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Cancer Cervix Screening & Treatment of Pre-Cancer Vadodara District Cancer Control Program, Gujarat

Supportive Supervision Checklist

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INSTRUCTION SHEET

1. Mention clearly the name of the facility visited and the date of visit.
2. Specify the period for which the review is being done i.e. from A.B.2010 to X.Y.2010
3. The source of information for the different components in the checklist would be a) Observation, b) Record review & c) Interviews.

4. *Table below shows which section to be filled for which site*

	I A	I B	IC	II A a	II A b	II A c	II A d	III	IV
PHC	Y	Y	Y	Y				Y	Y
CHC		Y	Y	Y	Y	Y		Y	Y
District Hosp		Y	Y	Y	Y	Y		Y	Y
Med Coll		Y	Y	Y	Y	Y	Y	Y	Y

5. The filled checklist should be deposited at XXXX within YY number of days from the date of the review.
6. The Checklist is designed to allow supervisors review services from both programmatic and clinical aspect at different levels like PHC, CHC, District hospital, and Medical college hospital.
7. For Section I A, check the records and talk to the community mobilizers if available.
8. For Section I B, check the records properly to see if the entries are complete, correct and consistent. Accordingly tick in the table B1. In table B2 the numbers should be recorded from the registers in the facility. (*Complete – when all the entries cells are filled, correctly or incorrectly; Correct – when all the entries have been correctly made, Consistent – when there are no discrepancies in the entries made over a period of time*)
9. In Section C, table C1 and C2 should be filled based on observation at the time of the visit.
10. In the Section II on clinical supervision, observe at least **3 VIA, 2 Colposcopy & Biopsy, 2 Cryotherapy and 1 LEEP** to record the level of service provision in the appropriate table as S for satisfactory, U for unsatisfactory and X if a step was not done while you were observing.
11. If more than one service provider is being observed, record the observations in column '2'.
12. For Section III, record your assessment for individual provider with their names. The following criteria should be used to make the assessment:
 - To score a YES in the Quiz section, provider should have correctly identified 70% of precancerous and normal cases and decision-points.
 - Competency in VIA is reached when provider has:
 - Screened 100 patients.
 - Satisfactorily completed each step in VIA clinical skills checklist.
 - Correctly identified all invasive cancers on assessment quizzes.
 - Correctly identified 70% of precancerous and normal cases and decision-points.
 - Competency in Cryotherapy is reached when provider has:
 - Provided cryotherapy treatment to 5 patients.
 - Satisfactorily completed each step in cryotherapy clinical skills checklist.
13. Gather information in terms of Successes, Challenges and Action points in Section IV after speaking to the team of at the facility. The findings should be recorded under the two heads separately.

Name of the facility: _____ Date _____ Time _____
Name of person performing the visit: _____

SECTION I: PROGRAMATIC SUPERVISION

A – IEC Component

A.1	Are there health promotion materials?	Pamphlet <input type="checkbox"/>	Booklet <input type="checkbox"/>
		Poster <input type="checkbox"/>	Banner <input type="checkbox"/>
		Flipbook <input type="checkbox"/>	
A.2	On an average, how many educational sessions or other mobilization events were conducted in the community each month since last visit?		
A.3	On an average how many women were reached through health promotion activities each month since last visit?		
A.4	Do promoters use IEC material in the educational sessions and in other activities in the community?		

B. Service Delivery Component

B.1. Review the clinic registers/log books/monthly reports on the given parameters

Level	Reporting and recording materials	Complete	Correct	Consistent
Screening level (PHC)	Case form			
	Daily VIA Screening Register			
	Monthly VIA Reporting Register			
Diagnosis & treatment level (CHC/Dist Hosp)	Case Form & Consent Form			
	Diagnosis, Treatment & Referral (DTR) Register			
	Laboratory Request cum Report Form			
	Monthly Reporting Register			
Referral level (Medical College)	Case Form & Consent Form			
	Diagnosis, Treatment & Referral (DTR) Register			
	Laboratory Report Form & Register			
	Monthly Reporting Register			

B.2. Number of women in the age group of 30 to 59 provided services since last visit

Service	*Expected	Achieved	Remarks
Service at Screening level			
1. VIA done			
2. VIA Positive referred			
3. Suspicious Cancer referred			
4. Women with others lesion referred			
Service at Diagnosis and treatment level			
1. No. of women referred			
2. No. of Suspicious for Cancer cases			
3. VIA & Colpo done			
4. Colpo Diagnosis - Total			
a) VIA +			
b) Pre Cancer Lesion			
c) Other			
5. Pre Cancer cases eligible for Cryo			
6. Cryotherapy done			
7. No. of Biopsy taken			
8. Referred for pre cancer treatment			
9. Cryotherapy Follow up			
Services at referral level			

