   2.8 Hasta sonuçlarının hastanın geçmiş sonuçları ile karşılaştırılarak, tıbbi tanı ve tedavisine göre değerlendirilmesi
   2.9 Hasta testlerinin tekrar edilmesi ya da doğrulanması gereken koşulların bilinmesi
   2.10 Cihazın açma ve kapatma prosedürünün bilinmesi
   2.11 Cihazın hasta başı test uygulama işlemi haricinde kesinlikle istasyonlarında takılı vaziyette konumlandırılması gerektiğinin bilinmesi
   2.12 Cihaz arızası durumunda Biyokimya Lab. Sorumlu teknikeri yada sorumlu uzman hekimine bildirilmesi

3. Hastadan Örnek Alımının Laboratuvar Testleri için Hasta Hazırlığı ve Filebotomi Kılavuzu (YRD-EGT-67), Filebotomi-Venadan Rutin Kan Alınması ve Kan Örneklerinin Hazırlanması Talimatı (BİO-TG13), Hijyenik ve Cerrahi El Yıkama/Eldiven Giyme Talimatı (ENF-T01/P01) uyarınca hasta hazırlığı, örnek alımı ve cihazda çalışılma koşullarının bilinmesi

4. Biyotehlikeli maddeler ile çalışma kurallarının bilinmesi
   → T13/P01, Biyokimya Lab.'ı Güvenlik Planı
   → AKR-F18/P06, Kandan Kaynaklanan Patojenler
   → BİO-T10/P01 Biyokimya Lab.'ı Tehlikeli Atıkların Düzenlenmesi Talimatı

Dok.No : BİO-F02-TG28   Rev. No : 0 (30.07.2012)   Sayfa 1/2

GAYRETTEPE
FLORENCE NIGHTINGALE
HASTANESİ

5. DİĞER ;
   5.1. Hastane otomasyon programının kullanılması
   5.2. İlgili tüm yazılı prosedürlerin ve talimatların okunması

Yukarıda belirtilen ve yanında başharflerim yazılı bulunan testlerin ve uygulamaların yazılı prosedürleri ve protokolleri bana gösterilmiş ve tarafımdan anlaşılmıştır.

Elemanın adı/soyadı ve imzası   Tarih

Yukarıdaki elemanın belirtilen prosedürleri yeterli düzeyde anladığını ve uyguladığını gözlemledim. Bu elemanın yukarıdaki analizleri yapması uygun görülmüştür.

Eğitim hemşiresi adı/soyadı ve imzası   Bölüm sorumlusu adı/soyadı ve imzası   Tarih

Dok.No : BİO-F02-TG28   Rev. No : 0 (30.07.2012)   Sayfa 2/2

IFCC EMD - Committee on Clinical Laboratory Management (C-CLM)

Setting up a supportive supervision system

Preparing learning materials and job aids

- **Employee Orientation/ Competency Assessment Checklist**

PATHCAPE 2018
Rejuvenating Pathology

Hemoccult Sensa Slide Training and Competency Record

Skills Training and Evaluation
(At the completion of training session, the operator should be able to complete these tasks and successfully conduct Fecal Occult Testing)

		Met*	Unmet
1.	Describes purpose of test	☐	☐
2.	Demonstrates compliance with Standard Precautions; wears gloves	☐	☐
3.	Describes proper sample collection and application procedure	☐	☐
4.	Waits 3-5 minutes before applying developer directly over each smear	☐	☐
5.	Read test results within 60 seconds. Any trace of blue on or at the edge of the smear is positive for occult blood	☐	☐
6.	Develop the "On Slide Performance Monitor" by applying one drop of developer between the positive and the negative Performance Monitor areas on the back of the slide	☐	☐
7.	Reads the slide within 10 seconds	☐	☐
8.	Interprets On Slide Performance Monitor correctly (should be blue in the (+) area, no blue in the (-) area).	☐	☐
9.	Takes appropriate action based on results of the "On Slide Performance Monitor"	☐	☐
10.	If performance monitor results are as expected, records results in appropriate log or record	☐	☐
11.	If Performance Monitor results are not as expected, takes appropriate action (repeats using new card, or card from new box, and/or new developer; knows whom to notify.)	☐	☐

* All skills parameters must be "met" in order to become an authorized user of this product.

