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The importance of training and supervision in quality of care

M.A. OYEDIRAN

Department of Community Health, College of Medicine, University of Lagos, Lagos, Nigeria

Abstract

Training of family planning service providers requires identification and selection of service providers, knowledge of their functions in the overall health team, provision of job descriptions and assessment of training needs. These can assist in the definition of training objectives and the establishment of program content.

Varied teaching methodologies and aids can enrich the program and maximize learning and the venue and facilities provided for training should be accessible, appropriate in setting (using primary, secondary or tertiary facilities as necessary) and should provide an adequate standard of care.

Evaluation of training performance should be regular and ongoing, with final assessment leading to recognition of training.

The program should be evaluated by trainers and trainees to assist in improving the quality of the training and competence of the trainers.

Finally, supervision and monitoring of performance in the workplace can be achieved by direct internal or external supervision, by indirect supervision using standing orders or guidelines, and by evaluation by managers, service providers and clients.

Introduction

Quality of care consists of various elements, the key ones of which are timeliness, accessibility of care to the client, socio-cultural acceptability and the qualifications and competence of those delivering the service. All these elements must be viewed in the overall context of affordability by the one, not always the patient or client, bearing the cost of the service.

The provision of quality of care depends on the facilities, the service to be provided and the team of service providers available and their training.

Obviously the training of any health care service provider is important, but for family planning service providers, training in motivational techniques and information, education and counseling assume great importance because family planning clients are not necessarily ill and may not feel a need for the service. In addition, they may be ignorant of the availability of the service and may be ambivalent or hostile in their attitude to the utilization of the service.

The health team has to be considered as a whole, with regard to the provision of training for the delivery of family planning services, and the program should train each member so that he or she is able to function as required within the team.

To do this effectively, job descriptions are required so that each member of the team of service providers is aware of what his or her role and function is.

With the establishment of job descriptions for family planning service providers, it is easier to formulate objectives for a training program based on the category of service provider to be trained. Requiring that objectives be attained by the end of the training program assists both the trainer and the trainee.

Setting objectives enables a trainer to know clearly what has to be taught and how much subject matter has to be covered and the trainee is also able to monitor and evaluate his progress and assess whether he is meeting the objectives of the program or not.

In many countries, different teams of health professionals provide different types of family planning and contraceptive services. For instance, in Nigeria nurse midwives provide the backbone of contraceptive services through the maternal and child health services run by the local governments, at the grass roots level in the community setting.

These nurse midwives have some medical supervision but essentially they provide most contraceptive methods relating to hormonal contraception and intrauterine contraception. They are also trained to diagnose and provide treatment for minor gynecological complaints such as vaginal infections.

Surgical sterilization and hormonal implants are provided by the doctors, and clients requiring these services are referred to the appropriate secondary or tertiary institution.

Quality of training

The key elements of quality of training include the identification of:

1. who is trained?
2. what is taught?
3. how is the training done?
4. where is the training done?
5. how is performance monitored and evaluated?

Who is to be trained?

The health service providers who are to be trained will determine the content of the training program. The knowledge of the job description of the trainees and the objectives to be achieved by the end of the training, as mentioned earlier, is most important. The objectives will vary from program to program, depending on what level of expertise is required and what functions the service providers are expected to perform within the health team.

Where undergraduate medical or nursing training involves knowledge of contraceptive methodology, the type of training will depend on the numbers of students to be exposed, the facilities and staff available to assist in training and the time available in the overall clinical curriculum.

In the College of Medicine of the University of Lagos a family planning program forms a part of the Maternal Health program, taught during the Primary Health Care Course, in the final year.

The program is jointly taught by the Institute of Child Health and Primary Care and the Departments of Community Health and Obstetrics and Gynecology. This three-week full-time program exposes the medical students to the main aspects of family planning and contraceptive techniques and their relationship to maternal health. Objectives for the teaching program have been formulated.

