Facilitative Supervision for Quality Improvement

Trainer's Manual

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Contents

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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.

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[1]EngenderHealth. 1999. *Facilitative supervision handbook*. New York.
[2]Marquez, 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.

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 precourse 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.)

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, nonthreatening 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.

Module 1

Welcome and Introduction to the Course

Session 1

Welcome and Introduction

Objectives
- To help the participants become acquainted
- To establish a comfortable working environment
- To enable the participants to explain the goals and objectives for the course
- To help the participants agree on the ground rules to be followed during the course
- To assess the participants' precourse knowledge and learning needs

Materials
- Name tags
- Blank cards (3 in. x 5 in., for example)
- Participant Handout 1.1: Facilitative Supervision for Quality Improvement—Sample Five-Day Course Agenda
- Participant Handout 1.2: Precourse Knowledge and Learning Needs Assessment Questionnaire
- Participant Handout 1.3: Pledge of Confidentiality
- Flipchart paper
- Flipchart 1A: Questions to Discuss during Interviews
- Flipchart 1B: Questions for Brainstorming Participants' Expectations
- Flipchart 1C: Goal and Objectives of the Training Course

Advance Preparation
1. Identify representatives of the host institution(s) to formally open the training. Brief them on the purpose, goals, and objectives of the training, on how long their remarks should be, and on what subjects they might cover.
2. Make name tags for the participants and the trainers.
3. Make enough copies of the agenda and the participant handouts for distribution to all participants.
4. Prepare pairs of cards with antonyms or with matching drawings. (These will be used to divide the participants into pairs.)
5. Number a set of cards, starting from 1 and extending to the number of participants.
6. Number the Precourse Knowledge and Learning Needs Assessment forms (Participant Handout 1.2).
7. Write out the following three flipcharts:

Session 1

Flipchart 1A

Questions to Discuss during Interviews

- ❏ What would you like to be called during the course (name or nickname)?
- ❏ What is your position?
- ❏ How many people do you supervise? Do you conduct supervisory visits?
- ❏ What special talents or hobbies do you have?

Flipchart 1B

Questions for Brainstorming Participants' Expectations

- ❏ What do you see as personal goals for this course?
- ❏ What do you hope to learn that will be useful for you and your site/district/region?
- ❏ What knowledge and skills can you share with the course participants?

Flipchart 1C

Goal and Objectives of the Training Course

Goal

Build trainees' knowledge, skills, and attitude to enable them to apply a facilitative approach to supervision, to improve providers' performance and the quality of health care services.

Objectives

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

- ❏ Explain the facilitative approach to supervision
- ❏ Explain and use the *Fundamentals of Care Resource 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 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

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Session Time

1 hour, 30 minutes	**Training Activities** . . . . **Time**

Training Activities . . . . **Time**

A. Welcome and opening remarks . . . . 15 min.

B. Introduction of trainers and participants . . . . 40 min.

C. Establishing the ground rules . . . . 5 min.

D. Participants' expectations and goals and
objectives for the course . . . . 5 min.

E. Precourse assessment . . . . 25 min.

F. Pledge of confidentiality . . . . 5 min.

Session 1 Detailed Steps

Activity A: Welcome and Opening Remarks *(15 minutes)*

1. Welcome the participants and thank them for attending the course. Introduce yourself and other facilitators and guests.

2. Invite local representatives and guests to make the opening remarks.

Activity B: Introduction of Trainers and Participants: Work in Pairs and Presentation *(40 minutes)*

1. Tell the participants that they will be working as a team during the training, so they will need to know about each other and feel comfortable communicating with each other.

2. Distribute the cards with antonyms or drawings. Have each participant find his or her partner by matching cards or looking for the antonyms. (Trainers should participate in this activity also.)

3. Explain that the paired participants will interview each other, using the questions on Flipchart 1A.

4. Reveal Flipchart 1A and ask for a volunteer to read the questions.

5. Allow 5 minutes total for the participants to interview each other. Ask the participants to prepare brief introductions of each other (2 minutes per participant).

6. Ask for volunteers to start the introductions. Continue until all of the participants and trainers have introduced each other.

Activity C: Establishing the Ground Rules: Brainstorming *(5 minutes)*

1. Explain that you all will be working together for the duration of the training and that it would be a good idea to set some ground rules for how you will run the seminar and how you will interact.

2. Tell the participants that you are going to conduct a brainstorming exercise for that purpose.

3. Ask the participants to suggest rules for how the training course should be run and how they should treat each other.

4. Reveal a sheet of flipchart paper on which to write down the participants' responses.

> ➼ **Training Tip**
>
> In **alternating colors**, write on the flipchart paper all of the ideas offered, using the words of the participants. However, consider rewriting the answers in positive terms, as needed. For example, if a participant says "Do not be late," consider rephrasing this as "Be on time."
>
> **Some examples of ground rules:**
> • Participate actively
>
> • Respect each other and all opinions
>
> • Speak one at a time
>
> • Focus on processes, not on individuals
>
> • Turn off all cell phones
>
> • Be supportive rather than judgmental

5. After all of the answers are written down on the flipchart, ask the participants if they all agree to follow those rules.

6. Post the flipchart with the ground rules on a wall so that all of the participants can see it during the course.

Activity D: Participants' Expectations and Goals and Objectives for the Course: Brainstorming and Presentation *(5 minutes)*

1. Reveal Flipchart 1B, which has questions to facilitate the brainstorming. Do not force the participants to answer to each question. Mention that these are leading questions only.

2. Brainstorm to find out the participants' expectations for the training course.

3. Reveal Flipchart 1C, showing the goal and objectives for the course. Present the goals and objectives for the course and compare these with the participants' expectations. (See the Introduction for the Trainers, p. viii, for the background information on the course.)

4. Distribute Participant Handout 1.1 and comment on it briefly.

5. Explain any logistical issues.

Activity E: Precourse Assessment: Individual Work *(25 minutes)*

1. Tell the participants that during the following 25 minutes, they will be asked to fill out a questionnaire assessing their current knowledge and their learning needs.

2. Explain to the participants that you know that many of them have different levels of knowledge and experience, so you want to be able to tailor the course sessions to their needs. Their anwers to the questionnaire will help you to do so.

3. Tell them that the assessment will be conducted in a way that helps to observe anonymity.

4. Distribute Participant Handout 1.2 and explain how to complete it.

5. Ask the participants to make sure that they write down in their notebooks the number

found on their copy of the questionnaire, so they will remember that number at the end of the course.

6. Explain that at the end of the course, they will complete a postcourse questionnaire containing the same questions, and they will need to write down on their questionnaire the same number. The numbers are used ensure **anonymity** while allowing the trainers to evaluate changes in the participants' knowledge.

7. Allow 20 minutes for the participants to complete the assessment.

8. Collect the questionnaires and thank the participants for their cooperation.

9. Remind them that you will review their responses to ensure that the course meets the needs of the majority of the participants.

Activity F: Pledge of Confidentiality *(5 minutes)*

1. Explain to the participants that during the training course, they will be asked to share their experiences with the group. In addition, practice supervisory visits will be part of the training course: During those visits, the participants might obtain personal information from client records, from site registries, and during observation of client-provider interactions. To ensure that everything said in the training room and observed during the practice supervisory visits must remain confidential, everyone—participants and trainers—is to sign the Pledge of Confidentiality.

2. Distribute Participant Handout 1.3 and ask for a volunteer to read it. Ask the participants to sign the forms and collect them. Signed forms should be kept in the training file.

Participant Handout 1.1: Facilitative Supervision for Quality Improvement—Sample Five-Day Course Agenda

Time	Time/activity	Activity
Day 1		
9:00–10:30	1 hour, 30 min.	**Introduction** Opening remarks Introduction of participants and trainers: work in pairs Ground rules Expectations Goals and objectives for the course Logistics Precourse knowledge and needs assessment
10:30–11:00	30 min.	Defining quality services
11:00–11:15	15 min.	Tea break
11:15–11:40	25 min.	The fundamentals of care
11:40–12:30	50 min.	Fundamentals of care: Use of the resource package
12:30–1:00	30 min.	A new approach to supervision
1:00–2:00	1 hour	Lunch
2:00–2:10	10 min.	Warm-up
2:10–3:30	1 hour, 20 min.	Ensuring informed and voluntary decision making
3:30–3:45	15 min.	Tea break
3:45–4:40	55 min.	Assuring safety for clinical techniques and procedures
4:40–4:50	10 min.	Overview of day's activities
4:50–5:00	10 min.	Reflection on the day
Day 2		
8:30–8:45	15 min.	Reflection on Day 1, Q&A
8:45–10:30	1 hour, 45 min.	Assuring safety for clinical techniques and procedures (*continued*)
10:30–10:45	15 min.	Tea break
10:45–12:00	1 hour, 15 min.	Using data to assure the quality of medical services
12:00–1:00	1 hour	Building leadership skills: Leadership styles
1:00–2:00	1 hour	Lunch
2:00–2:10	10 min.	Warm-up
2:10–3:00	50 min.	Building vision and trust
3:00–3:15	15 min.	Tea break
3:15–4:10	55 min.	Leadership skills: Recognition and motivation: Tips for leading staff
4:10–4:50	40 min.	Supervisors influence the work climate
4:50–4:55	5 min.	Overview of day's activities
4:55–5:00	5 min.	Reflection on the day
Day 3		
8:30–8:45	15 min.	Reflections on Day 2, Q&A
8:45–9:35	50 min.	Leading staff through change; links to the larger system, and the roles of supervisors
9:35–10:30	55 min.	Supervision and system support for quality services
10:30–10:45	15 min.	Tea break

Session 1

Participant Handout 1.1: *Continued*

10:45–11:00	15 min.	Supervision and system support for quality services (*continued*)
11:00–12:00	1 hour	Communications skills
12:00–1:00	1 hour	Team-building and mentoring skills: ◦ Stages of group development ◦ Characteristics of effective groups ◦ Building a team
1:00–2:00	1 hour	Lunch
2:00–2:10	10 min.	Warm up
2:10–3:15	1 hour, 5 min.	Team building and mentoring skills (*continued*) ◦ Giving constructive feedback
3:15–3:30	15 min.	Tea break
3:30–4:00	30 min.	Team-building and mentoring skills (*continued*): ◦ Giving constructive feedback; ◦ Characteristics of successful supervisors
4:00–4:55	55 min.	Orientation to a practice supervisory visit
4:55–5:00	5 min.	Reflection of the day
Day 4		
Morning Session: Participants are divided into two groups. Groups conduct practice supervisory visits at two facilities.		
Afternoon Session: Participants return to the training room.		
3:00–4:45	1 hour, 45 min.	Participants discuss in the groups the results of a practice visit; each group prepares a report and an action plan on a practice supervisory visit. Groups present results and group discussion occurs.
4:45–5:00	15 min.	Reflection on the day
Day 5		
8:30–8:45	15 min.	Reflections on Day 4, Q&A
8:45–9:40	55 min.	Team-building and mentoring skills (continued): Encouraging different level of staff to work together people: ◦ Dealing with difficult personalities
9:40–10:15	30 min.	Team building and mentoring skills (continued): ◦ Mentoring and coaching skills
10:15–10:30	15 min.	Tea break
10:30–10:50	20 min.	Planning and facilitating meetings
10:50–12:30	1 hour, 40 min.	Developing future plans
12:30–1:00	30 min.	Review of the course
1:00–1:15	15 min.	Postcourse assessment
1:15–1:30	15 min.	Course evaluation
1:30–2:00	30 min.	Closing ceremony, distribution of certificates
2:00–3:00	1 hour	Lunch

Participant Handout 1.2: Precourse Knowledge and Learning Needs Assessment Questionnaire

1. List at least four clients' rights, according to the quality framework:
1.
2.
3.
4.
5.
6.
7.
2. List three staff needs, according to the quality framework:
1.
2.
3.
3. List the fundamentals of care:
1.
2.
3.
4. What does a facilitative approach to supervision emphasize?

Circle the correct answer
    a. Mentoring
    b. Joint problem-solving
    c. Two-way communication
    d. Provision of constructive feedback
    e. All of the above

5. List the essential elements for ensuring informed and voluntary decision making:

    1.

    2.

    3.

    4.

    5.

6. Medical monitoring is a quality improvement intervention that entails the objective and ongoing assessment of the *readiness* and *the processes* of service delivery.

    a) Name at least four things that supervisors should examine/check to assess the **readiness** of a site to provide services.

    1.

    2.

    3.

    4.

    5.

    6.

    b) Name at least four ways to assess processes and procedures.

    1.

    2.

    3.

    4.

7. Clinical procedures and techniques are considered safe when….

Circle the correct answer

    a. Skilled providers are practicing according to updated, evidence-based standards and guidelines.

    b. Staff follow infection prevention protocols.

    c. Clients follow infection prevention protocols.

    d. The physical structure is appropriate for managing clinical and surgical procedures.

    e. Appropriate supplies are available.

    f. All of the above

---

8. List four things that off-site supervisors need to do **before** their supervisory visit to a site:

    1.

    2.

    3.

    4.

---

9. List at least five activities that supervisors conduct **during** the supervisory visit:

    1.

    2.

    3.

    4.

    5.

---

10. List at least four actions that supervisors perform **after** the supervisory visit:

    1.

    2.

    3.

    4.

11. List at least three sources of population-based data:
1. 2. 3.

12. List at least three sources of program-based data:
1. 2. 3.

13. Name at least three indicators that are commonly used for data collection in reproductive health:
1. 2. 3.

14. Name at least three systems involved in health care service provision at the facility or higher levels
1. 2. 3.

15. Name at least four sectors outside the health system that influence the quality of health care (for example, the finance sector): *Please do not include the finance sector in your list. Use other examples.*
1. 2. 3. 4.

16. Communication techniques include:

Circle the correct answer

    a. Active listening

    b. Body language

    c. Verbal and nonverbal encouragement

    d. Appropriate questioning techniques (using open-ended questions)

    e. Paraphrasing and clarification

    f. All of the above

17. Name the types of feedback:

    1.

    2.

    3.

    4.

18. What two types of feedback do facilitative supervisors use when providing feedback to staff?

    1.

    2.

19. **Coaching** is a training approach that seeks to achieve continuous improvement in performance through motivation, modeling, practice, constructive feedback, and gradual transfer of **skills**.

    List at least three advantages that coaching staff gives to the staff, sites, or supervisors:

    1.

    2.

    3.

Trainer's Resource: Precourse Knowledge and Learning Needs Assessment Questionnaire—Answer Key

1. List at least four clients' rights, according to the quality framework:
1. Information 2. Access 3. Informed choice 4. Safety 5. Privacy and confidentiality 6. Dignity, comfort, and expression of opinion 7. Continuity of care
2. List three staff needs, according to the quality framework:
1. Facilitative supervision and management 2. Information, training, and staff development 3. Equipment, supplies, infrastructure
3. List the fundamentals of care:
1. Ensuring informed and voluntary decision making 2. Assuring safety for clinical techniques and procedures 3. Providing a mechanism for ongoing quality assurance and management
4. What does a facilitative approach to supervision emphasize?

Circle the correct answer (the correct answer is indicated in bold below)
   a. Mentoring
   b. Joint problem solving
   c. Two-way communication
   d. Provision of constructive feedback
   e. All of the above

5. List the essential elements for ensuring informed and voluntary decision making:
1. The service/method options are available. 2. The decision-making process is voluntary. 3. People have appropriate information. 4. Good client-provider interaction (CPI), including counseling, is ensured. 5. The social and rights context supports autonomous decision making.

6. Medical monitoring is a quality improvement intervention that entails the objective and ongoing assessment of the *readiness* and the *processes* of service delivery.

a) Name at least four things that supervisors shall examine/check to assess the **readiness** of a site to provide services:

1. Staffing
2. Facility and infrastructure
3. Equipment, instruments, supplies
4. Range of available services
5. Functioning support systems
6. Functioning referral system

b) Name at least four ways to assess processes and procedures:

1. Observation of services and procedures
2. Client interviews
3. Provider interviews
4. Self- and peer-assessment

7. Clinical procedures and techniques are considered safe when….

Circle the correct answer (the correct answers are indicated in bold below)

a. **Skilled providers are practicing according to updated, evidence-based standards and guidelines.**

b. **Staff follow infection prevention protocols.**

c. Clients follow infection prevention protocols.

d. **The physical structure is appropriate for managing clinical and surgical procedures.**

e. **Appropriate supplies are available.**

f. All of the above

8. List four things that off-site supervisors need to do **before** their supervisory visit to a site:

1. Review site's and last supervisory visit's report and action plans.
2. Review previous agreements and the list of recommendations from the last supervisory visit.
3. Communicate with the facility about the date and purpose of the visit.
4. Develop and agree on an agenda.

9. List at least five activities that supervisors conduct **during** the supervisory visit:

1. Meet with staff and onsite supervisors to explain the purpose of the visit.
2. Follow up on previous visits and action plans.
3. Observe services.
4. Review records.
5. Provide constructive feedback.
6. Provide on-the-spot technical assistance and coaching.
7. Update staff on changes in national standards.
8. Recognize achievements and motivate staff.
9. Discuss the findings with the staff and record the findings in the site's supervision notebook.
10. Help to develop solutions.
11. Reach agreement with staff on what external resources the supervisor can call upon.
12. Agree on follow-up.

10. List at least four actions that supervisors perform **after** the supervisory visit:

1. Write a report and send a copy to the site.
2. Integrate the findings into the off-site supervisor's ongoing action plan.
3. Follow up with the site on implementation of the site's plan.
4. Provide assistance with problems that the site's staff cannot solve on their own.
5. Using findings and service statistics, evaluate the quality of services provided by the site.
6. Plan and conduct the follow-up visits.

11. List at least three sources of population-based data:

1. Vital registries
2. Surveys, such as Demographic and Health Survey (DHS) and the Reproductive Health Surveys conducted by the U.S. Centers for Disease Control and Prevention (CDC)
3. Official documents (for example, government policies, norms and guidelines)
4. Special studies

12. List at least three sources of program-based data:

1. Service statistics
2. Facility-based surveys/medical monitoring results
3. Local surveys
4. Program documents

13. Name at list three indicators that are commonly used for data collection in reproductive health:

    1. Total fertility rate (TFR)
    2. Contraceptive prevalence rate (CPR)
    3. Number/percentage of new acceptors
    4. Number/percentage of continuing users
    5. Unmet need (for spacing and limiting)

14. Name at least three systems involved in health care service provision at the facility or higher levels:

    1. Supervisory system
    2. Training
    3. Logistics
    4. Finance
    5. Monitoring and evaluation
    6. Human resources

15. Name at least four sectors outside the health system that influence the quality of health care (for example, the finance sector):
    Please do not include the finance sector in your list. Use other examples.

    1. Policies, legislation
    2. Information, communication
    3. Education
    4. Infrastructure
    5. Partnership
    6. Private sector
    7. Nongovernmental organizations (NGOs)
    8. Finance

16. Examples of communication techniques are:

Circle the correct answer (the correct answer is indicated in bold below)

    a. Active listening

    b. Use of body language

    c. Verbal and nonverbal encouragement

    d. Appropriate questioning techniques (using open-ended questions)

    e. Paraphrasing and clarification

    f. All of the above

17. Name the types of feedback:
 	
   1. Negative
   2. Positive
   3. Punitive
   4. Constructive

18. What two types of feedback do facilitative supervisors use when providing feedback to staff?
1. Positive   2. Constructive
19. **Coaching** is a training approach that seeks to achieve continuous improvement in performance through motivation, modeling, practice, constructive feedback, and gradual transfer of **skills**.
List at least three advantages that coaching staff gives to the staff, sites, or supervisors:

1. It allows staff to learn on the job.
   2. It allows staff to immediately apply what they are learning and see how well it works.
   3. It fosters a positive working relationship with staff, who previously may have considered the supervisor a critic.
   4. It makes the staff feel supported and important.

Participant Handout 1.3: Pledge of Confidentiality

Pledge of Confidentiality

Facilitative Supervision for Quality Improvement

(Signed by all trainers for and participants in the training course)

I certify that any information obtained from client records, site registries, and/or logbooks that I might review during the practice supervisory visit, or obtained during observation of client-provider interaction or during course sessions when the training participants share their experiences with the group, will remain confidential.

Signed _____   Date _____

Module 2

Defining Quality of Services: Fundamentals of Care for Ensuring Quality in Service Delivery

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Essential Ideas to Convey

❑ The framework of clients' rights and staff needs guides site managers, supervisors, and staff in their efforts to improve the quality of services.

❑ There are three fundamentals of care for ensuring the quality of services:

- Ensuring informed and voluntary decision making

- Assuring safety for clinical techniques and procedures

- Providing a mechanism for ongoing quality assurance and management

❑ A client focus is essential to the provision of quality services.

Session 2-1

Defining Quality of Services

Objectives

By the end of this session, the participants will be able to:

- Define quality of services
- Explain a framework of clients' rights and staff needs
- List and explain steps in the quality improvement process

Materials

- Resource: Clients' Rights and Staff Needs (Participant Handbook, pp. 7–8)
- Ten large blank cards
- Blank 5 in. x 8 in. index cards (70–80 cards)
- Flipchart paper
- Markers
- Masking tape
- Flipchart 2A: Clients' Rights and Staff Needs Framework
- Flipchart 2B: Needs of Health Care Staff
- Flipchart 2C: The Quality Improvement Process

Advance Preparation

1. Prepare large blank cards with clients' rights and staff needs (one right or one need per card).
2. Write out the following three flipcharts.

> **Flipchart 2A**
>
> **Clients' Rights**
>
> Clients have rights to:
>
> ❑ Information
> ❑ Access
> ❑ Informed choice
> ❑ Safe services
> ❑ Privacy and confidentiality
> ❑ Dignity, comfort, and expression of opinion
> ❑ Continuity of care

Session 2

Flipchart 2B

Needs of Health Care Staff

Health care staff have needs for:

- ❏ Facilitative supervision and management (clear job expectations, feedback, motivation)

- ❏ Information, training, and staff development (skills and knowledge)

- ❏ Supplies, equipment, and infrastructure (organizational and environmental support)

Flipchart 2C

The Continuous Quality Improvement Process
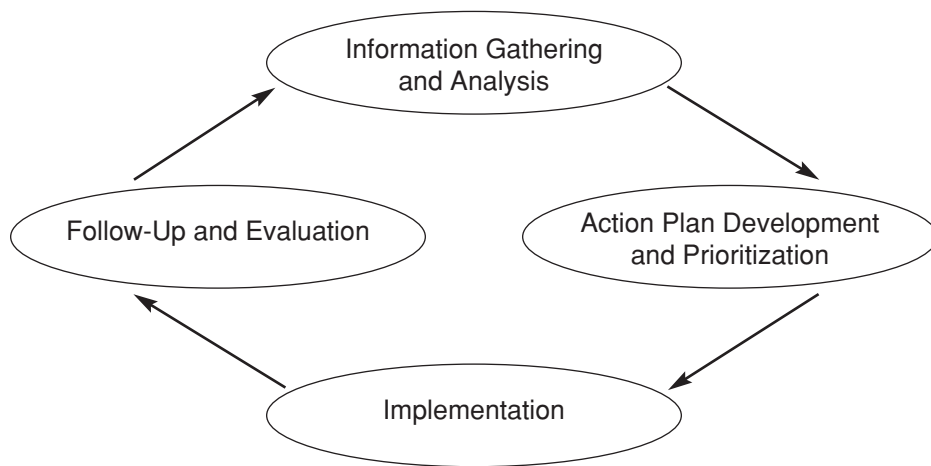
Session Time

40 minutes

Training Activities. . . . . **Time**
A. Define quality of services . . . . 30 min.
B. Ongoing quality improvement . . . . 10 min.

Session 2-1 Detailed Steps

Activity A: Define Quality of Services: Brainstorming/Lecture/Discussion
(30 minutes)

1. Present the learning objectives for the session.

2. Tell the participants that everybody has his or her own understanding of quality. We need to define what we mean by quality in the health care setting.

3. Conduct an exercise, "Defining Quality of Services." See the Trainer's Resource [pages 2-8–2-9] for a description of this exercise.

4. Review the framework of clients' rights and staff needs to explain the meaning of each clients' right and each staff need.

5. Refer the participants to their handbook (pages 7–8) for an explanation of clients' rights and staff needs. Allow them a couple of minutes to read it. Tell them that quality services occur when service providers observe clients' rights and when staff needs are satisfied.

6. Reveal Flipcharts 2A and 2B, and tell the participants that these flipcharts will remain on a wall during the entire course, as a reminder.

7. Ask the participants if they would like to comment on or ask questions about the framework.

8. Reinforce the message that quality means that clients' rights are observed and staff needs are satisfied.

9. Discuss with the participants the concepts of external clients and internal clients and what it means to develop (or have) a client mindset. Ask the participants to give examples of staff or supervisors being internal or external clients. Emphasize that staff themselves are internal clients, both to other staff and to supervisors.

Activity B: Ongoing Quality Improvement: Discussion/Presentation *(10 minutes)*

1. Ask the participants to discuss how they would define the quality improvement process. After they answer, explain that quality improvement is a process that leads staff from actual practices to best practices.

2. Reveal Flipchart 2C; explain the diagram presenting the quality improvement process and explain and discuss with the participants the steps in the process. Ask the participants to give examples from their work for each step.

3. Tell the participants that later in the course, they will explore in more detail the role of supervisors in leading staff through the steps of the quality improvement process.
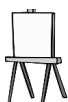
Participant Resource

(also found in Participant Handbook, pp. 7–8)

The Rights of Clients

Information: Clients have a right to accurate, appropriate, understandable, and unambiguous information related to reproductive health and sexuality, and to health overall. Information and materials for clients need to be available in all parts of the health care facility.

Access to services: Clients have a right to services that are affordable, are available at convenient times and places, are fully accessible with no physical barriers, and have no inappropriate eligibility requirements or social barriers, including discrimination based on sex, age, marital status, fertility, nationality or ethnicity, social class, religion, or sexual orientation.

Informed choice: Clients have a right to make a voluntary, well-considered decision that is based on options, information, and understanding. The informed choice process is a continuum that begins in the community, where people get information even before they come to a facility for services. It is the service provider's responsibility either to confirm that a client has made an informed choice or to help the client reach an informed choice.

Safe services: Clients have a right to safe services, which require skilled providers, attention to infection prevention, and appropriate and effective medical practices. Safe services also mean proper use of service-delivery guidelines, quality assurance mechanisms within the facility, counseling and instructions for clients, and recognition and management of complications related to medical and surgical procedures.

Privacy and confidentiality: Clients have a right to privacy and confidentiality during the delivery of services. This includes privacy and confidentiality during counseling, physical examinations, and clinical procedures, as well as in the staff's handling of clients' medical records and other personal information.

Dignity, comfort, and expression of opinion: All clients have the right to be treated with respect and consideration. Service providers need to ensure that clients are as comfortable as possible during procedures. Clients should be encouraged to express their views freely, even when their views differ from those of service providers.

Continuity of care: All clients have a right to continuity of services, supplies, referrals, and follow-up necessary to maintaining their health.

The Needs of Health Care Staff

Facilitative supervision and management: Health care staff function best in a supportive work environment in which supervisors and managers encourage quality improvement and value staff. Such supervision enables staff to perform their tasks well and thus better meet the needs of their clients. Staff need to know clear expectations, receive feedback, and feel motivated.

Information, training, and development: Health care staff need knowledge, skills, and ongoing training and professional development opportunities to remain up-to-date in their field and to continuously improve the quality of services they deliver.

Supplies, equipment, and infrastructure: Health care staff need reliable, sufficient inventories of supplies, instruments, and working equipment, as well as the infrastructure necessary to ensure the uninterrupted delivery of high-quality services.

Trainer's Resource

Exercise: Defining Quality (35 minutes)

Note: This exercise should be conducted by two trainers, to reduce the time needed for the exercise.

Advance Preparation
1. Write on blank cards clients' rights and staff needs, one card for each of the rights and needs. Use cards in different colors for clients' rights and staff needs (for example, green cards for clients' rights and blue cards for staff needs). Cards should be big enough so that the participants can read the text on the cards easily.

2. Place the cards horizontally across a wall, with the **blank side turned toward the room**. Cards should be arranged in the same order as the list of clients' rights and staff needs, both because this helps the participants retain the information better and because it is more convenient for the trainer when conducting the exercise. (You can also write lightly in pencil on the blank side of each card the right or need on the reverse side, so that only you can see it.) There should be space beneath each card where other cards can be posted. (Be sure to have plenty of small pieces of masking tape prepared—around 50.)

Conducting the Exercise
1. Tell the participants that quality means different things to different people. Say: "Now we're going to answer the question: What does quality mean to you?" and announce that they will do an exercise for this purpose.

2. Ask the participants to imagine that they are clients. Ask: "What would you expect of a service? What would you like to see in the facility? What would you like to learn and to know when you are visiting the facility? What would you like to have available at the facility? How would you want to be treated if you or your mother, sister, spouse, or child came to this facility for health care? Or, how would you describe a model facility?

3. Brainstorm and write the answers on separate cards. Sort them in columns, keeping in mind the seven clients' rights, and post the cards on the wall under the index cards already placed on the wall, with the blank side turned to the participants.

4. Tell the participants that now they will examine services from the staff's point of view. Tell them to think about what staff need to be able to deliver such high-quality services as you described when brainstorming about clients' expectations.

5. Write their answers on cards and place the cards on the wall under the cards with the staff needs.

6. After all answers have been recorded and cards placed on a wall in columns, turn the title cards around.

7. Say that these ideas constitute what quality means to the participants as a group. We will see in a little while that their ideas of quality closely match the definition of quality reproductive health services.

8. Uncover Flipcharts 2A and 2B with clients' rights and staff needs.

9. Explain that the list of clients' rights and staff needs is based on an internationally accepted framework of what clients and staff around the world want in health care services. In any work setting, quality means being able to provide good services that our clients need. Which means that our needs, as staff, are also met.

10. Explore the idea of external and internal clients and discuss the meaning of the phrase "client mindset." Comment on clients' rights and staff needs, describing in detail what each right and each need means.

The Fundamentals of Care for Ensuring Quality in Service Delivery

Objectives

By the end of this session, the participants will be able to:

• List and explain the fundamentals of care

• Describe the Fundamentals of Care Resource Package and how to use it

Materials

• Resource: *Fundamentals of Care: Ensuring Quality of Facility-Based Service Delivery, A Resource Package*, Participant Handbook, page 117 and on the CD-ROM

• PowerPoint presentation, Module 2, in Appendix B

• Flipchart paper

• Markers

• Masking tape

• Flipchart 2D: Fundamentals of Care

Advance Preparation

Write out the following flipchart:

Flipchart 2D

Fundamentals of Care

❏ Ensuring informed and voluntary decision making

❏ Assuring safety for clinical techniques and procedures

❏ Providing a mechanism for ongoing quality assurance and management

---

Session Time

1 hour, 15 minutes

Training Activities . . . . **Time**

A. Essential elements for the success and sustainability of health care interventions . . . . 10 min.

B. Overview of the fundamentals of care . . . . 15 min.

C. The Fundamentals of Care Resource Package . . . . 50 min.

Session 2-2 Detailed Steps

Activity A: Essential Elements for the Success and Sustainability of Health Care Interventions: Brainstorming and Discussion *(10 minutes)*

1. Present the learning objectives for the session.

2. Start and lead a discussion using the following questions: Why are we so interested in high-quality services? What is the goal of providing quality services? What do we hope to achieve? What are the basic things we must pay attention to if we want our health care interventions to succeed? What are essential elements for delivering quality care?

Activity B: Overview of the Fundamentals of Care: Presentation/Discussion *(15 minutes)*

1. Begin a PowerPoint presentation. Reveal slides 2–3 to summarize the results of the discussion in Activity A above. After you have shown Slide 3 and have explained the fundamentals of care, reveal Flipchart 2D and inform the participants that it will stay on a wall throughout the entire course.

2. Make a connection between the fundamentals of care and the framework of clients' rights and staff needs. For example, tell the participants that to ensure informed and voluntary decision making, the staff must observe clients' rights to information, access, safe services, continuity of care, privacy, and confidentiality, as well as satisfy all staff needs. Explain that in a moment you will discuss this concept in detail. A similar approach can be used to explain the second fundamental of care—assuring safety for clinical procedures and techniques. When explaining, point to flipcharts 2A and 2B to remind the participants of the clients' rights and staff needs.

3. Reveal Slide 4 and explain the origins of the fundamentals of care. (See the slides' note pages.)

4. Reveal Slide 5 and explain what value the fundamentals of care add.

5. Reveal Slide 6 and ask the participants to respond to the questions on the slide.

6. Use Slide 7 to summarize and to define informed and voluntary decision making.

7. Show Slide 8 and read the question: What needs to be in place to ensure informed and voluntary decision making? Lead the discussion.

8. Reveal Slide 9 to summarize the participants' comments and to add what was missing. (See the slide's note page to be able to comment on factors that affect the process of informed and voluntary decision making.) Make links to clients' rights and staff needs.

9. Reveal Slide 10 and tell the participants that medical safety is a critical issue for **clients** and for **providers** as well and that it relates to the **procedures** and to the clinical **environment** in which those procedures are carried out.

10. Reveal Slide 11 and brainstorm issues that assure the safety of clinical techniques and procedures.

11. Show slides 12–14 and discuss the components that help to assure safety of services. Make the connection to the clients' rights and staff needs.

12. Reveal slides 15–18 and explain the third fundamental of care—ensuring a mechanism for ongoing quality assurance. Remind the participants of the steps in the quality improvement process (Flipchart 2C) and emphasize the link between the framework of clients' rights and staff needs and the fundamentals of care. Discuss the links to performance improvement factors. Tell the participants that later in the course, they will analyze in detail the roles and tasks of supervisors in ensuring the quality of services and of providers' performance.

13. Use slides 19–20 to discuss and explain the importance of the fundamentals of care.

14. Tell the participants that the theme of the fundamentals of care is an overarching theme for the course.

Activity C: The Fundamentals of Care Resource Package: Presentation/Small-Group Exercise *(50 minutes)*

1. Tell the participants that all of the issues they have just discussed are presented in one document—The Fundamentals of Care Resource Package. Refer them to the Participant Handbook, p. X.

2. Using slides 21–23 and the slides' note pages, explain the purpose of the Resource Package and the format of the document.

3. Reveal Slide 24 and explain that supervisors can use the information in the package for planning and designing programs, for implementation, for monitoring and evaluation, for supervision, and for working on policies and standards.

4. Ask the participants to open to Figure 1 in the Resource Package (Slide 25) and spend a moment analyzing it. Ask for a volunteer to comment on the diagram, connecting it with their work.

5. Explain that during the following exercise, they will learn more about the Fundamentals of Care Resource Package and will gain skills in using it.

6. Divide the participants into three groups. Reveal Slide 26, showing group assignments, and Slide 27, showing the questions that the participants will work on. Tell the participants that they will have 25 minutes to discuss these questions in small groups. After that, each group will present the results of its discussion (5 minutes per group).

7. After the groups have presented the results, tell the participants that during the course, they will discuss the roles and tasks of supervisors at different levels in making changes in quality and in the sustainability of providers' performance, as well as in making the site's or district's health care systems operate successfully.

Module 3

A New Approach to Supervision

Essential Ideas to Convey

❏ **Supervision** is the process of directing and supporting staff so they may effectively perform their duties.

> —Stinson, W., et al. 1998, Quality supervision. *QA Brief*
> 7(1):4–6. Bethesda, MD: Quality Assurance Project.

❏ *Management* is the **organizational** process that includes planning strategically, setting objectives, managing resources, deploying the human and financial assets needed to achieve objectives, and monitoring and evaluating the results.

❏ The facilitative approach to supervision emphasizes the supervisor's role in leading a team of staff through a continuous process to better understand and meet the needs of their health care clients. Facilitative supervisors at all levels do this by focusing on the needs of the staff they oversee and consider staff to be their own customers.

❏ The facilitative supervision approach emphasizes **mentoring, provision of constructive feedback, joint problem solving,** and **two-way communication** between supervisors and those being supervised.

❏ Supervisors play a critical role in achieving high-quality service provision.

Session 3

A New Approach to Supervision

Objectives

By the end of this session, the participants will be able to:

• Assess their own supervisory style

• Define the facilitative approach to supervision

• Explain the benefits of facilitative supervision

Materials

• *Facilitative Supervision Handbook*

• Participant Handout 3.1: Self-Assessment Checklist

• Flipchart 3A: Guiding Principles for Quality Improvement

• PowerPoint presentation, Module 3

Advance Preparation

1. Make enough copies of Participant Handout 3.1 for distribution to all participants.

2. Prepare the following flipchart:

Flipchart 3A

Guiding Principles for Quality Improvement

❑ A client-oriented mindset

❑ Staff involvement and ownership

❑ Focus on processes and systems

❑ Cost-consciousness and efficiency

❑ Continuous learning, development, and capacity building

❑ Ongoing quality improvement

Session Time

30 minutes

Training Activities . . . . **Time**

A. Assessing your own supervisory style . . . . 20 min.

B. A new approach to supervision . . . . 10 min.

Session 3 Detailed Steps

Activity A: Assessing Your Own Supervisory Style: Self-Assessment
(20 minutes)

1. Present the learning objectives for this session.

2. Ask the participants to define "supervision" and "management." Invite them to give examples from their work. Emphasize that the supervisors and manager can be the same person.

Trainers' Resource

Supervision is the process of directing and supporting staff so they may effectively perform their duties.

Management is the **organizational** process that includes planning strategically, setting objectives, managing resources, deploying the human and financial assets needed to achieve objectives, and monitoring and evaluating results.

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3. Remind the participants of the goal of the course and explain to them that supervisors play a crucial role in facilitating a good performance by the staff and enabling staff to provide quality services. Several factors influence how well staff perform. Tell the participants that during the next activity, they will assess their own style as supervisors.

4. Distribute Participant Handout 3.1. Ask for a volunteer to read the introduction to the checklist. Say that they should be as honest as possible with themselves. Tell them that trainers will not collect the responses. This exercise is to allow the participants to see in which areas they may need reinforcement. Allow 15 minutes to complete it.

5. Ask the participants if anybody would like to comment on the content of the self-assessment and to share their thoughts with the group. Ask whether any of the statements surprised them and, if yes, ask them to explain why.

6. Explain that all of the actions described in the questionnaire represent a variety of behaviors and tasks involved in the supervision of staff. Read some of the statements and explain how that behavior might affect staff's performance.

7. Announce that if the participants answered "no" to two or more of the questions, they may be ready to try a different approach to supervision.

Activity B: A New Approach to Supervision: Discussion/Presentation
(10 minutes)

1. Tell the participants that you will discuss an approach that called a facilitative approach to supervision.

2. Ask the participants whether any of the following can describe their work situation. Do any of the situations sound familiar to them?

✱ You face the same problems at many of the sites you supervise.

✱ The problems keep recurring.

✱ The sites are not meeting their objectives and you do not know how to help them.

✱ You are overwhelmed by the number and complexity of the problems to be solved.

✱ You are tired of listening to complaints about the lack of support from the headquarters or regional organization.

✱ Too many people depend on you to solve their problems for them.

✱ You do not get enough cooperation at the site or at higher levels.

✱ You do not have enough time to devote to the staff and their issues.

✱ You cannot provide all of the resources that staff need.

✱ You feel exhausted and demoralized.

3. Ask the participants whether they think that other supervisors whom they supervise are also experiencing difficulties similar to those described above. If so, the reason could be the way in which they are approaching supervision.

4. Ask the participants to explain the meaning of the word "facilitate." (Facilitate means to make something/a process easier. Give an example of facilitating the training.)

5. Start the PowerPoint presentation for Module 3. Reveal slides 2–3 and explain the facilitative approach to supervision. Emphasize the idea that facilitative supervisors consider staff as clients, focus in their work on staff needs, and help staff to improve their performance and the quality of services they offer, to meet better clients' needs.

6. Reveal Slide 4 and comment on the characteristics of facilitative supervisors, explaining them one by one. Before commenting on bullet 7, ask the participants to explain the word "mentor" and invite them to offer examples.

7. Show slides 5–7 to present the roles of facilitative supervisors and to explain how supervisors benefit from the use of the facilitative approach to supervision.

8. Reveal Flipchart 3A, which shows the guiding principles for quality improvement that facilitative supervisors follow. Explain that one of the roles of facilitative supervisors is to lead staff in quality improvement activities. The principles presented on the flipchart should be applied in that process. Explain the statements, using information from the Participant Handbook, pp. 13–14.

9. Tell the participants that what was presented is only an introduction to the facilitative approach to supervision. During the course, the participants will discuss what knowledge and skills supervisors need to become facilitative supervisors and the supervisor's roles in ensuring the fundamentals of care and quality services. Tell them that the impact of facilitative supervision on staff performance and on the quality improvement process is much stronger than that of traditional supervision.

Participant Handout 3.1: Self-Assessment Checklist

Assess you own supervisory style. Do you need to change your approach?

This self-assessment is anonymous. It is NOT a test. It is a tool for self-improvement, asking you to reflect on how you perform your supervisory tasks. Carefully read each question and respond honestly regarding your current performance. The purpose of this instrument is to help you identify areas in which you need to strengthen your supervisory capability.

Please take a few minutes to answer "Yes" or "No" to the questions below. Count the total score for each column.