Learning Assessment/Test

1. After you apply the specimen to the slide, how long should you wait to apply the developer?
   a) 30 seconds ☐
   b) 1-2 minutes ☐
   c) 3-5 minutes ☐
   d) at least 10 minutes ☐

2. After applying the Hemoccult developer to the specimen, the result should be read within:
   a) 5 minutes ☐
   b) 2 minutes ☐
   c) 60 seconds ☐
   d) 30 seconds ☐

3. What would you do "first" if you developed the on-slide monitor and the results were either both positive or both negative?
   a) Report the patient result ☐
   b) Check expiration date on slide and developer ☐
   c) Retest using a new slide ☐
   d) Throw out the box of slides ☐

4. After applying the hemoccult developer to the on slide performance monitor, the result should be read within:
   a) 10 seconds ☐
   b) 30 seconds ☐
   c) 2 minutes ☐
   d) 5 minutes ☐

5. Hemoccult Sensa slides and developer are stored at:
   a) Refrigerate or freeze ☐
   b) Room temperature ☐
   c) RT with volatile reagents ☐

SCORE: _____
(Passing = 80% or higher)

Individual Information

*Name: _____

*Employee ID#: _____

*Care Unit: _____

RN ☐
LPN ☐
PCA ☐
Other: _____

*Date of Training: _____

Training Status:
☐ New/Initial
☐ Recertification

*Required Fields

The trainer's signature attests that the trainee has (a) successfully completed the program and scored 80% or better on the quiz, and (b) demonstrated successful skill in performing this procedure.
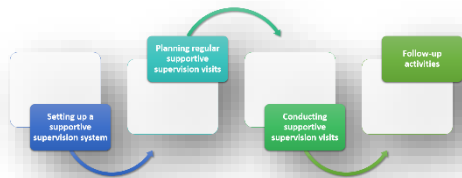
_____   _____
Trainer Signature   Date

¹Retain as part of permanent record

Title (with LTR): Hemoccult Sensa Fecal Occult Blood Training and Competency Record (LTR4111)

Revised: 2/19/2013 10:23:58 AM
1

IFCC EMD - Committee on Clinical Laboratory Management (C-CLM)

DCA Vantage HgbA1C Training and Competency Assessment Record

Setting up a supportive supervision system

Preparing learning materials and job aids

- **Employee Orientation/ Competency Assessment Checklist**

Skills Training and Evaluation
(At the completion of training session, the trainee should be able to complete these tasks and successfully conduct Hemoglobin A1c testing.)

	Met*	Unmet
1. Describes purpose of test.	☐	☐
2. Follows hand hygiene policy and wears gloves through out sample collection and testing.	☐	☐
3. Handles the reagent cartridge correctly (Rm. Temp. warm- up, removing from the foil pouch, avoid touching optical window, use within one hour).	☐	☐
4. Properly fills capillary holder with blood from fingerstick or venipuncture.	☐	☐
5. Correctly inserts capillary holder into reagent cartridge and reagent cartridge into instrument.	☐	☐
6. Understands when electronic QC is done and when liquid QC is needed.	☐	☐
7. Correctly scans control card across the barcode reader.	☐	☐
8. Correctly reconstitutes control material and performs liquid QC.	☐	☐
9. Correctly describes weekly and quarterly instrument maintenance.	☐	☐
10. Describes the upper and lower reportable limits for patients and controls.	☐	☐
11. Able to identify each instrument component	☐	☐

*All skills parameters must be "met" in order to become an authorized user of this product.