Because of the large number of students (over 100) the course work consists of group field work, lectures, classroom practicals and some clinical exposure. The group field work consists of data collection on the knowledge, attitude and practices of family planning and the prevalence of maternal health problems in a target area in the local community. Results obtained are analyzed and presented by each group to the whole class, as an exercise. This allows the students to obtain first-hand insight into the socio-cultural factors that affect motivation and practice of family planning at the community level.

In addition, the course work includes daily lectures on the theory of contraception, classroom practicals using pelvic models and some clinical exposure in both tertiary and primary care settings.

What is taught?

What the trainees are to be taught or the content of the training program depends on the health professionals and the functions they will be expected to perform.

For instance, in the Department of Community Health of the College of Medicine of the University of Lagos, a six-week training program is organized for nurse midwives to enable them to organize and run a family planning clinic and also to give service in contraceptive methods. This means the nurse-midwives must be familiar with all the functions of and services provided by a family planning clinic: interviewing the client, giving information, education and counseling, preparation of the clinic (such as sterilization of equipment and setting of trolleys) and actual provision of contraceptive service to the client.

How is the training done?

The teaching methodology will vary according to the facilities and teaching aids available. Some teaching methods can also be used to teach the theory of reproductive physiology, anatomy and contraceptive technology, including audiovisual methods (slides, films, overhead projectors) and pelvic models, enabling the trainees to practice and obtain greater confidence before carrying out the various procedures on an actual client.

If the trainee is to examine clients, prescribe hormonal contraception, insert intrauterine devices and diagnose, manage, and treat minor complaints and the side-effects of contraception, gaining expertise requires major clinical exposure and practice. Management of problems can also be taught theoretically, using case histories, as well as clinically.

Although part of the clinical training can take place in the classroom using pelvic models, the major teaching must be done in a clinical setting so that the trainee gains experience first by observation, then by practice under supervision, until competence has been ascertained.

Where is the training done?

Where the training is carried out will depend on where the trainee is to be posted and to provide the service and who is to receive the service. In Nigeria, the majority of training programs are in tertiary or secondary health care institutions, but even in those settings, the use of external primary health care facilities can add a useful dimension to the experience of the trainees.

The primary health care facilities are less sophisticated and are meant to provide health care that is easily accessible, acceptable and affordable by the community (according to the Alma Atta Declaration). This means that improvisations may have to be made by the service providers.

The use of primary health care facilities for training can help in exposing or identifying areas of possible difficulty in providing a family planning service at a community level, giving the trainees practical experience with such problems in advance.

The presence of the trainer who provides a support system should enable the trainees to find solutions to problems, thereby increasing their problem solving ability at a practical level, while still in the training setting.

In addition, training in the community enables the trainee to gain greater experience in giving information, education and counseling so that their expertise in motivating clients to use family planning services, at the community level, is strengthened.

How is performance monitored and evaluated?

Supervision and monitoring of the trainees and the trainers is important in the provision of quality of care. Another dimension is the evaluation of the services provided by the consumers of the service, i.e. the clients.

Assessments of the trainees' progress, both with theoretical and clinical practice, is necessary. Evaluation schedules that detail each clinical procedure, such as breast examination, pelvic examination or IUD insertion and give marks indicating that the procedure is well done, poorly done, or omitted, can help the assessment of how well the trainer is training and whether the trainee is progressing and learning. End-of-course assessments, which cover both clinical and theoretical knowledge, and in-course assessments, which detail the progress of the trainees, should enable a fair assessment of the expertise and knowledge of the trainees.

Examination of the evaluation schedules of the trainees carried out by different trainers can reveal weakness in training techniques, if for instance, trainees show consistently weak scores in a skill taught by a particular trainer.

Evaluation of the training program and the trainers by the trainees themselves at the end of the program is an important aspect of monitoring. The results obtained can be used to improve the program by highlighting areas of deficiency.

In-service training should be carried out periodically for the trainers to ensure that their knowledge and training techniques are up-to-date. These can be supplemented by regular seminars during which presentations are made by the trainers to their fellow colleagues or problem clinical cases are discussed and resolved.

