

Competency Assessment for DR TB Counselling Session 1/ 2/ 3/4/XDR Session/ Palliative Care Session

Session observed:
 Name of Facility:
 Date of visit:
 Name of person observed:
 Cadre of person observed:
 Starting time: Finishing time:
 Name of supervisor:

NOTE: Counsellors should seek permission from the client for the supervisor to observe the session.

Score: 0=Task not performed / 1=Task partially performed / 2=Task competently performed

Task	0	1	2	N/A	Comment
Greets client in a culturally appropriate way					
Introduces himself/herself to client					
For home visit, request permission to enter home and talk to family					
Describes counsellor's role and the main objective of the session					
Explain confidentiality, create a trustful relation with the patient					
Give information as per the session plan in a clear, audible manner					
Clarifies misconceptions respectfully and clearly					
Answer's any questions accurately					
Involves patient and illicit responses from patient					
Addresses patient in a non judgemental, empathic manner					
Address issues in a supportive way (especially if patient is facing some difficulties to be adherent)					
Take the time needed to insure patient's understanding					
Give opportunity to the patient to express him/herself					
Follow sequence of steps					
Help patient complete adherence document					
Completes Session Form					
Agree with the patient on a date for the next appointment					
Transfer appropriate information to patient file					

TIP FOR FEEDBACK: Start from the counsellor opinion/feeling on the session, then the supervisor can give feedback

WHAT DO YOU THINK WENT WELL? / MAIN STRENGTH OBSERVED.....

WHAT DO YOU THINK DID NOT GO WELL? /MAIN WEAKNESSES OBSERVED.....

PLAN FOR IMPROVEMENT?

COUNSELLOR'S SIGNATURE

SUPERVISOR'S SIGNATURE