Direct Observation

Quality Control:

	Date completed	Pass or Fail?
Normal		
Abnormal		

Learning Assessment/Test

1. Which of the following sample types may be tested?

   a) Capillary or venous blood ☐
   b) Urine ☐
   c) Plasma ☐
   d) Serum ☐

2. After the glass capillary is filled with sample, analysis must begin within 5 minutes.

   a) True ☐
   b) False ☐

3. A small amount of blood on the outside of the glass capillary will not affect the results.

   a) True ☐
   b) False ☐

4. The reagent cartridges are stored:

   a) At room temp for 3 months ☐
   b) Refrigerated until printed exp. date ☐
   c) Both a and b ☐

5. A result followed by a "+" sign indicates:

   a) Above the reference range ☐
   b) Multiple results for this patient ☐
   c) The result includes a comment ☐
   d) Below the reference range ☐

6. Liquid quality controls must be run daily.

   a) True ☐
   b) False ☐

7. Cartridges must be at room temp for:

   a) 10 min in pkg/ 5 min out ☐
   b) Not at all ☐
   c) 40 minutes ☐

SCORE: _____
(Passing = 6 out of 7 or higher)

Individual Information

Operator Name: _____

Employee ID#: _____

Test Site: _____

Date of Training: _____

RN ☐
LPN ☐
PCA ☐

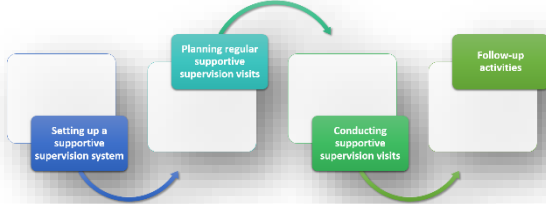Other: _____

Training Status:

☐ New/Initial

☐ Recertification

_____
Trainer Signature
(Trainer signature indicates trainee has successfully completed the program and scored 80% or better on the quiz)

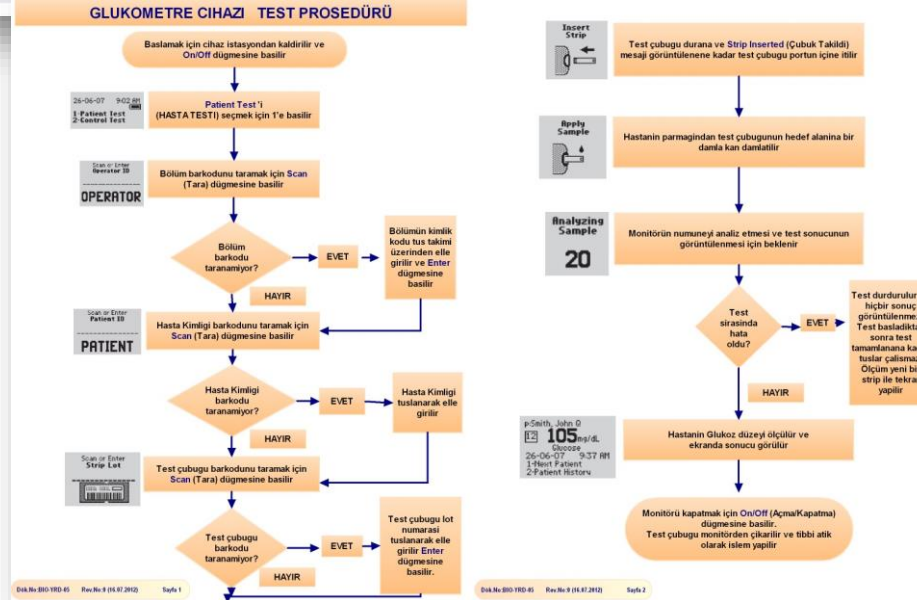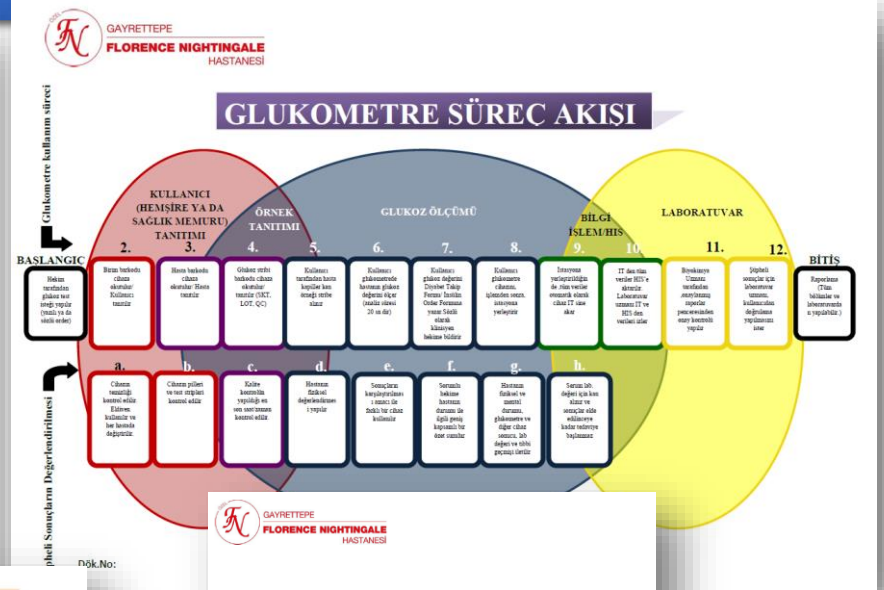[1]Retain as part of permanent record