Statement	Yes	No
Job Expectations		
1. I always discuss work expectations with each staff member I supervise.		
2. I discuss job description(s) periodically with the staff members I supervise.		
3. I always ensure that health staff have access to current reference books, norms, guidelines, and regulations in all areas and procedures of services offered.		
4. I always encourage and help the staff I supervise to do self-assessment and to develop an action plan to improve their performance and the quality of services.		
Performance Feedback		
5. I always provide staff with **constructive** feedback on their performance in a timely manner, focus on solutions to problems, and offer help (but not in front of others, to ensure staff do not lose face).		
6. I believe in empowerment rather than criticism.		
7. I work with the staff to ensure that they have ways to receive feedback from clients and the community.		
8. I always practice active listening and other communication skills when supervising and providing feedback.		
Motivation		
9. I often ask staff what motivates them and what does not, and I use this information to motivate staff effectively.		
10. I always recognize good staff performance by telling them personally and in front of their colleagues that they have done well.		
11. I always make the effort to ensure that there is a transparent and fair system of motivation and incentives.		
12. I always treat staff at all levels with respect, and I encourage staff to treat each other respectfully.		

Statement	Yes	No
Physical Environment and Tools		
13. I always make sure that the staff I supervise have the necessary equipment and supplies to do their job (including supplies for infection prevention) and to meet clients' and community needs and provide quality services.		
14. I always make sure that staff have the educational aids and informational materials they need to provide clients with information and to conduct counseling and educational activities.		
15. I make sure that the staff I supervise have adequate working conditions.		
Knowledge and Skills		
16. I work with staff to assess periodically sites' and individuals' learning needs and the areas in which staff need to improve their knowledge and skills.		
17. I always provide staff with the information they need to perform their jobs well.		
18. I provide or arrange the training that staff need, using training needs assessment results, to provide high-quality services.		
19. I provide on-the-job training/coaching, when appropriate.		
20. I always provide opportunities for the staff to practice new skills.		
Organizational Support		
21. I see myself as part of the staff team.		
22. I visit the sites under my jurisdiction frequently or I monitor service delivery at my site frequently.		
23. I regularly observe the day-to-day operations of the clinic.		
24. My primary objective is to improve the quality of services, not to collect data.		
25. I communicate regularly with staff about what is going on in the organization (such as policy changes, vision, goals, statistical data, and current and expected results for the institution).		
26. I speak to all levels of staff during my visits or when I monitor service delivery at my site.		
27. I create a relationship based on trust and openness so that staff feel free to discuss any problems they encounter.		
28. I ensure that staff have tools to continuously assess the quality of services and their performance, and I always encourage and help staff to identify their own solutions to the problems they encounter.		
29. I always try to create partnerships between staff and outside resources to help improve service quality.		
30. I always serve as liaison between a site and the larger system.		
31. I supervise clinical as well as administrative tasks, such as data collection, analysis, and use for decision making.		
32. I always try to find and bring in external resources when existing internal resources cannot solve the problem.		
33. I have a plan for my supervisory activities.		
Total		

Participant Resource

Guiding Principles for Quality Improvement

A client-oriented mindset: The clients who come to the facility are considered as external clients. The staff are internal clients to each other. Each supervisor is the client of his or her supervisor. Facilitative supervisors focus on the needs and expectations of both external and internal clients. Clients have rights to quality services, and staff have needs for materials and other support necessary to delivering quality services. The facilitative supervisor keeps these rights and needs in mind when assessing quality, involving staff to identify problems and seek solutions.

Staff involvement and ownership: Facilitative supervisors involve staff in the quality improvement process and try to foster a spirit of ownership and teamwork by emphasizing the importance and contribution of everyone to better quality of services, including involvement in decision making.

Focus on processes and systems: Facilitative supervisors emphasize the importance of improving processes and systems rather than focusing on individual mistakes. The facilitative approach to supervision recognizes that more than 75% of problems are due to overly complex or faulty processes or systems—not to the people who try to implement these processes or systems.

Cost-consciousness and efficiency: If something is not done correctly the first time, it has to be fixed and repeated. Poor quality is costly, both financially and in terms of the health of individuals and the community. In addition, it may have other costly results. Poor quality is wasteful, and good quality saves money.

> "When processes are made better, total costs usually fall."
> —Berwick, D. M, Godfrey, A. B., & Roessner, J. 1990.
> *Curing health care: New strategies for quality*
> *improvement*. San Francisco: Jossey-Bass.

Continuous learning, development, and capacity-building: Facilitative supervisors pay close attention to staff development and capacity-building. They transfer the knowledge and skills needed to implement the quality improvement and performance improvement processes. Facilitative supervisors ensure opportunities for staff for training, refresher training, and training in new processes and procedures. They enable staff to identify learning needs and assist staff in developing a plan on how to address those needs. Facilitative supervisors organize the transfer of knowledge and skills acquired by staff to other staff members and ensure the application of newly acquired skills by trained staff.

Ongoing quality improvement: Facilitative off-site supervisors visit sites systematically to foster the quality improvement process. They teach staff how to use different quality improvement tools and encourage staff to use them periodically. Facilitative off-site supervisors transfer the quality improvement tools to on-site supervisors. Changes in quality of services are regularly monitored and evaluated, while problem areas are constantly identified and improved.

Source: EngenderHealth. 2001. *Facilitative supervision handbook*. New York.

Module 4

Ensuring Informed and Voluntary Decision Making

Essential Ideas to Convey

❑ Essential elements of informed and voluntary decision making are:

- Service/method options are available.

- The decision-making process is voluntary.

- People have appropriate information.

- Good client-provider interaction (CPI), including counseling, is ensured.

- The social and rights context supports autonomous decision making.

❑ Informed and voluntary decision making is:

- A human right

- An essential element of client satisfaction

- A policy requirement

Informed and voluntary decision making also significantly contributes to program effectiveness.

❑ Multiple factors affect clients' ability to make informed and voluntary decisions. Three levels of factors should be considered:

- Individual/community/cultural factors

- Service-delivery factors

- Policies

Session 4

Ensuring Informed and Voluntary Decision Making

Objectives

By the end of this session, the participants will be able to:

- Explain the meaning and importance of ensuring informed and voluntary decision making in family planning and reproductive health
- Identify at least three factors that support and three factors that hinder informed and voluntary decision making
- Explain the role of client-provider interaction (CPI) and counseling in ensuring informed and voluntary decision making
- Identify at least five things that providers can do to ensure good CPI and informed and voluntary decision making
- Identify at least five things that supervisors can do to support and monitor good CPI and informed and voluntary decision making

Materials

- PowerPoint presentation, Module 4
- Participant Handout 4.1: Informed and Voluntary Decision Making—Family Planning Services
- Participant Handout 4.2: Informed and Voluntary Decision Making, Adapted to Use for Integrated FP/RH and HIV Care and Treatment Services
- Global Health Technical Brief—*Client-provider interaction: Key to successful family planning* (April 2005)
- Flipchart 4A: Essential Elements of Informed and Voluntary Decision Making
- Flipchart 4B: Factors Affecting Informed and Voluntary Decision Making
- Flipchart paper
- Markers
- Masking tape

Advance Preparation

1. Make enough copies of Participant Handout 4.1 and/or Participant Handout 4.2 for distribution to all participants (see Trainer's Tips, p. 4-5).
2. Prepare Flipchart 4A and Flipchart 4B:

Session 4

Flipchart 4A

Essential Elements of Informed and Voluntary Decision Making

- ❑ Service/method options are available.
- ❑ The decision-making process is voluntary.
- ❑ People have appropriate information.
- ❑ Good client-provider interaction, including counseling, is ensured.
- ❑ The social and rights context supports autonomous decision making.

Flipchart 4B

Factors Affecting Informed and Voluntary Decision Making

- ❑ Individual/community/cultural factors
- ❑ Service-delivery factors
- ❑ Policy factors

Session Time

1 hour, 20 minutes	**Training Activities** . . . . **Time**
	A. Ensuring informed and voluntary decision making . . . . . . 55 min.
	B. Informed and voluntary decision-making process . . . . 25 min.

Session 4 Detailed Steps

Activity A: Ensuring Informed and Voluntary Decision Making: Small-Group Work and Case Examples (55 minutes)

1. Present the learning objectives for the session.

2. Remind the participants about the fundamentals of care and the definition of informed and voluntary decision making. Point out Flipchart 2A, which was placed on a wall earlier.

3. Tell the participants that during this session they will discuss what staff and supervisors can do to ensure an informed and voluntary decision-making process.

4. Reveal Flipchart 4A and present the essential elements of informed and voluntary decision making. (These elements were mentioned during the introductory session for the fundamentals of care.)

5. Divide the participants into two groups and distribute copies of the case example (either Participant Handout 4.1 or Participant Handout 4.2 [see below]). Explain that Group 1 will represent providers and that Group 2 will represent supervisors. Ask for a volunteer to read the instructions.

> ➤ *Trainer Tips*
>
> The text of the case study can be adapted to the local situation and any area of reproductive health. This module includes two versions of the case study— one for family planning services and the second for integrated family planning/reproductive health and HIV care and treatment services.

6. Comment on the instructions and answer questions, if any. Tell the participants that they will need to record the results of their discussions on a flipchart. Thirty minutes should be allotted for the small-group work. Each group needs to select a presenter to present the results to the entire group. Each group will have 5 minutes for a presentation.

> ➤ *Trainer Tips*
>
> Make sure that the participants include in their presentation all of the actions of providers and supervisors that help to ensure informed and voluntary decision making. For guidance, see the Fundamentals of Care Resource Package, pp. 5–11, second column ("Components").

7. Tell the participants that the case examples are based on client-provider interaction as an essential component of an informed and voluntary decision-making process.

8. After 30 minutes, invite the groups to start their presentations. After each group has presented their results, the participants from another group should add what they think was

missing from the presentation. By the end of the activity, the group will have two lists of actions for supervisors and providers to ensure informed and voluntary decision making through quality client-provider interactions.

Activity B: Informed and Voluntary Decision-Making Process: Presentation
(25 minutes)

1. Explain that the following PowerPoint presentation will help to summarize the topic and emphasize important moments. Tell the participants that during the activity, you will discuss with them in detail what it takes to ensure informed and voluntary decision making.

2. Start the PowerPoint presentation, Module 4. Reveal slides 2–4 to remind the participants of the elements of informed and voluntary decision making and to explain why we care about it. Use information and questions from the slide note pages to facilitate the presentation and any discussion.

3. Reveal Slide 5 and remind the participants that rights numbers 1, 2, 3, 5, and 6 are related to informed choice and voluntary decision making. Without observing those rights, it would be impossible to ensure the fundamentals of care.

4. Tell the participants that good client-provider interaction, including counseling, is essential to enable the client to make an informed and voluntary decision. Emphasize that all staff at all levels interact with clients both verbally and nonverbally (Slide 6).

5. Ask the participants how they define informed consent and counseling. Reveal Slide 7 to summarize.

6. Reveal slides 8–11 to comment on research results showing that promoting client-centered communication and giving people a choice makes the difference. (See the slide note pages.) Explaining examples presented on Slide 11, tell the participants how incentives sometimes given to clients (travel, food, money) might lead clients to accept a method against their own preferences.

7. Reveal Slide 12 and tell the participants that three factors create barriers to informed and voluntary decision making. Ask them to give examples to explain those factors. Reveal Flipchart 4B.

8. To summarize the discussion, use slides 13–15, which describe the factors that affect the process of informed and voluntary decision making. Use information from the notes pages to explain each factor in detail.

9. Tell the participants that policy and program factors can compromise clients' options, their access to information or services, and their ability to choose for themselves. Use as examples targets or quotas, per-case provider payments, client payments, a limited method mix, "camp" services, fees for services, and the use of eligibility criteria. (See the notes pages for information.)

10. Explain that ensuring informed choice leads to better method use and improved client compliance with treatment regiments, continuation of method use, and increased client satisfaction. Emphasize the role of supervisors in leading staff to ensure the first of the fundamentals of care. Make a connection between this and the results of the exercise.

11. Reveal slides 17–18 and discuss the actions that help to ensure informed and voluntary decision making.

12. Refer to the Participant Handbook, pages 19–21, and comment on these materials.

Participant Handout 4.1: Informed and Voluntary Decision Making—Family Planning Services

Group I (Providers)
Instructions:
1. Read the case example below and answer the questions written at the end of the case. *(10 minutes)*
2. Develop a list of activities that can be implemented **by providers** to ensure informed and voluntary decision making. *(10 minutes)*

Case Example No. 1

Lourdes is a 15-year-old factory worker who left school in the fifth grade to work and contribute to her family's income. She lives with her widowed mother and five younger siblings. Her boyfriend, Fabio, is pressuring her to have sex. He is four years older than Lourdes, and she knows that he has had several other girlfriends. She is afraid that he will leave her if she does not relent. Lourdes is conflicted, because she knows that her mother strongly disapproves of sex before marriage.

Lourdes's co-worker has told her about a local clinic where she can get family planning. One day, after a fight with her boyfriend over denying him sex, Lourdes goes to the clinic on her lunch break. She is afraid she will meet someone who knows her mother. She also is nervous about what the doctor will do to her. And because there are so many people in the waiting room, she is worried that she will not get back to work before her supervisor discovers her absence.

The clinic receptionist asks Lourdes for her name and tells her to take a seat. Lourdes wants to ask her how long she will have to wait, but the woman looks busy and shifts her attention to her paperwork, so Lourdes sits down quietly. During her 45-minute wait, she looks at the posters on the wall and the leaflets on a display table. They include pictures that alarm her, warnings about getting HIV or other diseases from having sex, and a lot of small print that she cannot read. She grows increasingly uncomfortable and is just about to give up and leave when she hears her name being called by the nurse. She follows the woman into a room where several people are sitting and talking. Lourdes notices another poster on the wall listing "Clients' Rights."

The nurse is business-like. She does not smile. She pulls out a form and asks Lourdes questions that she is embarrassed to answer. Lourdes fidgets. The nurse repeats the questions and Lourdes whispers her answers. Irritated, the nurse asks her to speak up. Lourdes tries, but she does not want to be overheard by the other people in the room. She looks down at the floor silently for a moment. The nurse chides her that she is too young to be having sex. Lourdes says that she has changed her mind, gets up, and leaves the clinic, embarrassed and angry. On the way back to the factory, she decides to have sex with her boyfriend that night without protection, even though she is concerned about becoming pregnant or getting HIV.

Questions for discussion:

1. What was good about this client-provider interaction (CPI)?

2. What was lacking in this interaction?

3. What factors challenged or hindered good CPI?

4. What factors supported good CPI?

5. What can providers do to ensure informed and voluntary decision making?

Group II (Supervisors)

Instructions:

1. Read the case example below and answer the questions written at the end of the case. *(10 minutes)*

2. Develop a list of activities that can be implemented **by supervisors** to ensure informed and voluntary decision making. *(10 minutes)*

Case Example No. 2

Eunice, who is 23 years old, has a 7-month-old son. She and her husband, Sovann, run a small sundries shop together. They make very little money, and they want to save before having more children. They agree that Eunice should use family planning, but Sovann is worried that it could be bad for her health. He has heard that women who use modern methods have difficulty in subsequent deliveries and that some might develop cancer.

Eunice's friend recently got an IUD and is very happy. Eunice decides she wants one, too. She takes an oxcart to the nearest health center, which is 14 km away. The staff are friendly and respectful, and they put Eunice at ease. The counselor takes her into a private room and asks Eunice why she has come. Eunice tells her that she wants an IUD. The counselor explains that they cannot provide that service for her: The nearest IUD provider is at the district hospital, which is 30 km farther away from Eunice's home. The counselor tells her that they can give her pills or injectables, both of which would be good methods for Eunice. She then tells Eunice how each method is used, and gives Eunice the choice.

Eunice is disappointed that she cannot get an IUD. The district hospital is far and transportation is expensive. She knows that she will not be able to get there easily any time soon, so she decides that she will use injectables instead. The counselor asks the date of her last period and determines that she can start Eunice on the method that very day. She gives Eunice an injection and a follow-up card indicating when she needs to return for her next injection.

Over the next few weeks, Eunice experiences headaches and spotting, which alarm her. She complains of feeling nervous, cold, and weak. Her husband concludes that the injectable contraceptive is not good for her and tells her not to keep her follow-up appointment.

Time passes, and before Eunice can find the money and time to get to the district hospital, she becomes pregnant.

Questions for discussion:

1. What was good about this client-provider interaction (CPI)?

2. What was lacking in this interaction?

3. What factors challenged or hindered good CPI?

4. What factors supported good CPI?

5. What can **supervisors** do in order to ensure informed and voluntary decision making?

Session 4

Participant Handout 4.2: Informed and Voluntary Decision Making, Adapted to Use for Integrated FP/RH and HIV Care and Treatment Services

Group I (Providers)

Instructions:

1. Read the case example below and answer the questions written at the end of the case. *(10 minutes)*

2. Develop a list of activities that can be implemented **by providers** to ensure informed and voluntary decision making. *(10 minutes)*

Case Example No. 1

Carla is a 15-year-old factory worker who left school in the fifth grade to work and contribute to her family's income. She lives with her widowed mother and five younger siblings. Her boyfriend, Samuel, is pressuring her to have sex. He is four years older than Carla, and she knows that he has had several other girlfriends. She is afraid that he will leave her if she does not relent. Carla is conflicted, because she knows that her mother strongly disapproves of sex before marriage.

Carla's co-worker has told her about a local clinic where she can get family planning. One day, after a fight with her boyfriend over denying him sex, Carla goes to the clinic on her lunch break. She is afraid she will meet someone who knows her mother. She also is nervous about what the doctor will do to her. And because there are so many people in the waiting room, she is worried that she will not get back to work before her supervisor discovers her absence.

The clinic receptionist asks Carla for her name and tells her to take a seat. Carla wants to ask her how long she will have to wait, but the woman looks busy and shifts her attention to her paper work, so Carla sits down quietly. During her 45-minute wait, she looks at the posters on the wall and the leaflets on a display table. They include pictures that alarm her, warnings about getting HIV or other diseases from having sex, and a lot of small print that she cannot read. She grows increasingly uncomfortable and is just about to give up and leave when she hears her name called by the nurse. She follows the woman into a room where several people are sitting and talking. Carla notices another poster on the wall listing "Clients' Rights."

The nurse is business-like. She does not smile. She pulls out a form and asks Carla questions that she is embarrassed to answer. Carla fidgets. The nurse repeats the questions and Carla whispers her answers. Irritated, the nurse asks her to speak up. Carla tries, but she does not want to be overheard by the other people in the room. She looks down at the floor silently for a moment. The nurse chides her that she is too young to be having sex. Carla says that she has changed her mind, gets up, and leaves the clinic, embarrassed and angry. On the way back to the factory, she decides to have sex with her boyfriend that night without protection, even though she is concerned about becoming pregnant or getting HIV.

Questions for discussion:

1. What was good about this client-provider interaction (CPI)?

2. What was lacking in this interaction?

3. What factors challenged or hindered good CPI?

4. What factors supported good CPI?

5. What can **providers** do to ensure informed and voluntary decision making?

Group II (Supervisors)

Instructions:

1. Read the case example below and answer the questions written at the end of the case. *(10 minutes)*

2. Develop a list of activities that can be implemented **by supervisors** to ensure informed and voluntary decision-making. *(10 minutes)*

Case Example No. 2

Eunice, who is 23 years old and was diagnosed as HIV-positive during antenatal care, has a 7-month-old son who is HIV-negative. She and her husband, Thomas, run a small sundries shop together. They make very little money, and they want to save before having more children. They agree that Eunice should use family planning, but Thomas is worried that it could be bad for her health. He has heard that women who use modern methods have difficulty in subsequent pregnancies and that some might develop cancer. They are both concerned about whether they can safely have more children later.

Eunice's friend recently got an IUD and is very happy. Eunice decides she wants one, too. She takes an oxcart to the nearest health center, which is 14 km away. The staff are friendly and respectful. The counselor takes Eunice into a private room, putting her at ease. The counselor asks Eunice why she has come. Since Eunice feels comfortable with the counselor, she confides her HIV status and tells her that she wants an IUD. The counselor explains that they cannot give her the IUD and that because Eunice is HIV-positive, she cannot use this method. The counselor further advises Eunice that she should only use condoms, that she should not have sex often, and that she definitely should put having children in the future out of her mind. Eunice is devastated and insists that she must have something other than condoms. The counselor tells her that while they can provide oral contraceptives or the injectable, neither of these methods would be good for Eunice. Eunice is disappointed that she cannot get an IUD, but she insists on using the injectable. The counselor refuses to give Eunice the infection, however, and Eunice leaves with tears of frustration and despair.

The supervisor, seeing a client crying, is alarmed and invites Eunice into her office to find out what the problem is. When Eunice explains what happened, the supervisor counsels Eunice about the IUD, the injectable, and the pill. The supervisor explains that while this clinic cannot provide the IUD "on demand" because they lack a trained staff person at the clinic, clients can be booked for insertion. In the meantime, she adds, HIV-positive women can safely use the injectable or the pill. The supervisor offers to give Eunice either of these methods and to book her for an IUD insertion. Eunice chooses to take the injectable and to return in six weeks, the next IUD booking date.

Questions for discussion:

1. What was good about this client-provider interaction (CPI)?

2. What was lacking in this interaction?

3. What factors challenged or hindered good CPI?

4. What factors supported good CPI?

5. What can **supervisors** do to ensure informed and voluntary decision making?

Reference Materials

Ensuring Informed and Voluntary Decision Making

Five Essential Elements of Informed and Voluntary Decision Making

I. Service options are available.

• Family planning services are available where and when individuals need them.

• A choice of methods is offered.

• Options are affordable.

• Referral mechanisms are in place for other methods.

• Linkages exist with other health services.

II. The decision-making process is voluntary.

• Individuals are free to decide whether or not to use services, without coercion or constraint.

• Clients are free to choose among available methods, without coercion or constraint.

• A range of service options is accessible to all categories of clients, including adolescents and unmarried individuals.

• Service providers are objective regarding all clients and methods.

• The individual's right to choose is respected and supported.

III. Individuals have appropriate information.

• Individuals have access to appropriate and accurate information about services and options.

• Individuals understand their risk for sexually transmitted infections and for HIV and AIDS and the protection that family planning options provide.

• Service providers assess clients' knowledge, fill any gaps, and correct any misinformation.

• Comprehensible posters and flipcharts are clearly in clients' view.

• Samples of family planning methods are available for clients to see and touch.

• Clients understand their options, essential information about their chosen method or treatment (including benefits and risks, conditions that would render it inadvisable for use, and common side effects), and the way their choice may affect their personal circumstances.

IV. Good client-provider interaction, including counseling, is ensured.

• Clients and service provides have dynamic, two-way interaction.

• Clients actively participate in discussions and are encouraged to ask questions.

• Staff have good communication skills (talking, listening, eliciting, probing, assessing).

- Counseling staff provide individualized care, tailoring the client-provider interaction and information to what clients want and need, and addressing individual circumstances and concerns.

- All staff use language and terms that clients can understand.

- Counseling staff have complete and correct information about sexual and reproductive health and about available services.

- Staff answer clients' questions fully and clearly.

- All staff are empathetic, respectful, nonjudgmental, and sensitive to power imbalances and gender differences between clients and providers.

- All staff maintain clients' privacy and confidentiality.

- Trained staff are assigned to counsel clients as a routine component of service delivery.

- Counseling serves as the checkpoint to ensure informed and voluntary decision making.

- Memory aids are used by staff and are provided to clients.

- The service setting is organized, clean, and cheerful, to put clients at ease.

- Auditory and visual privacy are ensured for counseling, regardless of the setting.

- Adequate seating is available during counseling for counselors, clients, and anyone else the clients choose to accompany them.

V. The social and rights context supports autonomous decision making

- Laws, policies, and social norms support the following:
  - Gender equity
  - Individuals' rights to decide whether and when to have children, and how many
  - Clients' right to access sexual and reproductive health information and services, regardless of age, sex, marital status, or sexual orientation
  - Clients' right to make decisions and to exercise control over their sexuality and reproduction, free of discrimination, coercion, and violence
  - Clients' right to protect their health and prevent disease
  - Clients' right to privacy, confidentiality, dignity, and safety

Three levels to consider and discuss:

1. Individual/community/cultural factors
2. Service-delivery factors
3. Policies

Module 5

Assuring Safety for Clinical Techniques and Procedures

Essential Ideas to Convey

❑ Medical safety is a critical issue for both **clients** and **providers** and relates to the **procedures** that are conducted in the **clinical environment**. Medical safety is one of the fundamentals of care.

❑ Clinical techniques and procedures are considered safe when skilled providers are practicing according to updated, evidence-based standards and guidelines and infection prevention protocols, within a physical structure appropriate for managing clinical and surgical procedures.

❑ Medical monitoring is a quality improvement intervention that entails the objective and ongoing assessment of the **readiness** and the **processes** of service delivery. Medical monitoring is conducted to ensure that services are safe and to identify gaps between best and actual practices, and it leads to recommendations for improvement, including performance improvement.

❑ Guiding principles for supervisors

Be facilitative:

- Work as a team member to model facilitative supervision.

- Talk with and listen to all levels of staff.

- Recognize jobs well done.

- Solve problems on the spot, when possible.

- Provide feedback in a constructive way.

- Involve staff in the decision-making process.

- Never criticize staff in front of a client or other staff.

Session 5

Assuring Safety for Clinical Techniques and Procedures: Medical Monitoring

Objectives

By the end of this session, the participants will be able to:

- Describe the medical monitoring process and how it contributes to assuring the safety of clinical techniques and procedures
- Identify areas that should be assessed through medical monitoring activities
- Explain the functions of on-site and off-site supervisors' organizing and conducting medical monitoring to improve the quality of medical services
- Explain what off-site supervisors should do before, during, and after the supervisory visit

Materials

- PowerPoint presentation, Module 5
- Participant Handout 5.1: Counseling Observation Checklist
- Participant Handout 5.2: Infection Prevention Checklist
- Participant Handout 5.3: Facility Audit Checklist
- Participant Handout 5.4: IUD Service-Delivery Assessment
- Flipchart 5A: Site Action Plan
- Flipchart 5B: Off-Site Supervisor's Action Plan
- Flipchart paper and markers
- Participant Resource: Appendix A—Sample Medical Monitoring Checklists

Advance Preparation

1. Revise and adapt the checklists according to the national standards of the country where the training is being held.
2. Make enough copies of the handouts for distribution to all participants.
3. Prepare flipcharts 5A and 5B:

Flipchart 5A

Site Action Plan

Problem	Cause(s)	Recomendations	By Whom	By When

Session 5

Flipchart 5B				
Off-Site Supervisor's Action Plan				
Problem	**Action/Resources Needed**	**Timeframe**	**Follow-up**	**Notes**

Session Time

2 hours, 40 minutes

Training Activities . . . . **Time**

A. Introduction to medical monitoring . . . . 55 min.

B. Supervisory visits . . . . 30 min.

C. Using medical monitoring tools . . . . 1 hour, 15 min.

Session 5 Detailed Steps

Activity A: Introduction to Medical Monitoring: Presentation/Small-Group Work/Discussion *(55 minutes)*

1. Present the learning objectives for this session.

2. Ask the participants to recall what factors are important to ensuring the safety of clinical procedures and techniques. Lead a brainstorm, writing ideas on a sheet of flipchart paper.

3. Start the PowerPoint presentation for Module 5. (See slide notes pages for comments and explanations.) Reveal Slide 2, to summarize the points made in the brainstorming and to emphasize what elements need to be in place to assure safety. Tell the participants that skilled providers are those who practice according to updated, evidence-based standards and guidelines and infection prevention protocols, within a physical structure appropriate for managing clinical and surgical procedures.

4. Reveal Slide 3 and ask for a volunteer to read the definition of medical monitoring. Tell the participants that they will be working in small groups to describe what both off-site and on-site supervisors and staff usually do to ensure safety.

5. Divide the participants into four groups. Reveal Slide 4 to assign and explain the tasks for the groups. Tell the participants that they will work in small groups for 15 minutes, and that they will need to record the results of their discussions on a piece of flipchart paper. Each group will present their results.

6. Tell the groups that they will have **5 minutes** for each presentation. After the first group presents its results, invite the group that was working on the same tasks to add anything that the first group missed.

7. Make sure that all issues described in slides 5–7 are addressed in the groups' presentations. Use slides 5–7 to summarize the exercise.

8. Invite the participants to share their experiences about **who** in their practices conduct those assessments. Ask them to describe activities conducted by **medical and nonmedical supervisors**: How do they coordinate their supervisory activities? Do they collaborate with each other? After the discussion is completed, reveal Slide 8 and summarize the information, describing by whom and how often medical monitoring activities can be conducted.

9. Use Slide 9 to discuss the structure of a supervisory system. (Adjust the information according to the country's system.)

10. Use Slide 10 to discuss what tools might be used to conduct medical monitoring activities. Compare the content of this slide with the groups' presentations.

11. Ask the participants to share their experiences of whether they have participated in the development of such checklists. Ask them to describe the process of checklist development. Discuss what important issues need to be addressed when someone is working on checklists.

Session 5

### Activity B: Supervisory Visits: Small-Group Exercise/Presentation *(30 minutes)*

1. Tell the participants that during the next activity, they will discuss what off-site supervisors should do before, during, and after a supervisory visit.

2. Divide the participants into three groups. Reveal Slide 11 and explain the tasks for the group work. Allot **15 minutes** for the small-group work.

3. Invite the groups to present their results (allowing **5 minutes** per group). Encourage the entire group to discuss the presentations, while sharing their own experiences.

4. Use Slides 12–17 to summarize the exercise and the group discussion. Reveal Slide 12 and emphasize the importance of proper preparation to a site supervisory visit. Discuss with the participants how much time they usually need to plan for their supervisory visits. Tell them that supervisors should be aware that because medical monitoring requires time, they need to reserve time for such activities and include them in their workplans.

5. Use Slides 13–14 to discuss the range of activities that an off-site supervisor may conduct when visiting a site. Tell the participants that during this exercise, they will learn what supervisors should do. Later in the course, the participants will learn how to conduct medical monitoring activities and will gain the skills that will enable them to conduct supervisory visits. (For example, they will learn how to provide constructive feedback.) The participants will practice the knowledge and skills during the practice supervisory visit that is scheduled for Day 4.

6. Tell the participants that a supervisor can use medical monitoring activities to identify problems and to help staff develop an action plan. Use Slide 15 to describe a format for an action plan that staff and supervisors can use to record the problems that they and the off-site supervisor identified and the solutions that they developed. Explain how to develop an action plan. A team-based approach should be used for problem-solving during the development of recommendations and the site's action plans. The root cause(s) of a problem should be identified using the "multiple why?" technique (an approach that involves asking "why" as many times as is needed to get to the root cause). Tell the participants that during the next exercise, they will learn how to develop an action plan correctly.

7. Use Slide 16 to discuss what the off-site supervisor should do after completing the supervisory visit. Emphasize that one of the roles of the off-site supervisor is to help a site's staff to implement solutions that the staff cannot solve without external help. Tell the participants that the format presented on Slide 17 might be used by off-site supervisors to integrate the findings into their own plans. When summarizing the topic, compare the PowerPoint lists with the lists of tasks developed by the participants.

8. Discuss with the participants the roles of medical and nonmedical supervisors and the ways in which they can collaborate, using their skills and knowledge in specific areas. For example, the nonmedical supervisors can conduct facility auditing activities.

Activity C: Using Medical Monitoring Tools: Small-Group Exercise/Discussion/ Presentation *(1 hour, 15 minutes)*

1. Explain to the participants that during this activity, they will practice how to use different checklists to assess a site's readiness and its processes and procedures. Remind them that

both off-site and on-site supervisors should use the checklists to assess the quality of services and to involve the staff in the performance improvement and quality improvement processes.

2. Ask the participants to open their Participant Handbook to Appendix C to see different checklists. Allow them a few minutes to review the checklists.

3. Remind the participants that medical monitoring checklists need to be adjusted and adapted for each country or region and should be based on national standards and guidelines.

4. Discuss with the participants the roles of medical and nonmedical supervisors.

5. Divide the participants into three groups: A, B, and C. Ask the members of each group to count 1-2-1-2, etc. Explain that all who have Number 1 will represent on-site supervisors and all with Number 2 will represent off-site supervisors. Group A will use Participant Handout 5.1 (the Counseling Observation Checklist), Group B will use Participant Handout 5.2 (the Infection Prevention Checklist), and Group C will use Participant Handout 5.3 (the Facility Audit Checklist).

6. Explain that the participants should envision their clinic, or any clinic. Reading questions, they should "identify" hypothetical problems. (These problems can be those that are common to many clinics or they can be imaginary.) In each group, the off-site and the on-site supervisor are to work as a team: The on-site supervisor will develop an action plan to solve the problems they identified; the off-site supervisor will develop an action plan for the activities they will undertake to help the site's staff and supervisors to solve those problems that need external help. Participants should make sure that they address in their plans the fundamentals of care and think how to enhance services for long-acting and permanent methods.

7. Tell the participants that those who represent off-site supervisors should remember their role as a liaison within the health care system. They need to think about and plan activities that will bring changes into the processes and systems and make improvements sustainable.

8. Reveal flipcharts 5A and 5B, showing the formats of action plans, and tell them that they are to use those formats for recording their findings on flipcharts.

9. Tell the participants that they will be working in small groups for **40 minutes**.

10. After the participants have completed their group work, the groups will present their results. Each group should start its presentation with the action plan developed by the on-site supervisor. The off-site supervisor will then present his or her plan. The entire group should then comment on the results. Trainers should reinforce messages from the previous activity concerning supervisors' actions to improve the quality of clinical services and assure the safety of clinical techniques and procedures.

11. When the groups present their action plans, make sure that the problem statements are specific, that the root causes are identified, and that the solutions are concrete and realistic.

12. Reveal slides 19–20 and explain the guiding principle for supervisors ("be facilitative") and that this is what supervisors should promote. Explain what types of behavior by off-site supervisors can demonstrate a facilitative approach to supervision and supportive leadership. When commenting on the last bullet on Slide 20, explain the roles and the tasks of supervisors, both on-site and off-site, including their roles in strengthening the training system and in making links to the local trainers. Explain that later in the course, they will discuss these issues in detail during a session on a systems approach to supervision.
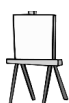
13. Discuss with the participants what knowledge and skills are needed to conduct medical supervision and monitoring. Mention the importance of communication, leadership skills, and technical competency, and tell them that later in the course, they will practice those skills.

14. Discuss the concept that medical supervision is not just a supervisor's responsibility, but rather is a responsibility of all staff. The supervisor serves as a trigger to make things happen, however, and is the one who is ultimately responsible for ensuring that medical monitoring activities are carried out and that medical services are safe.

15. Reinforce the message about collaboration between medical and nonmedical supervisors and between off-site and on-site supervisors. One task for off-site supervisors is to teach/coach on-site supervisors to conduct medical monitoring activities and to transfer the knowledge and skills on how to involve the staff in quality improvement process.

16. Reveal Slide 21 and explain the steps in the quality improvement process. Link the steps of the process to medical monitoring activities.

17. Reveal Slide 22 and describe how the results of an off-site supervisor's visit may contribute to the development of a more comprehensive, feasible quality improvement/performance improvement plan.

18. Explain Slide 23, which emphasizes that after the off-site supervisor completes a site supervisory visit and the site's action plan is developed, some of the information gathered during the monitoring activities is shared with "headquarters" or with an appropriate level within the system, and that as a result those plans might have to be revised. The off-site supervisor plans the follow-up with staff at the district, regional, or national levels on planned activities that require external help.

Module 6

Using Data to Assure the Quality of Medical Services

Essential Ideas to Convey

❏ "Data for decision making refers to the process of *obtaining, analyzing, interpreting, making decisions, and taking action* on data to strengthen program performance."

<div align="right">

Timmons, R. and Egboh, M. (ed.) [no date given].
Using service data: tools for taking action. *The Manager*. Retrieved from
http://erc.msh.org/staticpages_printerfriendly/2.2.4_info_English_.htm, March 9, 2004.

</div>

❏ Two types of data are available to help program managers and supervisors make decisions. They are population-based data and program-based data.

❏ **Sources of population-based data include the following:**

- Vital registries

- Surveys, such as the Demographic and Health Surveys and the Reproductive Health Surveys conducted by the U.S. Centers for Disease Control and Prevention

- Official documents—for example, government policies, norms, and guidelines

- Special studies (see, for example, Bertrand, J. T., and Escudero, G. 2002. *Compendium of indicators for evaluating reproductive health programs. Vol. 1: Indicators for specific programmatic areas.* MEASURE *Evaluation* Manual Series, No. 6, Chapel Hill, NC.)

❏ **Sources of program-based data with a subset of service-based data can include the following:**

- Service statistics

- Facility-based surveys/medical monitoring results

- Local surveys

- Program documents (see Bertrand & Escudero, 2002, above)

❏ **As well as**

- Financial and commodity reports

- Self-assessment and supervisory assessment exercises (for example, COPE® exercises, medical monitoring reports, performance needs assessments, etc.)

Session 6

The Role of Supervisors in Involving
Staff in the Use of Data for Decision Making

Objectives

By the end of this session, the participants will be able to:

• Identify sources of data

• List some key global reproductive health indicators

• Demonstrate skills needed to analyze and use data for making programming decisions

• Explain the role of supervisors in involving staff in the process of collecting and using data

Materials

• *Facilitative Supervision for Quality Improvement* Participant Handbook

• *Facilitative Supervision Handbook*

• *World Population Data Sheet* (the latest year)

• Participant Handout 6.1: Exercise: Data for Decision Making

• Flipcharts 6A, 6B, and 6C

Advance Preparation

1. Make enough copies of several pages from the *World Population Data Sheet* (the latest year; the 2007 data sheet is included with these training materials) for distribution to all participants. (Choose pages showing reproductive health indicators related to the country where the training is taking place.)

2. If necessary, make enough copies of pp. 4.23–4.35 from the *Facilitative Supervision Handbook* for distribution to all participants.

3. Adapt the case study to the local situation.

4. Prepare flipcharts 6A, 6B, and 6C (below);

> **Flipchart 6A**
>
> **Data for decision making** refers to the process of *obtaining, analyzing, interpreting, making decisions,* and *taking action* on data to strengthen program performance.

Session 6

Flipchart 6B

Sources of population-based data

- Vital registries

- Demographic and Health Surveys, and Reproductive Health Surveys conducted by the U.S. Centers for Disease Control and Prevention

- Official documents—for example, government policies, norms, and guidelines

- Special studies

Flipchart 6C

Sources of program-based data

- Service statistics

- Facility-based surveys/medical monitoring results

- Local surveys

- Program documents

Other sources

- Financial and commodity reports

- Self-assessment and supervisory assessment exercises (such as COPE® exercises, medical monitoring results, performance needs assessments, etc.)

Session Time

1 hour, 15 minutes	**Training Activities**. . . . . **Time**
	A. Overview of sources of data . . . . 25 min.
	B. Case study on data for decision making . . . . 50 min.

Session 6 Detailed Steps

Activity A: Overview of Sources of Data: Discussion/Presentation *(25 minutes)*

> ➤➤ **Training Tip**
>
> Prior to the training, communicate with the organizers to adapt the case study to existing local situations and data collection systems.

1. Present the learning objectives for the session.

2. Tell the participants that during the session, they will learn what sources of data are available and how supervisors and staff can use those sources of data for decision making.

3. Ask the participants to explain how they understand the expression "using data for decision making." After their responses, reveal Flipchart 6A and ask for a volunteer to read it. Emphasize all of the steps in the process. Tell the participants that it is not enough to collect data; the data must be analyzed and interpreted, and then decisions must be made.

4. Explain to the participants that different types of decisions are made at different levels; thus, different types of data are needed at different levels.

5. Ask the participants to share their experiences with collecting or using data in their everyday work. What sources do they use? What is the process of obtaining the data and of sharing them with staff, analyzing them, interpreting them, and using them? Allow **10 minutes** for sharing these experiences.

6. Tell the participants that there are two types of data sources—population-based and program-based. Point out that service-based data are a subset of program-based data. Ask the participants to list what sources of population-based data they use.

7. Reveal Flipchart 6B and ask for a volunteer to read the list on the flipchart. Ask whether they are familiar with those sources and whether they use any of them.

8. Distribute the pages from the *World Population Data Sheet*. Ask the participants to compare the data for their country with data from neighboring countries. Ask what the data tell them about the situation and the status of reproductive health services in those countries and in their own country. Ask the participants what gaps (unmet needs) in reproductive health service provision they could identify by analyzing the data presented in the table.

9. Ask the participants what program-based data sources they know and use.

10. Reveal Flipchart 6C and ask the participants whether they use any of those sources and whether they share the information from those sources with their staff. Ask them to give examples of data that they are sharing with the site staff.

11. To summarize the discussion, invite the participants to open their Participant Handbooks to page 29 and read the material on "Data for Decision Making." Comment on this materials.

12. Ask the participants what indicators they usually use. Refer them to pages 35–42 in the Participant Handbook, which describes indicators that are commonly used in reproductive health. Guide the participants through this resource.

13. Ask what indicators have not been useful. Why? Help them to understand that collecting too much information will not help to solve problems.

14. Ask the participants whether they use any of those indicators in their work.

15. Reinforce the message that decisions are made at different levels. The types of problems defined through population-based data may require changes in policies or in priority-setting. On the other hand, indicators based on programmatic or service-based data can be used to define the level of effort, services, or quality needed within a program or facility to address a problem

Activity B: Case Study on Data for Decision Making: Small-Group Work/Discussion *(50 minutes)*

1. Tell the participants that a case study will be used to help them analyze and discuss the possible role and actions of off-site and on-site supervisors in the use of data for decision making.

2. Divide the participants into two groups. Within each group, half of the group will represent on-site supervisors and the other half will represent off-site supervisors.

3. Distribute copies of Participant Handout 6.1 and provide instructions on how the groups should proceed. Allow the groups **35 minutes** to do their work. Tell the participants that they will use the same action plan format as was presented during the previous session.

