

FISTULA CARE

Fistula Services Facilitative Supervision and Medical Monitoring for Training Sites and Training Follow-up

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By



EngenderHealth
for a better life



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FROM THE AMERICAN PEOPLE



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I. Facility Information

Facility Name: _____

District/state/Country: _____

Time Period Covered

Date of this Supervisory Visit: (dd/mm/yy) _____

Length of Visit (days/hours): _____

Date of Previous fistula Supervisory Visit at this Site _____

Report from Last Visit: Available?/ Reviewed? _____

Time Period Covered/reviewed in this Visit: _____

Assessment Completed by (key persons in supervision team)

Name: _____

Organization: _____

Job Title: _____

Name: _____

Organization: _____

Job Title: _____

Name: _____

Organization: _____

Job Title: _____

Main Fistula Contact Person(s) interviewed at Facility

(E.g. Fistula Ward administrator, doctor or nurse-in-charge, fistula surgeon, recent trainee-s.

The site visitor may have additional comment from unstructured client-satisfaction interview with client-s)

Name: _____

Job Title: _____

Cadre: _____

Name: _____

Job Title: _____

Cadre: _____

Name: _____

Job Title: _____

Cadre: _____

II. Training Follow up for Fistula Surgery and peri-operative care

<p>TOTAL number of fistula surgeons trained in last 4 full quarters: ____</p>	<p>For each surgeon trained in the last 4 quarters, list: Name, Months since end of last fistula training ____, Number of repairs done during training (as the primary surgeon) ____, Number of repairs done since training __ ; End of training skill level (competence in simple repairs, medium, complex) _____ Current skill level _____</p> <p><i>(Please use additional paper or back of this page if needed)</i></p> <hr/> <hr/> <hr/>
<p>TOTAL number of fistula non-physician clinical personnel trained in last 4 full quarters _____</p>	<p>____name of each Months since end of last fistula training _____ Number of clients attended to during training _____ Number of clients attended to since training _____ End of training skill level _____ Current skill level _____</p>

III. Training Follow up For Fistula Counselors

<p>TOTAL number of fistula counselors trained in last 4 full quarters: ____</p>	<p>For each counselor trained in the last 4 quarters, list: Name, Months since end of training ____, Number of women counseled during training (as the primary counselor) ____, Number of women counseled since training __ ; End of training skill level (competent, proficient, preceptor/trainer) _____ Current skill level _____</p> <p><i>(Please use additional paper or back of this page if needed)</i></p> <hr/> <hr/> <hr/> <hr/>
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a. Follow-up of recent trainee's Counseling Process

(State whether this section completed after direct observation of the provider doing a counseling session, if possible. If not, from their description of a typical counseling session). _____

Does provider follow Standard Guidelines for Fistula Counseling during the phases of: (please state the phase observed and/or described)

- Admission
- Pre-op
- Intra-op
- Post-op
- Discharge from hospital?
-

- Does the provider make appropriate use of REDI, GATHER or another counseling model?

- Number of women this provider has counseled in last 2 full quarters _____

a. Follow- up of recent Trainee for Counseling Content; which of these specific aspects does the provider include in counseling?			
To avoid vaginal intercourse for 3-6 months (specify) Possible return of fertility and menstruation (if absent)			
Advice on pelvic floor exercises			
Follow- up schedule			
Reintegration into the community 'Verbocaine': verbal and tactile gentleness and empathy in theater			
Importance of early ANC next pregnancy Necessity for elective delivery in a hospital			
c. FP Counseling			
Does provider give adequate information on FP options ?			
Does provider Screen for method appropriateness, if needed			
Clarifies the need for early post repair abstinence to aid healing, even if not necessarily for FP			
Awareness of specific needs of a woman living with fistula, or a woman who has had repair			
Helps self-assess individual need for protection against HIV, and answers other concerns			
Referrals for methods available elsewhere in/off facility			
Number of women counseled for FP in last 2 full quarters			
Number of women adopted FP method last 2 full quarters			
c. What information or services does provider give to women who do not accept FP after fistula services?			
Further information and/or services (specify)			
Given appointment for another time at same site or given referral to other FP clinic or home visit			
d. Additional quality of service components			
Provider treats the woman with respect; dignity; empathy			
Provider ensures visual/ auditory privacy; confidentiality			
Rapport and a rights- based client-provider interaction			