Right Resources

- When setting up a supportive supervision system, you need to ensure that adequate resources are available.

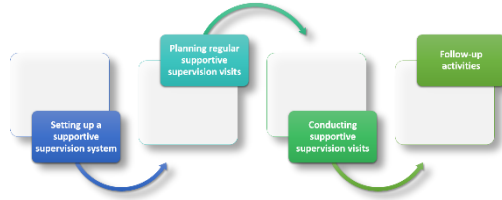# Planning regular supportive supervision visits

Where

- The most common criteria used for selecting priority areas include:
- Highest number of tests
- Poor reports from previous supervision visits
- Areas with few or no visits in the past
- Frequent stock problems (overstock or stock-outs)
- New staff who may need monitoring/training on practices
- Problems identified by health staff, clients or the administration
- High risk departments
- Poor performance

When

- Need to prepare a supportive supervision schedule
- Annual work plan
- The frequency of supervisory visits will vary with the situation
- Problem solving and motivation of the staff will demand frequent supervision if they are to result in improved performance
- New facilities or major changes in existing health or lab services, e.g.new staff, new responsibilities will require frequent visits.
- When planning the schedule, ensure that adequate time is available

What

- A review of previous supervision reports, checklistes or data analysis can assist in identifying which topics to cover during the visits.
- Always be prepared to use data – summary data, monthly reports, QC reports, complains, sentinel event reports, etc. as reference material.
- Prepare a agenda for the visit in advance, some training needs may become evident during the visit or during the discussions with the staff.

Conducting supportive supervision visits

Collecting Information

- Observing the facility environment and the workers performing
- Listening to workers
- Reviewing the records
- Using a checklist
- Talking patients
- Reviewing recommendations of past visits
- Conducting a rapid survey

Problem-solving and feedback

- Problem-solving with staff
  - Describe the problem and its impact
  - Discuss the causes of the problem with staff
  - Implement solutions and monitor regularly
- Feedback to the staff concerned

On-the-job training

- Six main steps when teaching a skill
  - Explaining the skill or activity to be learned
  - Demonstrating the skill or activity using a model or role-play
  - Participants practising the demonstrated skill or activity
  - Reviewing the practice session and giving constructive feedback
  - Practising the skill or activity with clients under a trainer's guidance
  - Evaluating the participant's ability to perform the skill according to the standardized procedure, if possible as outlined in the competency-based checklist

## Recording of results of supervision

- Recording the date of the visit, main observations, training given and agreed follow-up actions
- Preparing a supervision report and sharing the findings with the supervisees – either a copy or written/verbal summary, a bulletin, or organizing a seminar to discuss the results of the supervisory visits
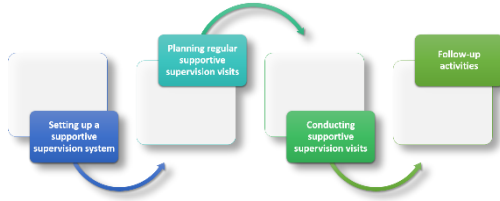
Conducting supportive supervision visits

