

PROVIDING ONGOING SUPPORTIVE SUPERVISION

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Peers for Progress
Peer Support Around the World

A program of the American Academy of Family Physicians Foundation

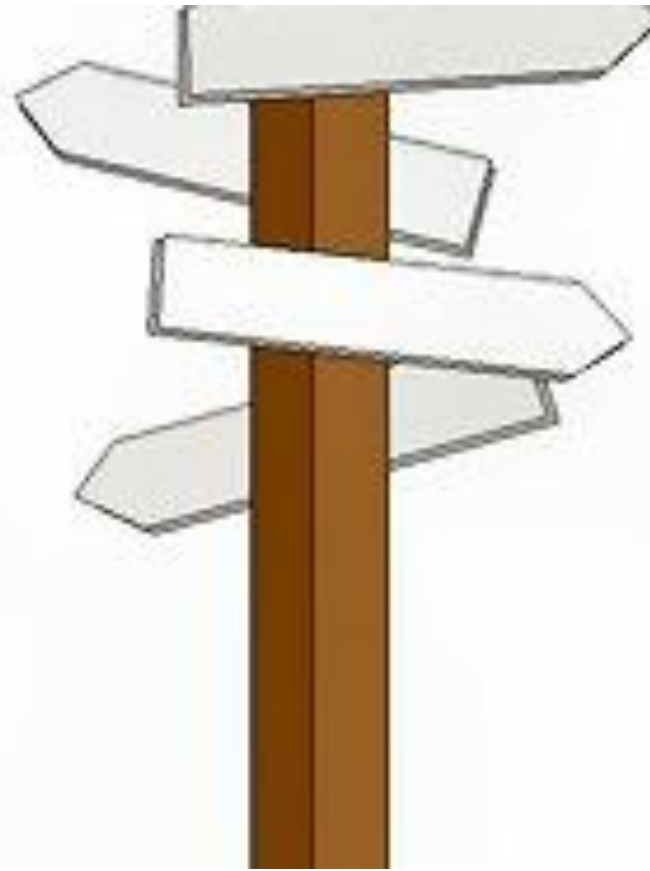
Outline/Topics

- Why supervision and support?
- What are characteristics of good supervision?
- How do we supervise?
- What are general principles for supervising?
- Tips and tools

WHY SUPERVISION AND SUPPORT?

Addressing Misinformation, Preventing Burnout,
and More





Misinformation

More Pre-Launch Training → Less Misinformation??

- Peer support programs tend to obsess about training, but not supervision. However,

Supervision is as important as training !!



Supervision Is As Important As Training

- Peer supporter – basically a good person wanting to do no harm, but helping people who often face serious obstacles
 - With readily accessible resources, peer supporter will use them
 - Without resources, peer supporter will try to help with whatever resources they have available
- Information is not controllable → Training AND **ongoing supervision & support** promote correct information and a channel of influence



Burnout



Peer Supporters Have Problems Too

- Peer support can be stressful for the peer supporter.
- Peer supporters need ready access to supervision, back-up, and opportunity to discuss their work with each other.

Preventing Burnout → Increasing Retention

Benefits of Supervision and Support

Peer Supporter	Prevents burnout Reduces misinformation Provides needed support for difficult cases Aids in personal fulfillment & career advancement
Clients	Helps client receive desired support → Better health outcomes
Organization	Improves retention/Reduces turnover of peer supporters Facilitates rapid response to problems & quality improvement Ensures standards of care provided by peer supporters (Quality assurance)

So... Why Supervision & Support

- Supervision and support helps to address misinformation and burnout, two major concerns for peer support programs.
- Good supervision and support provides benefits for peer supporters, clients, and the organization
- Supervision is a responsible way to monitor and act upon any problems that may occur during program
 - For example: matching problems between peer supporter and client
 - Boundary issues

WHAT ARE CHARACTERISTICS OF GOOD SUPERVISION AND SUPPORT?

Ongoing supportive supervision



Ongoing & Supportive

- **Ongoing:**

- Routine, structured check-ins, 24/7 back-up, and informal check-ins that occur regularly over time
- Continuing education & on-the-job training that enrich their skill sets and provide opportunities for personal advancement

- **Supportive:**

- Two-way communication that is constructive, and motivates the peer supporter
- Recognition of their major value added in a collaborative work relationship

Ongoing Supportive Supervision For Peer Support Programs

Collaboration to improve performance

- Peer supporters are naturally bridge builders. Their work influences behaviors through healthy and collaborative relationships that are built over time
- Supervision that is similarly collaborative and occurring regularly over time can resonate within them and motivate the peer supporter
- Furthermore, peer support is dynamic, and ongoing supportive supervision can improve overall support provided as nature of relationships change

HOW DO WE SUPERVISE?

