

Facilitative Supervision for Quality Improvement

Trainer's Manual



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the **ACQUIRE** project



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Introduction for the Trainers

Overview

Well-conducted supervision provides critical support to health care workers who deliver services. Of the five factors in the performance improvement model, three of them (clear job expectations, performance feedback, and motivation) relate directly to the role of the supervisor. When that role is carried out with commitment to meeting service providers' needs, it helps close the gap between actual and ideal performance.

The concept of facilitative supervision is based on widely accepted quality management principles. It is an approach to supervision that emphasizes mentoring, joint problem solving, and two-way communication between a supervisor and those being supervised.¹ Evidence demonstrates that continuous implementation of facilitative, or supportive, supervision generates sustained performance improvement.²

EngenderHealth published the *Facilitative Supervision Handbook* in 1999. (The PDF files of it are included on the CD-ROM.) It has been used successfully in many programs as a technical resource to explain the principle, roles, responsibilities, and process of facilitative supervision. This curriculum is an aid for trainers and has been developed in response to an expressed need of the field for training materials to develop skills in the facilitative approach to supervision. It is designed to focus on the fundamentals of quality health care services, specifically on medical quality to assure clinical safety and on informed and voluntary decision making. The curriculum also includes topics on leadership and the roles of supervisors in involving staff in performance and quality improvement processes to enhance and improve operations of systems involved in service provision.

The Fundamentals of Care

If efforts to expand access to quality family planning (FP) and reproductive health (RH) services are to be successful, programs must pay sustained attention to the fundamentals of care. These fundamentals consist of three main elements:

1. Ensuring informed and voluntary decision making
2. Assuring the safety of clinical techniques and procedures
3. Providing a mechanism for ongoing quality assurance and management

Facilitative supervision is one of the key mechanisms for institutionalizing continuous quality assurance. It is the primary means for maintaining a focus on the other two fundamentals of care to sustain service quality.

¹EngenderHealth. 1999. *Facilitative supervision handbook*. New York.

²Marquez, L., and Kean, L. 2002. Making supervision supportive and sustainable: New approaches to old problems. *MAQ Paper #4*. Washington, DC: U.S. Agency for International Development.

Introduction for the Trainers

Goals and Objectives

The goal of this training is to build supervisors' knowledge, skills, and attitudes to enable them to apply a facilitative approach to supervision, to improve providers' performance and the quality of health care services.

By the end of the training course, the participants should be able to:

- ❑ Explain the facilitative approach to supervision
- ❑ Explain and use the Fundamentals of Care Package
- ❑ Explain the roles and functions of facilitative supervisors within the supervisory system to ensure the fundamentals of care
- ❑ Explain the role of supervisors in involving staff in the process of data collection, analysis, and decision making for programmatic/managerial decisions to improve the quality of health care services
- ❑ Demonstrate leadership, communication, and facilitation skills, including constructive feedback and coaching
- ❑ Explain supervision and systems support for quality services by linking supervisory with other service delivery and external systems and sectors
- ❑ Develop an action plan to apply the knowledge and skills acquired

Who Is This Curriculum for?

The purpose of *Facilitative Supervision for Quality Improvement* is to equip local staff and trainers with materials that will help them to introduce the facilitative approach to supervision to different levels of supervisors and to build capacity in the use of this approach to improve the quality of medical services by ensuring the fundamentals of care.

This is a standardized curriculum to share within the agency and beyond for those organizing facilitative supervision workshops/trainings. The curriculum can be adapted to address the needs of a specific country or program.

The curriculum is meant to be used by trainers who introduce the facilitative approach to supervision to supervisors from different levels of the health system: on-site and off-site supervisors, including medical and nonmedical supervisors. The fundamentals of care are presented at the beginning of the course and are integrated into the curriculum.

The curriculum is designed so that modules can be used separately—for example, for continuing education, or during orientation workshops or meetings to present different issues related to supervision, leadership, and improvement of quality of services and providers' performance. Sample agendas are included in Appendix D.

Course Trainers and Participants

This curriculum is designed for use by skilled and experienced *trainers*. It is assumed that the trainers understand adult learning concepts, employ a variety of participatory training methods and techniques, and know how to adapt materials to meet the program's and the participants' needs. (For more information, see also "Before the Training Course," p. x.) It is also assumed that the trainers have a deep knowledge of the fundamentals of care, of leadership and management,

and of team building, mentoring and coaching, providing constructive feedback, and integrating best practices for quality improvement and performance improvement approaches and tools. The trainers should have knowledge about how the supervisory system is operating and what the roles and functions of different levels' supervisors are. The trainers should also have experience working with the target audience—supervisors. It is assumed that the trainers are well-informed about the results of and experiences with applying the facilitative approach to supervision. Solid communication and facilitation skills, including management of conflict and disruptive situations, are necessary to be able to model behavior and to transfer those skills to participants.

