



## **New Strategies for Supervision**

### **MAQ Exchange**

19-1

This is a draft presentation for delivery at the MAQ Open Meeting on November 29, 2001. Following this presentation, it will be finalized and the notes section will be completed. The presentation is supposed to be geared towards an in-country audience and not a more sophisticated audience of those who provide program and technical support to programs.



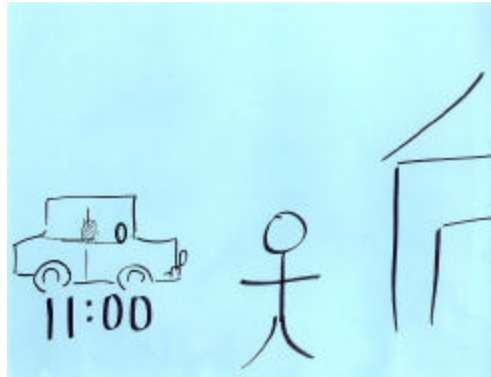
## Pictures of Supervision

19-2

The next series of slides depicts what often is called supervision in health care facilities around the world.



## Supervision Visit

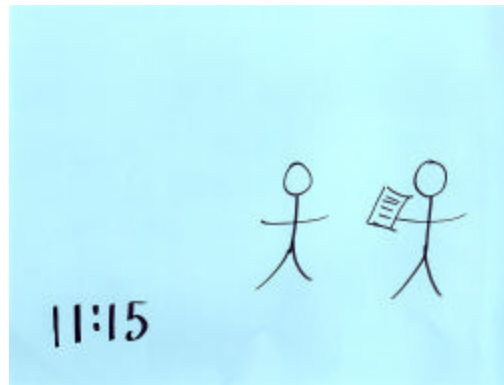


19-3

It might go something like, "The supervisor arrives at 11:00..."



## Supervision Visit



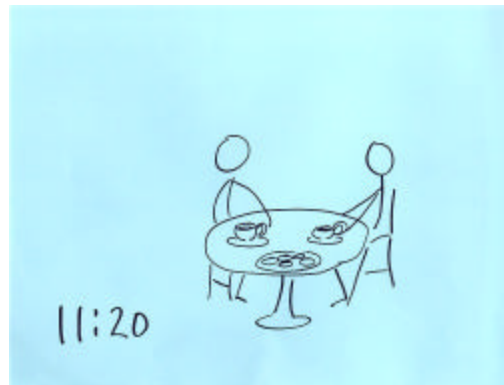
19-4

Asks in-charge for reports...

Wanders about the facility with a checklist, ticking things off.



## Supervision Visit



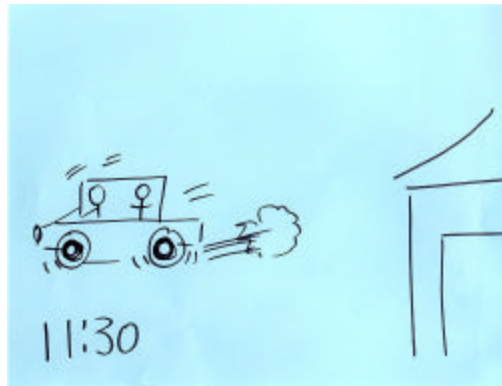
19-5

Has tea with in-charge....

Maybe or not discusses the findings - most likely not!



## Supervision Visit



19-6

...And leaves at 11:30.”

Ask what people think about this. Does this happen in some places?



## Typical Supervision

- **Inspection!**
- **Visits, not relationships**
- **Supervisory control, not teamwork**
- **Individuals, not processes**
- **Episodic problem solving**
- **Lack of follow up and continuity**

19-7

What is typical (or traditional) supervision?

- It typically looks/feels like an inspection.
- It centers around the act of the visit.
- The supervisor is the key actor.
- The focus is often on finding & blaming the individual, not the team or the process.
- Problem solving is episodic and reactive.
- Visits are often stand-alone events, with rare reference to what happened during a previous visit or linked to what is happening at the site through other processes/activities.