1.	No. of women referred for LEEP For cervical cancer treatment			
2.	Biopsies taken			
3.	Biopsy received at pathology			
4.	LEEP done			
5.	Follow up done			

*Expected – The number of women expected as per the community mobilization enrolment form

B. Infrastructure, Equipment & Staffing

C.1. Does the Facility have the following (*please tick whichever is applicable for visited facility*):

Logistics and Supplies	Status	Remarks (if any)
5% Acetic acid		
Normal saline		
Swabs with Sticks		
VIA room		
Examination table		
Enough vaginal speculum		
Gloves		
Disposal Bags		
Reusable bucket		
Clean water		
Infection control supplies		
Light source		
Autoclave machine		
Lugol's iodine		
Monsel's solution		
Colposcope unit		
Punch biopsy forceps		
Bottle containing formalin		
Specimen bottle		
Cryotherapy unit		
NO2 or CO2 gas cylinder		
Stand by NO2/CO2 cylinder		
Endocervical speculum		
Vaginal packs		
Local anesthetic solution		
Loop machine & attachments		
Smoke evacuator		
Emergency kit		

C.2. Number trained service providers available during the period of assessment

Service		ANM /Staff nurse	Medical Doctor
Diagnosis	VIA		
	Colposcopy		
	Biopsy		
Pre cancer treatment	Cryotherapy		
	LEEP		

SECTION II: CLINICAL SUPERVISION

A. FOR EACH VIA PROVIDER, COMPLETE THE FOLLOWING		
NAME OF THE FACILITY: _____	DATE _____	TIME _____
NAME OF PERSON PERFORMING THE VISIT: _____		

Directions:

- Place “S” in case box if step/task is performed **Satisfactorily**,
- Place “U” if it is performed **Unsatisfactorily**,
- Place “X” if **Not observed**. (Step, task, or skill not performed by participant during the evaluation)

VIA counseling and clinical skills		Obsrv		Remarks
Pre-VIA counseling		1	2	
1.	Greet the woman respectfully and with kindness.			
2.	Ask about Last Menstrual Period to rule out pregnancy			
3.	Provides cervical cancer screening counseling. a. Provides accurate information about cervical cancer prevention (what/where is cervix, how cervical cancer is detected, what causes it, emphasis on early detection, treatment options). b. Uses effective counseling skills (actively listens, is supportive, helps woman make her own decision, keeps messages simple, answers questions directly).			
4.	If cancer screening counseling is not done, counsel patient prior to performing pelvic (VIA test) examination. a. Provides information on what to expect during clinic visit (how pelvic exam/VIA is done, benefit and limitation of test). b. Discusses woman’s needs and concerns/fears and helps woman with the decision to have a VIA test. c. If woman does not want test, asks if she has any other questions about the VIA test.			
5.	Determines that the woman has decided to have VIA done.			
6.	Assesses woman’s knowledge about VIA test.			
7.	Responds to woman’s needs and concerns about the VIA test.			
8.	Describes the procedure and what to expect.			
Pre-VIA activities				
1.	Checks that instruments, supplies, and light source are available and ready for use.			
2.	Check the eligibility, proper filling of case form and card. Checks that the woman has emptied her bladder and washed and rinsed her genital area if necessary.			
3.	Has the woman undress from the waist down. Helps her get on to examining table and drapes her.			
4.	Washes hands thoroughly and dries them. Palpates the abdomen.			
5.	Puts one pair of new examination or high-level disinfected surgical gloves on both hands. If available, puts a second glove on one hand.			
6.	Arranges instruments and supplies on high-level disinfected tray or container.			