A team of two trainers is necessary for conducting this intensive and interactive course. The work of well-coordinated co-trainers increases the effectiveness of the training and allows the participants to benefit from the skills and expertise of both trainers.

The *participants* in this course can be supervisors from different levels of the health care system, including on-site and off-site supervisors, as well as medical and nonmedical supervisors. The training activities help to highlight the importance of collaboration between supervisors and the roles of nonmedical supervisors in improving the quality of services. Careful selection of participants helps to facilitate the learning process. The goals and objectives of the course define criteria for participant selection. Prior experience in supervision is beneficial.

Training Approach

All sessions of the curriculum have been developed with adult learning principles in focus and using participatory approaches. All concepts are conveyed through interactive exercises and case studies. Use of different training techniques and activities helps the participants achieve the curriculum's objectives for knowledge, attitudes, and skills. The course activities encourage the participants to apply their knowledge and experiences during the training sessions, actively engage them in the learning process, reinforce new information, model behavior, demonstrate skills, and create opportunities to practice their skills during the sessions and a field visit, to verify that the skills are being applied correctly.

Curriculum Design

The curriculum has been developed in a user-friendly, flexible format. It is intended to be adapted as needed, so the training can be tailored to the participants' needs and can accommodate time constraints. A detailed, step-by-step description is provided for each session, following a standardized format:

- ☐ Essential ideas to convey
- ☐ Objectives
- ☐ Time
- ☐ Materials
- ☐ Advance preparation
- ☐ Flipchart text
- ☐ Detailed steps
- ☐ Training tips
- ☐ Handouts
- ☐ Trainer's resources

Introduction for the Trainers

Sessions are grouped into modules, which trainers can modify according to the needs of the audience and the time available. Sample agendas presented in Appendix D will help trainers with this task. These are offered as options for consideration. However, trainers are encouraged to adapt the training to make it most suitable to their participants' needs. Different training methods can be used to fit within time constraints. For example, an interactive exercise might be replaced with a presentation, which may take less time. However, to the extent possible, participatory training techniques should be used, as they are proven most effective for adult learning.

The training modules also can be used separately for the purpose of continuing education for supervisors. Because of that, the PowerPoint presentations include some repeated slides that serve as an introduction to the topic. During the training course, these slides serve the purpose of reinforcing messages to promote information retention.

Essential ideas and key messages to convey are presented at the beginning of each module.

The objectives are the concrete, measurable behaviors that the participants should have adopted by the end of the session/course. These define what questions need to be considered for the pre-course and postcourse assessments, for evaluation of the course, and for follow-up assessments.

A time is suggested for the whole session. The session description gives detailed instructions for conducting each activity and time estimates for each activity.

The materials section describes all of the materials needed to conduct a session: handouts, reference materials, flipcharts, index cards, masking tape, markers, and other supplies. Advance preparation lists tasks for the trainer to be completed before the training and provides texts for the flipcharts and other training aids. Some sessions require an LCD projector. The hard copies of the PowerPoint presentations are included in the Participant Handbook and can be used during the training in case electricity is unavailable.

Each session contains training tips that provide additional information or explanation on content or training methodology.

Trainers' resources are also included in the Participant Handbook, for additional reading to enhance the learning process.

Before the Training Course

The trainers should carefully read the curriculum and all of the reference materials. They need to consider the flow of topics, the structure of the course, and the training methodology of each activity, so they know how they will conduct a session, what they need for each activity, what are the key messages to convey, etc. The session plan will help trainers organize their work and will facilitate the learning process.

Before the trainers start preparing to conduct the course, they need to contact representatives from the institution that requested the training to clarify their needs and to discuss the selection of the participants, in order to tailor the course accordingly. The trainers should also discuss logistics and the responsibilities assigned between the trainers and program institution/organizers. The trainers also should discuss requirements for a training venue, to make sure that the venue suits the training activities. They need to identify who from the institution that requested the training will attend the opening and closing of the course. In addition, the institution should provide the trainers with the finalized list of participants.

The trainers need to be familiar with the country/regional/district supervision and other support systems that are involved in service provision.

Texts of case studies and exercises should be adjusted to use local names and situations common in the participants' practice. The medical monitoring checklists (Module 5, Appendix A) must be adapted to reflect the local guidance and protocols. If important issues are missing from the local protocols or if standards are not up to date, the trainers need to discuss the need to initiate changes with their counterparts at the institution requesting the training.

The trainers must prepare in advance all handouts, flipcharts, cards for dividing the participants into small groups, cards for case studies and other exercises, and all other materials and supplies they need to conduct sessions. All materials should be organized by day of training and put into an order that follows the order of the sessions. This will save time during the training course.