4. Explain that the participants in each group will interact as on-site and off-site supervisors would interact during a supervisory visit, and that they need to discuss together which problems or solutions will be recorded on the site action plan and which will be recorded into the off-site supervisor's plan.

5. After 35 minutes, invite the groups to report their results. Each group can spend 5 minutes presenting their results, with the rest of the group participating in a discussion.

➳ Training Tip

When discussing the results, be sure to make the following points:

❑ Supervisors involve staff in all steps in collecting, analyzing, and using data for decision making.

❑ Supervisors make programming and management decisions based on data.

❑ The fundamentals of care connect the action plans that the participants develop to informed and voluntary decision making, safety of clinical techniques and procedure, and assurance of a mechanism for ongoing quality improvement.

❑ The off-site supervisor plays an important role as a liaison within the larger system to advocate for the needs of reproductive health and family planning services.

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6. Refer the participants to the Facilitative Supervision Handbook (pp. 4.23–4.35) for additional reading.

7. Summarize the discussion by making the connection to medical monitoring and discussing the use of data collected through medical monitoring activities for management and decision making. Remind the participants of the diagram that represents the process of quality improvement and point out how the steps on the diagram are related to the process they have just discussed.

Participant Handout 6.1: Exercise: Data for Decision Making

Case Study A

The Buffalo Health Center is not meeting its projected goals for provision of long-acting and permanent methods. Two years previously, the clinic was serving more clients, but so far this year, the numbers of clients using the intrauterine device (IUD), no-scalpel vasectomy (NSV), or tubal ligation (TL) are down significantly. Meanwhile, nearby health subdistricts are doing better than previously. Dr. Okot reviews the data and makes a visit to better understand why.

Subdistrict	Hippo			Buffalo			Rhino			Tiger		
Method	IUD	NSV	TL	IUD	NSV	TL	IUD	NSV	TL	IUD	NSV	TL
Projected (desired service level)	400	150	150	400	150	150	400	150	150	400	150	150
2003	267	101	92	395	146	154	252	94	90	232	106	110
2004	302	125	121	301	106	114	314	124	136	292	117	126
2005	352	142	144	251	92	98	398	154	166	346	147	146
First half of 2006	201	80	85	80	36	30	210	86	90	202	187	91

When Dr. Okot visits the center, she discovers that:

• The midwife who normally does IUD insertions was injured in a traffic accident and has not been able to work for the past six months. The other midwife is not confident in her IUD insertion skills and is too busy with oral contraceptive and injectable clients and with outreach posts to take on the additional responsibility.

• Tubal ligation campaigns are much less well-attended than they were previously. One injectable client with four school-age children tells Dr. Okot that she heard about a woman from another community who had a serious complication (she needed a major operation and almost died) following a tubal ligation.

• The Medical Officer at the health subdistrict says that he is often "too busy" to provide tubal ligation or no-scalpel vasectomy when clients come. But now, few clients come anyway.

• The family planning register is incomplete; the *follow-up* column is blank or inaccurately filled out.

• The center staff can provide no information on complications of family planning methods, although the Medical Officer reports that the drop-out rate for all methods is high, due to concerns about side effects and complications.

• The light in the operating theater is broken, and gooseneck lamps are used when a surgery is done. The operating theater is dusty, and its corners are crowded with broken equipment.

- The autoclave is seldom used, due to a lack of fuel, and the boiler is used only when there is electricity. Needed instruments are often kept soaking in Savlon prior to use.

- There is no chlorine in the facility.

Tasks for the Groups:

Group 1, off-site supervisors: As off-site supervisors, discuss what steps Dr. Okot and the facility staff should take, based on her findings? Develop an action plan to address the above problems from Dr. Okot's perspective. List ways in which her action plan should be coordinated with that for the site.

Group 2, on-site supervisors: Develop an action plan from the perspective of the on-site management. Identify the most important questions that you need data to answer and how you will obtain the data.

Both groups: When developing the action plan, make sure to include actions that would help to ensure the fundamentals of care, especially ensuring informed and voluntary decision making.

Case Study B (Related to Integrated Family Planning, Reproductive Health, and HIV Services)

The Timba Health Center is a community-oriented HIV support center with a modest client volume. One year ago, an external donor invited the management of Timba to add antiretroviral therapy (ART) services to their existing range of supportive services. Timba began offering ART services, and while their user volume increased, they also noticed a surprising increase in unintended pregnancies. Timba's staff requested and received assistance in integrating family planning services into their ART and HIV support services; they were providing the pill, injectables (DMPA), and hormonal implants along with condoms, which they had always provided for prevention of infection.

However, accommodating family planning services has proven to be a challenge for the health center, since staff had only recently adjusted to providing antiretroviral medications. Some of the challenges were observed when Ms. Gondo, the district supervisor, visited last week. She observed the services provided and reviewed service statistics that the staff collect quarterly.

Timba	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
Method	Pill	DMPA	Implants	Pill	DMPA	Implants	Pill	DMPA	Implants	Pill	DMPA	Implants
Projected demand	**150**	**400**	**150**	**150**	**400**	**150**	**150**	**400**	**150**	**150**	**400**	**150**
2004	100	267	92	146	395	154	94	252	90	106	232	110
2005	125	302	121	106	301	114	124	314	136	117	292	126
2006	142	352	144	92	251	98	154	398	166	147	346	146
1st quarter, 2007	40	100	44	18	40	15	43	105	45	94	95	46

During the supervisory visit, Ms. Gondo discovered that:
- There is a high level of interest among clients in the IUD, since it offers protection for a long time, but no one on staff is skilled in IUD insertion and removal. The one nurse-midwife who had worked at the facility has retired, and the clinical and medical officers say they are too busy with ARV management to take on the additional responsibilities of providing family planning.
- An awareness-creation campaign for voluntary sterilization started in the district where the center is located and has generated inquiries for such methods at the center. However, the center has no space or available staff to train for providing tubal ligation or no-scalpel vasectomy.
- Clients are being turned away and are confused about how they can obtain voluntary sterilization, since the referral point is so far away and the cost for the procedure plus transportation makes these methods impossible to get.
- The family planning register is incomplete: The *follow-up* column is often blank or inaccurately filled out, and the *source of referral to FP* column is also blank.

- Staff do not use information, education, and communications (IEC) materials during counseling sessions.

- The staff person who registers clients for the clinic reports that clients are grumbling and concerned about the side effects they are experiencing with the pill, injectables, and implants, and that they feel that no one is paying attention to their complaints. Moreover, clients do not receive information about possible side effects and how to manage them.

- The autoclave is seldom used, due to a lack of fuel, and the boiler is used only when there is electricity. Needed instruments are often "flamed" prior to use or are kept soaking in Savlon®; clients have to bring their own syringes for injections. Used needles are tossed into a specially designated open metal bucket.

- There is no chlorine in the facility.

- The inventory books are not up to date; supplies of DMPA are running low; and there are only three implant sets left.

Tasks for the Groups:

Group 1, on-site supervisors: Develop an action plan for addressing the above problems, from the perspective of the on-site manager and staff. Discuss what the manager and staff can do to gain the support of the off-site supervisor. Identify the most important questions that you need data to answer and how you will obtain these data.

Group 2, off-site supervisors: Develop an action plan for addressing the above problems, from the off-site supervisor's perspective. Discuss what Ms. Gondo should do to help the site supervisor and staff to solve the problems. Identify the most important questions that you need data to answer and how you will obtain these data.

Group 3 (optional)*: List possible indicators to use for monitoring changes in service provision at the Timba Health Center. Identify the most important questions that you need data to answer and how you will obtain these data.

All groups: When developing the action plan, make sure to include actions that would help to ensure the fundamentals of care, especially ensuring informed and voluntary decision making.

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*If time and numbers of participants allow, the trainer can divide the group into three and give the third group this task.

Resource 6-1

Data for Decision Making

The following are some examples of the questions that supervisors need to answer every day:

- Which health needs are priorities in your community?
- Which staff should provide which services?
- Are there sufficient supplies, beds, and hospital beds for your caseloads?
- How many people have been reached by your facility's activities?

To help you in answering these and other questions, you may decide that you need to collect more data. However, data collection alone will not help you resolve these issues. For that, you need to use *data for decision making*. Data for decision making refers to the process of **obtaining, analyzing, interpreting, making decisions,** and **taking action** on data to strengthen program performance (Timmons & Egboh, no date). This is similar to the quality improvement process of gathering and analyzing information; developing and prioritizing an action plan; implementing interventions; and evaluating (EngenderHealth, 1999, p. 28).

When data become meaningful, they can help you and your staff in:

- Setting health priorities
- Formulating health policies
- Obtaining and allocating resources
- Planning, implementing, and monitoring public health interventions

(CDC, 2004)

Sources of Reproductive Health Data

One of the first steps you will carry out in data for decision making is to **gather** data. Two types of data that are available to help you and program managers make decisions are ***population-based*** or ***program-based*** (Bertrand & Escudero, 2002, pp. 7–9).

Sources of *population-based* data include the following:

- Vital registries
- Surveys such as the Demographic and Health Surveys and the Reproductive Health Surveys conducted by the U.S. Centers for Disease Control and Prevention
- Official documents (for example, government policies, norms, and guidelines)
- Special studies (see Bertrand & Escudero, 2002, pp. 7–9)

Sources of *program-based* with a subset of service-based data include the following:

- Service statistics
- Facility-based surveys
- Local surveys
- Program documents (see Bertrand & Escudero, 2002, pp. 7–9)

As well as:
- Financial and commodity reports (Timmons & Egboh, no date)
- Self-assessment exercises (for example, COPE® exercises and resources like the Quality Measurement Tool or the Cost-Analysis Tool)

Population-based data

Population-based data provide a general picture of the health conditions of a specific country, region, or group. They create the context in which you can consider your own program.

The World Health Organization has compiled a list of 17 global reproductive health indicators that are tracked (Bertrand & Escudero, 2002, pp. 201–203). Some of the key indicators usually collected by family planning and reproductive health programs include the following:

- Total fertility rate
- Contraceptive prevalence rate
- Unmet need (for spacing and limiting)
- Maternal mortality ratio
- Antenatal care coverage
- HIV prevalence

In summary, **indicators commonly used in reproductive health** include definitions of these population-based indicators. The Population Reference Bureau updates its list of key reproductive health indicators annually.

Data from population-based sources can help you in setting goals for your program (Seltzer & Solter, no date). You will not be able to measure the impact your program has on these population-based indicators. Impact is usually accomplished through the collective efforts of programs and agencies such as yours. Nevertheless, you can use the population-based indicators to identify critical areas of need and then to guide you in identifying the local-level indicators you will choose.

For example, say you reviewed the data and decided that you would follow your Ministry of Health's national goals of reducing fertility (which they have identified through population-based data). You consult population-based data and find that the total fertility rate is high in your country and region. Based on these data, chances are that the fertility rate is also high where you work. You would then choose local-level indicators that look at fertility and contraceptive use.

Program-based data

In many cases, you are probably already collecting program-based (service-based) data. Service statistics such as *numbers of clients served* or on *number of contraceptives dispensed* are examples of program-based data. Other examples of indicators derived from program-based data are listed in **Resource 6-2**.

One problem that programs sometimes face is that of collecting too much information (INFO Project, no date). Very often, we collect data because we think they *might be* useful, rather than because they *really are* useful. When too many data are collected, data collection becomes a cumbersome, time-consuming activity (INFO Project, no date). Also, it may cause staff to become less motivated about collecting data and about doing so properly.

There are a number of actions you can take to ensure that program-based data are relevant, which in turn can make it easier and more effective to incorporate them into your programs.

- Review the data that are already being collected. This means reviewing clinic forms, nominal rolls/logbooks/registries, and any summary forms. How are staff using this information? Are people collecting the information in the same way? Are definitions standardized for the different variables or indicators for which you may collect data? Do the indicators make sense? Are they indicators that you *think* you will use or those that you actually *will* use?

- What do staff consider the most important indicators to track? These may be related to performance, to management systems, or to service delivery. You may want to talk with different providers to learn more about these needs. COPE® exercises, client flow analyses, or data provided by some other quality improvement tool may also offer some insight into which data to track.

- What are the Ministry of Health's and/or health region's objectives in health? Indicators linked to these objectives should be included in your data collection systems.

Analyzing and Interpreting Data

Once you have obtained data, the next steps are to **analyze** and **interpret** the data. Exercises that you can carry out to analyze data include the following:

- Tabulating the data in ascending or descending order, or by time frames

- Disaggregating the data by region or by sociodemographic characteristics (e.g., by age, marital status, or educational level)

- Creating graphs and charts to help you to see trends visually (Bar charts and line graphs are good for observing changes over time; pie charts are helpful for looking at distributions.)

- Reviewing data for more than one time period to look at changes in an indicator over time (Timmons & Egboh, no date; INFO Project, no date)

As you review the data, bear the following questions in mind to help you in the analysis and interpretation of data:

- If you are looking at a range of issues or public health problems, compare the magnitudes of each of these. What are the most important problems affecting the population?

- What are the populations most heavily affected by the problem in question? Do they live in urban or rural areas? In which regions? Are they married or unmarried? What are the age-groups? Educational levels?

- How do the data change over time? Are there specific patterns tied to when the numbers peak, drop, or level off?

To assess changes over time and the progress of programs, we often measure indicators at different time intervals (e.g. annually, quarterly, or monthly). One calculation we carry out is **percentage change** (i.e., by what percentage did the indicator increase or decrease). Percentage change is calculated as follows:

Example:

[(Measure of indicator at time 2 – Measure of indicator at time 1) / Measure of indicator at time 1] X 100%

For example, the contraceptive prevalence for country X was 25% in 1985. It rose to 53% in 2000. What was the percentage change?

$$[(53–25)/25] \text{ X } 100\% = [(28)/25] \text{ X } 100\% = [1.12] \text{ X } 100\% = \textbf{112\%}$$

Using Data to Make Decisions

Once you have analyzed and interpreted the data, the next step is to use the **data for making programming decisions**. In essence, you want to know if:

- Services and programs are operating well (in which case, no change is needed in programming)

- Services and programs are operating well, though room exists for improvement

- Services and programs are not operating well (in which case, plans are needed to address the gaps in service)

<div align="right">(Timmons & Egboh, no date)</div>

You can document the next steps, individuals responsible, and timelines using the action plan format presented in Flipchart 5A, which is similar to that used in COPE® exercises.

Implementing Changes and Monitoring

Both the action plan and the information collected should be monitored and evaluated. Monitoring and evaluation should be done periodically to assess whether the steps taken to rectify problems have been effective and, if so, how effective they have been (Timmons & Egboh, no date). The **quality of the data** should also be monitored, to ensure that the information being collected is accurate and comparable over time.

Communication in the Data for Decision-Making Process

Often, data are collected as part of a requirement. These data then get sent to higher levels of ministries and departments of health, without being shared with those recording the data (INFO Project, no date). At a minimum, if other staff are needed to effect a change, then they too should be advised of the findings of the analysis and should agree to the action plan (Timmons & Egboh, no date). To improve staff motivation, think about ways to share the information with staff, so that they can see progress over time in these activities. Better yet, you may also want to involve staff in the process of analyzing data, so they have a stake in collecting good-quality data and learn to monitor their own progress.

Remember that the format to be used for communicating findings is as important as the information itself. The information should be easy to understand (INFO Project, no date). Consider using graphs and charts, as opposed to preparing lengthy reports.

One suggestion for ensuring that communication of findings is an integral part of the data for decision-making process is to create a plan for sharing information (INFO Project, no date). Such a plan would visually set out how the information flows and indicate who needs the information, how it will be used, and how detailed the information should be.
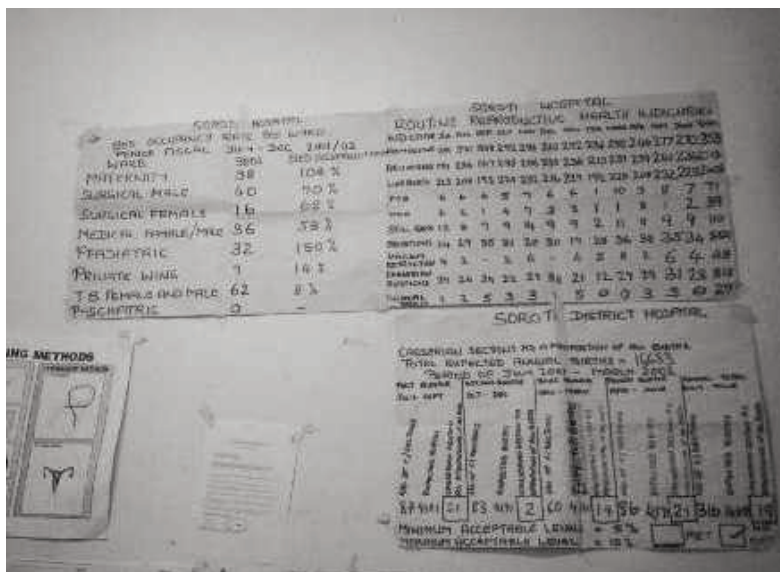

Figure 1: Staff at Soroti District Hospital, Uganda, tabulate and post the service statistics for their postabortion care program, so that all may see. The site's gynecology ward used figures on high bed-occupancy rates to advocate for a bigger ward.

Sources

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Resource 6-2

Indicators Commonly Used in Reproductive Health

An **indicator** is a "numerical measure that provides information about a complex situation or event" (Seltzer & Solter, no date). For example, for any given country, the well-being of its children may be summarized through the child mortality rate.

One of the simplest indicators to calculate is usually the count of an affected population or the population in question (Hennekens and Buring, 1987). We calculate this type of indicator every day in the work we carry out in our programs—the number of clients served, the number of hours worked, or the number of contraceptives distributed. We sometimes disaggregate this indicator across the different types of services (for example, by looking at the number of clients served in the family planning clinic or by counting the number of maternity clients attended). We may also disaggregate indicators by specific client characteristics (for example, by age).

Indicators are also often expressed as **rates** or **percentages**, with the **numerator** (i.e., the number on the top) representing an affected population and the **denominator** (i.e., the number on the bottom) representing the specific population from which the affected population was derived. When expressed as a rate, an indicator also is bound by a specific period of time and is usually multiplied by a constant (often 1,000 or 100,000). When expressed as a percentage, the constant is 100.

When choosing indicators to monitor programs, you need not start from scratch and create new indicators. Below is a list of commonly used reproductive health indicators, arranged by topic and scope. The reference list at the end of this document provides information about other excellent sources of information on indicators.

Fertility and Family Planning Indicators: Population Level

Indicator: Total fertility rate (TFR)

How calculated:
Average number of children who would be born to a woman during her childbearing years if current age-specific birth rates remained constant during the woman's lifetime (MSH, no date)

Purpose:
- Provides information about the level of fertility in a country
- Can be used to measure changes in fertility over time
- Can be used to assess the stage at which a country is in terms of its transition from high levels of fertility to low fertility (Table 1 shows the ranges of total fertility rates assigned to these transition stages, as described in Bongaarts, 2003)

Table 1: Ranges of total fertility rate assigned to transition stages

TFR	Transition stage	Country examples
7.0+	Pre	Mali, Yemen
6.0 to 6.9	Early	Malawi, Afghanistan
5.0 to 5.9	Early-mid	Senegal, Ethiopia
4.0 to 4.9	Mid	Bolivia, Kenya
3.0 to 3.9	Mid-late	Ecuador, India, Philippines
2.1 to 2.9	Late	South Africa, Argentina, Turkey
0.0 to 2.0	Post	Japan, Sweden, United States

Source: Adapted from Bongaarts, 2003; country examples are based on data from the
2003 World Population Data Sheet, Population Reference Bureau

Indicator: Contraceptive prevalence rate (CPR)

How calculated:
[Number of women of reproductive age (between the ages of 15–49) reporting that they or their partners are currently using a method of contraception / Number of women of reproductive age)] X 100 (Bertrand & Escudero, 2002)

Purpose:
- Can be calculated for different sociodemographic and other characteristics
  - Age, marital status (though usually calculated for married women or women in union), urban vs. rural
  - Users of traditional, modern, individual, or all methods
- Provides information on method mix (MSH, no date)
- Demonstrates effectiveness of information, education, and communication messages (MSH, 2004)
- Indicates interest on the part of women to use contraception (MSH, no date)
- Shows effectiveness and/or status (see Table 2, p. 6-20) of family planning programs

The continuum in Table 2 maps out the different stages of the development of family planning programs. You can use the programming parameters listed in each panel for the particular stage at which you fall.

Table 2: Stages of development of family planning programs

Emergent	Launch	Growth	Consolidation	Mature
0–7%	8–15%	16–34%	35–49%	≥50%
Begin pilot services; build support and credibility for family planning programs.	Expand services beyond pilots; broaden institutional base and client population.	Diversify service channels and providers to expand access and availability; promote mix of clinic-based and community-based services.	Increase segmentation of services and markets.	Increase sector involvement; promote services for hard-to-reach populations.

Source: Destler et al., 1990.

Indicator: Unmet need (for spacing and limiting)

How calculated:
The number or percentage of women currently married or in union who are fecund and who desire to either terminate or postpone childbearing for two years, but who are not using a contraceptive method (Bertrand & Escudero, 2002).

Purpose:
- Provides information about the current level of opportunity for family planning programs (Ashford, 2003)
  - If unmet need for spacing is high, consider integrating family planning services into a variety of settings to reach women who want temporary or reversible methods (e.g., post-partum and postabortion care programs).
  - If unmet need for limiting is high, consider advocating for increased attention and resources to remove obstacles to long-term and permanent methods.
- Identifies target groups for activities that raise awareness about family planning accessibility
- Can be calculated for different subgroups
  - Married women, women in union, sexually active women
  - Spacers (potential users of temporary methods) or limiters (potential users of permanent methods)

Family Planning Indicators: Program Level

Indicator: Number/percentage of new acceptors

How calculated:
(Number of clients choosing a method of family planning for the first time/total number of clients attended) X 100 (MSH, no date)

Purpose:
- Provides information on performance of family planning program
  - If the number/percentage of new acceptors is low or declines, one needs to identify why this is happening.
    - ➤ Are there problems with outreach?
    - ➤ Is scheduling inconvenient?
    - ➤ Are prices too high?
    - ➤ Are there problems with quality of care?
    - ➤ Do people know about the services?
    - ➤ Is there competition from others for the same services? (MSH, no date)
  - If the number/percentage of new acceptors is high or increases, one should continue to maintain or find ways to improve quality. The number of continuing users should also be tracked as a way of assessing whether clients are returning for services. (MSH, no date)
- Can be disaggregated into different subgroups, thus allowing one to assess whether or not target groups are being reached (Bertrand & Escudero, 2002)
  - By type of contraceptive method
  - By sociodemographic population (men vs. women, age-groups, educational level)
  - By timing of service (e.g., postpartum, postabortion)

Indicator: Number/percentage of continuing users

How calculated:
(Number of clients choosing a method of family planning for the first time/total number of family planning clients attended) X 100 (MSH, no date).

Purpose:
- Provides information on performance of family planning program
  - If number/percentage of continuing users is low or declines, one needs to identify why this is happening.
    - ➤ Has anything (e.g., prices, scheduling, staffing, contraceptive supplies) changed in the way services are being offered?
    - ➤ Are clients facing barriers in continuing to use their contraceptives?
    - ➤ Are clients dissatisfied with services?
    - ➤ Is there competition from others for the same services?
  - If number/percentage of continuing users is high or increases, one should continue to maintain or find ways to improve quality (MSH, no date).
- Can be disaggregated into different subgroups, thus allowing one to assess whether or not target groups are being reached
  - By type of contraceptive method
  - By sociodemographic population (men vs. women, age-groups, educational level)
  - By timing of service (e.g., postpartum, postabortion)

Safe Motherhood Indicators: Population Level

Indicator: Maternal mortality ratio (MMR)

How calculated:
(Number of women dying as a result of pregnancy-related complications during a reference period / total number of live births within the reference period) x 100,000 (Bertrand & Escudero, 2002)

Purpose:
- Serves as an overall marker of a population's health, the socioeconomic status of women, and the state of a country's health system (Bertrand & Escudero, 2002)
- In particular, indicates the accessibility and quality of antenatal, delivery, and postpartum and postabortion care (MSH, no date)

Indicator: Cesarean sections as a percentage of all live births

How calculated:
(Number of cesarean sections performed / number of live births) X 100 (Bertrand & Escudero, 2002)

Purpose:
Provides insight as to access, use, and quality of health services. International organizations such as the United Nations Children's Fund (UNICEF), World Health Organization (WHO), and United Nations Population Fund (UNFPA) have set the **recommended rate as 5% to 15%**. Rates below 5% suggest that cesarean sections are unavailable or inaccessible. Rates above 15% suggest that the procedure is being overused, thereby posing risks to women and draining resources (Bertrand & Escudero, 2002)

Indicator: Percentage of women attended at least once during pregnancy by trained personnel

How calculated:
(Number of women having made at least one antenatal visit with trained personnel – number attended by trained traditional birth attendants / estimated total number of pregnant women) X 100 (Bertrand & Escudero, 2002)

Purpose:
- Serves as a proxy for data on maternal mortality and morbidity (Bertrand & Escudero, 2002)
- Bears a strong association with rates of perinatal survival (Bertrand & Escudero, 2002)

Indicator: Percentage of births attended by skilled health personnel

How calculated:
(Number of births attended by skilled health personnel during the reference period / total number of live births occurring within the reference period) / X 100 (Bertrand & Escudero, 2002)

Purpose:
• Provides information on women's use of delivery services
• Serves as a proxy for data on maternal mortality and morbidity
   ○ Association exists between presence of skilled health personnel at delivery and maternal outcomes
   ○ "Skilled health personnel" include midwives, doctors, and nurses with midwifery and life-saving skills. Traditional birth attendants, whether trained or untrained, are excluded. (Bertrand & Escudero, 2002)

Safe Motherhood Indicators: Program Level

Indicator: Case fatality rate (CFR)—all complications

How calculated:
[(Number of deaths from specified obstetric complications in a facility / number of women with specified obstetric complications attended in a facility) x 100 (Maine, McCarthy and Ward, 1992; UNICEF, WHO, and UNFPA, as cited in Bertrand & Escudero, 2002).

Purpose:
• Allows tracking of facility's effectiveness in treating pregnancy-related complications—in particular, the quality and promptness of treatment (Bertrand & Escudero, 2002)

Indicator: Time to definitive treatment

How calculated:
Based on data collected from facility registers and case records (Maine et al., 1997). To construct this indicator, one needs the date and time of admission and the date and time of treatment/delivery. To ensure comparability, there must be standard definitions of what is meant by "admission time" and "definitive treatment" for different types of obstetric complications (Bertrand & Escudero, 2002).

Purpose:
• Provides information on the quality of maternity care services (Bertrand & Escudero, 2002)

HIV/STI: Population Level

Indicator: HIV/AIDS prevalence rate

How calculated:
(Number of adults aged 15–49 who are infected with HIV at a given point of time / total number of people aged 15–49) X 100 (WHO, no date).

Purpose:
- Informs program managers as to the importance of information, education, and communication on prevention and condom use (MSH, no date)
- May provide insight as to what program managers should expect in terms of forecasting numbers of patients and allocating resources to meet the needs of these potential clients (MSH, no date)

Sources
The information on how the indicator was calculated, as well as the different purposes, was compiled from the following sources:

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Module 7

Building Leadership Skills

Essential Ideas to Convey

❏ **A leader** is someone who influences and guides others toward the accomplishment of a goal.

❏ **Leadership** qualities include the ability to inspire others, establish trust, and promote team-work.

❏ **Managing** refers to overseeing systems and processes, focusing on *doing things correctly*, using resources wisely.

❏ **A mission** is a statement that summarizes an organization's purpose and provides the rationale for defining goals and objectives.

❏ "**A vision** is an image of hope, something you truly wish to create."

> —Management Sciences for Health. 2005. *Managers who lead:
> A handbook for improving health services.* Boston.

❏ **Trust** is the knowledge that another person will not take advantage of you, which allows you to feel safe putting your self-esteem and position in that person's hands.

❏ **Work climate** is the prevailing workplace atmosphere as experienced by employees. It is what it feels like to work in a place.

❏ Three key dimensions of **work climate** are clarity, challenge, and support.

❏ **To lead staff through change** (i.e., to implement new practices) takes effort. Successful supervisors lead their staff through five phases:

1. Recognizing a challenge

2. Identifying promising practices

3. Adapting and testing one promising practice or set of practices

4. Implementing the new practice(s)

5. Scaling up the successful new practice(s)

> Management Sciences for Health. 2004. Management strategies
> for improving health services. *The Manager*, 13(3).

"In its essence, leadership is a lifestyle, not a position."

> —John Hawkins, founder and president, Leadership Edge Inc.

Session 7-1

Leadership Styles

Objectives

By the end of this session, the participants will be able to:

• Describe who people can call a leader and what qualities make him or her a leader

• Analyze different leadership styles

• List and describe leadership competencies

Materials

• Resource: Leadership Styles, Participant Handbook, page 47

• Participant Handout 7.1: Leadership Competencies

• Participant Handout 7.2: Exercise: What Leadership Style Would You Recommend?

• Flipchart paper and markers

• Flipchart 7A: Leadership Style

Advance Preparation

1. Make enough copies of the handouts for distribution to all participants.

2. Prepare Flipchart 7A:

Flipchart 7A

Leadership Style

Level of Ownership

Level of Involvement

- Delegating
- Democratic
- Consensus-oriented
- Authoritarian with some input
- Authoritarian
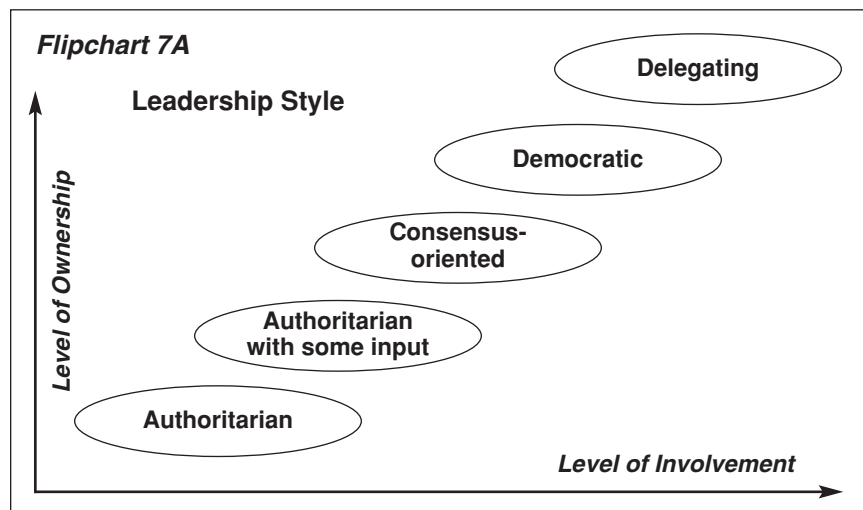
Session Time

1 hour

Training Activities	Time
A. Definition of a leader and leadership	15 min.
B. Leadership styles	45 min.

Session 7 Detailed Steps

Activity A: Definition of a Leader and Leadership: Discussion/Presentation (15 minutes)

1. Present the learning objectives for this session.

2. Ask the participants to describe someone who they know and who they call "a leader," and invite them to describe why they can call that person a leader.

3. Ask the participants to define "what/who is a leader" and what is leadership, and have them describe what leadership qualities are.

4. After the participants answer, explain that a leader is *someone who influences and guides others toward the accomplishment of a goal*. Leadership qualities include the ability to inspire others, establish trust, and promote teamwork. Tell the participants that to be able to do so, supervisors should have knowledge and skills, and that during this and following sessions, they themselves will gain such skills.

5. Ask the participants to explain who is a manager, a supervisor, and a leader. Explore the idea of formal leaders versus informal leaders. Ask the participants to give examples of cases where formal and informal leaders were the same person and examples where they were not.

6. Remind the participants that you have already defined supervision and management. Reinforce the message that **management** refers to overseeing systems and processes, focusing on *doing things correctly* and using resources wisely.

7. Tell them that in facilitative supervision, the supervisor has additional roles, among them those of leadership and staff empowerment. The facilitative supervisor's immediate goal is to teach others how to undertake the quality improvement process, with the ultimate goal of enabling them to provide high-quality services that meet their clients' needs.

8. Brainstorm by asking the participants to list the qualities of a leader. Write their answers on a piece of flipchart paper.

9. Tell the participants that leadership competencies are specific skills and knowledge that help supervisors lead the staff more effectively. Distribute Participant Handout 7.1 and ask the participants to compare the contents with the results of their brainstorm and comment on the similarities and differences.

10. Comment that supervisors need to expand their knowledge and strengthen particular skills (leadership, communication, management, technical, etc.) to be better able to lead the staff. Explain that during the course, the participants will work on developing those skills.

11. Tell the participants that by combining good leadership and management qualities, supervisors are able to lead staff to *do the right things the right way*.

Activity B: Leadership Styles: Presentation/Small-Group Exercise *(45 minutes)*

1. Ask the participants to name different leadership styles that they know.

2. Tell the participants that they will discuss different leadership styles, analyzing their advantages and disadvantages. Distribute the "Leadership Styles" handout from the Participant Handbook and ask for volunteers to read it row by row. Ask the participants to comment on whether they agree with the definitions and descriptions of each style and whether they would like to add anything else to them.

3. Tell the participants that during the next exercise, they will decide what leadership style they would recommend in three different situations.

4. Divide the participants into three groups.

5. Distribute Participant Handout 7.2 and assign one case to each of the groups.

6. Allow five minutes for the participants to discuss the cases in their small groups and to make a decision.

7. Ask a representative from each group to read a situation and to present the results.

Trainers' Resource: Answers to Case Studies

Situation I
Delegation. The clinical director should delegate the decision to a small group consisting of medical, logistical, and administrative personnel. This group has more time than the clinic director to review the information, and this group is qualified to make the decision.

Situation II
Authoritarian. Time is of the essence; if action is not taken promptly, the driver might die. The doctor has the best information and the qualifications to determine the proper course of action as quickly as possible.

Situation III
Consensus. The director needs the feedback of the staff to know whether it is possible for them to drop all current projects to work on the proposal. In addition, because the proposal would require a high-level commitment of staff for overtime and weekend work, all of the staff must support the decision. The quality of the proposal might suffer if staff resent the decision or do not understand it.

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8. Discuss the results with the participants. Tell them that different situations require applying different styles of leadership. The use of a leadership style depends on the situation. As the participants will see from the exercise, there are times when decisions should be made in an authoritarian manner.

9. Reveal Flipchart 7A and allow the participants a few minutes to analyze the diagram. Ask for a volunteer to comment on it. Tell them that decisions made with the involvement of others generally result in a higher level of staff "ownership" and commitment, which in turn results in a higher chance of implementation.

10. Tell the participants that through the following sessions, they will work on developing specific leadership skills.

Participant Handout 7.1: Leadership Competencies

Competency	Application
Master yourself	Reflect on yourself and be aware of your impact on others, manage your emotions effectively, use your strengths, and work on your shortcomings.
See the big picture	Look beyond a narrow focus to take into account conditions outside your immediate areas of work.
Create a shared vision	Work with others to envision a better future and use this vision to focus all your efforts.
Clarify purpose and priorities	Know your own values and what is most important to accomplish.
Communicate effectively	Hold conversations focused on outcomes; balance advocacy with inquiry; and clarify assumptions, beliefs, and feelings within yourself and others.
Motivate committed teams	Create the clarity, trust, and recognition necessary to lead to high performance that can be sustained over time.
Negotiate conflict	Reach agreements from which both sides can benefit.
Lead change	Enable your work group to own challenges, enlist stakeholders, and navigate through unstable conditions.

Adapted from: Management Sciences for Health. 2005. *Managers who lead:*
A handbook for improving health services. Boston.

Handout: Leadership Styles

Leadership Style	Description	Advantages	Disadvantages
Authoritarian	Leader makes decisions and announces them to staff.	• Style saves time. • Decision is usually clear and final. • Leader is in control.	• Other, better options may not be considered. • Staff may lack commitment to the decision. • Staff may be resentful or uncooperative.
Authoritarian, with some input	Leader makes decisions and announces them after receiving input from one or more staff members	• Style results in increased information for decision making. • Approach produced decisions relatively quickly. • Decision is usually clear and final.	• Staff not asked for input may lack commitment or be uncooperative. • Other, better options may not be considered.
Consensus-oriented	Entire group discusses and agrees to support group decisions. Leader maintains authority.	• Staff feel more involved and committed. • Staff support for decisions may be greater. • Chance of implementation is good.	• Approach is time-consuming and may require long meetings or multiple meetings. • Compromise decisions may be unclear. • Consensus may not always be possible.
Democratic	All members of the group vote for their preferred decision.	• Staff feel involved. • Decisions receive a high level of support. • Chance of implementation is good.	• Decisions may take more time. • Most popular decision may not be best option available. • Those on the "losing side" may feel resentful.
Delegating	Leader assigns decision-making task to another person or to a group.	• Approach offers opportunity for developing leadership qualities in others. • Chance of implementation is high.	• Leader sacrifices control. • Decisions may take more time. • Team may not have skills and knowledge to make a good decision.

Participant Handout 7.2: What Leadership Style Would You Recommend?

Group exercise

For each of the following situations, what leadership style would be best for decision making? Why?

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1. The clinic director is about to leave on a trip to the capital city for an important meeting with other clinic directors. However, the deadline for a decision on what types and quantities of surgical gloves to order is due, and the director has no time to review the information already gathered (surgical supply catalogs, projections on the number of procedures to be performed, relevant service protocols, and the budgetary allocation for the purchase of gloves). Medical, logistical, and administrative personnel are available at the clinic. What leadership style should the director use? Why?

   _____
   _____
   _____
   _____
   _____

2. There has been a serious car accident, and the driver of one car is bleeding profusely. Among those who have stopped to help is a doctor. Others are in a panic and shouting suggestions about what to do. What leadership style should the doctor adopt? Why?

   _____
   _____
   _____
   _____
   _____

3. The director of an agency has received a request for a proposal. To prepare and submit the proposal on time, the staff will have to drop all current projects and work overtime and on weekends. There is no guarantee that the agency will win the contract, but an all-out effort of all concerned will be needed to develop a document of very high quality. The director must make a decision on whether to make a bid for the contract. What leadership style should the director use? Why?

   _____
   _____
   _____
   _____
   _____

Session 7-2

Building Vision and Trust

Objectives

By the end of this session, the participants will be able to:

- Define a mission and a vision
- Explain how to build the shared vision
- Describe what behaviors help to foster trust

Materials

- Participant Handout 7.3: Exercise: Building Your Vision
- Participant Handout 7.4: Exercise: Building Trust
- Resource: How to Build Trust, Participant Handbook, page 51
- Flipchart 7B: Mission and Vision
- Flipchart 7C: What Is Trust?
- Flipchart 7D: How to Build Trust

Advance Preparation

1. Make enough copies of the handouts for distribution to all participants.
2. Prepare flipcharts 7B, 7C, and 7D:

Flipchart 7B

Mission and Vision

A **mission** is a statement that summarizes the organization's purpose and provides the rationale for defining goals and objectives.

A **vision** is an image of something you truly hope to create. An inspiring vision:

- Reflects a high standard of performance
- Represents future accomplishments (<u>measurable results</u>)
- Conjures up an image or picture

Flipchart 7C

What Is Trust?

Knowledge that another person will not take advantage of you, which allows you to feel safe putting your self-esteem and position in that person's hands.

Source: Harrington-Mackin, D. 1994. *The team building tool kit: Tips, tactics, and rules for effective workplace teams.* New York: American Management Association

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Flipchart 7D

How to Build Trust

❏ Create and maintain a nonthreatening environment

❏ Pay careful attention to communications

❏ Model correct behavior by showing trust in others and being reliable yourself

❏ Practice appropriate self-disclosure

Session Time

50 minutes

Training Activities	Time
A. Building a vision	25 min.
B. Building trust	25 min.

Session 7-2 Detailed Steps

Activity A: Building a Vision: Discussion/Work in Pairs *(25 minutes)*

1. Ask the participants to define a mission statement of an organization or health system and give examples.

2. Ask the participants whether they can explain what "vision" is in the supervision context.

3. After the participants have responded, reveal Flipchart 7B. Ask for a volunteer to read the definitions of mission and vision and comment or ask questions for clarification.

4. Read as an example EngenderHealth's mission statement and discuss the difference between a mission and a vision.

Trainers' Resource

Example of a mission statement:

"EngenderHealth works to improve the health and well-being of people in the poorest communities of the world. We do this by sharing our expertise in sexual and reproductive health and transforming the quality of health care. We promote gender equity, advocate for sound practices and policies, and inspire people to assert their rights to better, healthier lives. Working in partnership with local organizations, we adapt our work in response to local needs."

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5. Tell the participants that one of the best ways to motivate people is to share an inspiring vision with them and help them to create a joint vision. Facilitative supervisors should know how to build their own vision before sharing it with staff. To lead staff and other supervisors toward the goal of improving the quality of services, the leading staff must *share with the staff the vision of high-quality services*.

6. Explain that during the following activity, the participants are to discuss how to build a vision. Divide the participants into pairs, and distribute Participant Handout 7.3.

7. Explain that the participants will be working in pairs for 10 minutes, using the handout's format to develop one shared vision.

8. After the participants have finished their work, ask for two or three pairs to share their experiences with developing a shared vision.

9. Tell the participants that once the team has a shared vision, they need to work on developing indicators that will help them to monitor and evaluate the progress they make in achieving the results. The results should be clearly defined: **S**pecific, **M**easurable, **A**ppropriate, **R**ealistic, and **T**ime-bound (i.e., SMART).