## Today's Objectives

- **To share . . .**
  - **A new vision of supervision, focused on outcomes**
  - **Ideas and strategies for moving forward**

19-8

For the USAID presentation:

This vision and the strategies being presented are the results of work being done by a variety of cooperating agencies, coming at supervision from different perspectives and angles.

The MAQ M&S group took on this topic a little over a year ago, in recognition of the fact that many organizations were paying more attention to supervision as a program intervention.

For example, one of the big pushes for improving supervision has come from attention to Performance Improvement, and the acknowledgement that training isn't always the answer for improving provider performance. The PI and Training CAs are testing out supervision as an important "non-training" intervention.

Supervision is an important intervention in quality improvement and quality assurance work, as a way to scale-up and apply consistent approaches beyond individual sites.

Interest in provider motivation and organization of work has also stimulated thinking about this.



## The New Vision

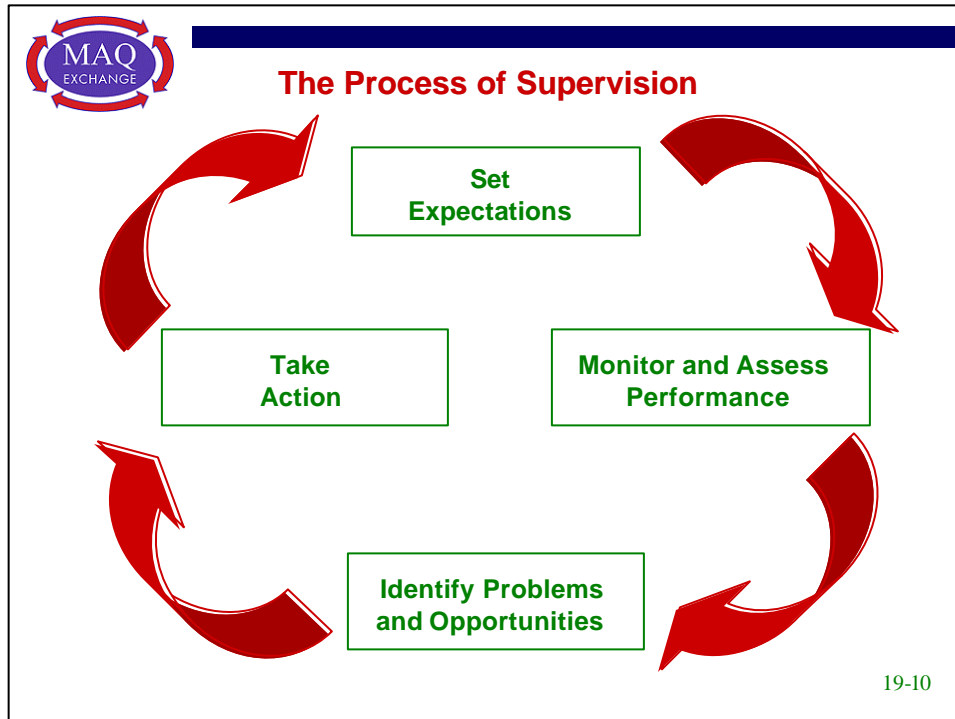
- **Supervision . . .**
  - **Is an ongoing process, not an event.**

19-9

We need to consider supervision as an ongoing process and not an event.

Programmatically, the focus has been on the event or the visit by an external supervisor; however, this is only a part of the picture.

Think about your own supervisory/supervisee relationship(s). Is this something that happens once or twice a year as part of a mandatory performance appraisal requirement, or can it be characterized as an ongoing relationship or process?



This slide presents a generic process for supervision, that can be used regardless of the programming framework or methodology that is being used overall.

Note: We felt it was important to come up with a generic action loop, as our group includes members from so many different disciplines/perspectives.

