

Section 11

Supervision of a Well Women Clinic

1. Name of the supervising officer:.....
2. Designation :
3. Date of supervision :
4. Time started supervision :
5. Time ended :
6. MOH area :
7. Objective of the supervision :
8. Was the PHM informed regarding the supervision: Yes/No
9. Name of the clinic :
10. Frequency of the clinic :
11. No. of PHM areas covered by the clinic :
12. Population covered by the clinic :
13. No. of PHMM participated in the clinic :
14. Officer conducts the clinic : MOH / AMOH / MO / RMO / AMO
15. 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

- a. Cleanliness of the clinic : Satisfactory Not satisfactory
- b. Ventilation : Adequate Not Adequate
- c. Electricity : Available Not Available
- d. Seating facilities : Adequate Not Adequate
- e. Toilet facilities : Available Not Available
- f. Accessibility : Satisfactory Not Satisfactory
- g. 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			

Part - 3

Evaluation of assistance given by the PHM

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

- | | | | | | |
|----|--|-----|--------------------------|----|--------------------------|
| a. | Assess the suitability of the woman for the procedure | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| b. | Appropriate place is allocated for breast examination | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| c. | Inform the woman that she is going to be examined | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| d. | Assist the woman in position on the bed | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| e. | Steps were taken to maintain her privacy | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| f. | Open the upper part of the body for breast examination | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| g. | After examination, assist her in wearing clothes | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| h. | Support the mother to get up from the bed | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| i. | Explain to the woman regarding referral to specialist care | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

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

- | | | | | | |
|----|---|-----|--------------------------|----|--------------------------|
| a. | Assess the suitability of the woman for the procedure | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| b. | Inform the woman before taking cervical smear | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| c. | Keep the woman in the correct position | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| d. | Steps taken to maintain her privacy | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| e. | Assist with giving necessary equipment | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| f. | Help the woman on getting down from the bed | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| g. | Inform the woman on the next visit | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| h. | Assist in preparing the cervical smears for sending for testing | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

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
- c. Activities are done according to the duty roster Yes No
- d. 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						