Session 7

Activity B: Building Trust: Discussion/Individual Work/Brainstorm *(25 minutes)*

1. Tell the participants that staff need to trust supervisors in order to follow them, so it is important for supervisors to know how to foster trust.

2. Tell the participants that before they can discuss how supervisors can foster trust, they need to define what trust is. Ask them to describe how they understand what trust is.

3. Reveal Flipchart 7C and ask for a volunteer to read it.

4. Distribute Participant Handout 7.4 and explain that the participants will work individually on it for 5 minutes.

5. After 5 minutes, ask for two or three volunteers to share their experiences.

6. Brainstorm what types of behavior by supervisors can help to foster trust. Write the answers on a piece of flipchart paper.

7. Reveal Flipchart 7D and ask the participants to give examples of behaviors that help to build trust. The statements on the flipchart should serve as a guide for the discussion.

8. Refer the participants to pages 51–52 of their handbook for the resource How to Build Trust. Emphasize to them each action that helps to build trust. Spend time explaining how to create a nonthreatening environment and the role of supervisors in doing so, and give some examples. Make links to the ideas that the participants generated when they brainstormed the behaviors that help foster trust.

9. Lead the entire group in a discussion.

Participant Handout 7.3: Exercise: Building Your Vision

An inspiring vision:

❏ Reflects a high standard of performance

❏ Represents future accomplishments (measurable results)

❏ Conjures up an image or picture

Instructions:

❏ Share your visions with each other.

❏ Create one shared vision.

1) Write down your shared <u>VISION</u> for your pair that you would share with your team.

Participant Handout 7.4: Exercise: Building Trust

1. Think of a situation you have experienced in which staff exhibited distrust of their managers or supervisors or a situation in which you have lost trust in another person.

2. What factors/behaviors may have caused the distrust?

3. What actions could have been taken to reestablish trust?

Resource: How to Build Trust

Create and maintain a nonthreatening environment

In group meetings, maintain **confidentiality**, treat all staff with **respect**, treat all staff as **equals**, and use **facilitation skills** to make sure all staff treat each other with respect and equality, regardless of rank. Pay attention to the **physical environment**, including seating arrangement during meetings.

Pay careful attention to communication

The free 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. Always provide feedback in a constructive way.

Model correct behavior by showing trust in others and being reliable yourself

You are a role model for staff and your actions are as important—or per-haps more important—than your words. Make sure there is consistency between your words and actions: If you say that your next supervision visit will take place in one month, make sure that you respect that commit-ment. If you cannot make a promised visit, communicate the reasons and set up another appoint-ment. If you promise to arrange training, do not fail to do so. Show your trust in others by delegating responsibility to them as often as possible and by acknowledging and praising their successes.

Practice appropriate self-disclosure

When you share with others what you are thinking and what you want, people are more likely to trust you because they understand you. 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.

Source: Wilson, G. L. 1996. *Groups in context: Leadership and participation in small groups. 4th edition.* New York: McGraw-Hill.

Recognition and Motivation: Tips for Leading Staff

Objectives

By the end of this session, the participants will be able to:

- Describe what motivates employees
- Describe what external motivation and internal motivation are
- List at least five best ways to motivate staff
- List at least 3–4 indications/signs of low motivation and performance
- Define work climate and explain its influence on staff performance
- Explain how supervisors can influence a work group's climate
- Explain tips for leading staff

Materials

- Participant Handout 7.5: Exercise: Recognition
- Resource: "Tips for Leading Staff," Participant Handbook, page 58
- Resource: "External and Internal Motivation," Participant Handbook, page 53
- Resource: "Indications of Low Motivation and Performance," Participant Handbook, page 54
- Resource: "The Top 10 Ways to Motivate Staff," page 55
- Resource: "Improving the Climate in Your Workplace through Good Leadership," Participant Handbook, page 56
- Flipchart 7E: What Is Motivation?
- Flipchart 7F: Work Climate
- Flipchart 7G: Three Key Dimensions of Work Climate
- Flipchart 7H: Tips for Leading Staff
- Adhesive notes (e.g., Post-Its) or small pieces of paper
- Flipchart paper

Advance Preparation

1. Make enough copies of the handouts for distribution to all participants.
2. Prepare sets of five adhesive notes for each participant.
3. Write the following flipcharts:

Flipchart 7E

What Is motivation?

Energy to do something.

Each person has motives, needs, and pools of energy that represent potential behaviors.

External and internal motivation

Flipchart 7F

Work Climate

Work climate is the prevailing workplace atmosphere as experienced by employees. It is what it <u>feels</u> like to work in a place.

Flipchart 7G

Three Key Dimensions of Work Climate

<u>Clarity:</u>

- There are clear job expectations, roles, and responsibilities.
- Staff are aware of clients' rights and needs and build/maintain a culture that reinforces clients' rights and needs.
- Staff are aware of clinical standards.

<u>Support:</u>

- There are adequate resources, supplies, equipment, and infrastructure.
- Managers and supervisors are supportive.
- Recognition and motivation are provided, as well as appreciation and reward for both individual and group successes.

<u>Challenge:</u>

- There are opportunities to stretch and to grow, to increase responsibility.
- Staff work in groups and feel a sense of pride.
- All are committed to shared goals, purposes, and activities.

Flipchart 7E

Tips for Leading Staff

- Share the vision of high-quality services

- Build commitment and confidence

- Be well-informed and prepared

- Use facilitation skills

- Do real work

- Be ethical

Session Time

1 hour, 35 minutes

Training Activities . . . . **Time**

A. Recognition and motivation . . . . 45 min.

B. Understanding the supervisor's role in influencing
work climate . . . . 40 min.

C. Tips for leading staff . . . . 10 min.

Session 7-3 Detailed Steps

Activity A: Recognition and Motivation: Individual Work/Discussion/Brainstorming/Discussion *(45 minutes)*

1. Present the learning objectives for the session.

2. Distribute Participant Handout 7.5 and ask the participants to work individually for **5 minutes**.

3. Ask for two or three volunteers to share their reflections with the group and tell what they think about recognition.

4. Emphasize to the group that to show staff how important quality services are, it is crucial to find an appropriate way to recognize and reward staff's good work.

5. Invite the participants to reflect on how they feel when supervisors recognize their good work, their successes, or their achievements and to share those reflections with the group.

6. Ask the participants to explain how they would define "motivation."

7. Reveal Flipchart 7E and ask for a volunteer to read the text.

8. Ask the participants to tell how they would describe external and internal motivation and give examples.

9. Refer the group to two resources in the Participant Handbook (External and Internal Motivation (p. 53) and Indications of Low Motivation and Performance (p. 54). Allow the participants a few minutes to read the indicators and then ask them whether they agree with the statements and whether they would like to comment on any of them.

10. Explain that to motivate staff, supervisors and managers need to understand what motivates employees and focus on developing a motivating environment. Mention that during the next activity, they will discuss in more detail how to create such an environment. The sooner a supervisor understands employees' motivations, the better he or she can **direct employees' energy into productive work**.

11. Tell the participants that they will be asked to share with their colleagues their ideas about how they as supervisors motivate staff to do their best. Distribute sets of Post-its to the participants (one set per participant).

12. Ask the participants to write their ideas on how supervisors can motivate or reward staff (one idea per Post-it). **Allow 5 minutes** for this exercise.

13. After they have written the ideas, ask the participants to approach the flipchart stand and to attach the Post-its to a piece of flipchart paper.

14. Invite the participants to stand around the flipchart. Ask for a volunteer to read the participants' ideas. **Allow 5 minutes to discuss and prioritize the ideas**.

15. Invite the participants to compare what they actually do as supervisors to motivate staff with what supervisors *should* be doing in their work to motivate their supervisees. Use the ideas presented on the flipchart to facilitate the discussion.

16. Refer the participants to page 55 in the Participant Handbook (The Top 10 Ways to Motivate Staff) and allow them a couple of minutes to read it.

17. Ask the participants whether they agree with this list of ways to motivate staff. Discuss with the participants the ideas that they just read.

18. Thank the participants for their active participation.

Activity B: Understanding the Supervisor's Role in Influencing Work Climate: Discussion/Presentation *(40 minutes)*

1. Explain that throughout the world, poor-quality services and poor performance are a direct result of staff's feeling **unmotivated** or **unrecognized** for their efforts in service provision and **unhappy with their work climate**.

2. Ask the participant to explain how they understand the term **"work climate."** Lead the participants toward a statement that "work climate is the prevailing workplace atmosphere as experienced by employees. It is what it feels like to work in a place." Reveal Flipchart 7F, which provides a definition of work climate.

3. Explain that organizational **culture** is different from **climate**. Tell the participants that a culture is the pattern of shared values and assumptions that organizational members share. Assumptions that have worked well in the past are taught to new members as **"the way we do things here."** A supervisor may develop a climate that differs from prevailing cultural norms. Cultural norms can be influenced by internal regulations, standard operating procedures, managers' and supervisors' behaviors, the socio-cultural context of the local community, social hierarchies, etc.

4. Tell the participants that as supervisors, they influence the climate of their work group more than any other factor. Ask them to think about the ways in which supervisors can influence the work climate.

5. Distribute sets of 4–5 Post-its to each participant. (Prepare sets in advance to save time.) Ask them to write one idea per Post-it about how supervisors can influence the work climate. (Allow **5 minutes** for this activity.) Instruct them to place all of their Post-its on a piece of flipchart paper.

6. Ask for a volunteer to approach the flipchart and read the ideas aloud. Ask the participants to comment on the statements.

7. Reveal Flipchart 7G and explain the three key dimensions of work climate. Discuss with the participants each key dimension and ask them to give examples related to each dimension.

8. Refer the participants to page 56 in the Participant Handbook (Improving the Climate in Your Workplace through Good Leadership), lead them through the materials, and comment on the statements. Ask the participants whether they agree with everything.

9. Point out that the resource mentioned in the Participant Handbook contains other useful materials, such as forms with which to assess work climate and leadership and management practices to improve the climate (see MSH. 2002. Management strategies for improving health services: Creating a work climate that motivates staff and improves performance. *The Manager*, 11[3]).

Activity C: Tips for Leading Staff (10 minutes)

1. Reveal Flipchart 7H.

2. Tell the participants that this flipchart shows some tips for leading staff.

3. Ask for volunteers to read the statements one by one, and then discuss each tip with the participants. Ask them to give examples from their everyday work. Make links between this activity and the previous session on building trust and reinforce messages related to the importance of supervisors' facilitative behaviors.

4. Refer the participants to page 58 in the Participant Handbook (Tips for Leading Staff).

Participant Handout 7.5: Exercise: Recognition

1. A facilitative leader publicly praises and recognizes those who contribute to quality improvement. Think of a time when you did something for which you wish you had been recognized. ***How did the lack of recognition make you feel?***

2. Think of something good that a colleague has done for which he or she deserves recognition. ***Suggest a way, without spending money, to reward that person.***

Resource

External and Internal Motivation

External Motivation

External motivation involves using motivators that come with a job—for example, pay, benefits, office space, and safety. A dangerous worksite or pay at survival level demotivates many employees. External motivation can also include giving positive feedback and recognition, often constructive motivators.

Internal Motivation

Internal motivation comes from within an employee. It can be influenced by the feeling that a supervisor cares about her or him as a person and by opportunities for growth, advancement, recognition, and responsibility. Think back for a moment to your own experiences as a member of a high-performing team. What were some of your internal motivators? Were they related to the satisfaction of innovating and creating a new approach, solving problems, making a contribution, surpassing established standards and goals, or learning and working with a dynamic group of people? Everyone has many of the same internal motivators, but individuals may be more inspired by different motivators. Do you know what motivates each member of your work group? Once you get to know what motivates your staff members and what motivates each of them, you can create a work climate that offers opportunities that will motivate them and encourage their performance.

In the workplace, internal resources of motivation energize staff as they work. People often feel motivated for high performance by one of three primary motivators (or a mix of them): power (visibility and prestige); affiliation (having good relations); or achievement (pride in a job well done and greater responsibility) (McClelland, D. C. 1985. *Human motivation*. Glenwood, IL: Scott-Foresman). For example, people motivated by power want positions of visible responsibility. People motivated by affiliation want to work in a group where the interpersonal relations are pleasant and supportive. People motivated by achievement want to see the results and to know that their efforts contributed to those results.

Source: Management Sciences for Health. 2002. Management strategies for improving health services: Creating a work climate that motivates staff and improves performance. *The Manager*, 11(3).

Resource

Indicators of Low Motivation and Performance

Signs

Staff may show specific signs of low motivation or performance, such as:

- Absenteeism and tardiness (delay beyond the expected or proper time)
- Decreased productivity
- Disengagement and inflexibility of work habits
- Dissatisfaction among clients
- Failure of a work group to meet specific performance targets
- Frequent or unresolved conflict among staff
- Poor communication among group members and with the supervisor
- Resistance to new processes and ideas

Complaints

Staff may also **complain**. The following are some of the common complaints that supervisors/managers worldwide have heard:

- "This place is so disorganized. We don't know what direction we are going in. Today, one task has high priority, but tomorrow a different task has priority."
- "We are asked to produce results, but we don't have support or necessary resources."
- "No one appreciates our work. No one says thank you."
- "We get plenty of criticism when things go wrong, but rarely any positive feedback."
- "Things are tense and unpleasant. Our boss just barks at us. Sometimes I wish I didn't have to go to work."

Source: Management Sciences for Health. 2002. Management strategies for improving health services: Creating a work climate that motivates staff and improves performance. *The Manager*, 11(3).

The Top 10 Ways to Motivate Staff

1. **Personally thank** employees for doing a good job—verbally (in front of colleagues), in writing, or both—in a timely way, often, and sincerely.

2. **Take time to meet** with and **listen** to your staff.

3. **Provide specific and frequent feedback** to staff about their performance. Support them in improving performance.

4. **Recognize, reward, and promote** high performers; deal with low or marginal performers so that they improve or leave.

5. **Keep staff informed** about how the organization is doing, upcoming services or products, strategies to be competitive, financial position, new policies, etc.

6. **Involve staff in decision making,** especially in decisions that affect them. Involvement leads to commitment and ownership.

7. **Give staff an opportunity to learn new skills and develop;** encourage them to do their best.

8. Show all staff how you can **help them meet their work goals while achieving the organization's goals.** Create a partnership with each employee

9. **Create a work environment that is open, trusting, and fun.** Encourage new ideas, suggestions, and initiative. **Learn from, rather than punish for, mistakes**

10. **Celebrate successes**—of the organization, of the department, and of individual staff members. Take time for team- and morale-building meetings and activities. Be creative!

Session 7

Resource: Improving the Climate in Your Workplace through Good Leadership

Work climate is the prevailing workplace atmosphere as experienced by employees. It is what it feels like to work in a place.

"An analysis of data on 3,781 executives, correlated with data from climate surveys filled out by those who worked for them, suggests that 50% to 70% of employees' perception of working climate is linked to the characteristics of the leader." (p. 82)

Source: Goleman, D. 2000. Leadership that gets results.
Harvard Business Review, March-April, pp. 78–90.

Organizational culture is different from climate. The culture is the pattern of shared values and assumptions that organizational members share. Assumptions that have worked well in the past are taught to new members as "the way we do things here." A supervisor may develop a climate that differs from the prevailing cultural norms. Supervisors influence the climate of their work group more than any other factors.

Improving the Climate in Your Workplace through Good Leadership

- Understand three key dimensions of work climate

- Assess the climate of your work group

- Take action to improve your group's climate

An organization's work climate is affected by many factors inside and outside an organization: the organization's history, culture, management strategies and structures, and external environment, as well as internal leadership and management practices. Supervisors and managers can control some of these factors, such as their own management and leadership practices, but not others.

Understanding Three Key Dimensions of Climate

- **Clarity**

   ○ An environment provides clarity when the group knows its roles and responsibilities within the big picture. Group members are aware of the needs of their clients, and the consequences of failing to achieve these standards are understood.

- **Support**

   ○ In a climate of support, the group members feel they have the resources and backing they need to achieve the goals. Resources include essential supplies, equipment, tools, staff, and budget. Emotional support includes an atmosphere of trust, mutual support, and deserved recognition, in addition to individuals' inner resources. Such an atmosphere is created when group members feel their capabilities are acknowledged, when they participate in decisions that impact the work group, and when they sense appreciation and reward for both individual and group successes.

- **Challenge**
  - A climate of challenge exists when group members experience opportunities to stretch, take on challenges with reasonable risks, and discover new ways of doing things to be more effective. Group members feel a sense of pride in belonging to their work group, feel a commitment to shared goals and purposes, and feel prepared to adopt alternative activities when required. They actively take responsibility, develop skills and capacities to deliver appropriate services, and are better equipped to take reasonable risks.

All three of these dimensions are critical for fostering performance. Employees faced with challenges but lacking support and clarity can experience stress and frustration. They may feel set up to fail. Without challenge or support, employees who are clear about expectations may find their workday restrictive, deadening, or even punitive. Supported staff will not stretch themselves or build their skills if they feel unchallenged.

Note: For more information and for climate assessment tools, see Management Sciences for Health. 2002. Management strategies for improving health services: Creating a work climate that motivates staff and improves performance. *The Manager*, 11(3).

Resource

Tips for Leading Staff

How can you lead staff and colleagues toward the goal of quality improvement? The following tips will help you guide staff in group decision making and foster commitment.

❏ **Share the vision of high-quality services.**
One of the best ways to motivate people is to share an inspiring vision. If you are excited about what the future could be for the site, if you are optimistic about the staff's ability to achieve that future, and if you are able to articulate it, you will inspire them to follow you toward that goal. A staff that is excited about the goal will be more willing to go through a process of change in order to achieve it. A leader could enable staff to envision what their service would be like if it were a model that everyone came to see and learn from.

❏ **Build commitment and confidence.**
Emphasize the importance of quality improvement. Use recognition, praise, and positive reinforcement to build confidence. At the outset, guide the group toward solving small problems in order to build the confidence and expertise to tackle larger problems.

❏ **Be well-informed and prepared.**
You cannot expect people to follow you if you are not sure where you are going or what you are doing. Become expert in the skills, quality improvement tools, and problem-solving methodologies that you will be transferring to your colleagues. Always be prepared for meetings and interventions.

❏ **Use facilitation skills.**
Show leadership in the group's meetings by using facilitation skills to keep the group on track and manage interpersonal and power-related conflict.

❏ **Do real work.**
Be an active participant in the endeavor by modeling facilitative behavior, taking part in problem-solving activities, and serving as liaison between the site and off-site resources. When your colleagues see your active participation, they will be convinced of your commitment to the process and to them, and they will be more willing to follow you.

❏ **Be ethical.**
Be honest in your communications. Support your colleagues as they implement the quality improvement methodologies that you are suggesting and as they cooperate in facilitative supervision.

Session 7-4

Leading Staff through Change

Objectives

By the end of this session, the participants will be able to:

- List the factors that help to translate innovative ideas into workable practices
- Explain how to deal with people's reactions to changing practices
- Describe phases in the process of leading the staff through change
- Describe the role of the facilitative supervisor as a liaison within the facility and with the larger system

Materials

- Participant Handout 7.6: Exercise: Reaction to Change
- Participant Handout 7.7: Individual Response to Change
- Participant Handout 7.8: Dealing with Individual Response to Change
- PowerPoint presentation, Module 7

Advance Preparation

Make enough copies of the handouts for distribution to all participants.

Session Time

50 minutes

Training Activities . . . . **Time**

A. Reaction to change . . . . 10 min.

B. Leading the change process and making links
to the larger system . . . . 40 min.

Session 7-4 Detailed Steps

Activity A: Reaction to Change: Exercise/Individual Work/Presentation
(10 minutes)

1. Ask the participants to describe what they understand by the word "CHANGE."

2. Tell the participants that they will spend some time analyzing how people usually react to any change.

3. Distribute Participant Handout 7.6 and explain the instructions. Give some examples of changes in people's lives (a new supervisor joined the organization; you learned that your workplace will be moved to another location; your husband/wife got an offer for a job in another region, etc.). Tell the participants that they are to work individually for **5 minutes**. Ask them to write at least 10 words that describe emotions reflecting their reaction to such a change.

4. After the participants have completed the task, go around the room and ask them to read the **first** word only from their tables, then the second word only, and so forth. Then ask the participants to report the score they have calculated at the bottom of the table. Tell them that the results they can see in that group present people's usual reaction to change—a variety of feelings and emotions, from denial through resistance and exploration to commitment. It might be that some people in the room described their first emotion as "joy," "enthusiasm," or excitement," but later reported negative emotions, such as "frustration," "fear," etc. Tell them that psychologists say the average reaction to change might be presented as a diagram.

5. Distribute Participant Handout 7.7 and explain the diagram. Tell the participants that as they can see, most people react to change negatively: They worry about how change will affect their lives, they go through a whole range of emotions, and they may end in feeling complete chaos. Then, later, when they learn more about the situation and it becomes clearer what and how it will happen, their emotions may change: They try to implement new things, and with new experiences, they may gain hope and energy, become enthusiastic, and embrace the change.

6. Discuss with the participants why it is important for supervisors to know how people usually react to change. Explain that the knowledge about people's reactions allows supervisors to prepare staff for new initiatives, to make extra efforts to better inform people, and to explain what, how, and when changes will happen.

7. Distribute Participant Handout 7.8 and ask the participants to hold handouts 7.7 and 7.8 facing up in front of them. Tell them to place a sheet with the diagram under the other handout in such a way that when you hold them up to the light, you can see the diagram through the handout and the curve of the diagram flows through each of the four stages on the handout.

8. Reinforce the message that supervisors need to pay attention to how staff feel about change and should plan for change and make special efforts when they lead staff through change.

Activity B: Leading the Change Process and Making Links to the Larger System: Presentation/Discussion *(40 minutes)*

1. Reinforce the message that supervisors play an important role in helping health care personnel in adapting to change in their institutions. Supervisors may help people to become aware of a new situation, identify barriers and show the benefits of change, provide logistical information, and use others' experience. Emphasize that to make improvements (changes) in performance and in service delivery, people need to change their behavior. The task of supervisors is to help people to make those changes.

2. Start the PowerPoint presentation, Module 7. Ask the participants to describe some aspect of the health system environment in which they work, in terms of the types of changes currently occurring in the health sector (e.g., health-sector reform). Reveal Slide 2, read the statements, and ask the participants whether all of those processes are taking place in their country.

3. Continue the PowerPoint presentation, slides 3–4, to discuss reforms in the health sector and how those changes affect the quality of reproductive health and family planning services.

4. Present slides 5–14 to explain in more detail the phases in the change process and the key actions that help supervisors to lead staff through change. Make linkages with the information in Participant Handout 7.8.

5. Reveal Slide 15 and ask for a volunteer to read the text. Ask whether the participants agree with the statement.

6. Reveal slides 16–19 to describe and discuss with the participants the role of supervisors as a liaison within the health facility and with the larger system. Explain "inreach" as a strategy for informing clients and staff within the facility about the services that are available and for referring clients to services at other facilities, according to clients' needs.

Participant Handout 7.6: Exercise: Reactions to Change

Individual Work *(5 minutes)*

1. In the following table, describe your feelings or reactions **to the idea of CHANGE**. Your answers should be limited to one word or a short phrase. Think about your initial reaction and feelings when any change comes to your life, either personal or professional. Think about the range of feelings and write them down in the order of how you usually react from the beginning, and how your feelings change as time passes. Try to fill answers in all of the spaces.

2. After filling in the words, rate each answer as positive, negative, or neutral. Add up the total for each category.

Feelings and Reactions to Change	+/- or Neutral	Feelings and Reactions to Change	+/- or Neutral
1.		11.	
2.		12.	
3.		13.	
4.		14.	
5.		15.	
6.		16.	
7.		17.	
8.		18.	
9.		19.	
10.		20.	
Totals: Positive_____ Negative_____ Neutral_____			

Participant Handout 7.7: Individual Responses to Change

Usually, people go through the same emotions and in the same logical order when they deal with the change: They move from denial, through resistance and exploration, to commitment. Supervisors should be aware of people's typical reactions, and they should know how to deal with them and how to bring people to a creative and enthusiastic mode faster.

Participant Handout 7.8: Dealing with Individual Responses to Change

	DENIAL	COMMITMENT	
Focus on Past	**Change-agent strategy** ❏ Provide information ❏ Reinforce that change will happen	**Change-agent strategy** ❏ Validate commitment ❏ Set long-term goals ❏ Let people manage themselves, providing support when requested	**Focus on Future**
	RESISTANCE **Change-agent strategy** ❏ Create opportunities for expressing fears and doubts ❏ Show empathy with people's concerns ❏ Resist the impulse to explain or defend ❏ Build supportive coalitions and find individuals who can influence individual resisters	**EXPLORATION** **Change-agent strategy** ❏ Make available opportunities and resources ❏ Involve people in planning ❏ Encourage people to get together and support one another	

Module 8

Supervision and System Support for Quality Services

Essential Ideas to Convey

- ❑ Supervisors play a critical role in high-quality service provision.

- ❑ Each organization is a dynamic open system, consisting of interconnected and interacting elements.

- ❑ Health care is "in active exchange with its environment and influenced by such external factors as donor priorities, the political climate, and the sociocultural and economic context of the community. Beyond the organization lie many additional factors that affect services. Outside environment may influence the organization's standards, services, and even structures. The recognition and management of external influences are tasks for the organization's leaders."

  —Jennings, V., et al. 2000. Analyzing the organizational context for a positive client-provider interaction: A leadership challenge for reproductive health. *MAQ Paper* Vol. 1, No. 1. Baltimore: Johns Hopkins Bloomberg School of Public Health/INFO Project.

- ❑ Sustainable quality improvement requires a more comprehensive systems approach, which helps to address the full range of issues and factors affecting the health system.

- ❑ The systems approach intervenes at the level of the health system and enables supervisors to play an active role in ensuring high-quality provider performance and service provision.

Session 8

Supervision and System Support for Quality Services

Objectives

By the end of this session, the participants will be able to:

- Explain what systems support sustainable quality and performance improvement within the facility, the larger health system, and outside the health system

- Analyze the environmental context in which the health system operates

- Describe the roles of supervisors to strengthen the systems involved in service provision and to bring additional resources from the external environment

Materials

- Resource: Links to the Larger System
- Resource: Environmental Factors That Affect the Health Care System, page 65
- Participant Handout 8.1: Supervision and Systems Support for Quality Services
- Participant Handout 8.2: Environmental Factors That Affect the Health Care System
- Cards/candies to use to divide the participants into small groups
- Flipchart paper
- Flipchart 8A: Questions for Group Work
- Markers
- Masking tape

Advance Preparation

Write Flipchart 8A:

Session 8

Flipchart 8A

Group 1

- What systems must be in place to support sustainable quality and performance improvement, at all levels (i.e., at the facility level, at the district level, etc.)?

- What can supervisors do to make sure that all systems involved in service provision operate properly?

Group 2

- What external sectors have an influence on how the health system operates?

- What is going on in the external environmental sectors that affect your country's health system (i.e., economic, transport, education, etc.)? What types of reforms might take place in different sectors, including health-sector reform?

- What can supervisors do to ensure support for high-quality provider performance and service provision in such a complex environment?

Session Time

1 hour, 10 minutes

Training Activities . . . . **Time**

A. Systems approach . . . . 1 hour, 10 min.

Session 8 Detailed Steps

Activity A: Systems Approach: Small-Group Work/Discussion/Presentation
(1 hour, 10 minutes)

1. Present the learning objectives for the session.

2. Tell the participants that it is important for supervisors to have a clear understanding of how the health care system operates, from the facility level up to the district, regional, and country levels.

3. Explain that during the next activity, the participants will be asked to reflect on how their site or district operates, to ensure sustainable improvement of the quality of services and of provider performance. What systems must be in place at the site level and higher? What environmental factors affect how they operate? (For example, what are the current regulations? How strong is the country's economy? How are resources distributed?) How do all of those processes affect the health system and the quality of health care? And what is the role of supervisors in ensuring high-quality service provision and provider performance in such a complex environment?

4. Divide the participants into two groups. (If the group is large enough, divide the participants into four groups and assign two groups to work on the same tasks.) Reveal Flipchart 8A, which shows the leading questions to be discussed in the small groups, and explain the questions.

5. Allow **30 minutes** for a small-group discussion. Ask each group to assign a member to present the results to the entire group.

6. After the groups have completed their discussions, ask Group 1 to begin a presentation. Each group will have **10 minutes** for a presentation.

➥ *Trainers Tips*

Make sure that the group presenting the systems within the organization mentions supervision, training, information, education, and communication (IEC), finance, supplies and logistics, monitoring and evaluation of the program, and human resources management systems, and that they describe briefly the functions of those systems.

Make sure that when the participants discuss **environmental context** (Group 2), they mention such external factors as donor priorities, the political climate, the sociocultural context of the local community, social hierarchies, community organizations, infrastructure and production, etc. The participants need to analyze what types of reforms might take place in different sectors. The recognition and management of external influences are the tasks for supervisors.

Make sure that all groups come up with the idea about the role of supervisors as liaisons **a) within the facility, b) within the health system at different levels,** *and* **c) with the external environment.**

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7. Explain that the other groups should add the ideas that they think are missing from the first group's presentation. (If there are four groups, the groups that were working on the same questions should decide which group will present its results first. The second group will then add what was missing from the first group's presentation.)

8. After the groups have presented their results, ask the participants **why they think they were asked to discuss all of these questions?** Lead a discussion. Make sure that the participants understand the importance of their role as supervisors to ensure that all systems involved in service provision are operating properly and to help staff provide quality services and continuously improve their performance. They should see clearly all of the links between the systems and environmental sector in relation to the operation of the health care system and their role as a liaison between the systems and the larger system.

9. Distribute Participant Handouts 8.1 and 8.2. Allow the participants time to read the information, and then use the handouts to summarize a discussion emphasizing that there is increasing recognition that **sustainable quality improvement requires a more comprehensive systems approach**, which helps to address the full range of issues affecting the health system. Emphasize the role of supervisors in managing the systems, structure, and staff, through serving as a liaison with the larger system and within the health system to ensure the fundamentals of care. Discuss with the participants how one sector influences processes in another and what mechanisms cause this to happen.

10. Explain the role of supervisors in organizing and conducting advocacy activities to bring in additional resources and to make necessary changes in policies, to ensure the quality of services and to better meet the needs of clients.

11. Discuss with the participants what role **their level** plays in the supervisory system, what relationships exist among the site, district, middle, and central levels, what specific supervisors' actions are required, and why it is important for supervisors to be aware of all processes that exist in the external environment and within the health care system (health-sector reform).

12. Tell the participants that they will discuss all of these issues in more detail during the course.

➥ *Trainers Tips*

Note to the trainer: **Assess the situation and adapt this session to the local context, taking into consideration the local situation regarding health-sector reform, including local stakeholders' priorities.**

Consider:

❑ Who are the supervisors in the local setting?

❑ How does the health care system work?

❑ What are the links within the supervisory system?

❑ What is the link between service provision and the supervisory system?

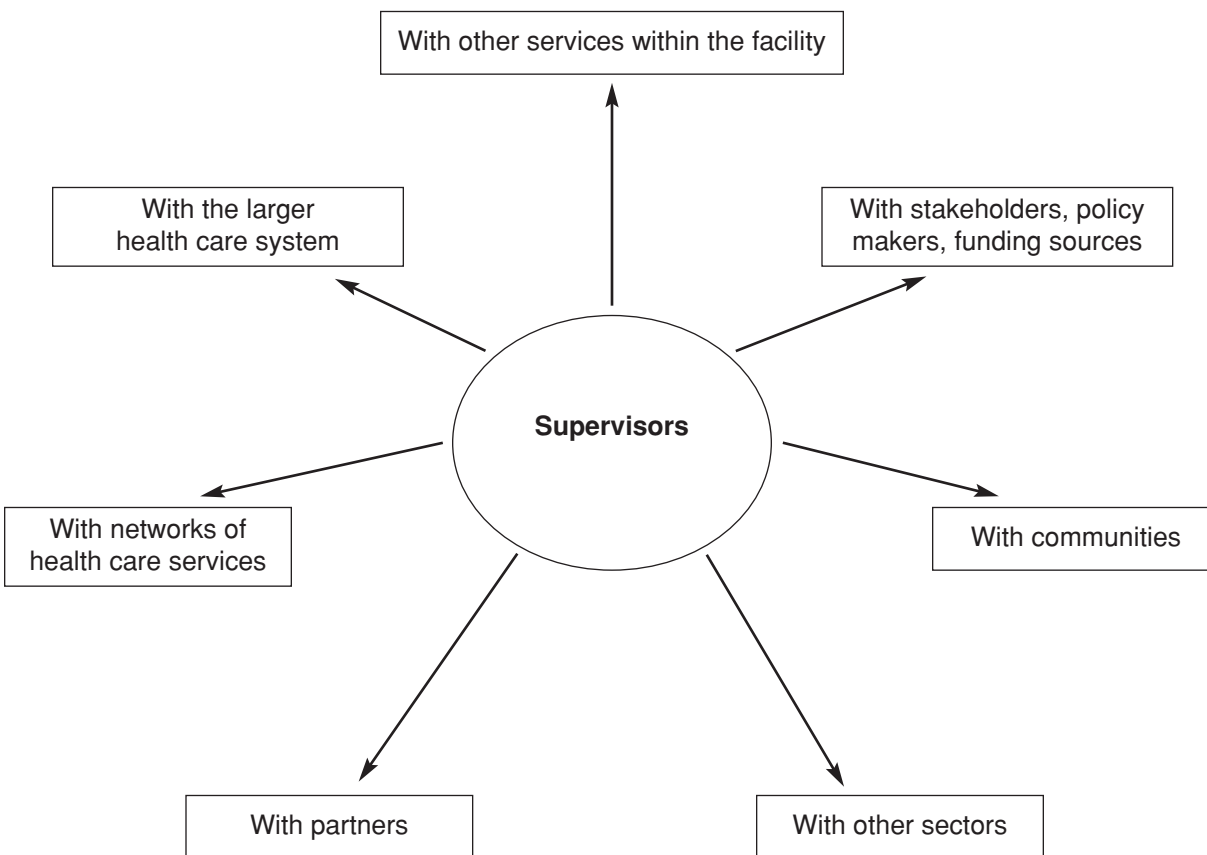## Participant Handout 8.1: Supervision and System Support for Quality Services

Support Systems within the Health System	Functions
Facilitative supervision and management— an overarching system linking all of the systems involved in service provision	**Ensuring the fundamentals of care and a quality of services framework** Managing human resources: planning for deployment; deploying staff; ensuring that job descriptions are available and that job expectations are clear; ensuring that a mechanism for performance evaluation exists, including providing constructive feed-back, recognition, motivation, and a reward system; ensuring that staff have access to updated standards/guidelines/protocols and use them correctly; serving as liaison to bring changes into national/regional policies and standards Ensuring that operational protocols/regulations are in place and updated. Ensuring that there is a mechanism in place to collect service statistics, analyze them, discuss them with the staff, and use them for decision making (see Monitoring and evaluation system). Ensuring access to services, including a well-operating referral system; ensuring a proper infrastructure that enables staff to provide quality services (creates an environ-ment that fosters privacy, confidentiality, efficiency, and client and staff comfort) and ensures the fundamentals of care. Ensuring that a mechanism is in place to involve staff in a continuous quality and per-formance improvement process through use of the quality improvement and perfor-mance improvement tools and approaches. Ensuring that an outreach system is in place to educate communities and increase access to services (IEC). Providing links to the larger system within the health system, as well as with the outside sectors. Using advocacy activities to promote a well-functioning health system and the goals of the health care.
Finance	Developing a budget/business plan ensuring the resources needed for service provi-sion; mobilizing new kinds of resources, especially at the community level; analyzing and adjusting service fees and developing a flexible fee schedule.
Training	Ensuring that there is a mechanism in place to link supervisory and training systems to involve staff in assessing learning needs, planning how to address those needs, imple-menting training plans using the whole-site training approach, monitoring trainees, and supporting the application of new knowledge and skills; that there is a mechanism in place enabling staff to transfer knowledge, skills, and attitude to other staff; that there is a mechanism in place for training capacity building; and that "Inreach" is used to increase access to services (applied within a facility).
Logistics	Planning, obtaining, and distributing equipment, materials (including IEC materials), and supplies needed for service provision, to ensure access to safe services and informed voluntary decision making for all clients. The inventory system is in place (First Expired, First Out [FEFO]).
Monitoring and evaluation	Establishing a mechanism to monitor a site's/program's performance, to collect and analyze data, and to use the data for decision making (see facilitative supervision and management)

Participant Handout 8.2: Environmental Factors That Affect the Health Care System

❏ **Clients/communities**

❏ **Country/national programs**

❏ **Policies, legislation, political will**

❏ **Cultural practices**

❏ **Health policies and essential services packages (ESP)**

❏ **Stakeholders and policy makers**

❏ **Country/regional/district finance system/funding sources**

❏ **Donors' priorities**

❏ **Networks of health services**

❏ **Information/education/communication/media**

❏ **Infrastructure/production**

❏ **Partnerships**

❏ **Private sector**

❏ **Nongovernmental organizations (NGOs)**

❏ **Other**

Resource: Links to the Larger System

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                    ┌─────────────────────────────────────┐
                    │  With other services within the facility │
                    └─────────────────────────────────────┘
                                      ↑
  ┌──────────────────┐                              ┌──────────────────────┐
  │  With the larger  │                              │ With stakeholders, policy │
  │ health care system │                             │  makers, funding sources  │
  └──────────────────┘                              └──────────────────────┘
              ↖                                              ↗
                        ╭───────────────╮
                        │   Supervisors  │
                        ╰───────────────╯
              ↙              ↓                ↘
  ┌──────────────────┐                              ┌──────────────────┐
  │  With networks of  │                            │  With communities  │
  │ health care services │                          └──────────────────┘
  └──────────────────┘
       ┌──────────────────┐              ┌──────────────────┐
       │   With partners    │            │  With other sectors │
       └──────────────────┘              └──────────────────┘
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Module 9

Building Communication Skills

Essential Ideas to Convey

❏ To apply a facilitative approach to supervision, supervisors have to approach the people they manage in a different way, by using certain communication skills. Those skills are similar to the ones used in counseling clients, because facilitative supervision and counseling have some common goals: the creation of an environment of trust and the establishment of a spirit of cooperation.

❏ Facilitative supervisors use the following **communication techniques**:

- Active listening

- Body language

- Verbal and nonverbal encouragement

- Appropriate questioning techniques (using open-ended questions)

- Paraphrasing and clarification

❏ Active listening is listening to another person in a way that communicates **understanding, empathy, and interes**t:

- It is different from hearing.

- It requires energy, skills, and commitment.

- It makes the speaker feel important, acknowledged, and empowered.

❏ **Use of body language** means the use of facial expression, posture of the body, the position of different parts of the body (arms, legs, eyes), gestures, space, and seating.

❏ Researchers have shown that what we call "body language" says more than our words or our tone of voice as a communication mechanism. ***More than half of what people "hear" from us has nothing to do with our words!***

Three Aspects of Interaction

❏ When you communicate, three aspects are important and vary in the impact they have on the person(s) with whom you interact:

- **Body language   55%**

- **Tone of voice   38%**

- **Actual words   7%**

continued

❏ **Verbal and nonverbal encouragement** involve the use of words, phrases, and gestures that indicate attention and the wish that the person would continue speaking.

❏ **Open-ended questions** are the questions that cannot be answered with one word (i.e., "yes" or "no"). If staff are encouraged to explain a situation in more detail, supervisors will have a better understanding and be able to assist them more effectively. Usually, open-ended questions start with such words as "how," "why," "what," etc.

❏ Paraphrasing is "restating what the speaker said in different words, to demonstrate attention and understanding and to encourage the speaker to continue."

❏ *Clarification* is "asking questions in order to better understand what the speaker said." Clarification is similar to paraphrasing, but its purpose is to ensure understanding rather than to motivate the speaker to continue speaking.

Session 9

Building Communication Skills

Objectives

By the end of this session, the participants will be able to:

- Explain the importance of communication skills when applying the facilitative approach to supervision
- Demonstrate active listening techniques
- Demonstrate verbal and nonverbal encouragement
- Ask open-ended questions
- Use paraphrasing and clarification techniques

Materials

- Blank sheets of paper
- Participant Handout 9.1: Body Language
- Participant Handout 9.2: Open-Ended Questions
- Participant Handout 9.3: Exercise: Paraphrasing
- Participant Handout 9.4: Exercise: Clarification
- Resource: "Dos and Don'ts of Active Listening," Participant Handbook, page 72
- Resource: "Paraphrasing: Guidelines," Participant Handbook, page 71
- Flipchart paper and markers
- Flipcharts 9A, 9B, 9C, and 9D

Advance Preparation

1. Set aside blank sheets of paper, two per participant.
2. Prepare the following flipcharts:

Flipchart 9A

Communication Techniques

- Active listening
- Body language
- Verbal and nonverbal encouragement
- Appropriate questioning technique (using open-ended questions)
- Paraphrasing and clarification

Session 9

Flipchart 9B

Active Listening

Active listening is listening to another person in a way that communicates **understanding, empathy, and interest**.

- It is different from hearing.

- It requires energy, skills, and commitment.

- It makes the speaker feel important, acknowledged, and empowered.

Flipchart 9C

Three Aspects of Interaction

When you communicate, three aspects are important and vary in the impact they have on the person(s) with whom you interact.

- **Body language   55%**

- **Tone of voice   38%**

- **Actual words   7%**

Flipchart 9D

Paraphrasing

Paraphrasing is "restating what the speaker said in different words in order to demonstrate **attention** and **understanding** and to **encourage** the speaker to continue."