A simple format of a supportive supervision record-book

Date of Visit	Basic Tools				Training Guidance Provided on	Agreed Follow-up Action
	Session Plan	Work Plan	Drop-out Tracking	Stock Recording System		
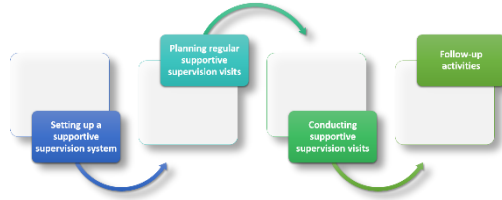
Follow-up activities

What to do after a supervision visit

- Follow-up may include the following:
- Acting on issues you agreed to work on
- Involving workers in the planning process and working with them to develop checklists, job aids, monitoring tools, etc.
- Discussing equipment supply and delivery problems with higher levels
- Reviewing monthly reports and establishing regular communication with supervised staff to see if recommendations are being implemented
- Identifying cereer growth or leadership opportunities for the personal development of supervised staff
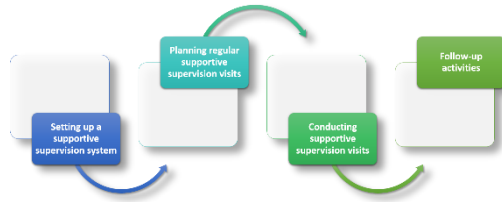
Follow-up activities

Conducting follow-up visits

- Ensuring problems identified at a previous vist do not persist
- Reinforcing with the workers that issues found during the last visit are still important
- Supporting the worker. If the problem ha not been fixed, why not?
- Checking if past on-the-spot training has been effective
- Ensuring that the performance of the worker is being monitored and improved
- Allows the supervisor to have consistent messages
- Ensures the supervisor to confirm the visit is relevant based on previous visits and findings
- Ensures that even if different supervisors visit a work area, relevant supervision can still be provided.

Need Support?

Skills - Heart of Supportive Supervision

Listen

Set Goals

Cultivate Acountability

Supportive Supervision

- Source: Richard Wilkinson. 2010. International Training and Education Center for Health (I-TECH). University of Washington, Seattle.
- Leadership and Management Course, Participant Handbook Session 2.3: Skills for Supportive Supervision, ZHRC and CDC.

Different Roles of Supervisor

Role Model
- Supervisors provide guidance to employees on how to conduct themselves in the workplace
- Model performance standards
- Provide guidance for acceptable and unacceptable behaviour
- Walk the talk

Teacher
- Provide information
- Build employee skills
- Effectively deliver needed information, so employees can understand and learn
- Develop emloyee potential to learn

Motivator
- Encourage others to achieve desired results
- Create enthusiasm and commitment in others
- Aim to understand what motivates each individual

Mentor
- Serve as a wise and trusted guide and advisor
- Help staff achieve what they never thought or believed they could
- In mentor role, the supervisor does not direct the employee's work
- Mentoring relationships are similar to coaching

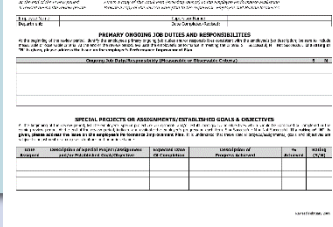Experience never goes out of fashion

Robert DE NIRO   Anne HATHAWAY

THE INTERN
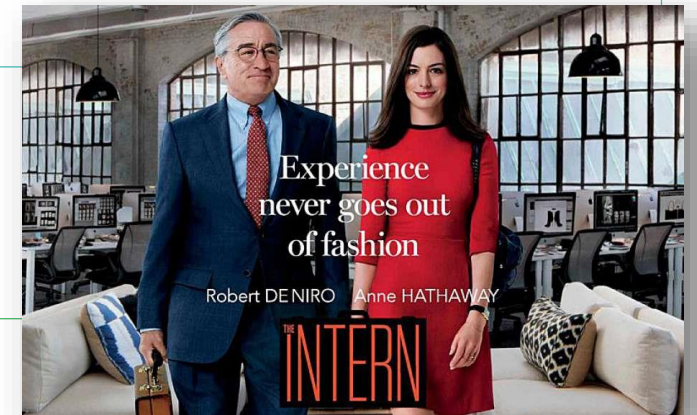
Supervisor Key Competencies

Gain Acceptance as a Supervisor

- Know your staff
- Advocate
- Listen
- Communicate openly
- Be consistent
- Respect
- Problem solve

