



Helping Mothers Survive Supportive Supervision Tool



I. Site Information

Supervisor's Name and other staff present at visit:	Site:
Supervisory Visit Date(s): From: _____ To: _____	

II. Action Items From Previous Supervisory Visit, (Skip To Part III if First Visit)

Supervisor Instructions: Prior to arriving at the site, the supervisor should record the outstanding action items from the previous Supervisory visit below. At the visit, the supervisor should record whether the action item has been resolved. Those action items that are not resolved during the visit should be transcribed onto the new action item list at the end of this document. Supportive supervisory assessments should be conducted at least two times per year, if resources allow.

Action Item	Date to be resolved	Resolved during this visit	
		Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Supportive Supervision Tool—continued

III. Simulated or Live Observations (Live Observations Preferred)

Supervisor Instructions: *Note, this section must be completed by an HMS Trainer.* Conduct observations and answer the following questions. Mark “process not observed” and skip to the next section if you were only able to observe part of the process or if it was not applicable to the clients or simulation observed. **Answer the following questions, as appropriate to site and module content used:**

Total # of (simulated or live) observations: <input type="text"/> Process not observed: <input type="text"/> (skip to next section)
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A. Bleeding after Birth OSCE1 <input type="text"/> N/A	
1A. Following delivery of the infant, the provider checks for a second baby.	<input type="text"/> Yes <input type="text"/> No
2A. Tells the woman what medication she is being given.	<input type="text"/> Yes <input type="text"/> No
3A. Gives uterotonic medication within one minute of delivery of the infant.	<input type="text"/> Yes <input type="text"/> No
4A. Tells the patient why she is getting the medication.	<input type="text"/> Yes <input type="text"/> No
5A. Cuts the cord and observes for: 1) changing/taking off first pair of gloves, 2) cutting after uterotonic.	<input type="text"/> Yes <input type="text"/> No
6A. Applies counter pressure when performing controlled cord traction.	<input type="text"/> Yes <input type="text"/> No
7A. Performs controlled cord traction only when the patient is having a contraction.	<input type="text"/> Yes <input type="text"/> No
8A. Uses both hands to catch the placenta.	<input type="text"/> Yes <input type="text"/> No
9A. Gently turns the placenta while it is being delivered.	<input type="text"/> Yes <input type="text"/> No
10A. Assesses fundal tone immediately following delivery of the placenta.	<input type="text"/> Yes <input type="text"/> No
11A. Inspects the placenta for completeness.	<input type="text"/> Yes <input type="text"/> No
12A. Checks the woman’s bleeding.	<input type="text"/> Yes <input type="text"/> No
Other Observations: 	
B. Bleeding after Birth Plus (BAB+) OSCE1 <input type="text"/> N/A <i>Coming soon!</i>	
C. Pre-Eclampsia/Eclampsia (PE/E) OSCE 1 <input type="text"/> N/A <i>Coming soon!</i>	

Supportive Supervision Tool—continued

IV. Site Personnel

Supervisor Instructions: Complete the questions in this section based on conversation with site staff and observations during the supervisory visit. Document in the comments section additional details as indicated.

<p>1. Are at least 50% of the providers at this facility HMS-trained and practiced? *Consider any changes in key site staff (including staff turnover or staff rotation to new unit) and describe in the comments box below.</p>	<p> __ Yes __ No</p>
<p>2. Are all assigned Clinical Mentors completing their assigned tasks? (If no, describe in the comments box below.)</p> <ul style="list-style-type: none"> • Coordinated weekly practice sessions • Have at least 50% of the providers at the facility conducted practice drills/low-dose, high-frequency (LDHF) sessions? • Maintained training log book • Maintained simulator 	<p> __ Yes __ No</p>
<p>Notes on site personnel:</p>	

V. Medication Storage And Availability

Supervisor Instructions: At all supervisory visits, ask to see where the medication and supplies are stored and observe the storage conditions of the related inventory.

<p>1. Are gloves available during visit for provider use during patient care?</p>	<p> __ Yes __ No</p>
<p>2. Do staff have access to a refrigerator or icebox to cool medication?</p>	<p> __ Yes __ No</p>
<p>3. Oxytocin availability: It is advisable to have at least a three-month supply of oxytocin available. To calculate the amount needed for a three-month supply, use the following formula:</p> <p>Average # of births per month x 3.8 = approximate # of 10 IU ampules needed for three months = _____ recommended</p> <p>Total # of doses of unexpired drug observed: = _____ observed</p> <p>Is the total # of drug supply observed equal to or greater than the total # of drug stock recommended?</p>	<p> __ Yes __ No</p>
<p>4. Oxytocin handling: Is oxytocin stock rotated so that ampules that are oldest or</p>	<p> __ Yes __ No</p>

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have been exposed to room temperature for longer periods of time are used first?	
5. Is misoprostol present in this facility today?	__ Yes __ No
6. Nonpneumatic antishock garment (NASG), if available, is intact and clean? <ul style="list-style-type: none"> • No broken straps observed • NASG is not visibly soiled at time of observation • NASG is properly cleaned after use, if observed 	__ Yes __ No __ n/a
7. Is magnesium sulfate present in this facility today?	__ Yes __ No
8. Is an antihypertensive drug present in this facility today?	__ Yes __ No
Notes on medication storage and availability:	

VI. Strengths, Problems Identified, Action and Follow-Up

Use information from the previous pages to complete the information below.

Describe the strengths of the activities or set-up at this site that you observed:				
Problem Identified	Action to be taken by supervisor or designated onsite staff member	After discussing problem with site, is further follow-up necessary by other staff		If yes, by which staff member:
		N	Y	

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New Action Items for Site from this Supervisory Visit

Action Item	To be resolved by	Date to be resolved

VII. Recommendation of Supervisor

Supervisor Instructions: Complete the section below after meeting with the provider(s)/site staff.

<input type="checkbox"/>	No action needed: site conduct is compliant with protocol, standards and other requirements
<input type="checkbox"/>	No action needed, but visit site again in _____ week(s) to ensure corrections have been made and action items by the site have been resolved.
<input type="checkbox"/>	Action required: follow-up needed to ensure program compliance.
<input type="checkbox"/>	Action urgently required: serious issues at site.
Comments:	

Supervisor's Signature: _____ Date: _____