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Supervision Approaches

- Individually: one on one between supervisor and peer supporter
- Group: supervisor and whole team
- Peer-to-peer: a head peer supporter supervises other peer supporters
- Examples of supervision medium: face to face, over the phone, text messages, by email

However you do it, communicate clearly about expectations

When: Regular + As Needed

- Regular supervision offers peer supporters opportunities to discuss problems
- Back-up protocol: 24/7 contact for peer supporters (titrate according to needs, e.g., routine, need within 24h, emergency)
- Additional or periodic booster training helps strengthen and learn knowledge and skills needed
- Periodic group sharing with other peer supporters offers peer support among the supporters and brainstorming for problem solving



Areas of Focus

- Problem-solving using quality improvement and assurance
- Holding peer supporters accountable in a constructive way
- Recognizing peer supporter's strengths & own limitations

Practical Aspects of Supervision	Performance evaluations* Review of contact notes Progress on supportees
Supportive Aspects of Supervision	Attention to emotional well being Maintain open lines of communication

* This is commonly found in the staff model (e.g., paid CHWs in a clinical setting)



Other Forms of Support for Peer Supporters

- Time and place for sharing experiences with other peer supporters
- Creating facility space and other logistic support for peer supporters
- Recognition of accomplishments
- Provide learning opportunities and other areas for personal growth



Monitoring is important

- Contact note to track peer support delivery, ex.
 - When & duration of each individual/group contact made
 - Discussion topics between peer supporters & supportees, e.g., goal setting, action plan
 - Follow-up actions required, e.g., appointment
 - Notes/issues, e.g., emotional distress
- Other forms, e.g., informal interviews with supportees, recorder
- Remember to analyze data, e.g., monitoring reports
- Opportunity to integrate contact note into the Electronic Medical Record (EMR)

CES-CONTACT NOTE				Number of contact:		
Patient Name:		Patient ID #		YOB:	Date:	
Current group: <input type="checkbox"/> 400 group <input type="checkbox"/> 3600 group			Patient status*: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Unreached			
*Active: Patient is engaged in support activities			Inactive: Patient is being contacted but not actively engaged in support activities			
Unreached: Attempts are being made but patient has not been contacted						
Type of contact		Place		Who initiated the contact		
<input type="checkbox"/> Phone call <input type="checkbox"/> In person <input type="checkbox"/> Support Group		<input type="checkbox"/> Clinic <input type="checkbox"/> Community Specify: _____		<input type="checkbox"/> Compañero <input type="checkbox"/> Provider <input type="checkbox"/> Patient <input type="checkbox"/> Other Specify other: _____		
				Duration		
				<input type="checkbox"/> < 5 Min <input type="checkbox"/> 5 to 30 Min <input type="checkbox"/> >30 Min		
Key behaviors AADE 7 Self-Care Behaviors		Focus of behaviors discussed		Status of goal/ behaviors discussed		
Healthy eating Physical activity Glucose monitoring Medications adherence Reducing risks Problem solving Healthy coping Losing 10 pounds		ND GI GD ND GI GD ND GI GD ND GI GD ND GI GD ND GI GD ND GI GD		NC C P DI CSD NC C P DI CSD NC C P DI CSD NC C P DI CSD NC C P DI CSD NC C P DI CSD NC C P DI CSD		
		ND= Not discussed GI= General information discussed GD= Goal discussed		NC= Not considering C= Considering P= Planning to do it DI= Doing it CSD= Completed and still doing it		
				Support Provided <input type="checkbox"/> Emotional support <input type="checkbox"/> Encouragement or motivational support <input type="checkbox"/> Problem solving <input type="checkbox"/> New goal(s) set <input type="checkbox"/> Goal (s) review <input type="checkbox"/> Glucometer provided <input type="checkbox"/> Discount card provided <input type="checkbox"/> Personal needs: <input type="checkbox"/> Economic (ex: housing, employment) <input type="checkbox"/> Legal (ex: citizenship) <input type="checkbox"/> Social and health services (ex: eligibility) <input type="checkbox"/> Medication support program <input type="checkbox"/> Filling forms <input type="checkbox"/> Other: _____		
Assistance and Diabetes Self-Management Next Steps						
<input type="checkbox"/> To obtain an appointment: _____ <input type="checkbox"/> Referral to social services: _____ <input type="checkbox"/> Referral to other Alivio programs: _____			<input type="checkbox"/> Registered or invited patient to DSME classes <input type="checkbox"/> Registered or invited patient to DSM Continuing education classes <input type="checkbox"/> Registered or invited patient to support group			
Contact Attempts						
#1 Date:	Time:	AM/PM	Week day: Mon Tue Wed Thur Fri Sat			<input type="checkbox"/> Able to contact Pt. <input type="checkbox"/> NO <input type="checkbox"/> Kept in person <input type="checkbox"/> Missed in person
#2 Date:	Time:	AM/PM	Week day: Mon Tue Wed Thur Fri Sat			<input type="checkbox"/> Able to contact Pt. <input type="checkbox"/> NO <input type="checkbox"/> Kept in person <input type="checkbox"/> Missed in person
#3 Date:	Time:	AM/PM	Week day: Mon Tue Wed Thur Fri Sat			<input type="checkbox"/> Able to contact Pt. <input type="checkbox"/> NO <input type="checkbox"/> Kept in person <input type="checkbox"/> Missed in person
<input type="checkbox"/> Letter sent Date letter sent: ____ / ____ / ____						
#4 Date:	Time:	AM/PM	Week day: Mon Tue Wed Thur Fri Sat			<input type="checkbox"/> Able to contact Pt. <input type="checkbox"/> NO <input type="checkbox"/> Kept in person <input type="checkbox"/> Missed in person
<input type="checkbox"/> Unable to contact patients after letter and fourth attempt						
<input type="checkbox"/> Next support contact date: ____ / ____ / ____ Time: ____:____				<input type="checkbox"/> Patient is willing to participate in UNC evaluation survey		
Comments:						
CES-Health Educator: _____						