Develop Employee Workplans

- Meet with each employee individually
- Jointly develop performance objectives for a specified time period (3,6,12 months)
- Review workplans regularly, change as needed
- Supervisor and employee should agree on:
- Major areas of responsibility
- Performance standards

One-on-One Meetings

- Regularly scheduled
- Weekly or every 2 weeks,
- Rarely missed!
- Focus on the staff member
- Discuss progress, challenges, successes
- Problem solve together as needed
- Provide positive feedback and corrective or constructive feedback as needed
- Aim for 30-60 minutes, in private
- Notes can help guide future follow-up

Managing Conflict

- Conflict is inevitable
- Conflict is not always negative
- It can help teams grow, consider new ideas, and produce good solutions
- Address and prevent destructive fighting and politics
- Promote and model productive, healthy conflict

Counselling Troubled Staff

- Staff may need support, flexibility or assistance when dealing with a personal difficulty
- Personal difficulties can impact work performance
- Support staff to resolve personal difficulties
- Respect privacy, confidentiality
- Offer flexible schedule, re-assess workplani allow leave
- Adhere to apprppriate policies
- Refer to an outside source for assistance, if possible

IFCC EMD - Committee on Clinical Laboratory Management (C-CLM)

Supervisor Key Competencies

Maintain High Performance

Motivate your staff to achieve their best work

Conduct Performance Reviews

Evaluation
☑ OUTSTANDING
☐ Excellent
☐ Very Good
☐ Average
☐ Below Average

- Formal opportunity to review overall performance
- Meet with employees individiually
- Review entire workplan, assess performance
- Provide feedback, set goals
- Develop action plan, professional development plan
- Regularly scheduled basis (6-12 months)
- Incorporate employee's comments in documentation