Session Time

1 hour

Training Activities . . . . **Time**

A. Importance of communication skills . . . . 30 min.

B. Active listening . . . . 15 min.

C. Positive body language and verbal and nonverbal encouragement. . . . . 15 min.

D. Open-ended questions . . . . 5 min.

E. Paraphrasing and clarification . . . . 20 min.

Session 9 Detailed Steps

Activity A: Importance of Communication Skills: Individual Work Exercise/Presentation *(10 minutes)*

1. Present the objective for the session and tell the participants that during the following activities, they will gain or enhance the skills the facilitative supervisors need.

2. Distribute two sheets of paper to each participant. Change your style of communication with the participants: Tell the group in a **very formal way** to take a piece of paper and to follow your directions. Say that no questions are allowed.

3. With your back turned to the participants and a piece of paper in you hands, tell them to tear the paper according to your directions (see Instructions for Trainers).

Instructions for Trainers

- Do whatever you direct the group to do.

- **Do not allow the participants to ask questions, do not answer any questions that the participants might ask, and do not make any comments.**

- You can tear the paper wherever and however you like.

- Give six or seven directions for folding and tearing the paper, talking about where on the paper to make a tear and what shape it should be (for example, "Tear the left corner"). Use vague words like "small" or "large."

---

4. When you have finished, *turn to the participants*, show them your paper, and ask them to unfold and hold up their sheets. Most likely, none of their "designs" will match up with yours.

5. Facing the group, ask them to take another piece of paper and follow your instructions again. This time you can show them what you are doing and answer any questions. You make sure that everyone understands your instructions and follows them correctly. You can interact with the group however you like. *Smile and be friendly. Answer all questions. Recheck whether everybody understands.* Make sure they can see what you are doing as you are giving your instructions. Give six or seven tearing instructions.

6. When you have finished, **hold up** your paper and **ask** the participants to hold up theirs. Their sheets should look much like yours.

7. Ask the group:
   - What was the difference between the two experiences?
   - Why do they think that the second outcome was so much better than the first?

➥ Training Tip

The participants should point out that the second time, they were able *to watch you* and *ask questions* and that you *were friendlier* and *you helped them*. This allows you to **make the point** of *the value of two-way communication and in general about communication style.*

---

8. Facilitate a discussion by asking the following questions

   • How would the participants describe the communication style of a facilitative supervisor?

   • What is a general style of communication or behavior that might occur in facilitative supervision?

   • What skills are important for using a facilitative approach to supervision?

9. Summarize the results of the discussion. The answer to the third question should be **"communication skills."** Explain that there are specific communication techniques that the participants will learn about and will be able to practice during this course. These skills are similar to the ones used in counseling clients because facilitative supervision and counseling have some common goals: the creation of an environment of trust and the establishment of a spirit of cooperation.

10. Reveal Flipchart 9A, which lists a variety of communication techniques. Tell the participants that they will learn about each of the listed techniques and will develop the skills necessary to use those techniques.

Activity B: Active Listening: Group Exercise *(15 minutes)*

1. Conduct the exercise "Roses and Daisies" (see Trainer's Resource) to start discussing an active listening technique.

2. Reveal Flipchart 9B and ask for a volunteer to read it.

3. Explain that active listening is not a natural process, but rather requires energy, skills, and commitment. Refer to page 72 in the Participant Handbook (Dos and Don'ts of Active Listening). Ask for volunteers to read and comment on the statements found there.

➥ **Training Tip**

If you can spend more time on this session, divide the participants into two groups and ask them to develop a list of dos (Group 1) and a list of don'ts (Group 2) of active listening. Then have each group report the results.

Trainers' Resource

Active Listening: "Roses and Daisies"

Ask the participants to arrange chairs in two rows, so that they can sit in pairs facing each other. Have them count off by twos, saying either "rose" or "daisy" instead of 1-2-1-2. Ask all of the "roses" to leave the room with one trainer, who tells them that the next exercise is about listening. Explain that each "rose" will be paired with a "daisy" who will talk to them about a particular subject. The job of the "roses" is **not to speak** at all and to **act like they are not listening**. (**Brainstorm** quickly some ways in which they can show that they are not listening, such as by making no eye contact, playing with a pen, looking at a watch, etc.) Then, after two minutes, the trainer will clap his or her hands (or ring a bell) and then the "roses" **can start listening actively. Discuss with them how they have to change their behavior.** The exercise will continue until the bell rings twice (or a trainer claps twice), signaling that three minutes are up.

While the "roses" are out of the room, the other trainer tells the "daisies" that each will be paired up with a "rose" and that they are to tell their partner about the most wonderful day or experience of their lives (their wedding day, a wonderful vacation, etc). They will have three minutes to tell their "rose" partner about this experience. Their partner will not talk or ask questions, but will just listen to them. The "daisies" are to talk until the bell rings twice (or a trainer claps twice), signaling that the three minutes are up.

The "roses" then **return** to the room and pair up with a "daisy." The "daisies" **talk** for two minutes, to a partner who is **not** listening! The trainer then will **clap** once (the signal to the "roses" to start listening), and for another minute the "daisies" will continue talk-ing while the "roses" now **listen**. **Then ring a bell twice (or clap twice)**, and the "daisies" will stop talking.

Discuss with the participants:
* How did the "daisies" feel when their partners were ignoring them?
* What were the signs that they were not listening?
* How did it feel for the "roses" to act like they were not listening?
* How does this relate to their work?

Activity C: Positive Body Language and Verbal and Nonverbal Encouragement: Discussion/Entire Group Exercise *(15 minutes)*

1. Suddenly, tell the participants not to move and to stay "frozen" as they are seated at the moment, then to look around the room and comment on what they see in other people's positions. Are they leaning forward? Do they look interested? How can you tell? Do they look comfortable?

2. Explain that the way we use our bodies, often without thinking, says a great deal about how we are feeling and what we are thinking. In fact, it says more than our words.

3. Ask the participants how they understand the term **"body language."**

> ➵ **Training Tip**
>
> The possible answers include *facial expression, posture of the body, the position of different parts of the body (arms, legs, eyes), gestures, spacing,* and *seating.*
>
> However, body language means different things in different cultures. In many Western cultures, looking people in the eye and leaning toward them with an open posture (arms and legs uncrossed) indicates attention to what they are saying, but in other cultures such actions are considered impolite. Also, body language may have a different meaning, depending on whether one is in a group or communicating one-on-one.
>
> **Tell** the participants that researchers have shown that what we call "body language" says more than our words or our tone of voice as a communication mechanism. ***More than half of what people "hear" from us has nothing to do with our words!***

4. Reveal Flipchart 9C and ask for a volunteer to read the text on the flipchart.
5. Discuss with the participants three aspects of interaction.
6. Distribute Participant Handout 9.1, ask for volunteers to read the information in the table, and discuss with the entire group what the answers should be.
7. Summarize the discussion by reminding the participants of the ideas presented on Flipchart 9C and by emphasizing the importance of positive body language to facilitate communication between a supervisor and staff.
8. Ask the participants to describe your behavior since the training course began. Ask them to describe everything they have seen you do.

> ➵ **Training Tip**
>
> Wait and listen to the participants' responses. After a few responses, ask some more specific questions. For example, you might ask or say:
> - "Describe my facial expressions."
> - "Talk about how I stand in relation to the group."
> - "Do I look relaxed? How can you tell?"
> - "Where do I stand or sit when we are working together?"
> - "How would you describe the tone of my voice?"

9. Tell the group that facilitative supervisors want staff and colleagues to feel free to discuss any issue or problem, so they may work together to find solutions. One of the ways to encourage people to continue speaking is through verbal and nonverbal encouragement.
10. Discuss with the group the meaning of the words "verbal" and "nonverbal" and verbal and nonverbal encouragement.

> ➽ **Training Tip**
>
> Verbal and nonverbal encouragement involves the use of words, phrases, and gestures that indicate attention and the wish of the person to continue speaking.

11. Ask the participants to give examples of verbal encouragement and write their responses on a blank sheet of flipchart paper.

12. Ask the participants to give examples of nonverbal encouragement and write their responses on a blank sheet of flipchart paper.

> ➽ **Training Tip**
>
> **Examples: Verbal Encouragement**
> * I see
> * I understand
> * I get it
> * That is clear
> * Uh-huh
> * I hear you!
>
> **Examples: Nonverbal Encouragement**
> * Nodding your head
> * Mirroring the speaker's facial expression (e.g., smiling when then speaker smiles, frowning when the speaker frowns)

Activity D: Open-Ended Questions: Individual Work Exercise *(5 minutes)*

1. Tell the participants that the way in which we ask questions often determines not only the response we get, but also the nature of the relationship we have with the other person. The following activity illustrates the difference between open- and closed-ended questions.

2. Mention that it is important for a supervisor to know how to ask questions in such a way that his or her customers (other supervisors or staff) are encouraged to provide maximum information.

3. Ask the participants to comment on how they understand terms "open-ended question" and "closed-ended question."

4. Ask the participants to give 3–4 examples first of closed questions and then 3–4 examples of open-ended questions.

5. Distribute Participant Handout 9.2 and ask the participants to rewrite the closed-ended questions as open-ended questions. Tell the participants they have **5 minutes** to complete the exercise.

6. After individual work is completed, ask for 4–5 volunteers to read their answers.

7. Comment on their rewrites and discuss the responses with the group.

8. Reinforce the message by saying that because the open-ended questions cannot be answered with one word, staff are encouraged to explain the situation in more detail. In this way, supervisors will have a better understanding and be able to assist more effectively.

Activity E: Paraphrasing and Clarification: Entire-Group Discussion *(20 minutes)*

1. Tell the participants that paraphrasing is an essential element of the communication process. It allows both parties to know that they have heard correctly and that the other person cares enough to listen both to the words and to the feelings beneath the words.

2. Reveal Flipchart 9D, which shows a definition of paraphrasing. Ask for a volunteer to read it.

3. Comment on it and give examples of paraphrasing.

4. Refer the participants to page 71 in the Participant Handbook (Paraphrasing Guidelines). Allow a couple of minutes for them to read it individually.

5. Distribute Participant Handout 9.3.

6. Ask the participants to work in pairs (with their neighbors) on paraphrasing the statements. Allow **5 minutes** for the work in pairs.

7. Ask for volunteers to read the statements and the paraphrasing examples.

8. Comment on the examples and discuss them with the participants.

9. Tell the participants that a facilitative supervisor makes every effort to understand what other supervisors or site staff are trying to convey. Sometimes, the message is vague or contradictory, and the supervisor must attempt to understand it better. A technique to improve understanding is called clarification.

10. Give a definition of **clarification**.

➤➤ Training Tip

Clarification is "asking questions to better understand what the speaker said."

Clarification is similar to paraphrasing, but its purpose is to ensure understanding rather than to motivate the speaker to continue speaking.

---

11. Distribute Participant Handout 9.4: Exercise: Clarification

12. Ask for a volunteer to read guidelines on clarification and comment on them.

13. Ask the participants to write clarifying questions into an exercise form working first individually and then discussing the results in pairs.

14. Allow **5 minutes** to complete the exercise.

15. Ask for 2–3 volunteers to read the clarification examples to the entire group.

16. Tell the participants that use of clarification questions shows that you are genuinely interested in what you are being told.

17. Summarizing, tell the participants that as a facilitative supervisor, you will always want to convey to your colleagues, especially those whom you supervise, that you attach importance to what they are telling you. You also want to encourage them to give you all of the information you need so that you may be better equipped to help them solve their problems. Paraphrasing and clarification help you to do so.

Participant Handout 9.1: Body Language

Please consider the following and check off if they would represent positive or negative body language in your culture.

Body language	Respectful and attentive	Impolite or inattentive	Neutral
Looking the speaker in the eye			
Looking down or away from the speaker			
Leaning toward the speaker			
Sitting directly opposite the speaker			
Sitting next to the speaker			
Sitting close to the speaker			
Sitting far from the speaker			
Crossing one's legs			
Crossing one's arms			
Showing facial expressions matching those of the speaker (frowning when speaker frowns, etc.)			
Showing no changes in facial expression			
Chewing gum			

Are there any other body positions or gestures that would promote or hinder active listening in your culture? If so, note them here.

Promote active listening:

_____

_____

Hinder active listening:

_____

_____

Participant Handout 9.2: Open-Ended Questions

The following are examples of closed-ended questions. Please rewrite them as open-ended questions in the spaces below.

1. Do you have any questions?

   _____

   _____

2. Are there any problems with the procurement system?

   _____

   _____

3. Is the staff morale low because they feel overworked?

   _____

   _____

4. Do you think that supervisory visits should be more frequent?

   _____

   _____

5. Are clients waiting too long for services?

   _____

   _____

6. Do you have any ideas how to deal with Marie?

   _____

   _____

7. Did you organize a meeting?

   _____

   _____

8. Did you solve the problem of the stock-out of reagents?

   _____

   _____

Participant Handout 9.3: Exercise: Paraphrasing

Participant I

Please paraphrase the statements below:

1. **Statement:** We went to a workshop about interviewing clients. But I am still not sure how to do it.

Paraphrase: _____
_____
_____
_____

2. **Statement:** Those people at headquarters expect us to do more and more with less and less. Maybe they should come out here and take a look at what we are up against!

Paraphrase: _____
_____
_____
_____

Participant II

Please paraphrase the statements below:

3. **Statement:** Are you calling again for a meeting to discuss infection prevention? How many times can we discuss the same issues?

Paraphrase: _____
_____
_____
_____

4. **Statement:** We really did not expect the level of changes that had happened.

Paraphrase: _____
_____
_____
_____

Participant Handout 9.4: Exercise: Clarification

Some guidelines on clarification:

1. Admit that you do not understand exactly what the person is telling you.

2. Restate the message as you understand it, asking if your interpretation is correct. Use phrases such as **"Do you mean that…?"** or **"Are you saying that…?"**

3. Do not use clarification excessively. People may resent being interrupted if it happens too frequently.

Please write a clarifying question beneath the following statements:

Statement 1: I wish I could make supervisory visits more frequently. When I arrive at the clinic, no one wants to talk to me.

Clarifying question:

_____
_____
_____

Statement 2: Our clinic practically does not provide services to men because men clients do not come to our clinic.

Clarifying question:

_____
_____
_____

Resources

Paraphrasing Guidelines

- Listen to the speaker's basic message.

- Give the speaker a simple summary of what you believe is the message. Do not add any new ideas.

- Observe a cue or ask for a response that confirms or denies the accuracy of the paraphrase.

- Do not restate negative statements that people may have made about themselves in a way that confirms this perception. If someone says, "I really acted foolishly in this situation," it is not appropriate to say, "So, you feel foolish."

- Use paraphrasing sparingly. Your objective is to encourage the person to continue speaking, and constant interruption may be counterproductive. Typically, you will use paraphrasing when the speaker hesitates or stops speaking.

Participant Handbook, page 71

Dos and Don'ts of Active Listening

Dos	Don'ts
Concentrate on what the speaker is saying.	**Do not do** other things (e.g., look through papers) when the speaker is talking. **Do not daydream** or get distracted by surrounding events.
Allow the speaker to express himself or herself.	**Do not interrupt.** **Do not finish** the speaker's sentences.
Allow the speaker to control the conversation.	**Do not ask** questions that change the subject.
Accept the speaker's opinion as valid for himself or herself.	**Do not rebut**, criticize, or judge.
Pay attention not only to the words, but also to gestures and behavior.	**Do not anticipate** what the speaker is going to say next **Do not ignore** the emotional context
Prevent emotions from inhibiting active listening no matter what the speaker is saying	**Do not become angry**, defensive, or upset

Adapted from: Harper, A., & Harper, B. 1996. *Team barriers: Action for overcoming the blocks to empowerment involvement and high performance*. New York: MW Corporation.

Participant Handbook, page 72

Module 10

Working Effectively with Staff

Essential Ideas to Convey

❑ Facilitative supervisors use skills **to build a team** and **to work effectively with groups**.

❑ Different facilitation techniques are appropriate for each stage of the group development process.

❑ Groups work as effective teams when there is an atmosphere of trust, openness, respect, and interdependence, and when each member of the group feels that he or she can realize himself/herself as a professional and as a person. Facilitative supervisors understand this and are able to make the most of group dynamics to create such an atmosphere.

❑ To use group dynamics successfully, supervisors need to know how to:

- Foster a nonthreatening environment
- Encourage different levels of staff to work together
- Encourage different types of personalities to work together
- Manage and resolve conflicts

❑ **Types** of feedback include:

- **Negative**—overly critical, causing hurt feelings
- **Positive**—supportive, causing good feelings
- **Punitive**—focused on assigning blame
- **Constructive**—focused on solving the problem

❑ Facilitative supervisors keep in mind that the people they supervise are their customers and must always be treated with respect. Therefore, facilitative supervisors always give positive feedback when work is done well. In addition, facilitative supervisors understand that their job is to help their customers solve problems or correct mistakes. Therefore, facilitative supervisors ensure two-way communication and always give either **positive** or **constructive** feedback. (Constructive feedback is given when mistakes happen and some behavior needs to be corrected and improved.) Facilitative supervisors never use **negative** or **punitive** feedback.

❑ Steps in providing constructive feedback include:

- Choosing appropriate timing
- Conveying your positive intent
- Describing specifically what you have observed
- Stating the impact of the behavior or action
- Asking the other person to respond
- Focusing the discussion on solutions (the constructive part of feedback)

Session 10-1

Building a Team

Objectives

By the end of this session, the participants will be able to:

- Explain the stages of team development
- List the characteristics of effective groups
- Describe behaviors that help supervisors to build a team and make the most of a group's dynamics

Materials

- Participant Handout 10.1: The Four Stages of Group Development
- Resource: "Why Facilitate?" Participant Handbook, page 78
- Resource: "Characteristics of Effective Groups," Participant Handbook, page 79
- Resource: "The Facilitative Supervisor Builds the Team," Participant Handbook, page 80
- Resource: "Understanding and Making the Most of Group Dynamics," Participant Handbook, pages 81–84
- Resource: *Facilitative Supervision Handbook*, pages. 3.30–3.32
- Flipchart 10A: Questions for Group Discussion
- Flipchart 10B: Making the Most of Group Dynamics—TORRI
- Flipchart paper
- Markers
- Cards/candies to use to divide the participants into small groups

Advance Preparation

1. Make copies of Participant Handout 10.1 to distribute to the participants.
2. Write flipcharts 10A and 10B, below:

Flipchart 10A

Questions for Group Discussion

1. How can supervisors foster a respectful environment?

2. What actions/behaviors can help to maintain confidentiality?

3. What should supervisors pay attention to in terms of the physical environment?

4. What seating arrangements can foster a nonthreatening environment during a meeting?

Session 10

Session Time

1 hour

Training Activities. . . . . **Time**
A. Stages of group development . . . . 10 min.
B. Characteristics of effective groups . . . . 20 min.
C. Making the most of a group's dynamics . . . . 30 min.

Session 10-1 Detailed Steps

Activity A: Stages of Group Development: Discussion/Presentation *(10 minutes)*

1. Tell the participants that in their everyday work, supervisors deal with group(s) of people. Although groups are established for a number of purposes, most experience several almost predictable stages of development. Each group changes with the passing of time from how it was in the beginning. When you are aware of these stages, you may be better able to understand what is happening with the group and why. Let us look briefly at those stages.

2. Distribute Participant Handout 10.1.

3. Ask for a volunteer to describe the diagram.

4. Refer the participants to page 76 in the Participant Handbook, which shows the stages of group development. Allow them **2 minutes** to read a description of the stages.

5. Ask the participants to apply the information from the handout to describe the stages of their current group's development.

6. Ask the participants to describe what stage their training group is at now. Ask them to explain why they think this is so.

7. Tell the participants that to improve quality, staff have to work as a group or team to identify and address problems. Most staff have little experience in working effectively in groups. As facilitative supervisors, their goal is to help other supervisors and staff to solve their quality and performance improvement problems by themselves, if possible. They need also be able to create an atmosphere in which each staff member understands that he or she also has responsibilities, both individually (in the care they provide) and a member of the group/team.

8. Tell the participants that their job is to learn how to work effectively with groups, how to coach other supervisors or clinic managers in these skills, and how to teach staff to work effectively with each other.

9. Ask the participants to explain what the word "facilitate" means. Ask why it is important to facilitate any process or communication between people.

10. Write the answers on a sheet of flipchart paper.

11. Refer the participants to page 78 in the Participant Handbook. Ask for a volunteer to read the list of ideas in "Why Facilitate?" Ask them to compare the results of their brainstorming with the list in the handbook and comment on the similarities and differences.

12. Remind the participants of the communication skills they should apply when they facilitate a meeting, group work, etc.

Activity B: Characteristics of Effective Groups: Small-Group Exercise
(20 minutes)

1. Tell the participants that during the following activity, they will develop a list of characteristics of effective groups and a list of supervisors' behaviors that help build an effective group.

2. Divide the participants into two groups, using cards or candies or some other approach. Ask both groups to develop a list of characteristics of effective groups.

> ➥ *Training Tip*
>
> You can also divide the participants into three groups, with Group 1 presenting the results and groups 2 and 3 adding what they think is missing.

3. Tell the two groups that they will have **10 minutes** for the activity.

4. Have Group 1 present its results. Invite the rest of the participants to comment or add ideas.

5. Refer the participants to page 79 of the Participant Handbook (Characteristics of Effective Groups) and ask them to compare what is there with the list of characteristics that they developed.

6. Ask the participants whether they agree with statements on the list and how these statements are related to their everyday work.

7. Summarize by making connections to supervisors' everyday work.

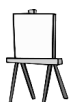### Activity C: Making the Most of a Group's Dynamics: Exercise (*30 minutes*)

1. Remind the participants that as facilitative supervisors, their job is to learn how to work effectively with groups and coach other supervisors or clinic managers in these skills. As the site staff learn to work effectively as a team, their collective wisdom and experience will enable them to solve their own problems, thus lessening the burden on supervisors.

2. Tell the participants that supervisors need to know how to:
   ✱ Foster a nonthreatening environment
   ✱ Encourage different levels of staff to work together
   ✱ Encourage different types of personalities to work together
   ✱ Manage and resolve conflicts
   ✱ Coach on-site supervisors/managers to become facilitative supervisors

3. Remind the participants that, as you have discussed already, supervisors have to create a nonthreatening environment in order to build trust. They need to maintain confidentiality, treat all staff with respect, treat all staff as equals, and use facilitation skills to make sure that all staff treat each other with respect and equality, regardless of rank.

4. Reveal Flipchart 10A, which shows leading questions for a group discussion. Start the discussion by asking the participants to give an example for each question. When discussing Question 4, ask the participants to draw different seating arrangements and discuss with the group how seating arrangements affect the effectiveness of a meeting and how they affect group members. (See *Facilitative Supervision Handbook*, pages 3.30–3.32, for different seating arrangements.)
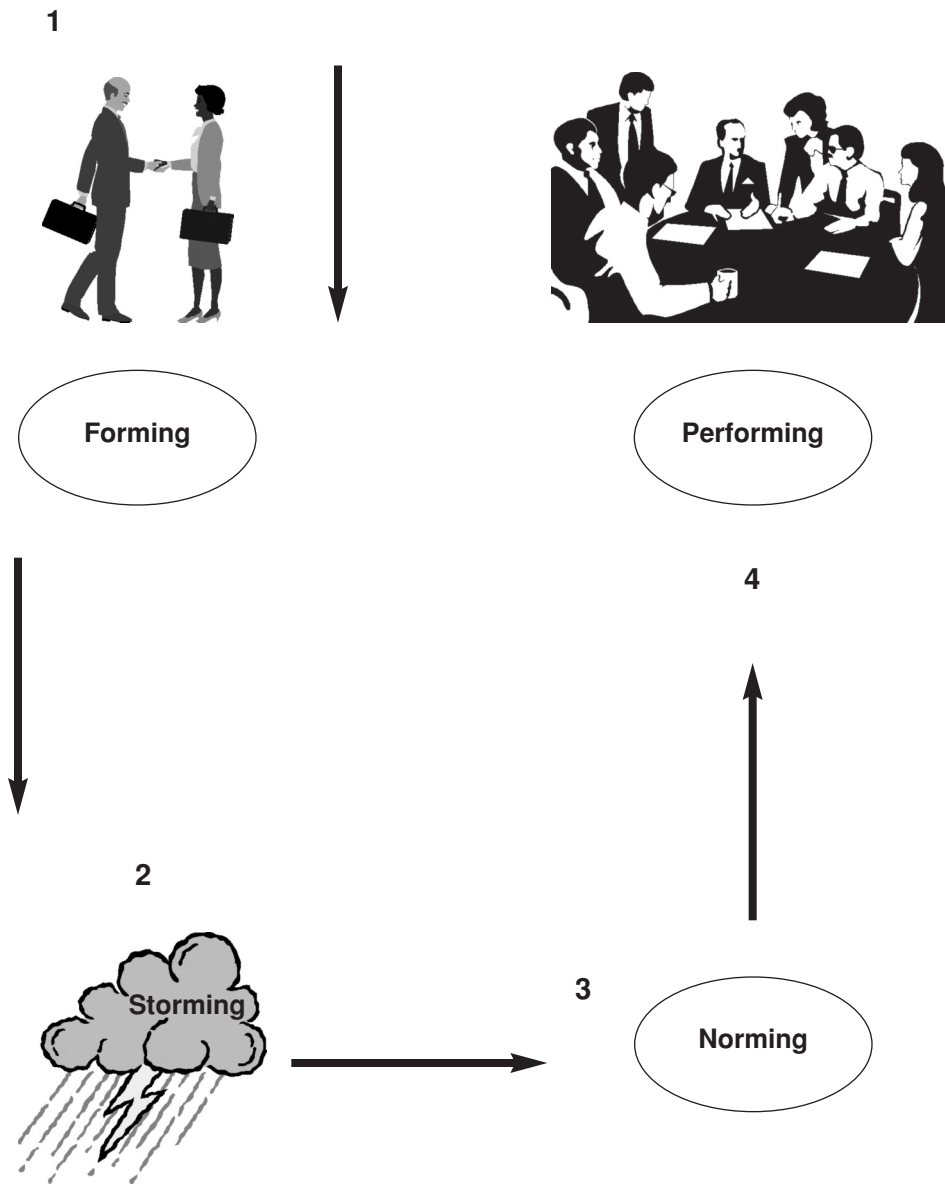
> ➥ *Trainers Tip*
>
> You can draw in advance different seating arrangements on a sheet of flipchart paper (see Trainer's Resource, page 10-17) and use it instead of the *Facilitative Supervision Handbook.*

5. Tell the group that the model they will explore is called TORRI (an abbreviation of the five words presented on Flipchart 10B. This model, which was developed by American psychologist Jack R. Gibb, helps to describe supervisors' actions and behaviors that bring out the best of a group (see Gibb, J. R. 1991. *Trust: A new vision of human relationships for business, education, family, and personal living*. Hollywood, CA: Newcastle Publishing).

6. Divide the participants into five groups, using cards or candies or some other approach. Reveal Flipchart 10B and tell the participants that groups work as effective teams when there is an atmosphere of trust, openness, respect, realization, and interdependence. (Realization represents the state when each member of a group feels that he or she can realize himself/herself as a professional and as a person.) Facilitative supervisors understand this and are able to make the most of group dynamics to create such an atmosphere.

7. Tell the participants that each group will be working on one statement (related to one of the words). For example, Group 1 will discuss what behavior (or action) of supervisors would help to build an atmosphere of **trust**. Group 2 will discuss what actions by a supervisor can help create an atmosphere of **openness** in the group, and so on. The participants should use pieces of flipchart paper to record the results of their discussions. Assign the work and allow **10 minutes** for the participants to work in small groups.

8. Ask groups to present the results of their discussions (**5 minutes** per group). The rest of the group should offer comments or add what they think is missing.

9. Refer the participants to pages 81–84 from the Participant Handbook. Recommend this page as a source for additional reading. Also direct their attention to another resource in the Participant Handbook (The Facilitative Supervisor Builds the Team, page 80), and ask the participants to comment on it.

Participant Handout 10.1: The Four Stages of Team Development

1

Forming

Performing

4

2

Storming

3

Norming

Adapted from: Handy, C. B. 1985. *Understanding organizations*. London: Penguin Books.

Participant Handout 10.1: The Four Stages of Team Development *(cont.)*

Forming

1. The group is not yet a group, but a set of individuals.

2. Individuals want to establish personal identity within the group and make an impression.

3. Participation is limited, as individuals get familiar with the setting, the trainer, and each other.

4. Individuals begin to focus on task at hand and discuss its purpose.

5. The group is essentially evolving ground rules on which future decisions and actions will be based.

Storming

1. This stage is characterized by intragroup conflict and lack of unity.

2. Preliminary ground rules on purpose, leadership, and behavior are damaged.

3. Individuals can become hostile toward each other and may express their individuality by pursuing or revealing personal agendas.

4. Friction increases, rules are broken, and arguments can happen.

5. But, if successfully handled, this stage leads to new and more realistic setting of objectives, procedures, and norms.

Norming

1. In this stage, the group overcomes tensions and develops group cohesion in which norms and practices are established.

2. Group members accept the group and accept each other's idiosyncrasies.

3. Group allegiance develops, and the group strives to maintain it.

4. Group spirit develops, and harmony becomes important.

Performing

1. The group is characterized by full maturity and maximum productivity.

2. This stage can only be reached by successfully completing the previous three stages.

3. Members take on roles to fulfill the group activities, since they have now learned to relate to one another.

4. Roles become flexible and functional.

5. The group's energy is channeled into identified tasks.

6. New insights and solutions begin to emerge.

Source: Handy, C. B. 1985. *Understanding organizations.* London: Penguin Books.

Session 10

Resource: Why Facilitate?

Facilitation:

❏ Involves everyone.

❏ Keeps the group on track toward the objectives.

❏ Helps the group understand its own processes in order to work more effectively.

❏ Supports members in assessing their current skills, as well as building new skills.

❏ Provides feedback to the group members so they can assess their progress and make adjustments.

❏ Manages conflict using a collaborative approach.

❏ Achieves agreement.

❏ Helps deal with difficult people.

❏ Helps the group communicate effectively.

❏ Helps the group access resources from inside and outside the group.

❏ Creates an environment where members enjoy a positive, growing experience while they work to attain group goals.

❏ Fosters leadership in others by sharing the responsibility for leading the group.

❏ Teaches and empower others to facilitate.

Resource

Characteristics of Effective Groups

Many of the ideas listed here will be obvious if you think about the complex role of the facilitative supervisor as a group leader. You may see this list as a review, in some ways, of ideas that we have raised earlier.

We believe effective groups exhibit the following characteristics:

1. There is mutual respect between the leader and the group and among group members.
2. Each person sees himself/herself and is seen by others as valuable.
3. The differences among group members are celebrated.
4. Communication happens in all directions—from the group to the leader; from the leader to the group; from the leader to individual members; among group members.
5. The goals of the work are clear, and there is agreement on their importance.
6. Everyone feels safe and comfortable and free to participate or not.
7. Participation is shared; no one person, including the leader, dominates.
8. The process of the work is valued as much as the work itself.
9. Leadership emerges from among the participants and is encouraged.
10. There is trust, openness, and realization of each person's potential and interdependence.
11. The work of the group is varied and stimulating.
12. Conflicts are brought to the surface and handled well.
13. Feedback is direct and honest.
14. People respect time.
15. The leader can both lead and follow.
16. Activities are well-organized and well-planned.
17. Humor is used appropriately.
18. The level of intensity of the work varies.
19. People are comfortable evaluating their own work and that of the group.
20. People support, help, and coach each other, when appropriate.
21. People are willing to take risks to grow.
22. People are willing to struggle with new ideas and behaviors.
23. The leader can learn as well as teach.
24. People recognize what they already know and how to apply their knowledge and skills in new ways.
25. Real learning takes place; people want to be successful.
26. The group feels special and productive.

What other characteristics can you suggest?

Session 10

Trainer's Tool

Understanding and Making the Most of Group Dynamics: TORRI

These materials can be used when you discuss with the participants the stages of group development and the types of behavior that help supervisors to build a team.

The model, which is described below, is called **TORRI**, which stands for Trust, Openness, Realization (of each person's and the group's potential), Respect, and Interdependence. It may help you review what is necessary for a strong group and what your role is in helping to create it. (*Adapted from:* Gibb, J. R. 1991. *Trust: A new vision of human relationships for business, education, family, and personal living*. Hollywood, CA: Newcastle Publishing)

One of the things that makes the kind of facilitating described in this course challenging, exciting, and useful is that it involves a group of people who interact with each other and with you, a supervisor. You have to understand how groups function and how you can use the dynamics, chemistry, and energy of the group to accomplish all of its goals. Each group has its own personality, as does each member of the group.

It is the facilitative supervisor's responsibility to get the best from each member of the group and from the group as a whole. Since every group is different, is it possible to make general statements and suggestions about how to do that? Yes, it is.

Groups move through stages of development. Strangers may become friends; co-workers may understand each other better; those who were quiet may become outspoken; those who were reluctant to take on new ideas and behaviors may become enthusiastic; a collection of individuals may become a unified whole. Numerous changes may occur, both for individuals and for the group as a whole. It is part of your job as a facilitative supervisor to forge a unit from these pieces.

At first, the level of **TRUST** may be low. People may have questions about how you got to be the leader. It is part of your job as the facilitative supervisor to increase the level of trust in the group so that people can feel safe and comfortable, can question new ideas and old practices, and can practice new skills. ***How do you do that?*** *You can do this in the following ways.*

You:
- Are open from the start to each of them.
- Show no difference to any member of the group because of his or her status.
- Greet each as he or she enters the room.
- Encourage people to work with people whom they do not know well, so new relationships can be built.
- Encourage people to really talk with and listen to each other without judgment.
- Portray an image of self-confidence so people begin to realize they can trust you.
- Protect minority opinions in discussions.

- Intervene in discussions if someone is not being treated with respect.

- Be open regarding issues that may concern them.

- Interact informally with all members of the group, so that each makes a connection to you. That connection can be transferred to their colleagues.

- Promote a climate of understanding.

- Encourage people to take risks and both reward and protect them when they do.

- Acknowledge the value of each person in the group.

- Encourage group members to make a commitment to the group through their participation in activities and discussions.

- Communicate to each person, publicly and/or privately, how important they are to the group.

- Encourage people to think and speak for themselves.

- Ensure that your body language and tone of voice are inviting and match your words.

- Do not discuss one group member with another, and discourage them from doing this with each other, if you hear it.

These are just some of the things you can do to increase the level of trust in a group. As you do these things and set the standard for appropriate behavior in the group, staff will follow. If they do not, it is part of your responsibility to identify those behaviors, which may be destructive to the group, preferably in private. Sometimes it is necessary to do it publicly so that everyone understands the seriousness of the behavior that is unacceptable. Even then, it must be done with respect.

What kinds of things can you do to encourage a high level of **OPENNESS** in the group? Of course, levels of trust and openness are related, and what you do in one area will affect the other. So let us look at some things not mentioned in the first list.

You:
- Encourage people to share their ideas with the group.

- Share your ideas, not as the "expert" but as a member of the group.

- Encourage people to express their feelings in the group, especially about what they are learning and experiencing.

- Support every person's right to have the feelings they do. When you feel you can, you push below the surface to understand a participant's feelings.

- Ask people about what they are thinking and how they are feeling.

- May comment on changes you see in people's body language or facial expressions. In that way, people realize that you notice them.

- Organize many small-group activities that enable people to talk with many different people throughout the process.

There may be many other behaviors you can think of that encourage you to be open in a group

and that might encourage others to do the same.

Let us turn now to **REALIZATION** and **RESPECT**.

The ability and willingness of a facilitative supervisor to encourage people to be the best they can be is one of the characteristics that makes her or him effective. When we recognize how important it is for people to feel good about themselves and to realize how much they already know and how much they still can learn about themselves and their work and how much they can contribute to the group and its success, we can give these things full attention. Through the supervisor's encouragement, individuals and the group as a whole can flourish and develop. You help staff realize their own potential and motivate them to work in new ways. We believe that people want to be the best they can be. If provided the opportunity to reflect on their work and develop and practice new skills, they can. To bring this all about, the facilitative supervisor has to do a variety of things.

You:

- Encourage people to assert themselves—to speak their own mind and share their ideas and feelings.
- Provide opportunities for the group members to reach beyond what they know they know and learn new ideas and behaviors.
- Develop a climate of freedom and responsibility in the group.
- "Push" staff members at some times and protect them at others.
- Advocate for the goals of the site, so group members accept them and understand their value.
- Guide staff to a better understanding of their own goals.
- Create an atmosphere that allows staff to take risks and still feel safe.
- Encourage staff to be who they are and not hide themselves from the others.
- Inquire about their expectations for their work and do the best you can to help them meet them, within the goals of the site.
- Impress upon each group's member how valued he or she is.

Beyond all this, it also is important that **each group member feels respected**. The concepts of **realization** and **respect** are closely connected because in many ways, one leads to the other. When people begin to accept all they know and can do, when they realize how much they have grown, they develop greater self-respect. When the same happens with their colleagues, they develop greater respect for them. They also value the supervisor more as a competent and caring guide, which leads to greater respect for you and your skills as a supervisor. It is critical that you show respect for each person in the group. **You do that in many ways.**

You:

- Learn their names—and use them.
- Never talk with one staff member about another.

- Acknowledge each person's contribution to the work.
- Comment on their growth and the ways in which they need to develop more skills.
- Need to be conscious of starting and ending meetings on time.
- During meetings, acknowledge and respond to the group's energy level, stopping as they need to, energizing them as you can.
- Respond to their questions and concerns with care and honesty.
- Acknowledge when there is something you do not know.
- Give credit to them for what they know.
- Give feedback directly and honestly, with the intent of helping them grow.
- Make eye contact when you speak with someone.
- Become the official leader of the group.

Finally, we come to the concept of **INTERDEPENDENCE**. We hope that the clinic staff feel as if they are an individual and also a part of a whole.

Upon realizing how much they can learn from each other (not just from you, the supervisor), group members become interdependent. Group members do not lose their own identity and uniqueness; they just realize how helpful they have been to one another in the quality improvement process. As they have learned from you to give each other constructive feedback, as they have treated each other with respect and value, as they have become more open about themselves and listened as others have done the same, they have become more interdependent.

You can foster the **interdependence** by:
- Encouraging them to seek help from each other.
- Encouraging them to teach one another.
- Encouraging them to give each other feedback, especially as they practice new skills.
- Developing activities that have them working together in small groups to foster cooperation.
- Helping them have some fun together in the group.
- Encouraging good discussion so they look forward to working together every day.
- Expressing your commitment to them and to the work, which models these behaviors for them and facilitates their commitment to each other and the work.
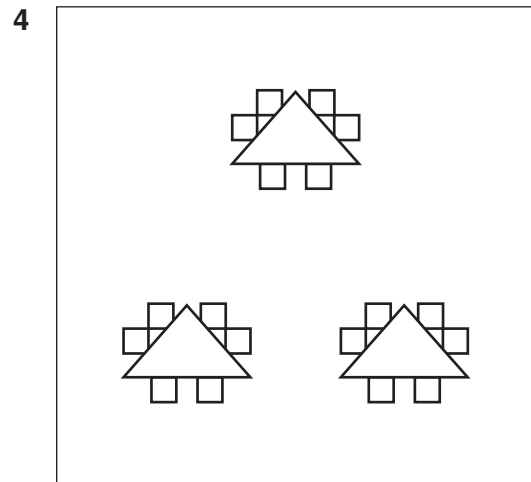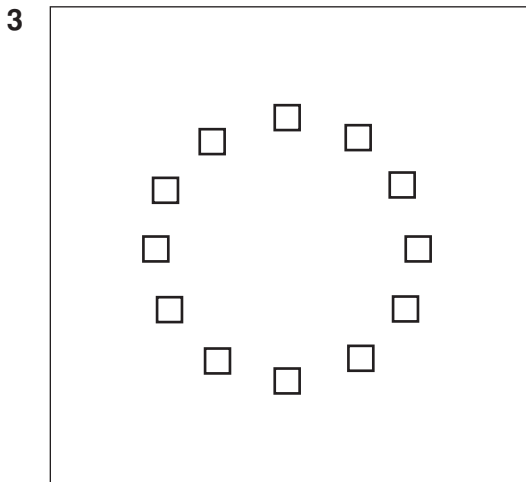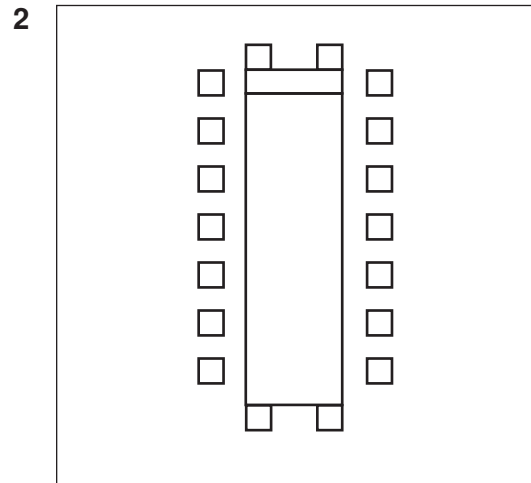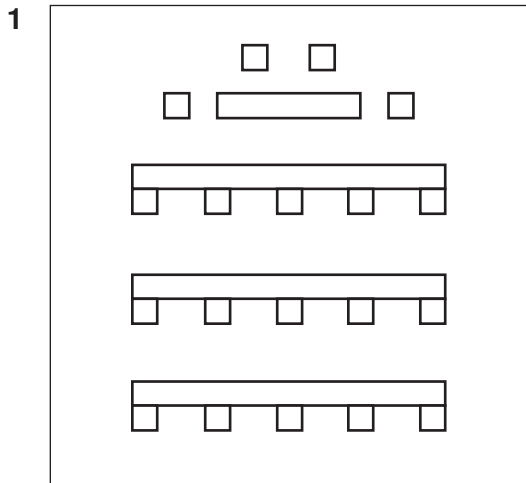
Resource

The Facilitative Supervisor Builds the Team

❏ Listen to everyone's ideas.