Example Contact Note: Peers for Progress Alivio Project



Putting It Together

Examples from Peers for Progress Grantees

- Regular check-in
 - Weekly group teleconference with the project coordinator and other peer supporters
 - One-on-one, bi-weekly face-to-face meetings with the project coordinator
 - Monthly one-on-one with the project coordinator or group meetings with the project staff and other peer supporters
- Back up: Offer contact information of the nurse supervisors
- Hold booster training sessions



Stoplight supervision model from Building a Diabetes e-Co-System

Red light – concerns that require immediate calls to the supervisor

- Examples for diabetes: blood sugar out of control, participant not taking medications, open wound that has not healed in days

Yellow light – concerns that can wait until the next supervising meeting

- Examples for diabetes: participant not interested in working on diabetes self-management goals, stressed by non-medical situations

GENERAL PRINCIPLES OF SUPPORTIVE SUPERVISION

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- Create regular, structured check-ins to meet with peer supporters
- Frequency and format of meeting will depend on the timing and nature of the program, ex.
 - Volunteer- vs staff-based peer supporters
 - Starting a program vs continuing a program
 - Part-time vs full-time peer supporters



- Prepare a back-up plan/protocols in case support or problem solving is needed in the moment
- Balance both practical and emotional needs of peer supporters
- Use contact notes and other mechanism to monitor peer support delivery



TIPS AND TOOLS

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Tips & Tools for a Supervisor

Challenges	Tips and Tools
Finding time to supervise	Use group meetings, “head” peer supporter as supervisor, check in by phone or email
Promoting retention, job satisfaction	Advocate for peer supporters and the value of the work they provide Fulfill opportunities for personal growth
Integrating peer supporters into a team	Clarify boundaries and scope of practice Create clear job descriptions and duties
Monitoring, preventing errors	Provide checklists for peer supporters

Benefits

Characteristics

How

General Principles

Tips and Tools



Training a Supervisor: Key Areas

- The foundation: what is peer support, roles & responsibilities of peer supporters and supervisor, organizational policy & protocols
- How to recruit, select, and train peer supporters-Organizational process
- How to facilitate good peer supporter-supportee relationship, e.g., recruit supportee, coordinate the matching process between peer supporter-supportee

Benefits

Characteristics

How

General
Principles

Tips and Tools



Training a Supervisor: Key Areas

- How to monitor progress, evaluate performance, and provide constructive feedback- both process & tools
- Organizational mgmt skill, e.g., internal advocacy, conflict resolution, team collaboration
- Methods of communication, facilitation, & problem-solving

Benefits

Characteristics

How

General
Principles

Tips and Tools



Resources

Resource Name	Why is it useful?	Link
University of Kansas' Community Toolbox	Section 2 Chapter 15 provides information, tools, and checklists for supervisors	Supervision Chapter
Keys to Successful Community Health Worker Supervision	A quick 3-page article describing 7 keys to supervising CHWs	Keys to CHW Supervision
Malawi Ministry of Health Supervision Checklist	Provides detailed templates of supervising checklists (p42-46) and summary reports (p47)	MoH Integrated Supervision Checklist

Resources

Resource Name	Why is it useful?	Link
USAID: K4Health	Community-based toolkit provides example forms, manuals, and checklists	K4Health Supervision
Supervision of Community Health Workers	Discusses particulars of support in supervision and alternative supervising approaches	MCHIP Supervision of CHW Guide

References

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Questions or Suggestions?

Please contact peersforprogress@aafp.org

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