Dealing with Performance Problems

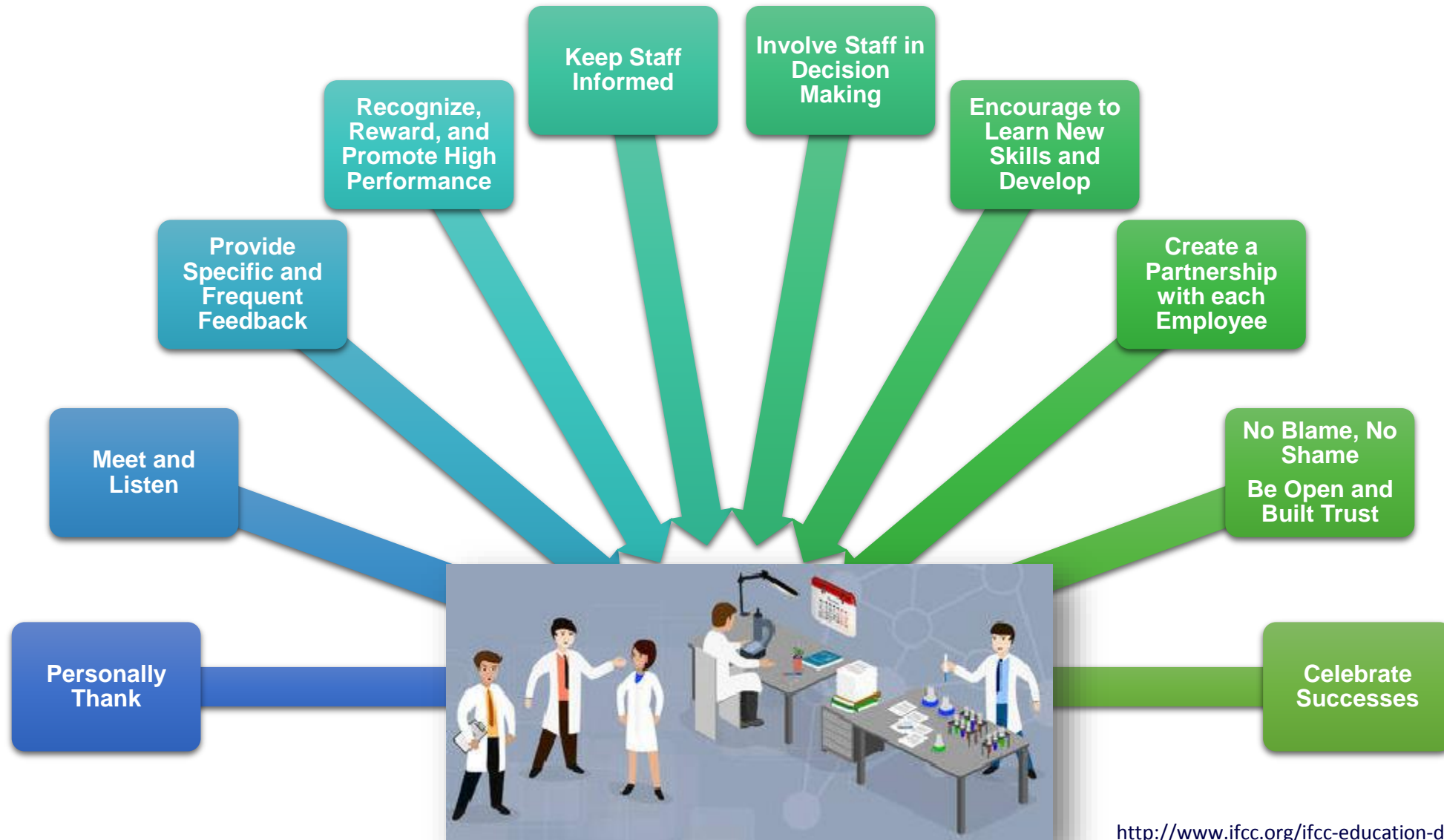- Approach performance issues constructively
- Give feedback
- Work collaboratively to problem-solve
- Look for underlying causes, try to address them
- If necessary, pursue disciplinary action of termination

Time Management

- Finding time to supervise well is challenging
- Plan ahead
- Prioritize
- Ask for advice/Support
- Buşl in Free Time
- Delegate
- Minimize interruptions

Top 10 Ways to Motivate Staff

Keep Staff Informed

Involve Staff in Decision Making

Recognize, Reward, and Promote High Performance

Encourage to Learn New Skills and Develop

Provide Specific and Frequent Feedback

Create a Partnership with each Employee

Meet and Listen

No Blame, No Shame
Be Open and Built Trust

Personally Thank

Celebrate Successes

IFCC EMD - Committee on Clinical Laboratory Management (C-CLM)

http://www.ifcc.org/ifcc-education-division/emd-committees/c-clm/7-c-clm-publications-and-survey-reports/

Every person under your supervision is different. They're all different. They're identical in most ways, but not in all ways. You have to study and analyze every individual under your supervision and try to work with them in a way that will be most productive.