❏ Acknowledge and praise ideas that group members contribute.

❏ When possible, turn questions that people ask you back to the group, so they can see they have the expertise to respond.

❏ Refer back to comments made by a group member in earlier discussions and use the name of the person who contributed the idea.

❏ Provide positive reinforcement and compliments to individuals and the group, when appropriate.

❏ When possible, ask the group for examples from their own experiences; this reinforces what they already know.

❏ Acknowledge if and when you make a mistake.

❏ Avoid being judgmental about the participants and their comments.

❏ Show the group that you enjoy being with them.

❏ Spend time with people during breaks and at meals, so you can have informal time with them.

❏ Learn and use people's names.

Trainer's Resource

Additional Flipchart

What do you think about these seating arrangements?

Session 10-2

Skills in Giving Constructive Feedback

Objectives

By the end of this session, the participants will be able to:

- List and describe different types of feedback
- Define constructive feedback
- Describe the steps in constructive feedback
- Demonstrate skills in providing constructive feedback

Materials

- Participant Handout 10.2: Constructive Feedback Case Study
- Flipchart paper
- Flipchart 10C: Types of Feedback
- Flipchart 10D: Constructive Feedback: Steps
- Resource: Types of Feedback, Participant Handbook, page 87
- Resource: The Steps in Constructive Feedback, Participant Handbook, pages 88–89

Advance Preparation

1. Make enough copies of Participant Handout 10.2 for distribution to all participants.
2. Prepare the following flipcharts:

Flipchart 10C	*Flipchart 10D*
Types of Feedback	**Constructive Feedback: Steps**
• Negative	• Choose an appropriate time
• Positive	• Convey your positive intent
• Punitive	• Describe specifically what you have observed
• Constructive	• State the impact of the behavior or action
	• Ask the person to respond
	• Focus the discussion on solutions, offer your help

Session Time

1 hour, 20 minutes

Training Activities . . . . **Time**

  A. Types of feedback. . . . . 15 min.

  B. Building constructive feedback skills. . . . . 1 hour, 5 min.

Session 10-2 Detailed Steps

Activity A: Types of Feedback: Brainstorming/Discussion/Presentation
(15 minutes)

1. Present the objectives for the session.

2. Tell the participants that as supervisors, they are often called upon to evaluate the performance of staff and the quality of services that staff provide. As part of the evaluation, they need to discuss the findings with the staff. This is called feedback.

3. Ask the participants what types of feedback they use in their work. Write their answers on a sheet of flipchart paper. Ask them to describe those examples.

4. Reveal Flipchart 10C and ask the participants to describe the types of feedback listed.

5. Discuss with the participants what feelings might be caused by different types of feedback and what specific types of feedback they might be focusing on. For example, certain type of feedback might be focusing on assigning blame or on identifying solutions to a problem.

6. Ask the participants to think about a time when they received negative feedback on their job performance (i.e., someone in a position of authority criticized them for a mistake or failure). How did that negative feedback make them feel? What impact did it have on their subsequent performance?

7. Ask for volunteers to share their experiences with the group. Allow **5 minutes** for a discussion.

8. Refer the participants to page 87 in the Participant Handbook (Types of Feedback) and allow them time to read this section. Ask them how often they acknowledge and praise staff who perform well. Stress that congratulations on a job well done are always in order. Remind the participants of the 10 top ways to motivate staff.

9. Summarize the activity by saying that facilitative supervisors use only two types of feedback—**positive feedback** and **constructive feedback**. Positive feedback is used when supervisor wants to express appreciation of work well done and recognize a staff member, and constructive feedback is used when a staff member's performance needs to be improved.

Activity B: Building Constructive Feedback Skills: Exercise/Case Study/Role Play *(1 hour, 5 minutes)*

1. Ask the participants to recall the definition of facilitative supervision. Tell them that they will discuss what specific steps or actions make feedback **constructive**.

2. Reveal Flipchart 10D (Constructive Feedback: Steps), and explain each step and its importance.

3. Refer the participants to pages 88–89 in their Participant Handbook (The Steps in Constructive Feedback) and allow them **5 minutes** to review the materials individually.

4. Read the examples presented in the Trainer's Resource below. Ask for volunteers to play the role of a facilitative supervisor who is providing staff with feedback on medical monitoring assessment findings. The participants should provide feedback in a constructive way. Explain to the participants, for example, that the supervisor observed that the laboratory technician does not change gloves between clients.

Trainers' Resource

The following is a description of situations that might be used by trainers to give an opportunity for the participants to practice how to provide constructive feedback before they work on role plays.

Read the example. Ask the participants how and what the off-site supervisor should tell the staff and on-site supervisors.

"During a supervisory visit, an off-site supervisor checks whether a facility is using an inventory system and how supplies are stocked. He finds that the room where supplies are stored does not have shelves and that all supplies, including packages containing Norplant implants, Depo Provera, and oral contraceptives are piled on the floor without any system. When a nurse officer needed to find a Norplant package, she had to go through the whole pile of supplies."

When the participants respond, make sure that they follow the steps in constructive feedback.

---

5. Tell the participants that during the following section, they will have further practice in how to provide constructive feedback.

6. Divide the participants into four groups.

7. Distribute Participant Handout 10.2 and explain the instructions.

8. Tell the participants that they will have **15 minutes** to work in small groups.

9. After preparation in small groups is completed, have the groups start presenting their role plays. Ask the participants to listen to and observe the role plays very attentively and make notes on whether the participants presenting the role play used constructive feedback.

10. After the first group has presented their role play, ask whether other groups would like to add to, comment on, or correct what they have observed.

11. Tell the participants that constructive feedback is the best way to achieve the goal to build a team, to motivate staff, and to involve them in the quality and performance improvement process.

12. Reinforce the message about the steps that the participants should consider when giving constructive feedback.

Participant Handout 10.2: Constructive Feedback Case Study

Maria and Her Supervisor

Consider this dialogue and its effect on the staff member:

Supervisor: Maria, you did a poor job of preparing those reports yesterday, and I am very annoyed.

Maria: Well, it was Consuelo's fault. She did not get me the statistics on time.

Supervisor: Nevertheless, it was your responsibility to make sure that the reports were submitted in good order.

Maria: I have been so busy with other things and I did not have enough time to devote to those reports. Really, I am overworked here.

Supervisor: I often see you wasting time around the clinic. I think you had enough notice to prepare better. Please don't make the same mistake next time.

Maria returns to the office and is depressed the rest of the day. She is absent from work the next day to avoid a meeting at which her supervisor will be present. She vows never again to take responsibility for preparing reports.

What type of feedback is described in the case above? What are some of the results of this kind of feedback?

Discuss with the group the following steps when providing constructive feedback:

Step 1: Choose an appropriate time.
Step 2: Convey your positive intent.
Step 3: Describe specifically what you have observed.
Step 4: State the impact of the behavior or action.
Step 5: Ask the other person to respond.
Step 6: Focus the discussion on solutions (the constructive part of feedback).

Describe how you would apply those steps when giving feedback in the case above. Discuss with the group *what the dialogue would be like if constructive feedback were given*.

Think about the case and prepare a role play to demonstrate constructive feedback, following the steps above.

1. How will you convey your positive intent?

2. When will you give the feedback?

3. How will you state what you would like to cover?

4. What is the common goal?

5. How will you describe what you have observed?

6. How will you state the impact of the person's (or Maria's) behavior?

7. How will you ask the person (or Maria) to respond?

8. How will you focus on solutions? What solution can you suggest?

Resource

Types of Feedback

- Negative—overly critical, causing hurt feelings
- Positive—supportive, causing good feelings
- Punitive—focused on assigning blame
- Constructive—focused on solving a problem

Negative feedback and punitive feedback are ineffective if your goal is to improve performance and to help solve problems. They:

- May result in excuses
- Can cause hurt feelings, depression, or anger
- May decrease confidence and self-esteem
- May cause the employee to avoid the supervisor and/or work
- Do not help solve the problem of poor performance

Facilitative supervisors keep in mind that the people they supervise are their customers and must always be treated with respect. Therefore, facilitative supervisors always give positive feedback. In addition, facilitative supervisors understand that their job is to help their customers solve problems and correct mistakes. Therefore, facilitative supervisors always give both **positive** and **constructive** feedback and ensure two-way communication.

Resource

The Steps in Constructive Feedback

Constructive feedback is the best way to achieve your goal. Consider the following steps when providing feedback to your customers.

Step 1. Choose an appropriate time.

Choose a private moment as soon as you think the person is ready to listen. Avoid times when the person is busy, tired, or upset. Do not give feedback in public, or the employee may feel overly defensive or humiliated. Avoid waiting too long, or the impact will be weakened.

Step 2. Convey your positive intent.

This requires some preparation, even if only for a moment. If you cannot think of the positive outcome you want, do not give the feedback.

- Begin with a neutral statement about what you want to talk about (for example, "I have some thoughts about ..." "Let's take a look at ...", or "I would like to discuss ...")

- Point to a common goal. This helps the person understand the importance of the feedback and encourages team spirit. Use "we" when stating the problem, to highlight your common goal. For example, "Mr. Ochirbat, **we** need to give our clients their preferred family planning methods, as far as possible, and I'm afraid that **we** cannot do that unless **we** solve the problem of the lack of IUDs." Or, "Fatima, it's important to get **our** statistical reports in on time so that **we** can justify our request for additional staff."

Step 3. Describe specifically what you have observed.

Focus on the behavior or action, not on the person. Avoid "you" statements. Instead of saying "You did a poor job of preparing those reports," say "The reports were incomplete." Avoid labeling: Instead of saying "You are lazy about meeting dead-lines," say "The reports weren't submitted on time."

- Be specific, brief, and to the point (e.g., "The reports were missing data from four of the nine regions"; "The average client waiting time is now one and a half hours, an increase of one hour"; "Our male involvement ini-tiative is three months behind schedule").

- As much as possible, limit feedback to one behavior or action. Covering many topics at once will usually lead to a defensive response from the person.

- Remain calm and unemotional.

Step 4. State the impact of the behavior or action.

Link the undesired behavior or action to customer satisfaction or program goals (e.g., "If we do not ensure a continuous stock of Norplant implants, our customers will be unhappy"; "If we do not work harder to attract men to our clinic, we will not be able to lower the STI rate in the area").

Step 5. Ask the person to respond.

- Invite a response: "What do you think?" "What is your view of this situation?" "How do you see things?"

- Listen attentively, use appropriate body language, and use verbal and nonverbal encouragement, paraphrasing, and clarifying.

Step 6. Focus the discussion on solutions (the constructive part of feedback) and offer your help.

- Examples of solutions include clarifying expectations, giving advice, providing training, offering coach-ing (see the section on coaching in this chapter), developing new approaches to the problem, changing behavior, and improving coordination.

- Choose solutions that are practical for staff to implement.

- If possible, explore solutions jointly; try to avoid imposing the solution—however, you should suggest a solution if the person cannot.

(*See:* Minor, M. 1996. *Coaching and counseling: A practical guide for managers and team leaders*. Revised ed. Menlo Park, CA: Crisp Publications.)

There will be occasions when the staff under your supervision will not respond to constructive feedback. Being a facilitative supervisor does not mean that you never have the option of reprimanding staff who refuse to cooperate or are intentionally negligent in the performance of their work. Reprimanding is appro-priate for a staff person who is unwilling to make the effort to improve.

Session 10-3

Characteristics of a Successful Facilitative Supervisor/Leader

Objectives

By the end of this session, the participants will be able to:

- Describe the characteristics of successful supervisors
- Assess what knowledge and skills facilitative supervisors need to possess

Materials

- Resource: "Characteristics of a Successful Facilitative Supervisor," Participant Handbook, (page 91)
- Adhesive notes (e.g., Post-Its) or small pieces of paper (four per participant)
- Flipchart paper

Advance Preparation

1. Prepare sets of four Post-Its per participant.
2. Write the title "Characteristics of a Successful Facilitative Supervisor" on a piece of flipchart paper and post it in on a wall.

Session Time

15 minutes

Training Activities . . . . **Time**

    A. Characteristics of successful supervisors . . . . 15 min.

Session 10-3 Detailed Steps

Activity A: Characteristics of Successful Supervisors: Individual Work/Discussion *(15 minutes)*

1. Present the learning objectives for this session.

2. Tell the participants to think about positive experiences they have had in the past as supervisors, to reflect on when they felt that what they did was supportive or useful to the staff that they supervised, or to think of someone who supervised them in the past—someone whom they admired and whose efforts they appreciated.

3. Then ask the participants to think about what they have learned by now about their roles within and outside the health system, and about the characteristics that successful, facilitative supervisors possess.

4. Distribute sets of Post-Its and ask the participants to write on each Post-It one characteristic of a successful facilitative supervisor. Allow them **10 minutes** to complete this task.

5. Tell the participants to approach the prepared flipchart and attach to it their Post-Its with characteristics.

6. Tell the participants to stay near the flipchart and ask for a volunteer to read all of the Post-Its. Discuss with the group the characteristics that the participants believe that good supervisors possess.

7. Refer the participants to page 91 in their Participant Handbook (Characteristics of a Successful Facilitative Supervisor).

8. Review the list of characteristics in the resource materials and ask the participants what specific knowledge and skills they need to be such supervisors. After the participants respond, explain that during the course, they will discuss, learn, and practice skills that facilitative supervisors use in their work.

Resource: Characteristics of a Successful Facilitative Supervisor

A successful, facilitative supervisor:

• Is committed to the organizational mission and goals

• Demonstrates leadership qualities (has an ability to inspire others, develop and communicate the vision of what the organization can and should accomplish [as well as the strategic approaches to achieve that vision], establish trust, and promote teamwork; has skills in mobilizing financial and human resources; has an advocacy plan)

• Has good communication skills, especially active listening and constructive feedback

• Wants to empower others and provide opportunities for growth

• Has the ability to work in teams

• Has experience in delivering reproductive health services

• Has technical knowledge

• Is flexible

• Is open to new ideas

• Is able to train or convey information to others

• Displays empathy

• Can expect and manage change

• Focuses on improving services

• Recognizes the influence of the external environment and serves as a liaison with the larger system

Module 10

Working Effectively with Staff

Essential Ideas to Convey

❑ Facilitative supervisors use skills **to build a team** and **to work effectively with groups**.

❑ Different facilitation techniques are appropriate for each stage of the group development process.

❑ Groups work as effective teams when there is an atmosphere of trust, openness, respect, and interdependence, and when each member of the group feels that he or she can realize himself/herself as a professional and as a person. Facilitative supervisors understand this and are able to make the most of group dynamics to create such an atmosphere.

❑ To use group dynamics successfully, supervisors need to know how to:

- Foster a nonthreatening environment

- Encourage different levels of staff to work together

- Encourage different types of personalities to work together

- Manage and resolve conflicts

❑ **Types** of feedback include:

- **Negative**—overly critical, causing hurt feelings

- **Positive**—supportive, causing good feelings

- **Punitive**—focused on assigning blame

- **Constructive**—focused on solving the problem

❑ Facilitative supervisors keep in mind that the people they supervise are their customers and must always be treated with respect. Therefore, facilitative supervisors always give positive feedback when work is done well. In addition, facilitative supervisors understand that their job is to help their customers solve problems or correct mistakes. Therefore, facilitative supervisors ensure two-way communication and always give either **positive** or **constructive** feedback. (Constructive feedback is given when mistakes happen and some behavior needs to be corrected and improved.) Facilitative supervisors never use **negative** or **punitive** feedback.

❑ Steps in providing constructive feedback include:

- Choosing appropriate timing

- Conveying your positive intent

- Describing specifically what you have observed

- Stating the impact of the behavior or action

- Asking the other person to respond

- Focusing the discussion on solutions (the constructive part of feedback)

Session 10-1

Building a Team

Objectives

By the end of this session, the participants will be able to:

- Explain the stages of team development
- List the characteristics of effective groups
- Describe behaviors that help supervisors to build a team and make the most of a group's dynamics

Materials

- Participant Handout 10.1: The Four Stages of Group Development
- Resource: "Why Facilitate?" Participant Handbook, page 78
- Resource: "Characteristics of Effective Groups," Participant Handbook, page 79
- Resource: "The Facilitative Supervisor Builds the Team," Participant Handbook, page 80
- Resource: "Understanding and Making the Most of Group Dynamics," Participant Handbook, pages 81–84
- Resource: *Facilitative Supervision Handbook*, pages. 3.30–3.32
- Flipchart 10A: Questions for Group Discussion
- Flipchart 10B: Making the Most of Group Dynamics—TORRI
- Flipchart paper
- Markers
- Cards/candies to use to divide the participants into small groups

Advance Preparation

1. Make copies of Participant Handout 10.1 to distribute to the participants.
2. Write flipcharts 10A and 10B, below:

Flipchart 10A

Questions for Group Discussion

1. How can supervisors foster a respectful environment?

2. What actions/behaviors can help to maintain confidentiality?

3. What should supervisors pay attention to in terms of the physical environment?

4. What seating arrangements can foster a nonthreatening environment during a meeting?

Session 10

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Flipchart 1B

Making the Most of Group Dynamics—TORRI

 ❑ Trust

 ❑ Openness

 ❑ Respect

 ❑ Realization

 ❑ Interdependence
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Session Time

1 hour

Training Activities. . . . . **Time**
A. Stages of group development . . . . 10 min.
B. Characteristics of effective groups . . . . 20 min.
C. Making the most of a group's dynamics . . . . 30 min.

Session 10-1 Detailed Steps

Activity A: Stages of Group Development: Discussion/Presentation *(10 minutes)*

1. Tell the participants that in their everyday work, supervisors deal with group(s) of people. Although groups are established for a number of purposes, most experience several almost predictable stages of development. Each group changes with the passing of time from how it was in the beginning. When you are aware of these stages, you may be better able to understand what is happening with the group and why. Let us look briefly at those stages.

2. Distribute Participant Handout 10.1.

3. Ask for a volunteer to describe the diagram.

4. Refer the participants to page 76 in the Participant Handbook, which shows the stages of group development. Allow them **2 minutes** to read a description of the stages.

5. Ask the participants to apply the information from the handout to describe the stages of their current group's development.

6. Ask the participants to describe what stage their training group is at now. Ask them to explain why they think this is so.

7. Tell the participants that to improve quality, staff have to work as a group or team to identify and address problems. Most staff have little experience in working effectively in groups. As facilitative supervisors, their goal is to help other supervisors and staff to solve their quality and performance improvement problems by themselves, if possible. They need also be able to create an atmosphere in which each staff member understands that he or she also has responsibilities, both individually (in the care they provide) and a member of the group/team.

8. Tell the participants that their job is to learn how to work effectively with groups, how to coach other supervisors or clinic managers in these skills, and how to teach staff to work effectively with each other.

9. Ask the participants to explain what the word "facilitate" means. Ask why it is important to facilitate any process or communication between people.

10. Write the answers on a sheet of flipchart paper.

11. Refer the participants to page 78 in the Participant Handbook. Ask for a volunteer to read the list of ideas in "Why Facilitate?" Ask them to compare the results of their brainstorming with the list in the handbook and comment on the similarities and differences.

12. Remind the participants of the communication skills they should apply when they facilitate a meeting, group work, etc.

Activity B: Characteristics of Effective Groups: Small-Group Exercise
(20 minutes)

1. Tell the participants that during the following activity, they will develop a list of characteristics of effective groups and a list of supervisors' behaviors that help build an effective group.

2. Divide the participants into two groups, using cards or candies or some other approach. Ask both groups to develop a list of characteristics of effective groups.

> ➤➤ *Training Tip*
>
> You can also divide the participants into three groups, with Group 1 presenting the results and groups 2 and 3 adding what they think is missing.

3. Tell the two groups that they will have **10 minutes** for the activity.

4. Have Group 1 present its results. Invite the rest of the participants to comment or add ideas.

5. Refer the participants to page 79 of the Participant Handbook (Characteristics of Effective Groups) and ask them to compare what is there with the list of characteristics that they developed.

6. Ask the participants whether they agree with statements on the list and how these statements are related to their everyday work.

7. Summarize by making connections to supervisors' everyday work.

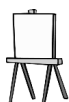### Activity C: Making the Most of a Group's Dynamics: Exercise (*30 minutes*)

1. Remind the participants that as facilitative supervisors, their job is to learn how to work effectively with groups and coach other supervisors or clinic managers in these skills. As the site staff learn to work effectively as a team, their collective wisdom and experience will enable them to solve their own problems, thus lessening the burden on supervisors.

2. Tell the participants that supervisors need to know how to:
   - ✱ Foster a nonthreatening environment
   - ✱ Encourage different levels of staff to work together
   - ✱ Encourage different types of personalities to work together
   - ✱ Manage and resolve conflicts
   - ✱ Coach on-site supervisors/managers to become facilitative supervisors

3. Remind the participants that, as you have discussed already, supervisors have to create a nonthreatening environment in order to build trust. They need to maintain confidentiality, treat all staff with respect, treat all staff as equals, and use facilitation skills to make sure that all staff treat each other with respect and equality, regardless of rank.

4. Reveal Flipchart 10A, which shows leading questions for a group discussion. Start the discussion by asking the participants to give an example for each question. When discussing Question 4, ask the participants to draw different seating arrangements and discuss with the group how seating arrangements affect the effectiveness of a meeting and how they affect group members. (See *Facilitative Supervision Handbook*, pages 3.30–3.32, for different seating arrangements.)
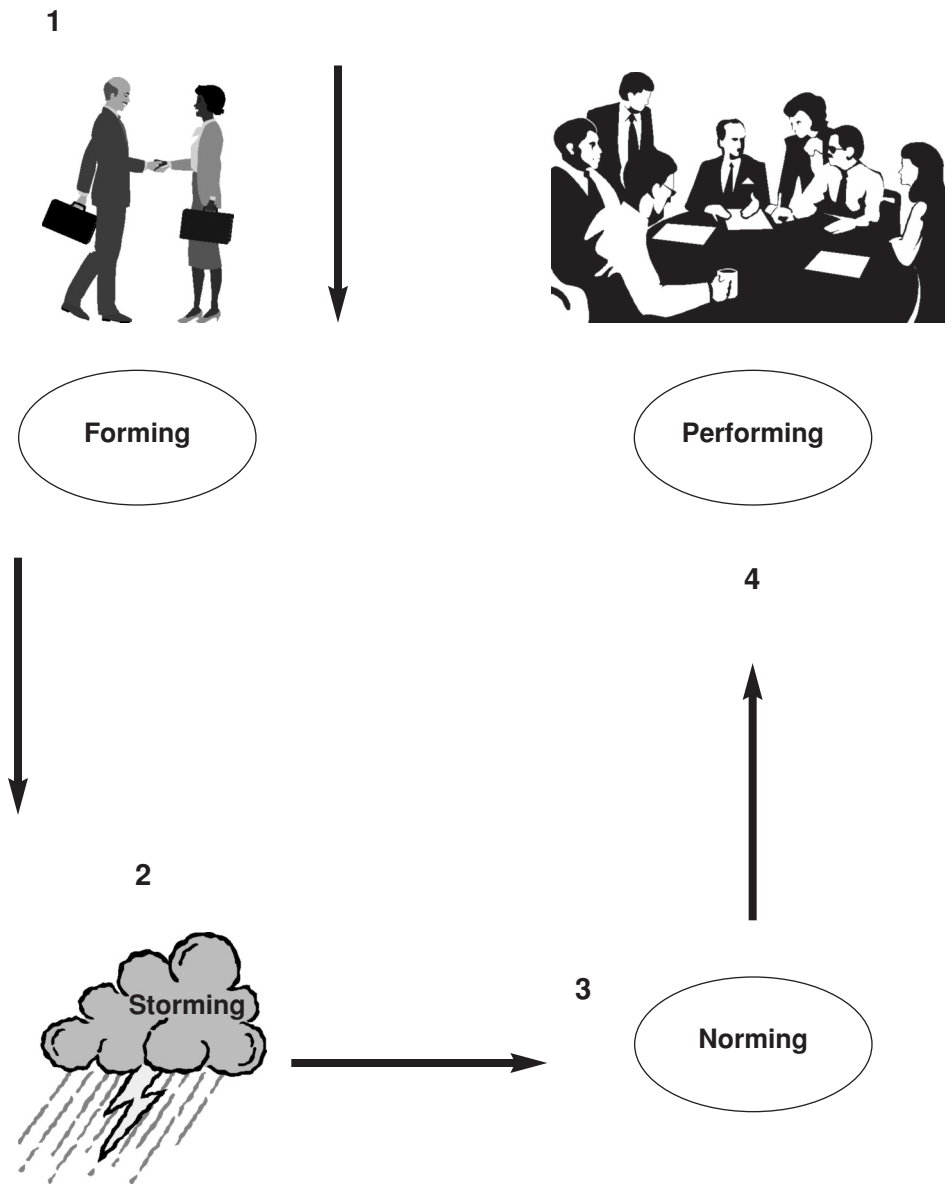
> ➼ *Trainers Tip*
>
> You can draw in advance different seating arrangements on a sheet of flipchart paper (see Trainer's Resource, page 10-17) and use it instead of the *Facilitative Supervision Handbook*.

5. Tell the group that the model they will explore is called TORRI (an abbreviation of the five words presented on Flipchart 10B. This model, which was developed by American psychologist Jack R. Gibb, helps to describe supervisors' actions and behaviors that bring out the best of a group (see Gibb, J. R. 1991. *Trust: A new vision of human relationships for business, education, family, and personal living*. Hollywood, CA: Newcastle Publishing).

6. Divide the participants into five groups, using cards or candies or some other approach. Reveal Flipchart 10B and tell the participants that groups work as effective teams when there is an atmosphere of trust, openness, respect, realization, and interdependence. (Realization represents the state when each member of a group feels that he or she can realize himself/herself as a professional and as a person.) Facilitative supervisors understand this and are able to make the most of group dynamics to create such an atmosphere.

7. Tell the participants that each group will be working on one statement (related to one of the words). For example, Group 1 will discuss what behavior (or action) of supervisors would help to build an atmosphere of **trust**. Group 2 will discuss what actions by a supervisor can help create an atmosphere of **openness** in the group, and so on. The participants should use pieces of flipchart paper to record the results of their discussions. Assign the work and allow **10 minutes** for the participants to work in small groups.

8. Ask groups to present the results of their discussions (**5 minutes** per group). The rest of the group should offer comments or add what they think is missing.

9. Refer the participants to pages 81–84 from the Participant Handbook. Recommend this page as a source for additional reading. Also direct their attention to another resource in the Participant Handbook (The Facilitative Supervisor Builds the Team, page 80), and ask the participants to comment on it.

Participant Handout 10.1: The Four Stages of Team Development

1

Forming

Performing

4

2

Storming

3

Norming

Adapted from: Handy, C. B. 1985. *Understanding organizations*. London: Penguin Books.

Participant Handout 10.1: The Four Stages of Team Development *(cont.)*

Forming

1. The group is not yet a group, but a set of individuals.
2. Individuals want to establish personal identity within the group and make an impression.
3. Participation is limited, as individuals get familiar with the setting, the trainer, and each other.
4. Individuals begin to focus on task at hand and discuss its purpose.
5. The group is essentially evolving ground rules on which future decisions and actions will be based.

Storming

1. This stage is characterized by intragroup conflict and lack of unity.
2. Preliminary ground rules on purpose, leadership, and behavior are damaged.
3. Individuals can become hostile toward each other and may express their individuality by pursuing or revealing personal agendas.
4. Friction increases, rules are broken, and arguments can happen.
5. But, if successfully handled, this stage leads to new and more realistic setting of objectives, procedures, and norms.

Norming

1. In this stage, the group overcomes tensions and develops group cohesion in which norms and practices are established.
2. Group members accept the group and accept each other's idiosyncrasies.
3. Group allegiance develops, and the group strives to maintain it.
4. Group spirit develops, and harmony becomes important.

Performing

1. The group is characterized by full maturity and maximum productivity.
2. This stage can only be reached by successfully completing the previous three stages.
3. Members take on roles to fulfill the group activities, since they have now learned to relate to one another.
4. Roles become flexible and functional.
5. The group's energy is channeled into identified tasks.
6. New insights and solutions begin to emerge.

Source: Handy, C. B. 1985. *Understanding organizations*. London: Penguin Books.

Resource: Why Facilitate?

Facilitation:

❏ Involves everyone.

❏ Keeps the group on track toward the objectives.

❏ Helps the group understand its own processes in order to work more effectively.

❏ Supports members in assessing their current skills, as well as building new skills.

❏ Provides feedback to the group members so they can assess their progress and make adjustments.

❏ Manages conflict using a collaborative approach.

❏ Achieves agreement.

❏ Helps deal with difficult people.

❏ Helps the group communicate effectively.

❏ Helps the group access resources from inside and outside the group.

❏ Creates an environment where members enjoy a positive, growing experience while they work to attain group goals.

❏ Fosters leadership in others by sharing the responsibility for leading the group.

❏ Teaches and empower others to facilitate.

Resource

Characteristics of Effective Groups

Many of the ideas listed here will be obvious if you think about the complex role of the facilitative supervisor as a group leader. You may see this list as a review, in some ways, of ideas that we have raised earlier.

We believe effective groups exhibit the following characteristics:

1. There is mutual respect between the leader and the group and among group members.
2. Each person sees himself/herself and is seen by others as valuable.
3. The differences among group members are celebrated.
4. Communication happens in all directions—from the group to the leader; from the leader to the group; from the leader to individual members; among group members.
5. The goals of the work are clear, and there is agreement on their importance.
6. Everyone feels safe and comfortable and free to participate or not.
7. Participation is shared; no one person, including the leader, dominates.
8. The process of the work is valued as much as the work itself.
9. Leadership emerges from among the participants and is encouraged.
10. There is trust, openness, and realization of each person's potential and interdependence.
11. The work of the group is varied and stimulating.
12. Conflicts are brought to the surface and handled well.
13. Feedback is direct and honest.
14. People respect time.
15. The leader can both lead and follow.
16. Activities are well-organized and well-planned.
17. Humor is used appropriately.
18. The level of intensity of the work varies.
19. People are comfortable evaluating their own work and that of the group.
20. People support, help, and coach each other, when appropriate.
21. People are willing to take risks to grow.
22. People are willing to struggle with new ideas and behaviors.
23. The leader can learn as well as teach.
24. People recognize what they already know and how to apply their knowledge and skills in new ways.
25. Real learning takes place; people want to be successful.
26. The group feels special and productive.

What other characteristics can you suggest?

Session 10

Trainer's Tool

Understanding and Making the Most of Group Dynamics: TORRI

These materials can be used when you discuss with the participants the stages of group development and the types of behavior that help supervisors to build a team.

The model, which is described below, is called **TORRI**, which stands for Trust, Openness, Realization (of each person's and the group's potential), Respect, and Interdependence. It may help you review what is necessary for a strong group and what your role is in helping to create it. (*Adapted from:* Gibb, J. R. 1991. *Trust: A new vision of human relationships for business, education, family, and personal living.* Hollywood, CA: Newcastle Publishing)

One of the things that makes the kind of facilitating described in this course challenging, exciting, and useful is that it involves a group of people who interact with each other and with you, a supervisor. You have to understand how groups function and how you can use the dynamics, chemistry, and energy of the group to accomplish all of its goals. Each group has its own personality, as does each member of the group.

It is the facilitative supervisor's responsibility to get the best from each member of the group and from the group as a whole. Since every group is different, is it possible to make general statements and suggestions about how to do that? Yes, it is.

Groups move through stages of development. Strangers may become friends; co-workers may understand each other better; those who were quiet may become outspoken; those who were reluctant to take on new ideas and behaviors may become enthusiastic; a collection of individuals may become a unified whole. Numerous changes may occur, both for individuals and for the group as a whole. It is part of your job as a facilitative supervisor to forge a unit from these pieces.

At first, the level of **TRUST** may be low. People may have questions about how you got to be the leader. It is part of your job as the facilitative supervisor to increase the level of trust in the group so that people can feel safe and comfortable, can question new ideas and old practices, and can practice new skills. ***How do you do that?*** *You can do this in the following ways.*

You:
- Are open from the start to each of them.
- Show no difference to any member of the group because of his or her status.
- Greet each as he or she enters the room.
- Encourage people to work with people whom they do not know well, so new relationships can be built.
- Encourage people to really talk with and listen to each other without judgment.
- Portray an image of self-confidence so people begin to realize they can trust you.
- Protect minority opinions in discussions.

- Intervene in discussions if someone is not being treated with respect.
- Be open regarding issues that may concern them.
- Interact informally with all members of the group, so that each makes a connection to you. That connection can be transferred to their colleagues.
- Promote a climate of understanding.
- Encourage people to take risks and both reward and protect them when they do.
- Acknowledge the value of each person in the group.
- Encourage group members to make a commitment to the group through their participation in activities and discussions.
- Communicate to each person, publicly and/or privately, how important they are to the group.
- Encourage people to think and speak for themselves.
- Ensure that your body language and tone of voice are inviting and match your words.
- Do not discuss one group member with another, and discourage them from doing this with each other, if you hear it.

These are just some of the things you can do to increase the level of trust in a group. As you do these things and set the standard for appropriate behavior in the group, staff will follow. If they do not, it is part of your responsibility to identify those behaviors, which may be destructive to the group, preferably in private. Sometimes it is necessary to do it publicly so that everyone understands the seriousness of the behavior that is unacceptable. Even then, it must be done with respect.

What kinds of things can you do to encourage a high level of **OPENNESS** in the group? Of course, levels of trust and openness are related, and what you do in one area will affect the other. So let us look at some things not mentioned in the first list.

You:
- Encourage people to share their ideas with the group.
- Share your ideas, not as the "expert" but as a member of the group.
- Encourage people to express their feelings in the group, especially about what they are learning and experiencing.
- Support every person's right to have the feelings they do. When you feel you can, you push below the surface to understand a participant's feelings.
- Ask people about what they are thinking and how they are feeling.
- May comment on changes you see in people's body language or facial expressions. In that way, people realize that you notice them.
- Organize many small-group activities that enable people to talk with many different people throughout the process.

There may be many other behaviors you can think of that encourage you to be open in a group

and that might encourage others to do the same.

Let us turn now to **REALIZATION** and **RESPECT**.

The ability and willingness of a facilitative supervisor to encourage people to be the best they can be is one of the characteristics that makes her or him effective. When we recognize how important it is for people to feel good about themselves and to realize how much they already know and how much they still can learn about themselves and their work and how much they can contribute to the group and its success, we can give these things full attention. Through the supervisor's encouragement, individuals and the group as a whole can flourish and develop. You help staff realize their own potential and motivate them to work in new ways. We believe that people want to be the best they can be. If provided the opportunity to reflect on their work and develop and practice new skills, they can. To bring this all about, the facilitative supervisor has to do a variety of things.

You:

- Encourage people to assert themselves—to speak their own mind and share their ideas and feelings.
- Provide opportunities for the group members to reach beyond what they know they know and learn new ideas and behaviors.
- Develop a climate of freedom and responsibility in the group.
- "Push" staff members at some times and protect them at others.
- Advocate for the goals of the site, so group members accept them and understand their value.
- Guide staff to a better understanding of their own goals.
- Create an atmosphere that allows staff to take risks and still feel safe.
- Encourage staff to be who they are and not hide themselves from the others.
- Inquire about their expectations for their work and do the best you can to help them meet them, within the goals of the site.
- Impress upon each group's member how valued he or she is.

Beyond all this, it also is important that **each group member feels respected**. The concepts of **realization** and **respect** are closely connected because in many ways, one leads to the other. When people begin to accept all they know and can do, when they realize how much they have grown, they develop greater self-respect. When the same happens with their colleagues, they develop greater respect for them. They also value the supervisor more as a competent and caring guide, which leads to greater respect for you and your skills as a supervisor. It is critical that you show respect for each person in the group. **You do that in many ways.**

You:

- Learn their names—and use them.
- Never talk with one staff member about another.

- Acknowledge each person's contribution to the work.
- Comment on their growth and the ways in which they need to develop more skills.
- Need to be conscious of starting and ending meetings on time.
- During meetings, acknowledge and respond to the group's energy level, stopping as they need to, energizing them as you can.
- Respond to their questions and concerns with care and honesty.
- Acknowledge when there is something you do not know.
- Give credit to them for what they know.
- Give feedback directly and honestly, with the intent of helping them grow.
- Make eye contact when you speak with someone.
- Become the official leader of the group.

Finally, we come to the concept of **INTERDEPENDENCE**. We hope that the clinic staff feel as if they are an individual and also a part of a whole.

Upon realizing how much they can learn from each other (not just from you, the supervisor), group members become interdependent. Group members do not lose their own identity and uniqueness; they just realize how helpful they have been to one another in the quality improvement process. As they have learned from you to give each other constructive feedback, as they have treated each other with respect and value, as they have become more open about themselves and listened as others have done the same, they have become more interdependent.

You can foster the **interdependence** by:
- Encouraging them to seek help from each other.
- Encouraging them to teach one another.
- Encouraging them to give each other feedback, especially as they practice new skills.
- Developing activities that have them working together in small groups to foster cooperation.
- Helping them have some fun together in the group.
- Encouraging good discussion so they look forward to working together every day.
- Expressing your commitment to them and to the work, which models these behaviors for them and facilitates their commitment to each other and the work.

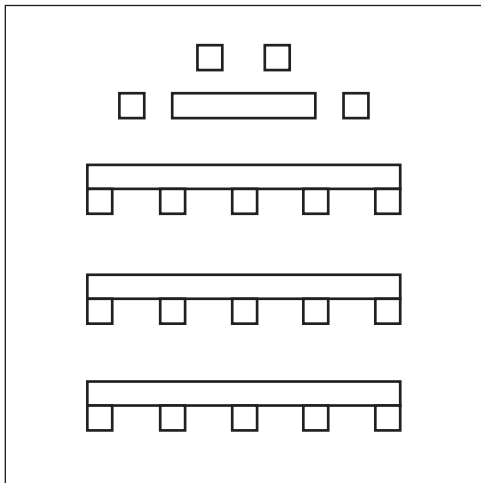## Resource

The Facilitative Supervisor Builds the Team

❏ Listen to everyone's ideas.

❏ Acknowledge and praise ideas that group members contribute.

❏ When possible, turn questions that people ask you back to the group, so they can see they have the expertise to respond.

❏ Refer back to comments made by a group member in earlier discussions and use the name of the person who contributed the idea.

❏ Provide positive reinforcement and compliments to individuals and the group, when appropriate.

❏ When possible, ask the group for examples from their own experiences; this reinforces what they already know.

❏ Acknowledge if and when you make a mistake.

❏ Avoid being judgmental about the participants and their comments.

❏ Show the group that you enjoy being with them.

❏ Spend time with people during breaks and at meals, so you can have informal time with them.

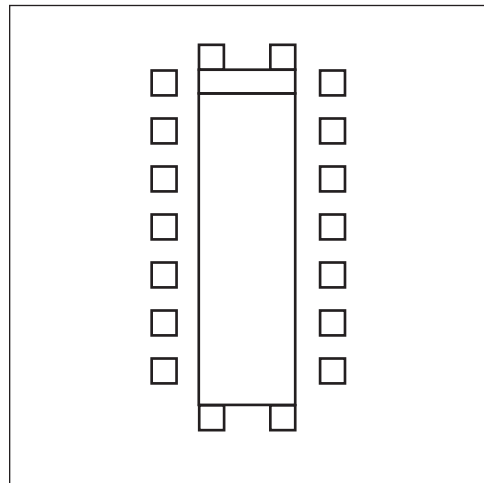❏ Learn and use people's names.

Trainer's Resource

Additional Flipchart

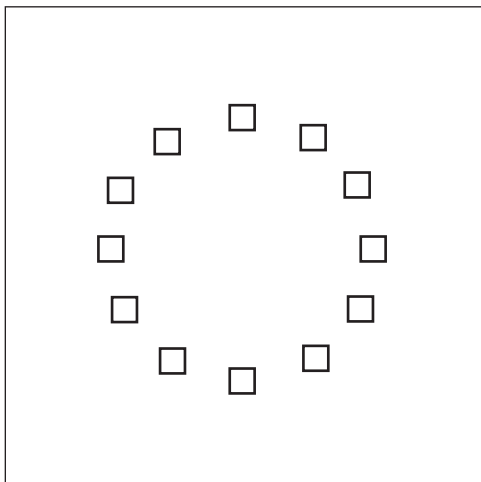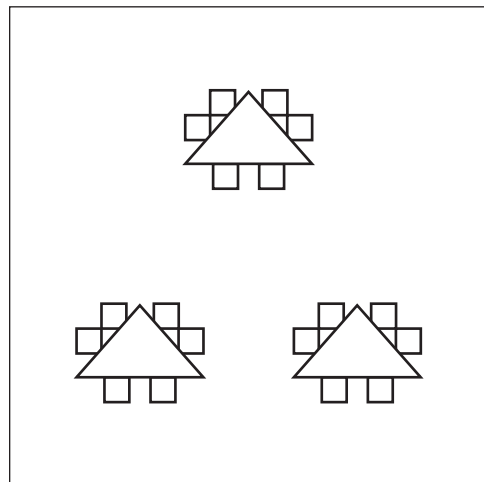*What do you think about these seating arrangements?*

Session 10-2

Skills in Giving Constructive Feedback

Objectives

By the end of this session, the participants will be able to:

- List and describe different types of feedback
- Define constructive feedback
- Describe the steps in constructive feedback
- Demonstrate skills in providing constructive feedback

Materials

- Participant Handout 10.2: Constructive Feedback Case Study
- Flipchart paper
- Flipchart 10C: Types of Feedback
- Flipchart 10D: Constructive Feedback: Steps
- Resource: Types of Feedback, Participant Handbook, page 87
- Resource: The Steps in Constructive Feedback, Participant Handbook, pages 88–89

Advance Preparation

1. Make enough copies of Participant Handout 10.2 for distribution to all participants.
2. Prepare the following flipcharts:

<table>
<tr>
<td valign="top">

Flipchart 10C

Types of Feedback

- Negative
- Positive
- Punitive
- Constructive

</td>
<td valign="top">

Flipchart 10D

Constructive Feedback: Steps

- Choose an appropriate time
- Convey your positive intent
- Describe specifically what you have observed
- State the impact of the behavior or action
- Ask the person to respond
- Focus the discussion on solutions, offer your help

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</table>

Session Time

1 hour, 20 minutes

Training Activities. . . . . **Time**
   A. Types of feedback. . . . . 15 min.
   B. Building constructive feedback skills. . . . . 1 hour, 5 min.