In the field, supervision and monitoring of trainees can be achieved by sending questionnaires at intervals to the trainees, to assess the trainees' ability to give contraceptive service and to identify areas of deficiency in their knowledge or practice of contraceptive methodology, following completion of the training program. This requires the cooperation of the former trainees.

In a government setting it is usually easier to implement supervisory schemes whereby quality of care by 'standardization' can be attempted. In Nigeria, standardization in the provision of quality of care at the primary care level is carried out by the use of a manual of 'standing orders' for the diagnosis and management of diseases and common ailments. The standing orders are used to assist paramedical health professionals working in areas where medical supervision is minimal or not available. It is also meant to assist personnel in evaluating health conditions so that patients requiring medical expertise can be referred promptly to the appropriate secondary or tertiary institution.

The standing orders contain a comprehensive section on family planning that not only gives details on how to prescribe contraceptives but also gives information on the management of side-effects, complications and common gynecologic problems. The use of standing orders is a method of providing a standard of quality of care through indirect supervision.

A final element in ensuring the quality of care is a program of regular independently conducted surveys of clients to ascertain the extent to which their expectations are being met by the services provided.

Conclusion

Training and supervision in the provision of quality of care in family planning are most important. Quality care is reflected in the ability of the service provider to give the appropriate contraceptive advice and method skilfully and to make correct management decisions when side-effects or complications occur. If client satisfaction is not achieved, family planning programs will suffer the inevitable consequences of low motivation to choose contraception and continue its use. A satisfied user of contraception is the best advertisement for any family planning program and can act as a powerful motivating force in the community. Quality of training with supervision and monitoring of contraceptive services can help to achieve the objective of quality care in family planning.

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Resumé

Pour assurer la formation de ceux qui dispensent les services de planning familial, il faut les trouver et les sélectionner, connaître leurs fonctions dans le cadre général de l'équipe sanitaire, prévoir une description de leur travail et évaluer leurs besoins en matière de formation. C'est ainsi qu'il est possible de cerner les objectifs de formation et le programme des matières à enseigner.

Diverses méthodologies et aides pédagogiques peuvent enricher le programme et maximaliser l'enseignement; le lieu et les moyens mis à disposition pour cette formation devraient être accessibles, bien installés (dans des établissements primaires, secondaires ou, au besoin, du troisième degré) et les soins qu'ils dispensent devraient être de bonne qualité. Les résultats de la formation devraient être évalués régulièrement et de façon continue, l'examen final aboutissant à une reconnaissance de la formation. Le programme devrait être évalué par les enseignants et les stagiaires, et cela pour améliorer la qualité de la formation et la compétence des enseignants.

Enfin, la surveillance et le suivi sur le lieu de travail peuvent être réalisés grâce à un contrôle indirect appliquant des consignes ou des directives établies et à une évaluation par les chefs de service, les exécutants et les clients.

Resumen

La capacitación de los prestadores de servicios de planificación familiar requiere la identificación y selección de los prestadores del servicio, el conocimiento de sus funciones dentro del equipo general de atención de la salud, la provisión de descripciones de las tareas realizadas y la evaluación de las necesidades de capacitación. Esto puede resultar de utilidad en la definición de los objetivos de capacitación y el establecimiento del contenido del programa.

Diversas metodologías y ayudas docentes pueden enriquecer el programa y aumentar al máximo la enseñanza, y el lugar y las instalaciones proporcionadas para la capacitación deben ser accesibles, de ubicación apropiada (utilizando instalaciones primarias, secundarias o terciarias, según resulte necesario) y proporcionar un nivel adecuado de atención. La evaluación del rendimiento de la capacitación debe ser regular y continua, y la evaluación final debe llevar al reconocimiento de la capacitación. El programa debe ser evaluado por quienes dan y reciben la capacitación a fin de ayudar a mejorar la calidad de la capacitación y la competencia de los capacitadores.

Por último, la supervisión y el control del rendimiento en el lugar de trabajo se pueden lograr mediante la supervisión interna o externa directa, mediante la supervisión indirecta utilizando indicaciones permanentes o directrices, y mediante la evaluación proveniente de gerentes, prestadores del servicio y clientes.