VIA activities				
1.	Inspects external genitalia and check urethral opening and Skene's and Bartholin's glands.			
2.	Inserts speculum and fixes blades so that entire cervix can be seen clearly.			
3.	Moves light source so cervix can be seen clearly.			
4.	Checks the cervix for cervicitis, ectropion, tumors, Nabothian cysts, or ulcers; and cleans cervix with cotton swab if necessary. Disposes of swab.			
5.	Identifies the cervical os, SCJ, and transformation zone.			
6.	Applies diluted acetic acid to cervix and waits for 2 minutes. Disposes of swab.			
7.	Checks if cervix bleeds easily. Checks for any raised and thickened white plaques or acetowhite epithelium.			
8.	Removes any remaining acetic acid from the cervix and vagina with a swab. Disposes of swab.			
9.	Removes speculum and place it in appropriate container for disinfection.			
10.	Performs the bimanual examination and rectovaginal examination (if indicated).			
Post-VIA activities				
1.	Wipes light source with 0.5% chlorine solution or alcohol.			
2.	Immerses both gloved hands in 0.5% chlorine solution. Removes gloves by turning inside out.			
3.	Washes hands thoroughly and dries them.			
4.	Discusses the results of VIA test and pelvic examination with woman and answers any questions			
5.	a) If VIA test is negative, tells woman when to return for repeat VIA testing. b) If VIA test is positive or cancer suspected, discusses recommended next steps. After counseling, provides appropriate referral.			
6.	Records the VIA test results and other findings in woman's record and provide the card to the woman and asks her to retain it. a) Documents cervical lesion findings on cervical map. b) If required, documents referral and reason for referral. c) If treatment/referral is refused at time of screening, documents reason for delaying/refusing treatment/referral. d) Records follow-up plans.			
Post-VIA counseling				
1.	Assures woman that she can return for advice or medical attention at any time.			
2.	Provides follow-up instructions a) If VIA test is negative: discusses what results of VIA test means, advises her to return for repeat test per program policy, and assures her that she can return to the same clinic to receive advice or medical attention. b) If VIA test is positive or cancer suspected: discusses what result of the VIA test means. c) If not eligible for cryotherapy (extra-large lesion/suspects cancer): counsels on management options or referral, encourages to ask questions, and discusses condition d) Gives woman time to decide; asks if she will give her consent for treatment.			

Clinical Supervision of PERFORMING COLPOSCOPY AND BIOPSY services		Obsrv		Remarks
Pre-Colposcopy activities		1	2	
1.	Explains the procedure, what the tests may show, and why it is important to return for further management as requested. Ensures that the patient has understood and obtains informed consent for both Colposcopy and Biopsy.			
2.	Makes the patient comfortable on examination table and ensures privacy using curtain stand or separate room for examination			
3.	Shows the patient the colposcope and explains how it will be used to examine her.			
4.	Prepares the patient for a gynecological examination, and does a speculum examination.			
5.	Makes sure the posterior fornix (vaginal space surrounding the ectocervix) is dry.			
Colposcopy & Biopsy				Remarks
1.	Tells the patient what will be done at every step, and warns her before doing anything that might cause cramps or pain.			
2.	Inspects the cervix at low-power magnification (5x to 10x), looking for any obvious areas of abnormality (e.g. leukoplakia, condylomata). Identify the transformation zone and the original and new squamocolumnar junctions. If the entire SCJ is still not visible, the colposcopic procedure is termed inadequate or unsatisfactory			
3.	Applies saline to the cervix. Inspects the cervix with a green filter and under 15 x magnifications, noting any abnormal vascular patterns.			
4.	After telling the patient that she might feel a mild stinging sensation, applies acetic acid . Waits precisely for two minutes to allow colour changes to develop.			
5.	Applies Lugol's Iodine to identify area for Biopsy sample collection			
6.	Observes any changes in the appearance of the cervix. Gives special attention to abnormalities close to the SCJ.			
7.	Integrates the findings of the saline test and the acetic acid test to make a colposcopic assessment.			
8.	Tells the woman before taking a biopsy of her cervix that it may cause some cramping.			
9.	Takes cervical biopsies of the most abnormal areas, and places tissues in separate labeled screw cap bottles containing 10% formalin. and send it to designated Lab in proper time frame with Lab Request Form			
10.	If active bleeding is noted, applies Monsel's or Silver nitrate paste to the bleeding areas.			
11.	Withdraws the colposcope and gently removes the speculum and places it in appropriate container for disinfection.			
Post-Coploscopy activities				Remarks
1.	Explains the next steps regarding biopsies to the woman			
2.	Advises the woman how to take care of herself when she goes home: a) She should abstain from sexual intercourse until she has no more discharge or bleeding. If this is not possible, she should use condoms. b) She should not insert anything in the vagina for 3 or 4 days. c) Tell her the signs and symptoms of complications: active bleeding, serious cramping or lower abdominal pain, pus-like discharge, fever. If she experiences any of these, she needs to return to the centre or go to hospital.			
3.	Provides condoms and teaches her how to use them.			
4.	Explains when the results will be available, and the importance of returning to the clinic for them. Gives a specific day and date for the return visit.			
5.	Documents the findings. Uses appropriate forms to record the colposcopic assessment and provides DTR card and asks her to retain it.			
6.	Sends labeled biopsies to designated Pathology laboratories with LRF (Lab Request Form).			