Session 10-2 Detailed Steps

Activity A: Types of Feedback: Brainstorming/Discussion/Presentation
(15 minutes)

1. Present the objectives for the session.

2. Tell the participants that as supervisors, they are often called upon to evaluate the performance of staff and the quality of services that staff provide. As part of the evaluation, they need to discuss the findings with the staff. This is called feedback.

3. Ask the participants what types of feedback they use in their work. Write their answers on a sheet of flipchart paper. Ask them to describe those examples.

4. Reveal Flipchart 10C and ask the participants to describe the types of feedback listed.

5. Discuss with the participants what feelings might be caused by different types of feedback and what specific types of feedback they might be focusing on. For example, certain type of feedback might be focusing on assigning blame or on identifying solutions to a problem.

6. Ask the participants to think about a time when they received negative feedback on their job performance (i.e., someone in a position of authority criticized them for a mistake or failure). How did that negative feedback make them feel? What impact did it have on their subsequent performance?

7. Ask for volunteers to share their experiences with the group. Allow **5 minutes** for a discussion.

8. Refer the participants to page 87 in the Participant Handbook (Types of Feedback) and allow them time to read this section. Ask them how often they acknowledge and praise staff who perform well. Stress that congratulations on a job well done are always in order. Remind the participants of the 10 top ways to motivate staff.

9. Summarize the activity by saying that facilitative supervisors use only two types of feedback—**positive feedback** and **constructive feedback**. Positive feedback is used when supervisor wants to express appreciation of work well done and recognize a staff member, and constructive feedback is used when a staff member's performance needs to be improved.

Activity B: Building Constructive Feedback Skills: Exercise/Case Study/Role Play *(1 hour, 5 minutes)*

1. Ask the participants to recall the definition of facilitative supervision. Tell them that they will discuss what specific steps or actions make feedback **constructive**.

2. Reveal Flipchart 10D (Constructive Feedback: Steps), and explain each step and its importance.

3. Refer the participants to pages 88–89 in their Participant Handbook (The Steps in Constructive Feedback) and allow them **5 minutes** to review the materials individually.

4. Read the examples presented in the Trainer's Resource below. Ask for volunteers to play the role of a facilitative supervisor who is providing staff with feedback on medical monitoring assessment findings. The participants should provide feedback in a constructive way. Explain to the participants, for example, that the supervisor observed that the laboratory technician does not change gloves between clients.

Trainers' Resource

The following is a description of situations that might be used by trainers to give an opportunity for the participants to practice how to provide constructive feedback before they work on role plays.

Read the example. Ask the participants how and what the off-site supervisor should tell the staff and on-site supervisors.

"During a supervisory visit, an off-site supervisor checks whether a facility is using an inventory system and how supplies are stocked. He finds that the room where supplies are stored does not have shelves and that all supplies, including packages containing Norplant implants, Depo Provera, and oral contraceptives are piled on the floor without any system. When a nurse officer needed to find a Norplant package, she had to go through the whole pile of supplies."

When the participants respond, make sure that they follow the steps in constructive feedback.

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5. Tell the participants that during the following section, they will have further practice in how to provide constructive feedback.

6. Divide the participants into four groups.

7. Distribute Participant Handout 10.2 and explain the instructions.

8. Tell the participants that they will have **15 minutes** to work in small groups.

9. After preparation in small groups is completed, have the groups start presenting their role plays. Ask the participants to listen to and observe the role plays very attentively and make notes on whether the participants presenting the role play used constructive feedback.

10. After the first group has presented their role play, ask whether other groups would like to add to, comment on, or correct what they have observed.

11. Tell the participants that constructive feedback is the best way to achieve the goal to build a team, to motivate staff, and to involve them in the quality and performance improvement process.

12. Reinforce the message about the steps that the participants should consider when giving constructive feedback.

Session 10

Participant Handout 10.2: Constructive Feedback Case Study

Maria and Her Supervisor

Consider this dialogue and its effect on the staff member:

Supervisor: Maria, you did a poor job of preparing those reports yesterday, and I am very annoyed.

Maria: Well, it was Consuelo's fault. She did not get me the statistics on time.

Supervisor: Nevertheless, it was your responsibility to make sure that the reports were submitted in good order.

Maria: I have been so busy with other things and I did not have enough time to devote to those reports. Really, I am overworked here.

Supervisor: I often see you wasting time around the clinic. I think you had enough notice to prepare better. Please don't make the same mistake next time.

Maria returns to the office and is depressed the rest of the day. She is absent from work the next day to avoid a meeting at which her supervisor will be present. She vows never again to take responsibility for preparing reports.

What type of feedback is described in the case above? What are some of the results of this kind of feedback?

Discuss with the group the following steps when providing constructive feedback:
Step 1: Choose an appropriate time.
Step 2: Convey your positive intent.
Step 3: Describe specifically what you have observed.
Step 4: State the impact of the behavior or action.
Step 5: Ask the other person to respond.
Step 6: Focus the discussion on solutions (the constructive part of feedback).

Describe how you would apply those steps when giving feedback in the case above. Discuss with the group *what the dialogue would be like if constructive feedback were given.*

Think about the case and prepare a role play to demonstrate constructive feedback, following the steps above.

1. How will you convey your positive intent?

2. When will you give the feedback?

3. How will you state what you would like to cover?

4. What is the common goal?

5. How will you describe what you have observed?

6. How will you state the impact of the person's (or Maria's) behavior?

7. How will you ask the person (or Maria) to respond?

8. How will you focus on solutions? What solution can you suggest?

Resource

Types of Feedback

- Negative—overly critical, causing hurt feelings
- Positive—supportive, causing good feelings
- Punitive—focused on assigning blame
- Constructive—focused on solving a problem

Negative feedback and punitive feedback are ineffective if your goal is to improve performance and to help solve problems. They:

- May result in excuses
- Can cause hurt feelings, depression, or anger
- May decrease confidence and self-esteem
- May cause the employee to avoid the supervisor and/or work
- Do not help solve the problem of poor performance

Facilitative supervisors keep in mind that the people they supervise are their customers and must always be treated with respect. Therefore, facilitative supervisors always give positive feedback. In addition, facilitative supervisors understand that their job is to help their customers solve problems and correct mistakes. Therefore, facilitative supervisors always give both **positive** and **constructive** feedback and ensure two-way communication.

Resource

The Steps in Constructive Feedback

Constructive feedback is the best way to achieve your goal. Consider the following steps when providing feedback to your customers.

Step 1. Choose an appropriate time.

Choose a private moment as soon as you think the person is ready to listen. Avoid times when the person is busy, tired, or upset. Do not give feedback in public, or the employee may feel overly defensive or humiliated. Avoid waiting too long, or the impact will be weakened.

Step 2. Convey your positive intent.

This requires some preparation, even if only for a moment. If you cannot think of the positive outcome you want, do not give the feedback.

- Begin with a neutral statement about what you want to talk about (for example, "I have some thoughts about ..." "Let's take a look at ...", or "I would like to discuss ...")

- Point to a common goal. This helps the person understand the importance of the feedback and encourages team spirit. Use "we" when stating the problem, to highlight your common goal. For example, "Mr. Ochirbat, **we** need to give our clients their preferred family planning methods, as far as possible, and I'm afraid that **we** cannot do that unless **we** solve the problem of the lack of IUDs." Or, "Fatima, it's important to get **our** statistical reports in on time so that **we** can justify our request for additional staff."

Step 3. Describe specifically what you have observed.

Focus on the behavior or action, not on the person. Avoid "you" statements. Instead of saying "You did a poor job of preparing those reports," say "The reports were incomplete." Avoid labeling: Instead of saying "You are lazy about meeting dead-lines," say "The reports weren't submitted on time."

- Be specific, brief, and to the point (e.g., "The reports were missing data from four of the nine regions"; "The average client waiting time is now one and a half hours, an increase of one hour"; "Our male involvement ini-tiative is three months behind schedule").

- As much as possible, limit feedback to one behavior or action. Covering many topics at once will usually lead to a defensive response from the person.

- Remain calm and unemotional.

Step 4. State the impact of the behavior or action.

Link the undesired behavior or action to customer satisfaction or program goals (e.g., "If we do not ensure a continuous stock of Norplant implants, our customers will be unhappy"; "If we do not work harder to attract men to our clinic, we will not be able to lower the STI rate in the area").

Step 5. Ask the person to respond.

- Invite a response: "What do you think?" "What is your view of this situation?" "How do you see things?"

- Listen attentively, use appropriate body language, and use verbal and nonverbal encouragement, paraphrasing, and clarifying.

Step 6. Focus the discussion on solutions (the constructive part of feedback) and offer your help.

- Examples of solutions include clarifying expectations, giving advice, providing training, offering coach-ing (see the section on coaching in this chapter), developing new approaches to the problem, changing behavior, and improving coordination.

- Choose solutions that are practical for staff to implement.

- If possible, explore solutions jointly; try to avoid imposing the solution—however, you should suggest a solution if the person cannot.

> (*See:* Minor, M. 1996. *Coaching and counseling: A practical guide for managers and team leaders*. Revised ed. Menlo Park, CA: Crisp Publications.)

There will be occasions when the staff under your supervision will not respond to constructive feedback. Being a facilitative supervisor does not mean that you never have the option of reprimanding staff who refuse to cooperate or are intentionally negligent in the performance of their work. Reprimanding is appro-priate for a staff person who is unwilling to make the effort to improve.

Session 10-3

Characteristics of a Successful Facilitative Supervisor/Leader

Objectives

By the end of this session, the participants will be able to:

- Describe the characteristics of successful supervisors
- Assess what knowledge and skills facilitative supervisors need to possess

Materials

- Resource: "Characteristics of a Successful Facilitative Supervisor," Participant Handbook, (page 91)
- Adhesive notes (e.g., Post-Its) or small pieces of paper (four per participant)
- Flipchart paper

Advance Preparation

1. Prepare sets of four Post-Its per participant.
2. Write the title "Characteristics of a Successful Facilitative Supervisor" on a piece of flipchart paper and post it in on a wall.

Session Time

15 minutes

Training Activities . . . . **Time**
   A. Characteristics of successful supervisors . . . . 15 min.

Session 10-3 Detailed Steps

Activity A: Characteristics of Successful Supervisors: Individual Work/Discussion *(15 minutes)*

1. Present the learning objectives for this session.

2. Tell the participants to think about positive experiences they have had in the past as supervisors, to reflect on when they felt that what they did was supportive or useful to the staff that they supervised, or to think of someone who supervised them in the past—someone whom they admired and whose efforts they appreciated.

3. Then ask the participants to think about what they have learned by now about their roles within and outside the health system, and about the characteristics that successful, facilitative supervisors possess.

4. Distribute sets of Post-Its and ask the participants to write on each Post-It one characteristic of a successful facilitative supervisor. Allow them **10 minutes** to complete this task.

5. Tell the participants to approach the prepared flipchart and attach to it their Post-Its with characteristics.

6. Tell the participants to stay near the flipchart and ask for a volunteer to read all of the Post-Its. Discuss with the group the characteristics that the participants believe that good supervisors possess.

7. Refer the participants to page 91 in their Participant Handbook (Characteristics of a Successful Facilitative Supervisor).

8. Review the list of characteristics in the resource materials and ask the participants what specific knowledge and skills they need to be such supervisors. After the participants respond, explain that during the course, they will discuss, learn, and practice skills that facilitative supervisors use in their work.

Resource: Characteristics of a Successful Facilitative Supervisor

A successful, facilitative supervisor:

- Is committed to the organizational mission and goals
- Demonstrates leadership qualities (has an ability to inspire others, develop and communicate the vision of what the organization can and should accomplish [as well as the strategic approaches to achieve that vision], establish trust, and promote teamwork; has skills in mobilizing financial and human resources; has an advocacy plan)
- Has good communication skills, especially active listening and constructive feedback
- Wants to empower others and provide opportunities for growth
- Has the ability to work in teams
- Has experience in delivering reproductive health services
- Has technical knowledge
- Is flexible
- Is open to new ideas
- Is able to train or convey information to others
- Displays empathy
- Can expect and manage change
- Focuses on improving services
- Recognizes the influence of the external environment and serves as a liaison with the larger system

Module 11

Practice Supervisory Visits

Session 11-1

Practice Supervisory Visits

Objectives

By the end of this session, the participants will be able to:

- Develop a supervisory visit plan

- Conduct supervisory visits

- Apply constructive feedback skills

- Facilitate a site's development of an action plan to address findings

- Develop a supervisory plan to follow up on findings

Materials

- Checklists to use during the supervisory visit (the same checklists that were used for the session on safety of clinical techniques and procedures, Module 5)

- Participant Handout 11.1: Informed Consent Statement for Service Providers

- Participant Handout 11.2: Informed Consent Statement for Clients

- Flipchart paper and markers

- Flipchart 11A: Groups for Practice Visits

- Flipchart 11B: Visit Wrap-Up

- Flipchart 11C: Action Plan

- Masking tape

Advance Preparation

1. Make copies of checklists to be used during the supervisory visit, including extra copies to leave with the site supervisors and staff after the supervisory visit is completed.

2. Make enough copies of the handouts for distribution to all participants.

3. Before the course starts, the trainers should have worked with the course organizers to identify the sites for the practice sessions.

4. Work with the course organizers to divide the participants into groups, by site, and to assign the roles of Team Leaders to the participants for the practice visits.

5. Prepare the following flipcharts:

> **Flipchart 11A**
>
> **Groups for Practice Visits**
>
> (List the names of each group making practice visits, and underline the name of each Team Leader.)

Session 11

Flipchart 11B

Visit Wrap-Up

How do you feel about your own performance when conducting the supervisory visit?

- How were all steps conducted?
- What was your communication style?
- How was feedback provided?
- How were findings shared with the staff and on-site supervisors?
- How useful was the supervisory visit for the site?
- What was easy and what was difficult for you during the visit?
- What would you do differently next time?

Flipchart 11C

Action Plan for an Off-Site Supervisor
to Follow Up on a Supervisory Visit

Problem	Action/resources needed	Time frame	Follow-up	Notes

Session Time

7 hours, 25 minutes

Training Activities . . . . **Time**

A. Orientation to a practice supervisory visit . . . . 55 min.

B. Conducting a practice supervisory visit. . . . . 4 hours

C. Reflection on a practice supervisory visit
and development of action plans. . . . . 2 hours, 30 min.

Session 11-1 Detailed Steps

Activity A: Orientation to a Practice Supervisory Visit: Presentation/ Discussion (*55 minutes*)

Note: This session is conducted the day before the practice field visit.

1. Tell the participants that tomorrow, they will be going to a site to conduct a practice supervisory visit.

2. Remind the participants of the discussion that they had during the session on the safety of clinical techniques and procedures and on medical monitoring and the steps supervisors should take **before**, **during**, and **after** the supervisory visit.

3. Explain what preparatory work **has already been done to orient the sites'** supervisors and staff to the activities that the participants will conduct during the practice supervisory visits.

Note to Trainers

It is very important to ensure that the following preparatory activities were undertaken:
- Contacting the sites before the start of the training course
- Asking their permission to visit and to conduct the practice sessions at their facilities
- Orienting site supervisors and staff on the activities you will conduct
- Explaining what the participants will do and how they will do it when they visit the sites
- Telling the site supervisors that this is not an inspection, but is instead a practice exercise for the training course participants
- Explaining that the checklists that will be used during the practice supervisory visit are based on World Health Organization standards and have been adapted using national standards
- Telling supervisors that the visit might be useful for their sites, since the participants will assess services provided there and will inform the supervisors and the staff about their findings

The organizers of the training should take care of communication with the sites' supervisors and visit the sites to talk to supervisors in person and get their agreement to accommodate the training needs of the group.

(For more information, see Introduction for Trainers, p. xi.)

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4. Reveal Flipchart 11A, showing the list of participants divided into groups, and explain how the groups were organized and who is a Team Leader during the field visit. Describe the tasks assigned to the participants (who will be using what checklist). Explain also the role of the Team Leader during the practice visit. That person will **monitor how the group** conducts the visit's activities. After everybody has completed their task, the Team

Leader will **discuss with the training participants** the findings and how they will present them to the on-site supervisor and the staff. The Team Leader also will **present the findings** to the site supervisor and staff, using the constructive feedback technique.

5. Discuss with the participants the checklists that they will use during the practice visit, making sure that everyone feels comfortable with the questions. Point out that the checklists are the same as the ones they have already used and are familiar with.

6. Explain to the participants who will observe client-provider interactions that they should not make notes during the interaction, but observe only. (Making notes during a counseling session might disturb the provider and the client as well.) Tell them that they should read the observation checklist again so they will remember the questions.

7. Discuss with the participants their behavior when they are in the clinic. Remind them of the importance of giving **constructive** feedback. Ask the participants to recall the steps in providing constructive feedback.

8. Explain to the participants that some of them will observe procedures (IUD or Norplant insertion, or no-scalpel vasectomy) and some a counseling session. They will also review client records. At the same time, other participants will do a facility audit and will observe infection prevention practices. Those who review client records should check whether necessary information **is recorded**. (They will be **not** checking whether the information/treatment plan is correct.)

9. Tell the participants that they should obtain verbal permission from providers and clients to observe client-provider interactions. They should sign special forms to confirm that both provider and client consent to having the participants observe a procedure or a counseling session.

10. Tell the participants that they might learn confidential client information during the registry review and observations, and that it is necessary for them to keep that information confidential. Remind the participants that on Day 1, they signed a Pledge of Confidentiality.

11. Distribute Participant Handouts 11.1 and 11.2. Ask for a volunteer to read both informed consent statements and explain how and when the participants will use them.

12. Tell the participants that signing informed consent forms is part of regular supervisory visits; use of these steps during the field test will reinforce issues related to ensuring clients' rights to confidentiality and informed and voluntary decision making, which is one of the fundamentals of care.

13. Explain to the participants that they should **inform staff** whose performance they will observe as part of the field visit that their names will not appear in any related reports. Tell the participants that they need to provide feedback to the site's staff directly after the services that they observed have been completed. Remind them that they should not do this in front of clients or other colleagues, if they are going to provide constructive feedback on issues that require improvement. Positive feedback should be provided in front of colleagues, if the situation allows.

14. Explain that the participants will have time with their group's members after they complete observation of services and a facility audit to discuss finding and agree on the presentation of their results to the site's supervisors and staff.

15. The Team Leader will lead the final meeting with the site's supervisor(s) and staff (if client flow allows the staff to participate). The Team Leader should present the group's findings. Explain to the participants that the presenter should start by expressing the participants' gratitude to the staff for accommodating their training needs. The presenter should reinforce the message that it was a practice exercise for the training course participants, not an inspection. At the same time, though, the presenter should emphasize that the participants hope that the findings will be useful for the site's staff. The site staff should receive the findings and solutions to problems identified by trainees during the practice session in the action plan format used in the session on safety (medical monitoring). If time does not permit the team to help site staff develop an action plan, group members should at least discuss with the staff what the solutions might be and what next steps they should take. Tell the participants that they should discuss with the site supervisors and staff what solutions can be implemented **by the site staff and what solutions would require external help or resources**.

16. Tell the participants that the Team Leader should make notes in the site's journal about the findings. If the site does not have such a journal, the Team Leader should advise the site to begin one. In such a case, the participants can record their findings on a sheet of paper and give it to the site's supervisors and staff.

17. Explain that the trainees should leave a spare copy of all checklists with the on-site supervisors and staff and should encourage them to use these checklists in the future to assess the quality of services they provide and their compliance with standards.

18. Tell the participants that before leaving the site, they should again thank the site supervisors and staff for the opportunity to practice conducting the supervisory visit.

Activity B: Conducting a Practice Supervisory Visit (*4 hours*)

1. Before traveling to the facilities, ask the participants to recheck whether they have with them the checklists (including a spare set for the site) and informed consent forms.

2. Upon arriving at the site, introduce the participants to the on-site supervisors and staff.

3. Briefly meet with the site supervisors and staff. During the meeting, explain again the following issues (all of which should have been discussed during the preparation period):

   • Explain that this is a visit to practice supervision skills.

   • Confirm that it is not an inspection for the site.

   • Remind them that the organizers of the training course and the participants are grateful to the on-site supervisors and staff for the opportunity to practice skills at their facility.

   • Show the site supervisors and staff the checklists that will be used and explain what service areas will be assessed (which should also have been discussed with site staff earlier).

   • Discuss the logistics and activities with the site supervisors.

   • Tell them about the informed consent forms and explain how they will be used and by whom.

   • Agree on a time when the trainees' team will gather together to discuss their findings.

   • Agree on a time when the team will meet with the on-site supervisors and staff to present their findings.

4. Have the team members acquire informed consent from providers and clients for the observation of procedures or counseling sessions.

5. Have team members conduct activities using medical monitoring checklists.

6. Have the team members meet together to discuss their findings and agree on what and how to present these to the site supervisors.

7. Have the team meet with the site supervisors, and have the Team Leader present the findings and the team discuss with the on-site supervisors and staff the causes of issues identified and possible solutions, resources, and the next steps in solving the problems.

8. Have the team provide the site with an action plan format that site supervisors and staff can use to record the problems identified and the solutions developed. Explain how that specific format—the problem statement is specific, the root causes are identified, the solutions are made clear and specific, the people responsible for implementation are identified, and the dates are set—helps to make quality improvement work easy to follow and helps to make such efforts ongoing.

9. Have the team provide the site with a set of the checklists, so the on-site supervisors and staff can use them in the future to assess the quality of services.

10. Have the Team Leader make notes about the finding in the site's supervisory notebook. If such a notebook does not exist, encourage supervisors and staff to have one. In that case, the notes shall be written on a sheet of paper and given to the site supervisor.

11. Ask the on-site supervisors and staff whether they found the training visit useful for the site.

12. Have the team thank the site supervisors and the staff for the opportunity to practice how to conduct a supervisory visit.

13. Return with the team to the training venue.

Activity C: Reflection on a Practice Supervisory Visit and Development of Action Plans: Small-Group Work/Presentation/Discussion (*2 hours, 30 minutes*)

1. Tell the participants that during this session, they will reflect on their supervisory visit and will develop supervisory follow-up action plans, using the actual findings (assuming that they are an off-site supervisor who just visited a site).

2. Have the participants work in the same teams.

3. Reveal Flipchart 11B (with leading questions) and Flipchart 11C (with an action plan format).

4. Explain that each team should discuss how the supervisory visit went. Use the leading questions to facilitate the discussion. Read the questions and ask whether the task is clear. As the results of the discussion, the team should prepare a brief report to share with the rest of the group.

5. Tell the participants that after discussing the visit, they need to develop the supervisory follow-up action plan and record the plan using the format presented on Flipchart 11C.

6. Ask the participants to include in their brief report the issues that were identified and solved on the spot by the site's staff, with the help of the trainees or the on-site supervisor.

7. Tell the participants that they should use the findings from their field trip and consider what off-site supervisors would do to help staff solve problems that require external help. Remind the participants that they should consider themselves as off-site supervisors who have just completed a supervisory visit.

8. Tell the participants that **1 hour and 40 minutes** will be allotted for their team work.

9. After the groups have completed their work, ask representatives from each group to present the results. Ask them to start by describing their general experiences during the visit and then follow with an action plan presentation. Tell each group that it will have **15 minutes** for a presentation and a discussion.

10. Summarize the activity by asking the participants to list again steps and actions **before, during,** and **after** the supervisory visit. Emphasize the importance of a facilitative approach to supervision. Remind the participants about the role of off-site supervisors as a liaison within the larger health system to advocate for sites' needs and for changes in policies.

Participant Handout 11.1: Informed Consent Statement for Service Providers

PLEASE READ THE FOLLOWING TO THE PROVIDER (BEFORE THE CLIENT ENTERS): Good (morning, afternoon), my name is _____. I work with _____ project. We are conducting a monitoring supervisory visit as part of the training course on Facilitative Supervision for Quality Improvement to look at how to improve the quality and availability of services. As part of this study, we would like to observe your session (or procedure) today.

If you agree to participate, I will stay in the room during your session. I would like to assure you that I am not here to evaluate your performance, but to assess the quality of services. I cannot be asked to provide information or advice during the interaction. Your participation is absolutely voluntary, and there is no penalty for refusing to participate. Your employment will in no way be affected. If you feel uncomfortable during the observation, you may ask me to leave the room at any moment during the session. You will not benefit personally from this practice, although others may benefit in terms of the improved quality of services they may receive. Everything that I observe will be held confidential; your name will not be used, nor will you be identified in any way.

Conducting these observations will help us to better understand how services are offered at this facility and whether the observation checklists that we use help to assess the quality of services.

Do you have any questions for me? If you have any concerns, please contact

_____

_____

(name, address, phone number, and e-mail address).

May I stay for this session? Do you consent that I stay?

_____
Observer's signature
(Indicates the provider's consent)

_____
Date

Participant Handout 11.2: Informed Consent Statement for Clients

PLEASE READ THE FOLLOWING TO THE CLIENT (IDEALLY BEFORE HE OR SHE ENTERS THE ROOM): Good (morning, afternoon), my name is _____. I work with _____ project. We are conducting a monitoring supervisory visit as part of the training course on Facilitative Supervision for Quality Improvement to look at how to improve the quality and availability of services. As part of this study, we would like to observe your session (or procedure) today.

If you agree, I will stay in this room during the session. Your participation is absolutely voluntary, and there is no penalty for refusing to participate. If you feel uncomfortable, you may ask me to leave the room at any moment during the session. You will not benefit personally from this study, although others may benefit in terms of the improved quality of services they may receive. Everything that I observe will be held confidential; your name will not be used and you will not be identified in any way.

There is no risk if you decide not to participate in this study. Your current and future care at this facility will not be affected in any way.

Conducting these observations will help us to better understand how services are offered at this facility.

Do you have questions for me? If you have any concerns, please contact

_____

_____

(name, address, phone number, and e-mail address).

May I stay for this session? Do you consent that I stay?

_____

Observer's signature

(Indicates the client's consent)

_____

Date

Module 12

Working Effectively with Staff and Developing Mentoring Skills

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Essential Ideas to Convey

❑ **Coaching** is a training approach that seeks to achieve continuous improvement in performance through motivation, modeling, practice, constructive feedback, and gradual transfer of **skills**.

—Adapted from: Landsberg, M. 1997. *The tao of coaching: Boost your effectiveness by inspiring those around you*. Santa Monica, CA: The Knowledge Exchange.

❑ **Coaching** allows staff to learn on the job and immediately apply what they are learning and see how well it works.

❑ Coaching should be:

- **Balanced** (give-and-take, mutual questioning, sharing of ideas and information, not one-sided)

- **Concrete** (focused on objective aspects of performance)

- **Respectful** (using behaviors that convey that the other person is a valued and fully accepted counterpart)

❑ **Coaching** involves the following **steps:**

- **Motivation** (gaining the staff's commitment to acquiring the new behavior)

- **Modeling** (competently demonstrating and explaining the new behavior, with the opportunity for the trainee to ask questions)

- **Practice** (giving trainees the opportunity to apply and to demonstrate their ability to perform the new behavior, under the supervision of the trainer)

- **Constructive feedback** (having the trainer share his or her evaluation of the trainee in a concrete, respectful, two-way interchange of ideas)

- **Skills transfer** (transferring skills gradually as the trainer allows the trainee the opportunity to undertake and demonstrate an increasing number of the subskills involved in the new behavior, after which the trainee becomes competent to carry out the new behavior without supervision)

(*continued*)

❑ **Advantages of coaching:**

- It allows staff to learn on the job.

- It allows staff to immediately apply what they are learning and see how well it works.

- It fosters a positive working relationship with staff, who previously may have considered you a critic.

- It makes staff feel supported and important.

❑ A **mentor** is a wise and trusted guide and advisor.

❑ Regardless of the source of **conflict**, active listening and constructive feedback are the skills on which conflict management is based.

—Corporation for National and Community Service and
National Crime Prevention Council. 1996. *Becoming
a better supervisor: A resource guide for community
service supervisors.* Washington, DC.

Session 12-1

Mentoring and Coaching Skills

Objectives

By the end of this session, the participants will be able to:

- Define coaching
- Describe characteristics of coaching
- Demonstrate skills to coach others

Materials

- Resource: "Characteristics and Steps in Coaching," Participant Handbook, pages 101–102
- Resource: "Advantages of Coaching," Participant Handbook, page 102
- Flipchart paper
- Flipchart 12A: Coaching
- Flipchart 12B: Coaching: Characteristics and Steps
- Participant Handout 12.1: Reflection: Puzzle Exercise
- Two different drawings for the puzzle exercise
- Envelopes (one for each training participant)
- Copies of two photographs or illustrations (so there is one copy for each participant)

Advance Preparation

1. Make enough copies of the handouts for distribution to all participants.
2. Prepare envelopes containing pieces of two puzzles. (See the Trainer's Resource, p. 12-10, for a detailed description of the advance preparation for this exercise.)
3. Write flipcharts 12A and 12B.

Flipchart 12A

Coaching

Coaching is a training approach that seeks to achieve continuous improvement in performance through motivation, modeling, practice, constructive feedback, and gradual transfer of **skills**.

A **mentor** is a wise and trusted guide and advisor.

Session 12

Flipchart 12B

Coaching: Characteristics and Steps

Characteristics of Coaching

- Balanced
- Concrete
- Respectful

Steps in Coaching

- Motivation
- Modeling
- Practice
- Constructive feedback
- Skills transfer

Session Time

30 minutes

Training Activities. . . . . **Time**
A. Coaching . . . . 10 min.
B. Importance of following all steps in coaching . . . . 20 min.

Session 12-1 Detailed Steps

Activity A: Coaching: Discussion/Presentation *(10 minutes)*

1. Tell the participants that as facilitative supervisors, they will want to supervise their staff in the most supportive manner possible. However, they may also have the additional tasks of coaching other supervisors in the art of the facilitative approach to supervision or of coaching staff in the performance of clinical procedures.

2. Remind the participants of the definition of facilitative supervision, emphasizing the mentoring aspect. Ask the participants to explain who may be called a "mentor."

3. Summarize the discussion and explain that a mentor is a wise and trusted guide and advisor.

4. Reveal Flipchart 12A and ask for a volunteer to read it. Tell the participants that to be successful coaches, they will need to have good facilitation skills, to remember and follow the steps in coaching that they will discuss in a moment, and to use constructive feedback.

5. Reveal Flipchart 12B and explain the coaching characteristics and steps. Refer the participants to pages 101–102 in their Participant Handbook (Characteristics of and Steps in Coaching).

6. Tell the participants that coaching can be used not only by supervisors; staff can coach each other as well. Because of this, supervisors should teach staff how to provide coaching, what the steps in coaching are, and how to provide constructive feedback.

Activity B: Importance of Following All Steps in Coaching: Exercise Working in Pairs *(20 minutes)*

1. Tell the participants that they will now have a chance to practice coaching skills working in pairs during an exercise called "Puzzles."

2. Explain that the purpose of the exercise is to experience the dynamics of the coaching relationship from the perspectives of both the coach and the person being coached.

3. Divide the participants into pairs and let them to decide who will play the role of the coach and who will play the role of the person being coached.

4. Distribute envelopes with puzzles—two different puzzles for each pair. (See the Trainer's Resource, pages 12-11 to 12-12, for samples of drawings for puzzles.)

5. Ask all of the coaches to approach your desk and let them look for a couple of minutes at a picture from Envelope 1.

6. Tell them that after they return to their places, they will help the person they are coaching to assemble the same picture from small pieces of it. **The rule is** that the coach **cannot touch** the pieces of a puzzle or point directly to a specific piece of it. The coaches instead must try to lead the person they are coaching by commenting on his or her actions (providing constructive feedback), by describing the drawing, and by advising

what to do. The person who is trying to assemble the puzzle cannot see the picture of the completed puzzle until time is called.

7. Ask the people being coached to open Envelope 1 and to start assembling the picture.

8. Allow **5 minutes** for them to complete a task (or until the first pair has completed the task, if it happens before 5 minutes are up), then show the assembled puzzle to all of the participants.

9. Ask the participants to switch roles and to work on a second puzzle in the same way as with the first puzzle.

10. Ask the new coaches to approach your desk and show them the complete picture from Envelope 2. After that, have the coaches return to their pairs and ask the person they are coaching to assemble the picture using pieces from Envelope 2.

➤➤ *Trainer Tips*

Prepare small awards for the pairs who completed the puzzles first. Have extra awards available, since more than one pair of participants may complete the task at the same time.

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11. After the work in pairs has been completed, distribute Participant Handout 12.1 and allow the participants **5 minutes** to reflect on the exercise individually.

12. Hold a group discussion about the participants' experiences in the two roles. Ask what step in the coaching process was missing during the exercise. Did it have an impact on the process and the results? Ask the participants to make connections to their work, thinking about **on-the-job training**.

13. Review again the steps in coaching and reinforce the message that two steps—practice and constructive feedback—can be repeated a few times until skills have been transferred.

14. Refer the participants to page 102 in Participant Handbook (Advantages of Coaching), summarize the activity, and ask for a volunteer to read a list of the advantages of coaching.

15. Explain that coaching may sound complicated and time-consuming, but that coaching is done in small doses during regular supervision activities, not all at once.

16. Refer the participants to pages 3.24–3.26 of the *Facilitative Supervision Handbook*, explaining how to use coaching to train people in facilitative supervision.

17, Ask the participants how they would explain the meaning of the word "mentor" (trusted, experienced counselor or guide). Tell them that supervisors must have solid technical knowledge for duties they are to perform and must know how and where to gain access to additional support, when needed. Discuss the role of supervisors as mentors. Ask the participants to give examples of when they or their supervisors played the mentor's role. Tell the participants that in addition, supervisors should help to establish mentoring among staff members, encouraging staff to coach and to mentor their colleagues.

Resource

Characteristics and Steps of Coaching

Coaching should be:
- Balanced (give-and-take; two-way communication; mutual questioning; sharing of ideas and information; not one-sided)

- Concrete (focused on objective aspects of performance, on what can be improved or learned in terms of new skills). Performance can be improved only when it can be described precisely, so that both the coach and those being coached understand what is being discussed. The procedures that a coach is trying to teach a staff member shall be demonstrated accompanied by clear and specific explanation. The skills shall be described as behaviors, so they can be observed and verified.

—Adapted from: Kinlaw, D. 1996. *The ASTD trainer's sourcebook: Coaching.* New York: McGraw-Hill.

- **Respectful** (based on behaviors that convey that the other person is a valued and fully accepted counterpart)

Coaching involves the following steps:
- **Motivation** (gaining the staff's commitment to acquiring the new behavior)

- **Modeling** (demonstrating competently and explaining the new behavior, with an opportunity for the trainee to ask questions)

- **Practice** (giving trainees the opportunity to apply and to demonstrate their ability to perform the new behavior, under the supervision of the trainer)

- **Constructive feedback** (the trainer's sharing his or her evaluation of the trainee in a concrete, respectful, two-way interchange of ideas)

- **Skills transfer** (transferring skills gradually, as the trainer allows the trainee the opportunity to undertake and demonstrate an increasing number of the subskills involved in the new behavior, after which the trainee becomes competent to carry out the new behavior without supervision)

Advantages of Coaching

The supervisor typically notices a performance problem and says: "Here is what you did wrong, and here is what you should do next time." Often, the staff person does not know **how to do the task correctly** and needs more guidance. The *facilitative supervisor is different*. He or she not only helps staff to identify problems, but also actively helps them to solve those

problems. The best way to achieve this goal is by coaching staff during routine supervision activities. This:

- Allows staff to learn on the job
- Allows staff to immediately apply what they are learning and see how well it works
- Fosters a positive working relationship with staff, who previously may have considered the supervisor a critic
- Makes staff feel supported and important

Participant Handout 12.1: Reflections: Puzzle Exercise

Instructions: Reflect on your experiences as a coach and as person being coached. Write down your observations during the Puzzle Exercise, and identify any parallels to experiences you have at work, either while acting as a coach or while being coached.

|	Impressions during the Exercise	Parallel to Work Situations
As a coach		
As a recipient of coaching		

Trainer's Resource

Puzzle Exercise

Advance Preparation

- Select two different drawings (see samples) and make as many as copies of each as there are participants in the training.

- For each copy, cut the drawing into pieces and put the pieces into an envelope.

- Mark the envelopes so that you know what drawing is in which envelope. (For example, mark all envelopes with the bird drawing as 1 and all envelopes with the fish drawing as 2.)

- At the beginning of the exercise, hand each pair an envelope containing drawing 1 and an envelope containing drawing 2.

- Retain one whole copy of each drawing for yourself, to show to the coaches.