— John Wooden —

AZ QUOTES

Conclusion

- Supervisors carry great influence over their staff.
- Supportive supervision involves processes and skills.
- Supportive supervision requires staff motivation, quality, successful implementation of activities and projects, problem solving and quality improvement.
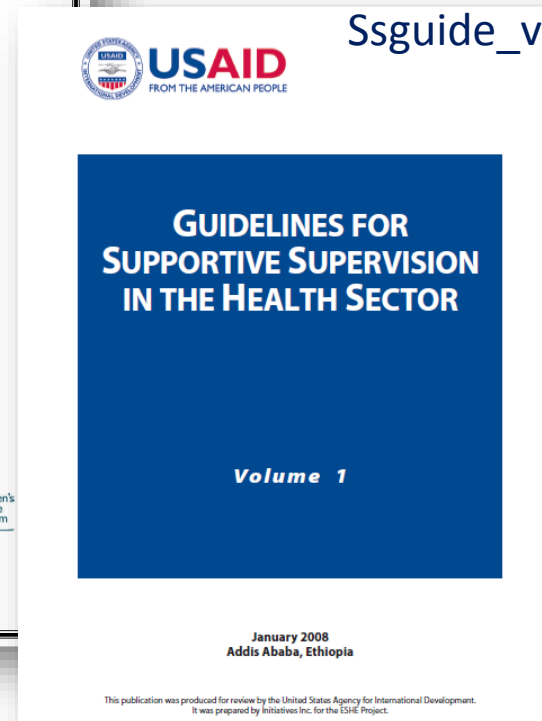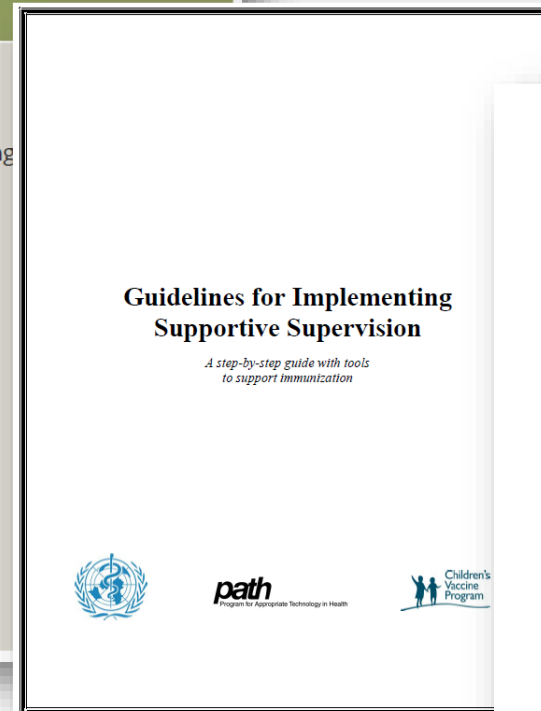- Supervisors can serve as role models, teachers, motivators, and mentors to their staff.

  Supportive supervision;

- provides the staff having opportunities for increased job satisfaction and see their work as part of a larger picture,
- Encouragement and support to the organization in continously improving the quality of services,
- Help sites translate institutional goals into services that clients want and need,
- Provides management with information about the quality of services being implemented and help identify constrains to improving the quality

Useful Links and Further Readings

WHO/IVB/08.04, 2008

RESOURCE FROM:

IMPLEMENTING HPV VACCINATION PROGRAMS:
PRACTICAL EXPERIENCE FROM PATH

PUBLICATION TITLE

Guidelines for Implementing
Supportive Supervision

PUBLISHER

PATH

PUBLICATION DATE

2003

This document is available online at:
www.rho.org/HPV-vaccine-implementation.htm

**Guidelines for Implementing
Supportive Supervision**

*A step-by-step guide with tools
to support immunization*

path
Program for Appropriate Technology in Health

Children's
Vaccine
Program

USAID
FROM THE AMERICAN PEOPLE

**GUIDELINES FOR
SUPPORTIVE SUPERVISION
IN THE HEALTH SECTOR**

Volume 1

January 2008
Addis Ababa, Ethiopia

This publication was produced for review by the United States Agency for International Development.
It was prepared by Initiatives Inc. for the ESHE Project.

Ssguide_vol1-rev6.indd, 2008

- MAQ PAPER NO.4, 2002

- Guidelines for Implementing Supportive
  Supervision: A step-by-step guide with tools to
  support immunization; Children Vaccination
  Program, PATH; Seattle; 2003

- Supervising Healthcare Services (Improving
  the Performance of People); JHPIEGO; 2004

- Training for mid-level managers (MLM) Module
  4: Supportive Supervision; WHO Department
  of Immunization,Vaccines and Biologicals,
  2008

- Supervising Healthcare Services (Improving
  the Performance of People); JHPIEGO; 2004

The world will always need human brilliance, human ingenuity and human skills.

Brad Keywell
Co-founder and CEO, Uptake