Post-Colposcopy and Biopsy Follow up activities				Remarks
1.	Explains what is in the laboratory report			
2.	Advises the patient about the follow-up she needs, on the basis of the results. Uses national guidelines to advise the woman of her diagnosis and recommended treatment plan.			
3.	Does a pelvic examination and checks for healing			
4.	Refers her for needed therapy or makes an appointment for the next visit.			

Clinical Supervision of CRYOTHERAPY COUNSELING & CLINICAL services		Obsrv		Remarks
Pre-cryotherapy counseling		1	2	
1.	Explains why the treatment is recommended and describes the procedure and its side effects			
2.	Shows her the cryotherapy equipment and explain how you will freeze the abnormal areas on the cervix.			
3.	Obtains written consent			
4.	Checks that instruments, supplies, and light source are available and ready to use.			
5.	Checks that cryotherapy instrument and availability of gas (N ₂ O)			
6.	Tells the woman what is going to be done and encourages her to ask questions.			
7.	Checks that woman recently (30 minutes) has emptied her bladder, helps her onto examining table, and drapes her.			
8.	Washes hands thoroughly and dries them.			
9.	Puts one pair of new examination or high-level disinfected surgical gloves on both hands. If available, puts a second glove on one hand.			
Cryotherapy activities				Remarks
1.	Inserts speculum and fixes blades so that entire cervix can be seen clearly.			
	Prepares the patient for a gynecological examination, and performs a speculum examination. If there is no evidence of infection, proceeds with cryotherapy.			
	If there is a cervical infection, provides treatment as appropriate and decides regarding the procedure.			
2.	Cleans cervix with a saline-soaked swab and waits for a few minutes. Disposes of swab.			
3.	Applies acetic acid to outline the abnormality and wait a further few minutes.			
4.	Tells the woman she might feel some discomfort or cramping while freezing the cervix.			
5.	Wipes the cryoprobe surface with saline to ensure optimum effectiveness.			
6.	Applies the cryoprobe tip in the centre of the os and makes sure the probe adequately covers the lesion. If the lesion extends more than 2 mm beyond the probe, discontinues the procedure and explains to the woman why discontinued and what needs to be done for her as an alternative.			
7.	Ensures that the vaginal wall is not in contact with the cryoprobe			
8.	Sets the timer and releases the gas trigger to cool the probe.			
9.	Allows two cycles of freezing and thawing: 3 minutes freezing, followed by 5 minutes thawing, followed by a further 3 minutes freezing.			
10.	Once the second freezing is complete, allows time for thawing before attempting to remove the probe from the cervix. Removing it before it is fully thawed will pull tissue off the cervix.			
11.	Gently rotates the probe on the cervix to remove it.			
12.	Examines the cervix for bleeding. If bleeding is noted, applies Monsel's or Silver nitrate paste			
13.	Removes speculum and place it in appropriate container for disinfection and washes hands properly.			
Post-cryotherapy activities				Remarks
1.	Checks to be sure woman is not having excessive cramping before helping her sit up, get down from table, and get dressed.			
2.	Records findings and gives the DTR card to the woman and asks her to retain it			

3.	Provides a sanitary pad.			
4.	Instructs the woman to abstain from intercourse for 4 weeks, until the discharge stops completely. This to avoid infection.			
5.	Provides condoms for use if she cannot abstain from intercourse as instructed. Teaches her how to use them.			
6.	Invites her to return in 2–6 weeks to be checked for healing.			
7.	Informs her of possible complications and asks her to return immediately if she notes: <ul style="list-style-type: none"> a. fever with temperature higher than 38 °C or shaking chills; b. severe lower abdominal pain; c. foul-smelling or pus-like discharge; d. bleeding for more than two days or bleeding with clots. 			
8.	Has the woman wait at the clinic for at least 15 minutes before sending home.			
9.	Cleans and disinfects the cryoprobe and decontaminates the cryogun, tubing, pressure gauge and gas tank.			