IV. ADDITIONAL Supervision/Monitoring for a FISTULA TRAINING SITE:

(IF the Facility is NOT an EngenderHealth -supported Training Site, please write 'N/A' and skip this section, or provide any readily available information)

QUESTION	YES	NO	COMMENTS: NOTE DEFICIENCIES, REASONS, AND RECOMMENDATIONS
1. For this section, Interview the Administrator or Doctor / Nurse –in- charge of ward or site (Please, bring a blank form and list the responses)			
Ask interview questions regarding; <ul style="list-style-type: none"> • Trainers (e.g. number, skill level, availability) • Trainees (e.g. number, selection, types of support received for, skill level, duration, clinical and programmatic follow-up, types of support trainee receives after training) • Clients (e.g. average caseload during training) • Logistics (e.g. client food, transport etc) • Service delivery equipment, supplies • Training equipment, supplies • Training areas for clinicals and didactics • Personal perspective on the training, strengths, challenges, perceived administrative support for training and service delivery; any other issues 			
2. For this section, interview Trainer (s) (bring blank form and complete)			
Interview conducted and form completed <ul style="list-style-type: none"> • modify above questions as needed 			
3. For this section, interview sample Trainee (s) (bring blank form and complete)			
Interview conducted and form completed <ul style="list-style-type: none"> • Modify above questions as needed 			
4. Trainee registration forms, log sheets (review at site)			
a. Are the trainee registration forms complete for each trainee? b. Are sample log sheets complete?			
b. Is a copy of trainee registration form routinely sent to MOH Training Unit, or other data collection unit?			
5. Inventory list and training space (review at site)			
a. Is there an inventory for fistula training materials? b. Availability of Fistula Training Strategy, Training Guidelines e.g.			

QUESTION	YES	NO	COMMENTS: NOTE DEFICIENCIES, REASONS, AND RECOMMENDATIONS
by MOH, EngenderHealth c. Availability of training curricula for i) fistula surgery ii) nursing iii) counseling iv) training of trainers			
b. Are the following items available in adequate numbers/functionality?			
Anatomic model or pictures			
Fistula clinical reference materials			
fistula trainer reference materials			
Fistula programming reference materials			
TV/VCR			
Videotapes			
Flipchart			
Fistula surgery kits			
c. Dedicated area for fistula clinical and didactic training?			
6. Training Caseload (e.g. by Logbook review at site) and linkages to other RH			
a. What is the caseload available for training? _____ Is the caseload sufficient for training? _____			
b. Does the training outline linkages to other RH services? (specify)			

QUESTION	YES	NO	COMMENTS: NOTE DEFICIENCIES, REASONS, AND RECOMMENDATIONS
7. Training review sheet (review at site)			
a. Is the training program proceeding in a satisfactory manner and according to plan?			
a. Does site have adequate <i>Clinical</i> skills by each trainer? If not, Specify b. Does site have adequate <i>Training</i> skills by each trainer? If not, why not? c. Was any training follow up scheduled and conducted in last 2 full quarters? (specify by whom, to what site, what trainees) d. Any other training issues? (Specify).			
V. individual follow up notes for each provider trained in the last 2 quarters?			
VI completed Client interview notes: optional			

VII. Summary Notes and Recommendations from the Supervision and Monitoring Visit

Progress towards resolving issues raised in last visit (if applicable):

Programmatic challenges, Quality Improvement and other issues to be addressed before next visit:

External assistance needed:

General comments:

Were Results of visit shared with DHMT?

Yes No