Whether you are coming from a management perspective and dealing with human resource management

Whether you are coming from a QA perspective, and looking at the application of standards in clinical settings, OR

Whether you are coming from a PI perspective and assessing individual or site performance...

This is the loop that the supervisor facilitates.

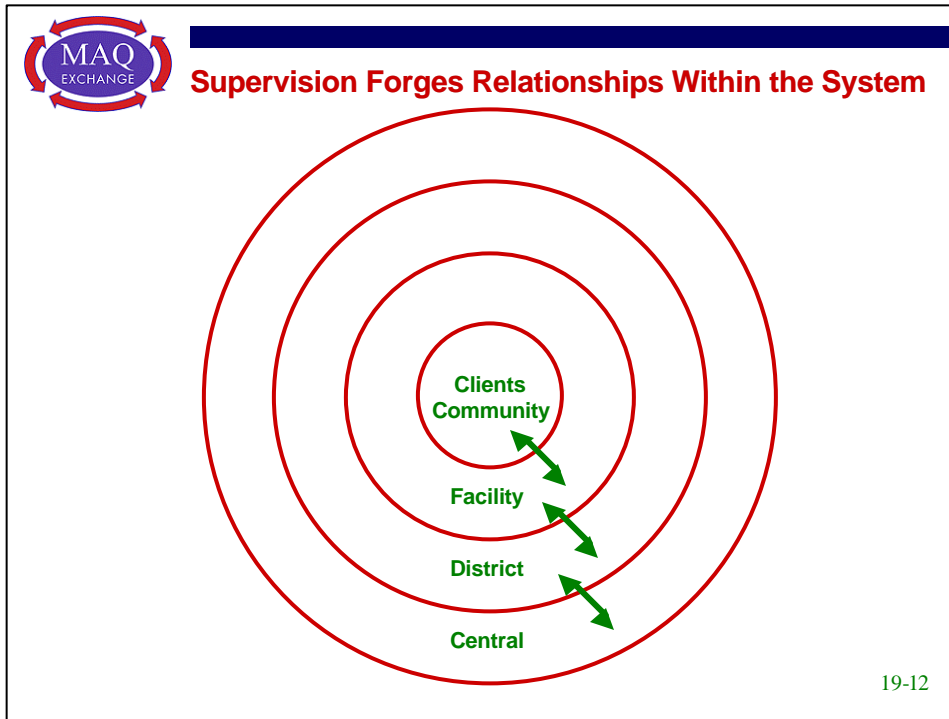


## The New Vision

- **Supervision . . .**
  - **Is an ongoing process, not an event.**
  - **Forges relationships within the system.**

19-11

The next aspect of this new vision is that we need to think of supervision as part of an overall system. The system can be organizational, national, institutional...whatever.



This slide depicts that supervision is a system, and not an isolated action.

Supervision links various levels within an organization - both up and down, or in this case, from within/without - from one level to another.

The arrows represent the need for a “feedback loop” to transfer policy and guidance down from the top and also transfer field and service delivery realities back up the chain to help guide and inform what policy should be. The arrows also remind us that each level has “customers” at the level below. The customers of the district supervisors are the health center service providers.

At the center of the diagram are the clients and the community. The point here is, ultimately, to tie efforts to improve performance and quality via supervision to outcomes at the level of service delivery. The ultimate customers, indeed, are the “clients and community” who have a stake in their health care facility and personnel.