During the session on the use of data for decision making, the trainers will use information from the *World Population Data Sheet* produced by the Population Reference Bureau (PRB). We have included in the curriculum a copy of the 2007 data sheet (in English, Spanish, and French). The trainers are advised to download from the PRB web site the latest version of the data sheet [www.prb.org/Publications/Datasheets.aspx].

The cotrainers should communicate and work on preparation together. Working effectively in teams requires that cotrainers establish and maintain respectful, collaborative working relationships and that they enter into new training courses with clearly defined roles and shared expectations about how to conduct training and resolve difficult situations that may arise during training. To ensure that cotraining is most effective, training teams should:

- Communicate before the course to decide how they will manage potentially disruptive situations, including:
 - How to intervene if a trainer forgets an important point during an exercise
 - How to manage participants who dominate discussions
 - How to respond to participants who upset others by making negative comments
 - How to warn each other if the pace of training is too fast or too slow
 - How to alert each other when a presentation or exercise is running over its scheduled time
- Give the current training their full attention, even when they are not facilitating it. It is disruptive for both trainers and participants when a cotrainer engages in distracting behavior, such as writing, whispering, or leaving the training room during a session.
- Set aside time at the end of each day to discuss any issues or concerns that arose during the training sessions and make necessary adjustments to the next day's agenda.

(Adapted from: de Bruyn, M., & France, N. 2001. Gender or sex: Who cares? Skills-building resource pack on gender and reproductive health for adolescents and youth workers with special emphasis on violence, HIV/STIs, unwanted pregnancy and unsafe abortion. Chapel Hill, NC: Ipas. Accessed at www.ipas.org.)

Introduction for the Trainers

During the Workshop

Create a Positive Learning Environment

Many factors contribute to and affect the learning process. The trainers' behavior is a key factor, because through their behavior and communication style, trainers create a positive, non-threatening environment. Carefully applying adult learning principles to the design of the course and when conducting the course is crucial to facilitate the learning process successfully.

How can the trainers build trust and create a positive learning environment? The trainers should:

- **Create and maintain a nonthreatening environment:**
 - Treat the participants with **respect** and as equals, and make sure that the participants also treat each other with respect and equality.
 - Maintain **confidentiality** if the participants share private information with the trainer.
 - Make sure that the physical environment helps to create a positive learning environment (through proper seating arrangements, comfortable temperature and air ventilation in the room, light, scheduling of breaks, and other arrangements).
- **Pay careful attention to communication:** The flow of **information** is important. When people are kept informed, they feel valued and an integral part of the team; when there is secrecy, they feel threatened. Communication should be as complete as possible and should transmit positive messages of trust. Other tips to follow:
 - Use icebreaker activities in the beginning of the course and warm-up exercises after breaks to encourage team-building and increase comfort.
 - Read the body language of the participants.
 - Listen to everyone's ideas.
 - Acknowledge and praise ideas that the participants contribute.
 - When possible, turn questions people ask you back to the participants so they can use their expertise to respond.
 - Provide positive reinforcement and constructive feedback to individuals and the group, when appropriate.
 - Arrange activities so that the participants can share with the group their knowledge and experiences and can apply them through the activities.
 - Avoid being judgmental about the participants and their comments.
 - Acknowledge that it is normal to feel nervous, anxious, or uncomfortable in new and unfamiliar situations.
 - Share your own experiences, including situations in which you were and were not successful.
 - Show the group that you enjoy working with them.
 - Spend time with the participants during breaks and meals, so that you can have informal time with them.
 - Learn and use the participants' names.
- **Model correct behavior** by showing trust in others and being reliable yourself. Remember that your actions are as important as your words. Make sure that there is consistency between your words and actions.

- **Practice appropriate self-disclosure:** When the trainers share what they are thinking, people are more likely to trust them because they understand them. However, revealing too much can be problematic, particularly in cultures in which it is not common to share one's feelings or inner thoughts. Keep cultural constraints in mind when practicing self-disclosure.

The cotrainers should hold daily debriefings. Such debriefings provide trainers with an opportunity to discuss aspects of the training that need improvement and to make adjustments to the training agenda or the training style. They can discuss the following questions at the end of the day:

1. How well did we meet the goals of our course sessions today?
2. What did we do today that was not effective?
3. What did we do today that was effective?
4. How well did we handle problems that arose during the sessions today?
5. How well we are working together as cotrainers? Is there anything that we need to improve?
6. Is there anything we would like feedback on during the sessions tomorrow?

(Adapted from: Wegs, C., Turner, K., and Randall-David, B. 2003. *Effective training in reproductive health: Course design and delivery. Reference Manual*. Chapel Hill, NC: Ipas)

Monitor Participants' Progress during the Course

It is important that the trainers monitor the learning process and the progress that the participants make or do not make. At the beginning of the course, the trainers need to understand the knowledge, skills, and attitudes with which the participants start the training, so that at the end of the course, the trainers can assess and compare the assessments' results. For that reason, precourse and postcourse knowledge assessments are useful. The Precourse and Postcourse Checklist is included in Module 1, and the checklist showing the correct answers is included as a Trainer's Resource in Module 1.