Trainer's Resource: Samples for Puzzles
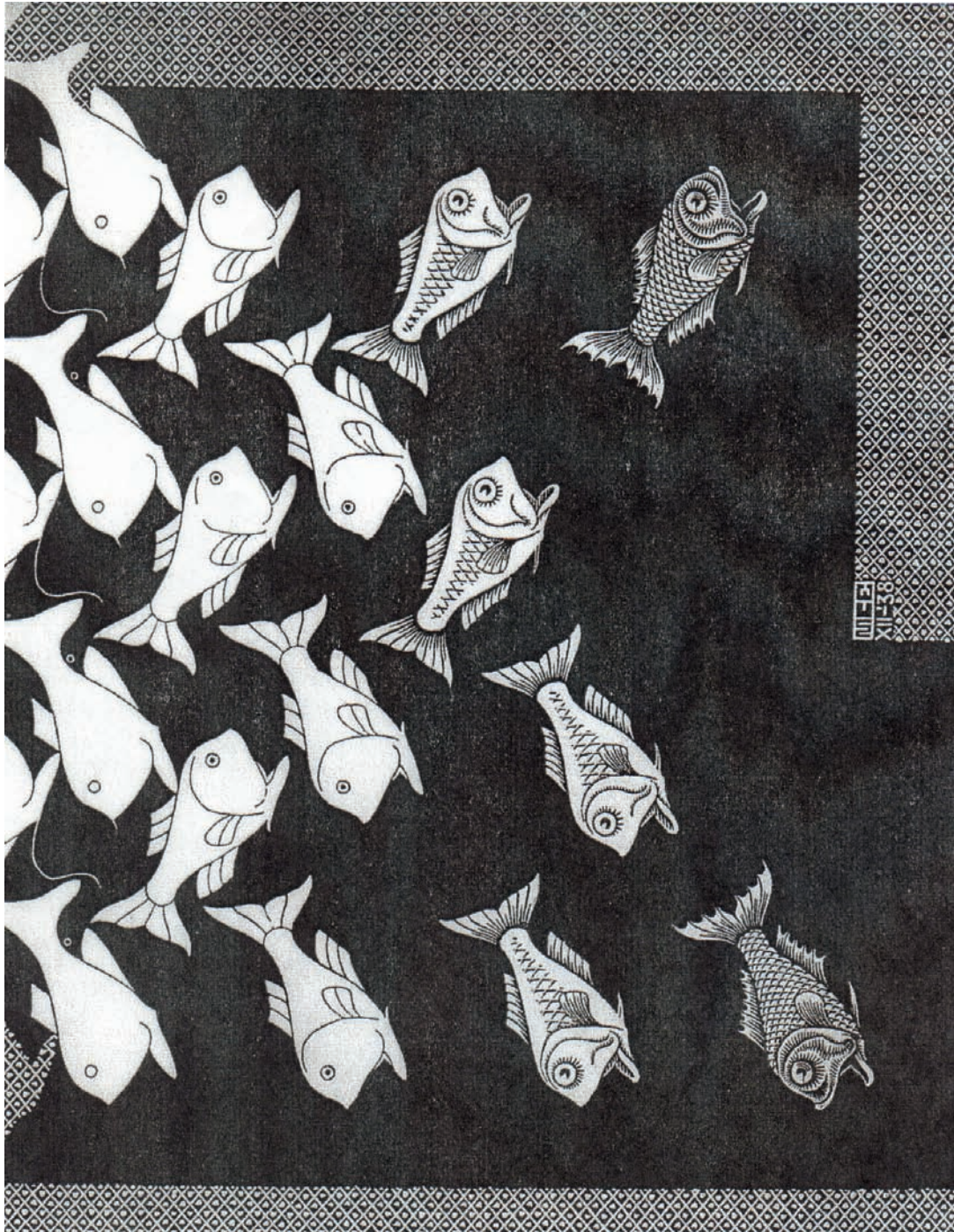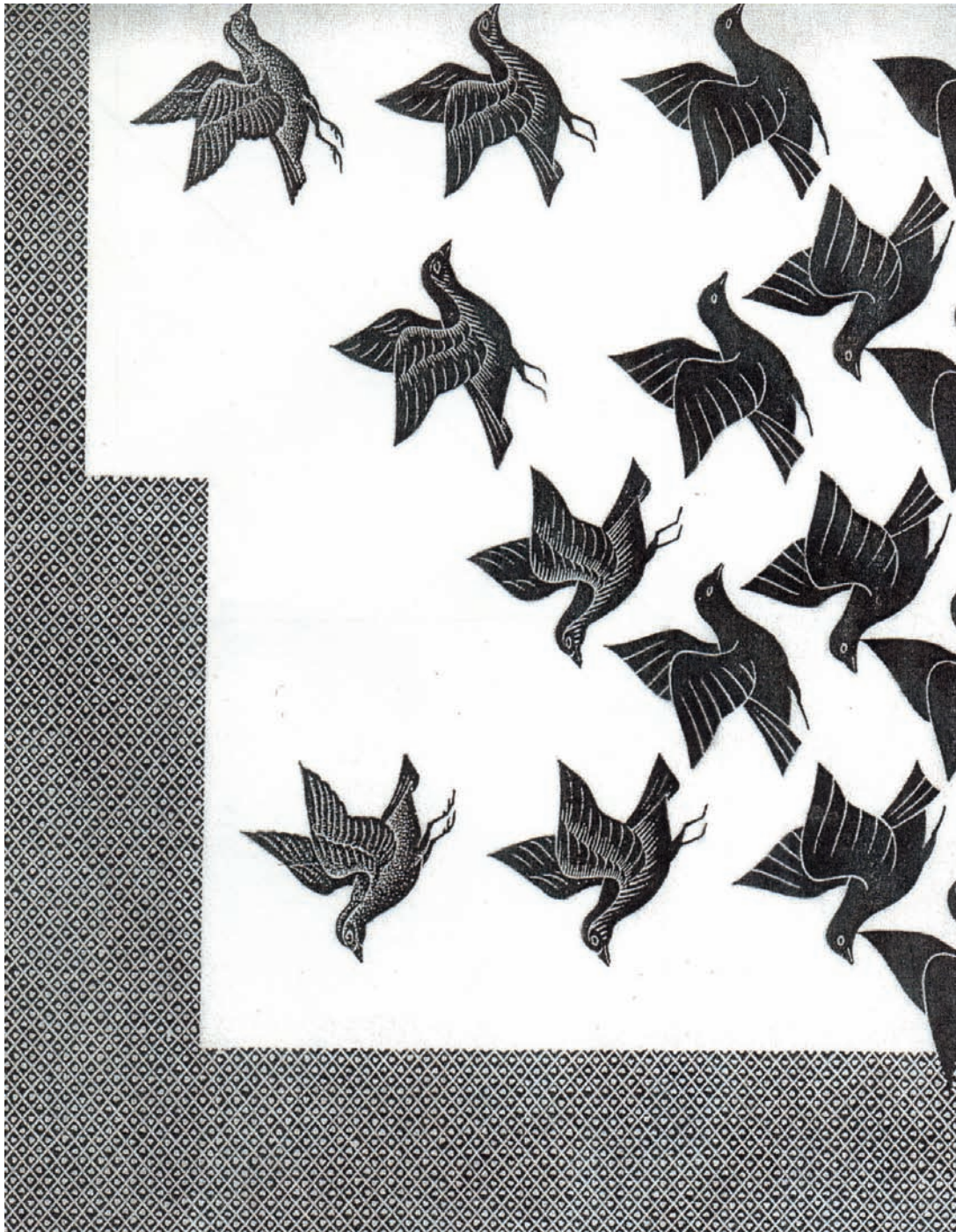
Encouraging People to Work Together: Dealing with Personalities and Solving Conflicts

Objectives

By the end of this session, the participants will be able to:

- Encourage different levels of staff to work together
- Demonstrate skills at managing different and difficult personalities
- Apply facilitation and communication skills to solve conflicts

Materials

- Participant Handout 12.2: Encouraging Different Levels of Staff to Work Together
- Participant Handout 12.3: How to Deal with Difficult Personalities
- Participant Handout 12.4: What Would You Say?
- Resource: How to Manage Different Types of People and Difficult Personalities, Participant Handbook, pages 103–104
- Handout: Resolving Conflicts, Participant Handbook, page 107
- Cards with types of personalities for small-group work, or a handout with a list of personalities for whole-group work

Advance Preparation

1. Make enough copies of the handouts for distribution to all participants.
2. Prepare cards with questions on how to deal with different types of personalities (if using the optional training technique).

Session Time

55 minutes	**Training Activities** . . . . **Time**
	A. Encouraging different levels of staff to work together . . . . 10 min.
	B. Dealing with difficult personalities . . . . 30 min.
	C. Building skills in conflict resolution . . . . 15 min.

Session 12-2 Detailed Steps

Activity A: Encouraging Different Levels of Staff to Work Together: Presentation/Discussion *(10 minutes)*

1. Ask the participants why they think it is important to encourage different levels of staff to work together.

> ➟ *Training Tip*
>
> The answer might be as follows: Quality is everyone's responsibility. All levels of staff have a role in improving and maintaining quality and have insights and valuable suggestions on how to do so.
>
> The group members must feel comfortable, even though they are at different levels in the facility's hierarchy.
>
> Since hierarchy is ingrained in every society, new behaviors must be learned.

2. Ask the participants to share their experiences in how they encourage different levels of staff to work together.

3. Ask the participants what they think higher level staff must learn to do to encourage staff to work together.

4. Ask the participants what they think lower level staff must learn to do to encourage staff to work together.

5. Distribute Participant Handout 12.2 and allow the participants a couple of minutes to read it individually.

6. Discuss with the participants how supervisors behave and what their role is in encouraging different levels of staff to work together. Ask them to give examples and to share experiences from their everyday work. Allow **5 minutes** for the entire group to engage in this discussion.

7. Tell the participants that the next activity will help them to develop or to improve their skills at managing people with difficult personalities.

Activity B: Dealing with Difficult Personalities: Exercise/Discussion (30 minutes)

1. Distribute Participant Handout 12.3, and explain that this handout contains a list of brief descriptions of different personalities. Explain that during the exercise, the participants will be asked to think how they would deal with different types of people—how to make them behave constructively, respectfully, etc. First, the participants should think individually, and then the whole group should discuss a suggested action.

2, Ask for a volunteer to read Question 1. Ask who would like to try to tell how to deal with such a type of personality. Discuss all suggestions with the group.

3. Continue discussing different personalities from the list. Comment and summarize after each question. Use the information from the resource (which shows some answers).

4. Reinforce the message that supervisors should use communication and facilitation techniques to involve all staff.

➠ *Optional Training Technique*

1. Divide the participants into four groups. Have each group select two cards with questions.

2. Allow **5 minutes** for the small groups to discuss how to manage the types of personalities on their cards.

3. Have each group present their suggestions, and ask the entire group to add to or comment on them. Spend **5 minutes** per group.

4. Refer to the resource from the Participant Handbook on how to manage difficult personalities. Allow **3 minutes** for the participants to review it. Comment or answer questions, if needed.

Activity C: Building Skills in Conflict Resolution: Individual Exercise/Presentation/Discussion *(15 minutes)*

1. Ask the participants to define the term "conflict."

2. Tell the participants that a conflict almost always arises when there is a contradiction between several different points of view. Conflict thus often arises when groups of people work together. It is important to be able to work through conflict in a constructive way to maintain motivation within the team.

3. Tell the participants that by using communication and facilitation skills, they can usually reduce the amount of conflict they may encounter when they supervise staff members.

4. Tell them that sometimes supervisors must use conflict resolution techniques and skills to lead staff toward a constructive way of solving problems. Using "I"and "We" statements instead of "You" statements can help avoid conflict over minor issues.

5. Tell the participants that conflict sometimes breaks out among two or more staff members. Supervisors still can use the same communication and facilitation skills to facilitate the problem-solving process.

6. Tell them that you will present the Thomas Kilmann conflict management model, which is one conceptual way to assess individual behavior in a conflict situation. It offers two ways to describe a person's behavior: **assertive** and **cooperative**.

7. Tell the participants that the best method for handling a conflict is **collaboration**.

8. Refer to pages 103–106 in the Participant Handbook (Conflict Management Styles) and briefly comment on it.

9. Ask for one or two volunteers to share their experiences of solving conflicts at their facility.

10. Distribute Participant Handout 12.4 and ask the participants to work individually for **5 minutes** to answer the questions. This exercise will help them to refine their skills in communicating with staff in a way that helps to avoid conflicts.

11. Ask for volunteers to read their suggestions. Discuss them with the entire group.

12. Refer the participants to page 107 in the Participant Handbook (Resolving Conflicts) and comment on it. Make a link to supervisors' roles and tasks and remind the participants of the importance of using constructive feedback.

Participant Handout 12.2: Encouraging Different Levels of Staff to Work Together

Higher level staff must learn how to:

❏ Empower others, especially in decision making and problem solving

❏ Encourage discussion rather than give orders

❏ Ask questions rather than presume to know

❏ Listen to others' opinions with an open mind

❏ Believe that everyone has good ideas

❏ Learn what motivates staff

Lower level staff must learn how to:

❏ Share their opinions in group settings

❏ Take responsibility for their opinions

❏ Express their feelings and be open to those of others

❏ Ask for what they need

❏ Negotiate support for their opinions

—Harrington-Mackin, D. 1994. *The team building tool kit:
Tips, tactics, and rules for effective workplace teams.*
New York: American Management Association.

The facilitative supervisor should:

❏ When attending group meetings, be willing to make the point in various ways that "We are all in this together, and everyone has a valuable role to play"

❏ Lead the way in discarding traditional roles (e.g., by offering to take minutes or to write brainstorming ideas on flipchart paper, so the secretary is not automatically expected to do these tasks)

❏ Encourage lower level staff to participate fully (e.g., because staff may be embarrassed or afraid to speak in front of higher level staff members) by engaging lower level staff, by ensuring that they are not penalized for pointing out problems, by making eye contact with them (if appropriate), and by smiling and nodding when they are speaking

❏ Model a respectful attitude toward all staff

❏ Use verbal and nonverbal encouragement

❏ Use positive feedback

❏ Provide constructive feedback

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

Participant Handout 12.3: How to Deal with Difficult Personalities

Q. 1

What do you do when a staff member is shy and often remains silent during discussions?

Q. 2

How do you deal with a negative person—someone who is always complaining and criticizing?

Q. 3

What happens when a staff member challenges you?

Q. 4

How do you handle confronting disruptive personalities?

Q. 5

How do you control a domineering, talkative person, especially when he or she also tends to be the first to speak on each issue?

Q. 6

What happens when a person gets off track in his or her remarks and uses low-probability exceptions or far-fetched examples to make a point?

Q. 7

What do you do when one person keeps interrupting?

Q. 8

How do you manage aggressive people?
- When one member attacks/insults another?
- When a member is angry?
- When members impose their own agendas?

Trainers' Resource

Optional Training Technique

Cards for the exercise on "How to deal with difficult personalities"

Q. 1

What do you do when a staff member is shy and often remains silent during discussions?

_____

Q. 2

How do you deal with a negative person—someone who is always complaining and criticizing?

_____

Q. 3

What happens when a staff member challenges you?

_____

Q. 4

How do you handle confronting disruptive personalities?

_____

Q. 5

How do you control a domineering, talkative person, especially when he or she also tends to be the first to speak on each issue?

_____

Q. 6

What happens when a person gets off track in his or her remarks and uses low-probability exceptions or far-fetched examples to make a point?

_____

Q. 7

What do you do when one person keeps interrupting?

_____

Q. 8

How do you manage aggressive people?

- When one member attacks/insults another?
- When a member is angry?
- When members impose their own agendas?

Resource

How to Manage Different Types of People and Difficult Personalities

It is important to have skills to manage different types of people, because failure to manage personality differences can have a negative impact on the group and lessen its productivity. When different personality types clash, time may be wasted in useless argument, and hurt feelings may prevent all members from fully participating. It is important for the facilitative supervisor to recognize and take into account personality differences, so that the group can operate efficiently.

It will take time for different personalities to learn to work together harmoniously. The facilitative supervisor should allow this to happen in the normal course of the work day. Emphasizing the importance and value of the group's work to individuals and to the site can often resolve any problems with conflicting personalities.

—Katzenbach, J. R., & Smith, D. K. 1994.
The wisdom of teams: Creating the high-performance organization. New York: HarperBusiness

Q. 1

What do you do when a staff member is shy and often remains silent during discussions?

- Be patient, *or* pay special attention (e.g., make eye contact, nod, or use other positive body language).

- Prepare an intervention beforehand.

- Increase the level of comfort.

- From time to time, ask direct questions to the person on topics on which you know that he or she has expertise.

- Assign these people as subgroup facilitators.

- Have everyone speak in turns.

- Ask this member if you can help clarify the process or if someone in the group can help clarify the issues.
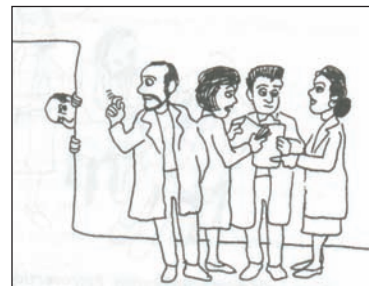
Q. 2

How do you deal with a negative person—someone who is always complaining and criticizing?

- Ask the group whether they agree that there is a problem.

- Ask for specifics and address them, and refer the complaints to the group.

- Ask the critic to offer a solution.

- Focus the group on solutions.

Q. 3

What happens when a staff member challenges you?

• Boomerang (i.e., ask the participant for his or her solution or idea).

• Ask other participants for a solution.

• If you do not know an answer, be honest about it and tell the person that you will try to find out the answer and will inform him or her and the others when you do.

Q. 4

How do you handle confronting disruptive personalities?

In cases when the application of facilitation and communication skills does not result in a change of behavior, a supervisor will have to confront the disruptive person. This must be done carefully, to avoid alienating the person.

• Involve him or her or deal with him or her personally and separately.

• Ask other members of the group if they share your perceptions.

• Record incidents of disruptive behavior (when making a list, be specific in your record: day, time, details, and impact on the group).

• Offer positive suggestions.

• Listen attentively and use your communication skills (show empathy, understanding, and willingness to work toward a solution).

• If negotiation fails, consider using role-play to show how the behavior has a negative effect on the group. (Choose another member or yourself to act out the disruptive behavior.)

Q. 5

How do you control a domineering, talkative person, especially when he or she also tends to be the first to speak on each issue.

• Intervene using techniques to encourage participation by all.

• Use the group rules. For example, set a time limit on everyone's participation: "Each of you has a nickel, and that represents only five minutes of remarks on this issue."

• Interrupt and redirect the discussion.

• Target questions to other members by name.

• Use nonverbal signals (e.g., make **no direct eye** contact, or focus on another part of the meeting room)

• Do not assign subgroup leadership roles to this person.

• Establish procedures to limit this person's discussion.

Q. 6

What happens when a person gets off track in his or her remarks and uses low-probability exceptions or far-fetched examples to make a point?

- Remind the group of the objectives and get them back on track.
- Preface the person's remarks with, "NAME, because of time constraints, can you give me your short version—20 words or less?"
- When he or she pauses, say, "Thanks, NAME, but we do need to get back to the agenda."
- Do not assign a subgroup leadership role to this person.
- Consider making this person a recorder, thus neutralizing his or her remarks.

Q. 7

What do you do when one person keeps interrupting?

- Return the floor to the first speaker.
- Rely on the group.
- Organize speakers.

Q. 8

How do you manage aggressive people?

Aggressive people attack or insult other members, insist on their own agendas, and exhibit similar confrontational behaviors. These behaviors inhibit others from becoming involved in the group activities and prevent the group from achieving its goals. The facilitative supervisor needs to neutralize and control these behaviors for the good of the group.

When one member attacks/insults another:

- Confront but do not attack or insult the attacker, and shift the discussion from the attacked person to the problem or idea.
- Take the questions to the group. Also, remind the group that personal attacks are not acceptable.
- Ask the attacker to explain by giving specific information, not making judgmental statements. The facilitator should separate judgment from facts and move on from there.
- If two members descend to the level of trading insults, consider calling a short break so they can calm down. Use the time to ask them to consider the effects of their behavior on the group or to help them change their behavior.
- Consider team-building strategies when anger and personal attacks occur too often.

When a member is angry:

- Acknowledge the anger and deal with it. Ask what is upsetting him or her. Make sure that the answer is specific.

When members impose their own agendas:

- Remind the group member who sometimes try to influence the behavior of the other members ("you are going to love this idea") that all ideas must be fully discussed and that disagreement is healthy.

- Point out that statements intended to influence are tantamount to imposing one person's will on the group.

- Ask each of the other group members to state the positive and negative aspects of an idea that someone is trying to impose.

Participant Handout 12.4: What Would You Say?

Consider the following situations involving different personalities. Write your response in the space provided.

1. Peter presents an idea and then says: "I am sure you will all agree that this is the only way to solve our problem." You would say:

   _____

   _____

2. Claudia has had a scowl on her face and has been silent ever since the group voted down her proposal. You would say:

   _____

   _____

3. Lissette says: "This process isn't very productive. It will never work." You would say:

   _____

   _____

4. In a meeting about how to solve the problem of patients' having to wait long periods for service, Luz, the receptionist, has not said a word. You would say:

   _____

   _____

5. Huda has been talking nonstop for several minutes, and the other members are getting annoyed. You would say:

   _____

   _____

6. George says: "There is too much tension in this room, so we will never come to any agreement on this!" You would say:

   _____

   _____

7. Maria says: "This will never work!" You would say:

   _____

   _____

8. Faisel says: "Tsetsgee, you are really talking nonsense." You would say:

_____

_____

9. Fabio says: "If you don't agree with this, you just do not understand the problem." You would say:

_____

_____

10. Julia says: "We are just going around in circles and not getting anywhere!" You would say:

_____

_____

11. Inez says: "I am so upset and I do not want to be a part of this discussion!" You would say:

_____

_____

12. Gulnar says: "You have to listen to me!" You would say:

_____

_____

13. Sally keeps talking very emotionally to a staff member who sits next to her. You would say:

_____

_____

14. Bujin says: "Tuya, you just don't know what's going on." You would say:

_____

_____

Resource: Resolving Conflicts

What is conflict?

Conflict almost always arises when there is a difference between several points of view.

### Why is it important to resolve conflict in an organization?

Conflict often arises when groups of people work together. It is important to be able to work through conflict in a constructive way to maintain motivation within your team.

How to act to resolve conflict:

- **Avoid jumping to a solution** before fully analyzing the problem.
- **Describe the facts:** What is the unsatisfactory situation? What is the context of the conflict? Who is involved? Who are the stakeholders? What is each person's point of view?
- **Define the conflict:** Where is the contradiction between the different points of view? Analyze each team member's viewpoint by speaking to him or her individually about the situation.
- **Diagnose the conflict:** What preceded the conflict? What are the individual interests? What advantages does each party have? What are the power issues?
- **Consider the alternatives,** for there is no "best" solution. Sometimes, when the conflict is due to a misunderstanding, explaining the situation in an explicit way may help to resolve the conflict. In other circumstances, the differing points of view cannot be changed, only accepted.
- **Implement a solution** that has been chosen.
- **Evaluate the solution.** If the unsatisfactory situation still exists, begin the process again.

Five Options for Handling Conflicts
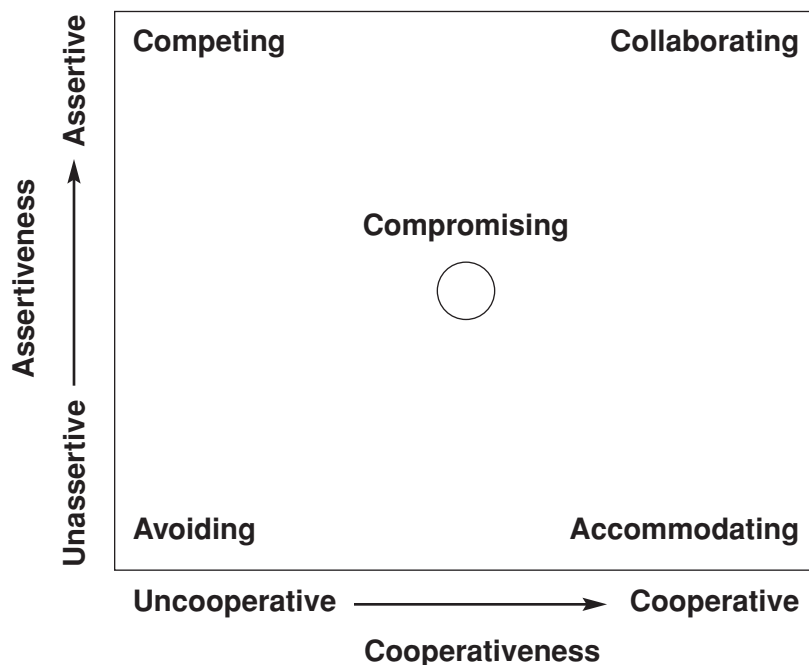
Assertiveness represents the extent to which a member attempts to satisfy his or her own concerns. **Cooperativeness** represents the extent to which a member attempts to satisfy the other person's concerns.

These two basic descriptions can then be used to understand the five options for handling conflict:

➤ **Competing**—a power-oriented mode

➤ **Accommodating**—the opposite of competing (You neglect your own concerns to satisfy those of the other person.)

➤ **Avoiding**—choosing not to address the conflict by postponing, sidestepping, etc. (You do not pursue your goals or those of the other person.)

➤ **Collaborating**—the opposite of avoiding (By collaborating, you attempt to involve the other person in finding a solution to the issue at hand. It means digging into the issues to find an appealing alternative.)

➤ **Compromising**—trying to find a mutually acceptable solution that is at least somewhat satisfactory to both parties

The basic point of the model is to make you aware of the choices and of people's tendency to use one mode more often than another. Supervisors need to remember that the best option is **collaborating**.

Sources: Corporation for National and Community Service and National Crime Prevention Council. 1996. *Becoming a better supervisor: A resource guide for community service supervisors*. Washington, DC; and Thomas, K. W., and Kilmann, R. H. 1974. *Thomas-Kilmann Conflict Mode Instrument*. Tuxedo, NY: Xicom.

Session 12-3

Planning and Facilitating Meetings

Objectives

By the end of this session, the participants will be able to:

- Develop a meeting plan
- Facilitate meetings

Materials

- Participant Handout 12.5: Exercise: Planning a Meeting
- Flipchart paper
- Flipchart 12C: Meeting Stages
- Flipchart 12D: Tools for Meeting Facilitation, by Stage
- Flipchart 12E: Facilitation of a Group
- Resource: Planning and Facilitating Meetings, Participant Handbook, pages 109–110

Advance Preparation

1. Make enough copies of the handouts for distribution to all participants.
2. Write the following flipcharts:

Flipchart 12C

Meeting Stages

- Opening
- Participants generate ideas on a meeting's topic for discussion
- Narrowing
- Information is considered and prioritized
- Closing
- Participants agree on the issues to be addressed and followed up (i.e., included in an action plan)

Flipchart 12D

Tools for Meeting Facilitation, by Stage

Opening

1. Offer an idea to get discussion flowing

2. Ask for suggestions

3. Brainstorm

4. Make a list of the ideas

Narrowing

1. Eliminate same/similar ideas from a list

2. Prioritize ideas

Closing

1. Narrow down choices by asking what should not be eliminated

2. Suggest accepting two alternatives when there is failure to agree

---

Flipchart 12E

Facilitation of a Group

- Involve everyone

- Keep on track with objectives

- Provide feedback to assess progress and make adjustments

- Manage conflict, if any

- Achieve agreement

- Deal with difficult behaviors

- Help the group communicate well

- Help the group access outside resources

- Create a positive, nonthreatening environment

- Foster leadership in others

Session Time

20 minutes

Training Activities. . . . . **Time**
   A. Planning and facilatating meetings . . . . 20 min.

Session 12-3 Detailed Steps

Activity A: Planning and Facilitating Meetings *(20 minutes)*

1. Tell the participants that as facilitative supervisors, one of their most important functions is to enable staff to come to agreement when there are different opinions. Certain facilitation tools may be used in any meeting that requires agreement.

2. Tell the participants that much decision making and planning for action is done in meetings. However, meetings can be effective, or they can be a waste of time.

3. Ask the participants to share their experiences with preparing and facilitating meetings. Allow 5–7 minutes for a discussion.

4. Ask the participants to recall any meetings that they had facilitated, and use a sheet of flipchart paper to make a list of the stages of a meeting.

5. Reveal Flipchart 12C and ask the participants to comment on it.

6. Tell the participants that most discussions go through the stages listed on the flipchart.

7. Describe each stage and the tools for each stage of the meeting. Reveal Flipchart 12D and use it for explanation.

8. Tell the participants that the facilitative supervisor plans and conducts successful meetings and trains others in how to do so. When planning a meeting, the facilitative supervisor always takes into consideration the purpose of the meeting and the desired outcomes. Such a supervisor also plans what tools and facilitation techniques he or she will use to facilitate a meeting and how to create a nonthreatening atmosphere at a meeting.

9. Tell the participants that the following activity will help them to improve their skills in developing meeting plans.

10. Distribute Participant Handout 12.5, and ask for a volunteer to read the task for the exercise.

11. Tell the participants that they should take **5–7 minutes** to complete the exercise.

12. After the participants have developed a meeting plan, ask for 2–3 volunteers to present their plans to the entire group.

13. Reveal Flipchart 12E and comment on it.

14. Refer the participants to the *Facilitative Supervision Manual*, pp. 3.44–3.48, and to p. 111 in their Participant Handbook.

15. Remind the participants about the importance of seating arrangement for creating a comfortable and nonthreatening environment. Refer them to pp. 3.30–3.32 in the *Facilitative Supervision Manual*.

Participant Handout 12.5: Exercise: Planning a Meeting

Think of a meeting that you need to hold soon. Plan the meeting following the process described before and fill in the spaces below.

Date:

Time:

Place:

Purpose:

Desired Outcome:

Topics:

   I. Review of purpose, desired outcome, and ground rules of meeting

      Content presenter

      Time

      Process

      Opening/narrowing/closing technique

  II. Content to be covered:

      Content presenter

      Time

      Process

      Opening/narrowing/closing technique

 III. Content to be covered:

      Content presenter

      Time

      Process

      Opening/narrowing/closing technique

Resource

Planning and Facilitating Meetings

Stages of the meeting

Opening: Participants generate ideas for discussion.

Narrowing: The information is considered and prioritized.

Closing: Participants agree on the issues to be addressed.

Different facilitation tools for each stage of the process

Opening tools:

- *Make a suggestion*

  Offer a proposal to get the discussion flowing. Ask for suggestions.

- *Make a list*

  Record several ideas for possible discussion topics.

- *Brainstorm*

  Ask the group to generate as many ideas as possible in a short period of time.

Narrowing tools:

- *Avoid redundancy*

  Ask the group to look through discussion topics and eliminate any that are duplicates or are very similar.

- *Assign priorities*

  Make sure that agreement is reached on the most important or feasible ideas. Use different techniques to prioritize ideas.

Closing tools:

- *Use negative polling*

  Help the group narrow their choices by asking them what they do not want to eliminate from the list.

- *Negotiate by building up or eliminating*

  This helps the group to choose between alternatives by adding or eliminating aspects.

- *Consider both/and*

  Suggest accepting two alternatives when there is a failure to agree.

Module 13

Developing Future Plans and Closing Activities

Session 13-1

Developing Future Plans

Objectives

By the end of this session, the participants will be able to:

- Develop action plans to apply the knowledge and skills they have acquired

Materials

- Flipchart paper and markers
- Flipchart 13A: Applying Knowledge and Skills
- Flipchart 13B: Action Plan

Advance Preparation

1. Prepare the following flipcharts:

Flipchart 13A

Applying Knowledge and Skills

What will you do to apply the knowledge and skills acquired in order to:

- Transfer this knowledge and these skills to other supervisors?
- Involve staff and communities in the quality improvement process?
- Facilitate necessary changes in policies?
- Bring additional external resources to the sites you supervise?
- Ensure the fundamentals of care?
- Use the Fundamentals of Care Resource Package?

What steps will you take when you are back to your workplaces?

Flipchart 13B

Action Plan

Activity	Resources	Time frame	Additional Assistance Needed	Expected Outcomes

---

Session 13

    2. In addition, prepare a sheet of flipchart paper with lists of groups for small-group work, organized by geographic area or by institution. (The number of groups will depend on the participants' level in the health system and the location of their workplaces.)

Session Time

1 hour, 20 minutes	**Training Activities**................................. **Time**
	A. Developing future plans .... 1 hour, 20 min.

Session 13-1 Detailed Steps

Activity A: Developing Future Plans: Small-Group Work/Presentation/Discussion (*1 hour, 20 minutes*)

1. Announce that the participants will work in small groups. (You might also have the participants work individually on developing action plans.) Reveal the piece of flipchart paper listing the small groups for this session.

2. Tell the participants that they will have **50 minutes** to work in the small groups.

3. Encourage the participants to think how they will apply the facilitative approach to supervision when they return to their workplaces. They should also think about what obstacles they foresee and how they will overcome those obstacles, what additional assistance they might need locally, and what additional support they may need from their headquarters and from other organizations. Post Flipchart 13A to remind them of these points during their group work.

4. Reveal Flipchart 13B and remind the participants that this is the format they should use. Remind the participants of the fundamentals of care and that supervisors must always focus on these.

5. After the participants have completed their small-group work, invite each group to present their plan (**10 minutes** per group).

6. Discuss with the participants the plans that they presented and give them practical advice on them.

7. Summarize the session and express your enthusiasm about the action plans that the participants developed.

8. Emphasize the role of facilitative supervisors in involving staff in the quality of services and in the performance improvement processes and in leading staff through changes.

> **� Training Tip**
>
> Make sure that you keep copies of the plans developed by the participants, to be able to better monitor and follow up on the trainees.

Session 13-2

Closing Activities

Objectives
- Assess the participants' postcourse knowledge
- Receive the participants' feedback on course content, logistics, and trainers' performance

Materials
- Flipchart 1C (from Session 1 of the training)
- Participant Handout 13.1: Postcourse Knowledge Assessment
- Participant Handout 13.2: Postcourse Knowledge Assessment: Answers
- Participant Handout 13.3: Evaluation of the Course
- Certificates

Advance Preparation
1. Make enough copies of the handouts for distribution to all participants.
2. Prepare certificates for the participants.

Session Time

1 hour, 45 minutes

Training Activities. . . . . **Time**
   A. Course summary and postcourse assessment . . . . 45 min.
   B. Evaluation of the course and closing ceremony . . . . 1 hour

Session 13-2 Detailed Steps

Activity A: Course Summary and Postcourse Assessment: Presentation/Brainstorming/Questionnaire Completion *(45 minutes)*

1. Spend approximately 30 minutes reviewing and summarizing the course activities. To help the participants retain what they have learned, be sure to reinforce the key messages from the course sessions.

2. Display Flipchart 1C (which shows the goals and objectives for the course) and ask the participants to comment on whether they think that the objectives were achieved.

➥ *Training Tip*

Summarizing the course, you may ask the participants to respond to some questions—for example:
- How do you define quality of services?
- What is a framework for quality services?
- What communication skills are needed to be a facilitative supervisor?
- What are the fundamentals of care?

Use the course agenda to summarize the topics covered during the training.

---

3. Distribute Participant Handout 13.1. Allow the participants **15 minutes** to respond to the questions. After you distribute forms, ask the participants to write down on the form the same number that they wrote on the precourse assessment form, so you will be able to track each individual's changes in knowledge, while at the same time preserving their anonymity.

4. After the participants have returned their completed forms to a trainer, distribute Participant Handout 13.2 and tell them that later they can analyze the answers.

Activity B: Evaluation of the Course and Closing Ceremony *(1 hour)*

1. Distribute Participant Handout 13.3 and ask the participants to answer the questions and to share their thoughts about the course (**15 minutes**).

2. Collect the evaluation forms and thank the participants for sharing their thoughts with trainers and providing feedback on the course, logistics, and trainers' performance. Tell them that you will use their feedback to improve future trainings.

3. Encourage the participants to keep records of their experiences conducting supervisory activities.

4. Start a closing ceremony, which includes closing speeches, participants' feedback and thoughts, trainers' speech, and certificates. Reserve **40 minutes** for the closing ceremony.

Participant Handout 13.1: Postcourse Knowledge Assessment Questionnaire

1. List at least four clients' rights, according to the quality framework:
1.
2.
3.
4.
5.
6.
7.
2. List three staff needs, according to the quality framework:
1.
2.
3.
3. List the fundamentals of care:
1.
2.
3.
4. What does a facilitative approach to supervision emphasize?
Circle the correct answer   a. Mentoring   b. Joint problem-solving   c. Two-way communication   d. Provision of constructive feedback   e. All of the above

5. List the essential elements for ensuring informed and voluntary decision making:

    1.

    2.

    3.

    4.

    5.

    4.

    5.

6. Medical monitoring is a quality improvement intervention that entails the objective and ongoing assessment of the *readiness* and *the processes* of service delivery.

    a). Name at least four things that supervisors should examine/check to assess the **readiness** of a site to provide services:

    1.

    2.

    3.

    4.

    5.

    6.

    b). Name at least four ways to assess processes and procedures:

    1.

    2.

    3.

    4.

7. Clinical procedures and techniques are considered safe when….

Circle the correct answer

    a. Skilled providers are practicing according to updated evidence-based standards and guidelines.

    b. Staff follow infection prevention protocols.

    c. Clients follow infection prevention protocols.

    d. The physical structure is appropriate for managing clinical and surgical procedures.

    e. Appropriate supplies are available.

    f. All of the above

---

8. List four things that off-site supervisors need to do **before** their supervisory visit to a site:

    1.

    2.

    3.

    4.

---

9. List at least five activities that supervisors conduct **during** the supervisory visit:

    1.

    2.

    3.

    4.

    5.

---

10. List at least four actions that supervisors perform **after** the supervisory visit:

    1.

    2.

    3.

    4.

11. List at least three sources of population-based data:
1.   2.   3.
12. List at least three sources of program-based data:
1.   2.   3.
13. Name at least three indicators that are commonly used for data collection in reproductive health:
1.   2.   3.
14. Name at list three systems involved in health care service provision at the facility or higher levels:
1.   2.   3.
15. Name at least four sectors outside the health system that influence the quality of health care (for example, the finance sector):   *Please do not include the finance sector in your list. Use other examples.*
1.   2.   3.   4.

16. Communication techniques include:
Circle the correct answer
a. Active listening
b. Body language
c. Verbal and nonverbal encouragement
d. Appropriate questioning techniques (using open-ended questions)
e. Paraphrasing and clarification
f. All of the above

17. Name the types of feedback:
1.
2.
3.
4.

18. What two types of feedback do facilitative supervisors use when providing feedback to staff?
1.
2.

19. **Coaching** is a training approach that seeks to achieve continuous improvement in performance through motivation, modeling, practice, constructive feedback, and gradual transfer of **skills**.
List at least three advantages that coaching staff gives to the staff, sites, or supervisors:
1.
2.
3.

Participant Handout 13.2: Postcourse Knowledge Assessment Questionnaire—Answer Key

(Do not hand this out to the participants.)

---

1. List at least four clients' rights, according to the quality framework:

    1. Information
    2. Access
    3. Informed choice
    4. Safety
    5. Privacy and confidentiality
    6. Dignity, comfort, and expression of opinion
    7. Continuity of care

---

2. List three staff needs, according to the quality framework:

    1. Facilitative supervision and management
    2. Information, training, and staff development
    3. Equipment, supplies, infrastructure

---

3. List the fundamentals of care:

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

---

4. What does a facilitative approach to supervision emphasize?

Circle the correct answer (the correct answer is indicated in bold below)

    a. Mentoring

    b. Joint problem solving

    c. Two-way communication

    d. Provision of constructive feedback

    e. **All of the above**

---

5. List the essential elements for ensuring informed and voluntary decision making:

    1. The service/method options are available.
    2. The decision-making process is voluntary.
    3. People have appropriate information.
    4. Good client-provider interaction (CPI), including counseling, is ensured.
    5. The social and rights context supports autonomous decision making.

6. Medical monitoring is a quality improvement intervention that entails the objective and ongoing assessment of the *readiness* and the *processes* of service delivery.

a) Name at least four things that supervisors shall examine/check to assess the **readiness** of a site to provide services:

1. Staffing
2. Facility and infrastructure
3. Equipment, instruments, supplies
4. Range of available services
5. Functioning support systems
6. Functioning referral system

b) Name at least four ways to assess processes and procedures:

1. Observation of services and procedures
2. Client interviews
3. Provider interviews
4. Self- and peer-assessment

7. Clinical procedures and techniques are considered safe when….

Circle the correct answer (the correct answers are indicated in bold below)

a. **Skilled providers are practicing according to updated, evidence-based standards and guidelines.**

b. **Staff follow infection prevention protocols.**

c. Clients follow infection prevention protocols.

d. **The physical structure is appropriate for managing clinical and surgical procedures.**

e. **Appropriate supplies are available.**

f. All of the above

8. List four things that off-site supervisors need to do **before** their supervisory visit to a site:

1. Review site's and last supervisory visit's report and action plans.
2. Review previous agreements and the list of recommendations from the last supervisory visit.
3. Communicate with the facility about the date and purpose of the visit.
4. Develop and agree on an agenda.

9. List at least five activities that supervisors conduct **during** the supervisory visit:

1. Meet with staff and onsite supervisors to explain the purpose of the visit.
2. Follow up on previous visits and action plans.
3. Observe services.
4. Review records.
5. Provide constructive feedback.
6. Provide on-the-spot technical assistance and coaching.
7. Update staff on changes in national standards.
8. Recognize achievements and motivate staff.
9. Discuss the findings with the staff and record the findings in the site's supervision notebook.
10. Help to develop solutions.
11. Reach agreement with staff on what external resources the supervisor can call upon.
12. Agree on follow-up.

10. List at least four actions that supervisors perform **after** the supervisory visit:

1. Write a report and send a copy to the site.
2. Integrate the findings into the off-site supervisor's ongoing action plan.
3. Follow up with the site on implementation of the site's plan.
4. Provide assistance with problems that the site's staff cannot solve on their own.
5. Using findings and service statistics, evaluate the quality of services provided by the site.
6. Plan and conduct the follow-up visits.

11. List at least three sources of population-based data:

1. Vital registries
2. Surveys, such as Demographic and Health Survey (DHS) and the Reproductive Health Surveys conducted by the U.S. Centers for Disease Control and Prevention (CDC)
3. Official documents (for example, government policies, norms and guidelines)
4. Special studies

12. List at least three sources of program-based data:

1. Service statistics
2. Facility-based surveys/medical monitoring results
3. Local surveys
4. Program documents

13. Name at list three indicators that are commonly used for data collection in reproductive health:

    1. Total fertility rate (TFR)
    2. Contraceptive prevalence rate (CPR)
    3. Number/percentage of new acceptors
    4. Number/percentage of continuing users
    5. Unmet need (for spacing and limiting)

14. Name at least three systems involved in health care service provision at the facility or higher levels:

    1. Supervisory system
    2. Training
    3. Logistics
    4. Finance
    5. Monitoring and evaluation
    6. Human resources

15. Name at least four sectors outside the health system that influence the quality of health care (for example, the finance sector):
Please do not include the finance sector in your list. Use other examples.

    1. Policies, legislation
    2. Information, communication
    3. Education
    4. Infrastructure
    5. Partnership
    6. Private sector
    7. NGOs
    8. Finance

16. Examples of communication techniques are:

Circle the correct answer (the correct answer is indicated in bold below)

    a. Active listening

    b. Use of body language

    c. Verbal and nonverbal encouragement

    d. Appropriate questioning techniques (using open-ended questions)

    e. Paraphrasing and clarification

    f. All of the above

17. Name the types of feedback:
 	
    1. Negative
    2. Positive
    3. Punitive
    4. Constructive

18. What two types of feedback do facilitative supervisors use when providing feedback to staff?
 	
    1. Positive
    2. Constructive

19. **Coaching** is a training approach that seeks to achieve continuous improvement in performance through motivation, modeling, practice, constructive feedback, and gradual transfer of **skills**.

List at least three advantages that coaching staff gives to the staff, sites, or supervisors:
 	
    1. It allows staff to learn on the job.
    2. It allows staff to immediately apply what they are learning and see how well it works.
    3. It fosters a positive working relationship with staff, who previously may have considered the supervisor a critic.
    4. It makes the staff feel supported and important.

Participant Handout 13.3: Course Evaluation

Date: Location:

Please check the appropriate response.

1. **The objectives of the training were:**
   __ Very clear
   __ Clear
   __ Not clear

   Comments:

2. **The objectives of the training were:**
   __ Completely met
   __ Mostly met
   __ Unmet

   Comments:

3. **The length of the training was:**
   __ Adequate
   __ Too short
   __ Too long

   Comments:

4. **The workshop content maintained my interest:**
   __ All of the time
   __ Most of the time
   __ Some of the time

   Comments:

5. **The materials presented in the course were:**

__ Almost all new to me

__ Mostly new to me

__ Not new to me

Comments:

6. **The skills I acquired are:**

__ Directly applicable to my everyday work

__ Somewhat applicable to my everyday work

__ Not applicable

Comments:

7. **The training facilities were:**

__ Very satisfactory

__ Somewhat satisfactory

__ Unsatisfactory

Comments:

8. **The logistical arrangements (transportation, lodging, etc.) were:**

__ Very satisfactory

__ Somewhat satisfactory

__ Unsatisfactory

Comments:

9. **Which topics or activities did you find most useful?**

10. **In future workshops, would you allow more time for some topics or activities? If yes, which ones?**

11. **What suggestions do you have for improving future trainings?**

Thank you for your participation and for your suggestions.