**Section 11**

# Supervision of a Well Women Clinic

1. Name of the supervising officer : ……………...……………………………………………… 2. Designation : ………..........………………………………………………

1. Date of supervision : ……………..……………………………………………...
2. Time started supervision : ……………..........…………………………………………
3. Time ended : ………………..........………………………………………
4. MOH area : ………………..........………………………………………
5. Objective of the supervision : ………………………..……………………………………
6. Was the PHM informed regarding the supervision: Yes/No
7. Name of the clinic : ……………………………......……………………………
8. Frequency of the clinic : ……………………………..………………………………
9. No. of PHM areas covered by the clinic : …………................…………………………
10. Population covered by the clinic : …………………...........…………………… 13. No. of PHMM participated in the clinic : …………………....………………………...
11. Officer conducts the clinic : MOH / AMOH / MO / RMO / AMO
12. Other staff categories available in the clinic on the supervision day: RSPHNO/PHNS/SPHM

**Data on previous supervision on Well Woman clinic:**

Date of previous supervision :………………………………………………………… Designation of the supervising officer :…………………………………………………………

Recommendations are implemented : Yes/No Note on recommendations that were not implemented:

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**Part - 1**

# Overview

## 1. Number of clients for the clinic from each PHM area

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **Target group** | **PHM****Area 1** | **PHM****Area 2** | **PHM****Area 3** | **PHM****Area 4** |
| No. of women 35 years |  |  |  |  |
| No. of women 45 years |  |  |  |  |
| No. of women Other years |  |  |  |  |
| No. of women re-visits |  |  |  |  |

## 2. Clinic environment

1. Cleanliness of the clinic : Satisfactory Not satisfactory
2. Ventilation : Adequate Not Adequate
3. Electricity : Available Not Available
4. Seating facilities : Adequate Not Adequate
5. Toilet facilities : Available Not Available
6. Accessibility : Satisfactory Not Satisfactory
7. Adequate water : Available Not Available

## 3. Clinic organization

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** |  | **Yes** | **No** | **Comments** |
| 1 | Clinic duty roster is available |  |  |  |
| 2 | Clinic preparation done on previous day |  |  |  |
| 3 | Health education materials displayed on the wall |  |  |  |
| 4 | Clinic is organized to improve quality |  |  |  |
| 5 | Place is organized for different clinic activities |  |  |  |
| 6 | Registration Numbers and Well Woman Clinic record given to all clients at registration |  |  |  |
| 7 | Clean linen and a clean examination bed is available |  |  |  |
| 8 | Health education is provided before commencing the clinic |  |  |  |
| 9 | Reading materials available for the use of clients |  |  |  |
| 10 | Place prepared to ensure privacy of the client |  |  |  |
| 11 | Waste management is satisfactory |  |  |  |

## 4. Equipment for cervical smears taken

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | **Equipment** | **Available** | **Not available** | **Comments** |
| 1 | Speculum |  |  |  |
| 2 | Spatula |  |  |  |
| 3 | Coplin jar |  |  |  |
| 4 | 95% Alcohol |  |  |  |
| 5 | Diamond pencil |  |  |  |
| 6 | Glass slides |  |  |  |
| 7 | Cheatle forceps |  |  |  |
| 8 | Spot lamp |  |  |  |
| 9 | Kidney Tray |  |  |  |
| 10 | Gloves |  |  |  |
| 11 | Sponge forceps |  |  |  |
| 12 | Transport Boxes |  |  |  |

**Part - 2**

**Clinic Procedures**

## 1. Conduct of health education session

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Activity** | **Yes** | **No** | **Remarks** |
| 1 | Planned health education schedule is available for each clinic session  |  |  |  |
| 2 | PHM is pre prepared for the health talk |  |  |  |
| 3 | Use appropriate Health Education materials Eg. Self-breast examination flash card |  |  |  |
| 4 | Content is relevant to the topic |  |  |  |
| 5 | Correct messages given |  |  |  |
| 6 | Presentation skills of PHM is satisfactory |  |  |  |
| 7 | PHM assesses whether the client has increased the knowledge at the end of the session (by feedback) |  |  |  |
| 8 | Summarizes the important messages |  |  |  |