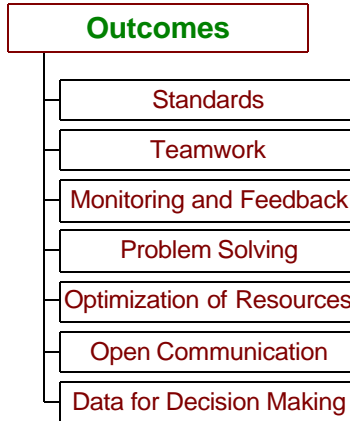
## The New Vision

- **Supervision . . .**
  - **Is an ongoing process, not an event.**
  - **Forges relationships within the system.**
  - **Reinforces quality outcomes at all levels.**

19-13



## Supervision Reinforces Quality Outcomes at All Levels



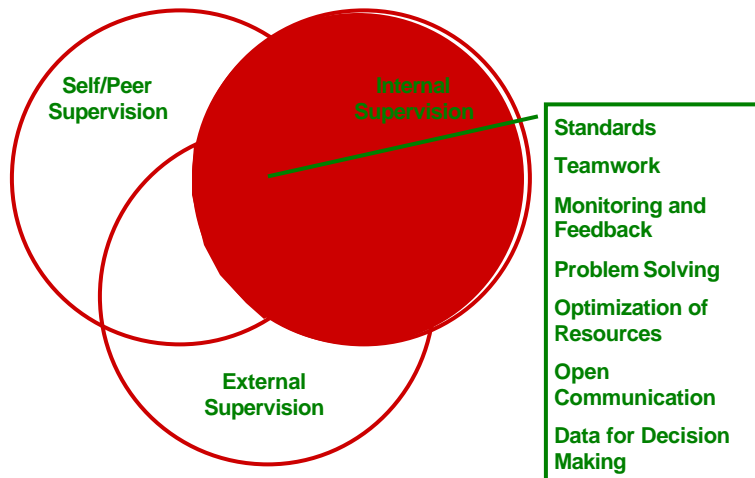
19-14

These “outcomes” are in fact processes that are hallmarks of a quality mindset.

Ultimately, one would want to link these process outcomes to service delivery outcomes - including increased access to, utilization of and satisfaction with services. We are making the conceptual leap here.



## Aspects of Supportive Supervision



19-15

Supervision can and should occur in several ways. Individuals and teams should supervise themselves and each other, as peers. The most experienced individual within a team or facility should provide continuous technical support, shown here as internal supervision. And external supervision, by an individual or team, should support both internal and peer supervision.

There is no need to choose! Peer, internal and external supervision should all occur. But it is rare to find appropriate strength in all three types.

The important point is to achieve the supervisory outcomes shown to the right. Supervision of all types should be strengthened until appropriate outcomes have been achieved.



## What is self- or peer supervision?

- **Personal and team responsibility**
- **Job aids**
- **Professional standards**
- **Job expectations**

19-16

Personal and team responsibility is the core spirit of self/peer supervision. Motivation is critical.

Clear job expectations, if not formal job descriptions, are essential and should reflect professional standards. Job aids remind individuals and teams of what they are supposed to do.



## What is internal supervision?

- **Self/peer supervision +**
- **Onsite guidance from technical specialist or in-charge**
- **Performance monitoring**
- **Support for personal and team responsibility**
- **Continuous quality management**

19-17

Internal supervision supports self/peer supervision, but adds technical guidance from the most skilled or experienced individual in the team. This specialist MAY be the in-charge, but may also be someone recently trained in a particular subject. (The internal supervisor may not be the same for all technical interventions.)

The internal supervisor facilitates continuous quality management, by supporting personal and team responsibility.



## What is external supervision?

- **Self/peer supervision +**
- **Internal supervision +**
- **Facilitation for self-supervision and internal supervision**
- **Technical updates**
- **On-the-job training**
- **Reinforcement for program priorities**
- **Facilitating communication within the system**

19-18

External supervision must reinforce internal processes, but adds facilitation and technical updates. It links staff with the program's technical and managerial resources, and encourages learning about and dissemination of better practices.

External supervision may be "old hat," a proven problem area, but some link between clinics and management units is essential. Programs nevertheless rely too much on external supervision; it has a role, but is not to be exaggerated.



## **Summary of *Supportive Supervision***

- **Facilitation!**
- **Relationships and processes**
- **Teamwork and ownership at all levels**
- **Continuous quality improvement**

19-19

Contrast this slide with number 7.