Clinical Supervision of PERFORMING LEEP		Obsrv		Remarks
Before the LEEP		1	2	
1.	Explains the procedure and why it is important to return for further management as requested. Ensures that the woman has understood and obtains informed consent. Makes sure that the woman has emptied her bladder before starting the procedure.			
2.	Prepares the patient for a gynecological examination.			
3.	Attaches a return electrode to the inner thigh.			
4.	Inserts a non-conducting speculum with an electrically insulating coating,			
5.	Looks at the cervix, and notes any abnormalities, such as discharge from the os, inflammation, bleeding or lesions. Records the findings.			
During LEEP				
1.	Before each step, tells the woman what will be done and what she may feel.			
2.	Wipes the cervix with a saline-soaked cotton swab.			
3.	Applies 5% acetic acid and examines with the colposcope to determine the location and extent of the lesion.			
4.	Asks the patient about history of allergy to local anesthesia and then injects 3–5 ml of local anesthetic, using a long 27-gauge needle, just beneath the cervical epithelium at the 12 o'clock, 3 o'clock, 6 o'clock and 9 o'clock positions.			
5.	Selects the appropriate electrode to remove the entire abnormal area in a single pass: for small low-grade lesions in nulliparous women - 1.5 cm wide by 0.5 cm deep; for larger lesions and multiparous women - 2.0 cm wide by 0.8 cm deep.			
6.	Turns the vacuum suction on and activates the generator.			
7.	Excises the lesion: pushes the electrode perpendicularly into the tissue to a depth of 4–5 mm and draw it laterally across the cervix to the other side, producing a dome-shaped circle of tissue with the canal in the centre.			
8.	Picks up all excised tissues with the forceps, and places them in a labeled bottle with formalin to send to the histopathology laboratory.			
9.	Performs an endocervical curettage and places the tissue in a separate bottle with formalin.			
10.	Fulgurates any bleeding tissue in the crater base using a ball electrode and coagulation current.			
11.	If available, applies Monsel's paste to the crater base to prevent further bleeding and removes speculum and places it in appropriate container for disinfection.			
After the LEEP				
1.	Provides a sanitary pad.			
2.	Instructs the patient to abstain from sexual intercourse for a minimum of 4 weeks, and until the bleeding stops completely.			
3.	Provides condoms for use if she cannot abstain as instructed. Teaches her how to use them.			
4.	Tells her she may have some mild to moderate pain for a couple of days; she can take ibuprofen or paracetamol.			
5.	Explains that she may have very light bleeding and that she will notice blood-tinged discharge for one month or more. She can use sanitary pads but not tampons.			
6.	Advises her how to take care of herself when she goes home: <ul style="list-style-type: none"> a. She should rest and avoid heavy work for several days. b. She should not put anything in the vagina. 			
7.	Informs her of possible complications and asks her to return immediately if she has: <ul style="list-style-type: none"> a. fever with temperature higher than 38 °C or shaking chills b. severe lower abdominal pain c. foul-smelling or pus-like discharge d. heavy bleeding or bleeding with clots. 			
8.	Recommends that she should return to the health centre in 2–6 weeks to be checked for healing and to receive the laboratory report.			
9.	Agrees a follow-up date with her.			
10.	Puts the woman under observation for at least an hour before asking to leave.			

SECTION III: SUMMARY OF SUPERVISORY VISIT

SUMMARY OF EVALUATION OF COMPETENCY OF PROVIDERS AT HEALTH FACILITY								
	FOR ALL CLINICAL PROVIDERS					FOR CRYOTHERAPY PROVIDERS ONLY		
Name of provider	Quiz: 85% of VIA results and decision-points identified (Y/N)	Quiz: Invasive cancers correctly identified (Y/N)	Total number of patients screened with VIA in past 6 months	Satisfactorily completed each step in VIA clinical skills checklist (Y/N)	% competency in VIA (Assess in %)	Total number of patients treated with cryotherapy in past 6 months	Satisfactorily completed each step in cryotherapy clinical skills checklist (Y/N)	% competency in cryotherapy (Assess in %)

DETAILS OF SITE VISIT	
Date of site visit:	Period Reviewed: From.....to.....
Name of health facility visited:	
Name of person: 1) Programmatic supervisor.....	
2) Clinical supervisor.....	

SECTION IV: SUMMARY OF SUPERVISION VISIT FINDINGS

PROGRAMMATIC ASPECTS	CLINICAL ASPECTS
A. SUCCESSES	
B. CHALLENGES	
C. ACTIONS IDENTIFIED (WITH PERSON RESPONSIBLE AND DATE BY WHICH ACTION WILL BE COMPLETED)	

Signatures of the supervisors : Programmatic _____ Clinical _____