## 2. Procedure of BMI

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Activity** | **Yes** | **No** | **Remarks** |
| 1 | Availability of relevant Equipment |  |  |  |
| 2 | Correct technique is used for measuring height |  |  |  |
| 3 | Correct technique is used for weighing |  |  |  |
| 4 | Height and weight tallied with BMI chart and record on the well women clinic note |  |  |  |
| 5 | Woman is provided with a feedback |  |  |  |
| 6 | Accuracy of the weighing scale is checked |  |  |  |

## 3. Procedure of measuring blood pressure

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | **Activity** | **Yes** | **No** | **Remarks** |
| 1 | Blood pressure apparatus works properly |  |  |  |
| 2 | Woman positioned on the chair and check her blood pressure |  |  |  |
| 3 | Blood pressure is measured correctly |  |  |  |
| 4 | It is recorded correctly |  |  |  |
| 5 | Inform the women if there are any unusual findings of blood pressure |  |  |  |
| 6 | Referrals are done when necessary |  |  |  |

##  4. Sterilization procedure (if any)

1. Sterilization chart is displayed in the clinic Yes No
2. It is supervised and signed by a senior officer Yes No
3. PHMM is capable of sterilizing the equipment on time Yes No
4. Handle sterilized equipment with cheatle forceps Yes No

## 5. Disposal of waste and cleaning

1. Adequate number of safety boxes are available Yes No
2. Waste disposal is hygienic Yes No
3. At the end of the clinic, the equipment and the clinic are cleaned Yes No

# Part - 3

**Evaluation of assistance given by the PHM**

## 1. Evaluate the assistance to MOH/PHNS in breast examination

1. Assess the suitability of the woman for the procedure Yes No

1. Appropriate place is allocated for breast examination Yes No
2. Inform the woman that she is going to be examined Yes No
3. Assist the woman in position on the bed Yes No
4. Steps were taken to maintain her privacy Yes No
5. Open the upper part of the body for breast examination Yes No
6. After examination, assist her in wearing clothes Yes No
7. Support the mother to get up from the bed Yes No
8. Explain to the woman regarding referral to specialist care Yes No

## 2. Evaluate the assistance to MOH/PHNS In taking cervical smear

1. Assess the suitability of the woman for the procedure Yes No
2. Inform the woman before taking cervical smear Yes No
3. Keep the woman in the correct position Yes No
4. Steps taken to maintain her privacy Yes No
5. Assist with giving necessary equipment Yes No
6. Help the woman on getting down from the bed Yes No
7. Inform the woman on the next visit Yes No
8. Assist in preparing the cervical smears for sending for testing Yes No

**Part - 4**

# Staff attitude and client satisfaction

**1. Attitudes of staff towards client**

Attitudes of staff towards client Positive Negative

**Comments**

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## 2. Client satisfaction

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Client 1** | **Client 2** | **Client 3** | **Client 4** | **Client 5** |
| Target group |  |  |  |  |  |
| Waiting time (Minutes) |  |  |  |  |  |
| Number of services obtained |  |  |  |  |  |
| Satisfied |  |  |  |  |  |
| Not satisfied |  |  |  |  |  |

Client’s suggestions to improve services

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Overall comments

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# Part - 5

**Maintaining clinic records and improving data quality**

## 1. Record keeping

|  |  |
| --- | --- |
| a. The Well Woman Clinic Register is correctly maintained Yes  | No  |
| b. Well Woman Clinic Record is correctly filled and given to the women Yes  | No  |

1. Activities are done according to the duty roster Yes No

1. Clinic returns (H 527) are correctly filled Yes No

## 2. Cervical cancer screening

### 2.1 PAP Smear

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Registers** | **Clinic attendance** | **No. of cervical smears taken** | **No.of reports received** | **No. of positive** **cervical smears**  | **No. of referrals** |
|  |  | **35 yrs** | **45 yrs** | **Other ages** |  |  |  |  |
| 1 | Well Woman Clinic Register |  |  |  |  |  |  |  |
| 2 | Quarterly MCH Clinic return (H527) |  |  |  |  |  |  |  |
| 3 | Well Woman Clinic – Positive Client’s follow up Register |  |  |  |  |  |  |  |

### 2.2 HPV DNA testing

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Registers** | **Clinic attendance** | **No. of tests done** | **No. positive**  | **No. of referrals** |
|  |  | **35 yrs** | **45 yrs** | **Other ages** |  |  |  |
| 1 | Well Woman Clinic Register |  |  |  |  |  |  |
| 2 | Well Woman Clinic – Positive Client’s follow up Register |  |  |  |  |  |  |