Supportive supervision is facilitative rather than based on inspection.

It builds relationships and processes rather than focusing on ad hoc visits.

It builds teamwork and ownership at all levels, rather than focusing on individuals.

It supports continuous quality improvement rather than episodic problem-solving.



## **Challenge for the Future**

**Build capacity to provide and sustain supportive supervision.**

19-20

Our challenge for the future . . .



## **Priorities for Action**

**At the facility level, encourage...**

- ...Self assessment and peer review**
- ...Internal supervision and technical support**
- ...Local problem solving and ownership**

19-21



## Priorities for Action

### At the district level...

...Reorient external supervision toward teamwork and continuous support

- Coaching
- Using data
- Problem solving

...Strengthen logistics

...Improve internal supervision

19-22



## **Priorities for Action**

### **At the national/regional level...**

- ...Set and enforce technical standards**
- ...Implement supervision guidelines**
- ...Provide necessary resources**
- ...Reward quality**

19-23

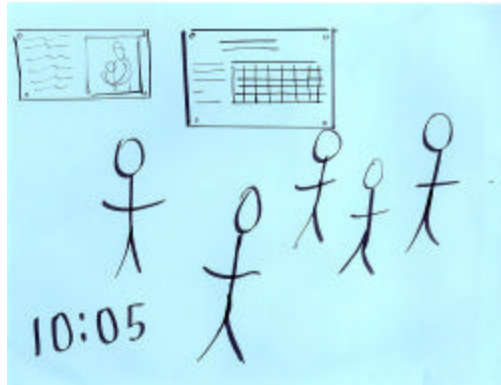


## **Vision for the Future: Supportive Supervision**

19-24



## **Problem solving is a team activity.**



19-25

Meets with all staff and discusses issues from past visit, data, does some joint problem solving....

Ask what else they might be doing in this meeting with all staff.



## The focus is on meeting client needs.

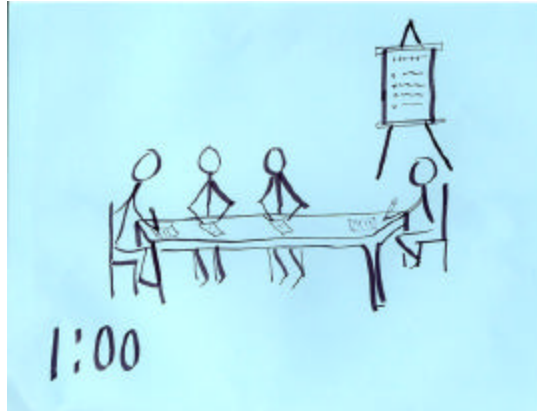


19-26

...Observes client-provider interaction and gives feedback on client-provider interaction and clinical performance...



## Decision-making is participatory.

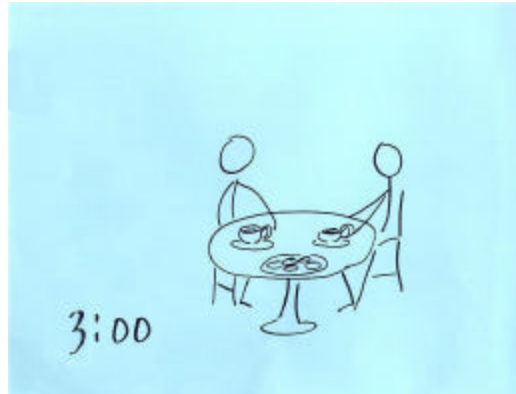


19-27

...Does clinical updates or in-service training with staff, on-job-training...



## Supervisor is facilitator, trainer, coach.



19-28

Has some tea ....



## **Vision for the Future: Supportive Supervision**

- **Problem solving is a team activity.**
- **The focus is on meeting client needs.**
- **Decision making is participatory.**
- **Supervisor is facilitator, trainer, coach.**

19-29