During the course, the trainers evaluate knowledge and skills during the practice sessions, small-group work, exercises, role-plays, and discussions. Trainers should be sensitive to the atmosphere in the training room: They must be able to read the signals that the participants send through their body language. At the end of the day, the trainers can use various forms to collect reflections on the day's events. The forms should be simple and should not require too much time to fill out. The trainers can get valuable information from the participants about the training process through use of such day reflections. The Day Reflection forms are presented in Appendix C.

At the end of the course, it is important to reflect and determine outputs of the training program. These might include:

- What were the postcourse results?
- What was the overall reaction to the course?
- Did the trainers achieve the objectives?
- Did the participants think that they will apply their new knowledge and skills in their everyday work?

Introduction for the Trainers

For those reasons, and as an addition to a postcourse assessment, the trainers can use a course evaluation form (Appendix C), which allows the participants to share their experience during the training and their opinion about the usefulness of the training, of the materials distributed, of the training techniques used, of the logistics of the training, and of the trainers' performance.

After the Training Course

Monitoring and evaluating the participants' performance after the training, when they are back at their work places, is an important part of the trainers' and programs' tasks. Developing strategies and evaluation plans are essential first steps that should be discussed with the institution's supervisors before the course. The participants should be informed that their performance will be monitored when they apply newly acquired knowledge and skills, who will conduct follow-up, and how this follow-up will be handled.

The follow-up mechanism includes visiting the participants at their facilities, observing the participants' performance, collecting their self-assessment information (trainers should provide the participants with the forms to use), collecting and analyzing service statistics, establishing a peer-support network, and interviewing the participants. Checklists for follow-up of facilitative supervision trainees are presented in Appendix E. They can be modified and used by the programs' staff, trainers, and higher-level supervisors.

Participants' Package

All training course participants will receive a Participant Handbook. That handbook includes information on essential ideas to remember from the course, goals and objectives for the course and for each session, summary materials, and additional reading materials that explain topics more deeply or that provide examples to support the learning ideas. The handbook also includes materials containing answers to the exercises' questions and reference materials, such as:

- The Fundamentals of Care Resource Package (Appendix A)
- The Global Health Technical Brief *Client-Provider Interaction: Key to Successful Family Planning* (Appendix B)
- The Population Reference Bureau's *2007 World Population Data Sheet* (Appendix C)
- PowerPoint presentations (Appendix D)
- Sample medical monitoring checklists (Appendix E)
- *Integrating Best Practices for QI, PI, and PLA to Improve Health Services* (Appendix F)

During the course of the training, the participants will receive handouts that are not included in the Participant Handbook, since they are used during the exercises and the participants should not see the information in them prior to the activity. Participants should collate those handouts in a separate folder provided to them by the organizers.

During the sessions, trainers should not allow the participants to read from their handbooks. They will need to refer to the handbook at specific times for particular exercises, and the trainers should give them instructions on when to do so. Such information is provided in the curriculum.

Appendixes

This Trainer's Manual includes six appendixes containing a variety of supplementary material.

Appendix A contains sample medical monitoring checklists.

Appendix B Appendix B presents links to the various PowerPoint presentations used in this training; these PowerPoint files are included on the *Facilitative Supervision Curriculum* CD-ROM.

Appendix C includes forms for monitoring the progress of the training, such as Reflection of the Day forms, as well as Course Evaluation forms.

Appendix D offers several sample training agendas. This appendix contains course agendas for a one-day orientation, a three-day training for senior-level supervisors, and a five-day training for all supervisors (which includes a practice supervisory visit).

Appendix E presents forms that can be used by trainers to follow up on the trainees who receive facilitative supervision training.

Appendix F presents optional training sessions that may be used by trainers separately for presentations during meetings, for workshops, or for supervisors' continuous education. Each session presents the description of a training minisession on the use of specific quality improvement tools (for example, how to teach staff and supervisors about COPE® and how to conduct COPE activities). The following quality improvement tools and topics are covered in Appendix F:

- Integrating Best Practices for QI, PI, and PLA to Improve Health Services
- COPE®
- The Whole-Site Training Approach
- The Quality Measuring Tool
- The Cost Analysis Tool
- Community COPE®
- Making the QI Process Sustainable: Taking QI/PI Approaches and Tools to Scale
- Informed Choice and the Tiahrt Amendment, and the Helms Amendment

Each session is accompanied by a PowerPoint presentation. The material in this appendix has been developed and included in the curriculum in response to requests from counterparts and from EngenderHealth/ACQUIRE Project staff and trainers.