

## TECHNICAL DISCUSSIONS\*

### I. METHODS OF IMPROVING THE EDUCATION OF PUBLIC HEALTH PERSONNEL\*\*

On Monday, 19 September 1955, the Directing Council devoted its meetings to the Technical Discussion on the subject "Methods of Improving the Education of Public Health Personnel." The group congratulated Dr. José Bustos on his important paper, which it used as a basis for the discussion. Most of the discussion was focused on the phase of in-service education, but several speakers referred to the need for considering also some closely related points, including problems of recruitment, stability of appointments, and creation of a true public health career system. There was particular emphasis on the importance of obtaining the collaboration or participation of the universities in the training of public health personnel and in maintaining a properly balanced relation between such training and university-academic education. There were noted, however, certain inherent but correctible difficulties in university courses, including:

- (a) the need for faculty members to know the characteristics of the various environments in which their students must work;
- (b) the desirability that students should have had a period of practical experience in health services and thus know the "language of public health" before being admitted to university courses; and
- (c) the need for making university courses more realistic, emphasizing the teaching of *method* rather than just facts.

\* Eighth Meeting of the Directing Council of the Pan American Sanitary Organization. (See October, 1955, issue of the *Boletín*, p. 430.)

\*\* This report on the discussion of the topic was presented by the Rapporteur, Dr. Juan Montalván C., of Ecuador. The introductory statement on the topic was presented by Dr. José Bustos, of México.

#### 1. *Principles and objectives*

The first specific subject discussed in relation to in-service training concerned the principles and objectives of such training. It was agreed that personnel who work in any public health program must be aware of the fundamental philosophy governing its activities, as well as familiar with the necessary techniques, so as to become integral members of the team to which they belong.

Objectives related to this principle should, among other things, include the following:

- (a) giving specific and practical instruction to personnel on the functions they are to perform and the method of operation of the health department or agency in which they work;
- (b) developing an understanding and appreciation of the value of the team approach in health programs, making each person feel he is part of a group working toward a common goal;
- (c) providing opportunity for more general participation of the personnel in program planning and in the study of problems;
- (d) helping to establish clearly defined functions for all health workers within the agency;
- (e) providing opportunity for cooperative evaluation and adjustment of programs.

Repeated emphasis was placed on the fact that, while instruction in specific techniques and in up-to-date methods is important, true *esprit de corps* and mutual understanding of goals by everyone in the organization are also very important factors.

#### 2. *Categories of personnel reached*

With regard to the categories of personnel reached and the courses given, there was general agreement that training programs of some type should reach all members of the organization, not only professionals but the subprofessional staff, including auxiliaries and nontechnical personnel of all

types. A point was made of the need to include administrative staff.

Distinction should be made between the training offered to existing staff and that offered to newcomers, in both cases instruction being adjusted according to the level of background training possessed by the employee and the task for which he is to be trained. All personnel, however, need to receive continually up-to-date information on technical advances. Furthermore, not only is there need for regular refresher courses for all personnel, but under certain circumstances there may exist a need for the reorientation of the entire staff in accordance with the evolution of the fundamental philosophy and technical methods of the public health department.

### 3. *Methodology*

In regard to methodology, there was some disagreement as to how extensive the program of in-service training should be. There was agreement that every individual member of the health department staff should be aware of the necessity for constant study and self-education. Some thought it essential that each unit of the health service, even the smaller ones, should have some sort of continuing program, even though it consist only in a schedule of occasional visiting instructors and staff meetings. Others thought this measure too difficult to carry out. All were agreed that in every country certain centers should be set up as primary teaching centers, while other centers, according to social conditions and existing needs, should be designated as places that might be visited for further educational experience. One of the latter centers should have the function of coordinating the teaching and setting standards for the country or district. In any case, it is desirable to have a director and coordinator of in-service education programs on a national level.

It was further agreed that any center participating in such an in-service education program should designate one member

of the staff as responsible for the promotion and development of the training program, and this worker should have the collaboration of various other persons on the staff. In the larger centers where the basic teaching program is carried on, those responsible for teaching need to have this task as a major assignment and be allotted adequate time to perform it. Teaching must not be thought of as a minor or incidental function to be carried out merely in the form of lectures, without proper preparation or follow-up. In the more important centers it is highly desirable that there be a nucleus of teaching staff devoting their time exclusively to teaching and related technical activities, and utilizing, when necessary, the aid of the various specialists engaged in the regular services of the center.

Great importance was attached to the role of supervisors. Teaching is an inherent part of supervision, and it follows that all supervisors contribute to in-service education. In addition, such workers are in an excellent position to evaluate the effectiveness of the in-service education received by the personnel under their supervision. Supervisors in all centers should become familiar with the content of the education given and follow through with specific advice in practical field work.

Several types of instruction are effective, including:

- (a) classroom teaching and demonstrations (audio-visual aids);
- (b) supervised field experience;
- (c) case studies;
- (d) round-table discussions;
- (e) lectures by special consultants;
- (f) socio-dramas;
- (g) provision to individual staff members of literature giving current information on recent developments in the health field.

To assure the success of these programs, the personnel should be encouraged to participate freely.

#### 4. *Evaluation*

Evaluation of the educational program itself should involve:

- (a) critical, methodological, and objective analyses of the activities of the center;
- (b) reports by the participants; and
- (c) review by outside consultants or by supervisors from a central unit.

Effective use can be made of changes in

specific indices of health department activities to measure the adequacy of the in-service training. For example, the training of nurses and auxiliaries in maternal-health supervision should mean that a higher percentage of mothers will go to the clinic early in pregnancy and continue to attend regularly. It is desirable, therefore, to seek constantly new and more effective methods of evaluating all levels of in-service training.

## II. MEDICAL CARE IN RURAL AREAS\*

An analysis of the statement of Dr. J. A. Díaz Guzmán and the ensuing discussion, which led to the conclusions and recommendations listed below, are summarized as follows:

### 1. *General remarks on the introductory statement of the expert designated by the Bureau*

Dr. Díaz Guzmán's paper received well-deserved praise, and it was recommended that the Bureau give it wide distribution. The participants agreed that it is impossible to separate the practice of curative and preventive medicine in rural areas; and they recognized that each country has to use its own methods in achieving an integration of these two aspects of medicine and an adequate balance between the various health activities. The discussion pointed up the need for obtaining the cooperation of the medical profession through the efforts of the public health officers themselves, by reorienting the training given in medical schools and encouraging the system of supervised practice in rural areas.

### 2. *Definition of a "rural area" and its demographic and administrative organization*

It was agreed that no definition of a rural area is applicable in every instance. Each

country has to determine the extent of its rural areas, in accordance with a study of local conditions. For intermediate cases the following characteristics of a rural area should be borne in mind: houses separated by wide spaces; arrangements for water supply and garbage and excreta disposal made on an individual basis; the fact that the inhabitants derive their livelihood mainly from agriculture.

The discussion shed light on the importance of rural areas in the majority of the American countries, because of their social, demographic, and epidemiologic influence on national health conditions and because of the lack of health services in such areas. There was unanimous agreement on the point that adequate care of the rural population requires the prior or simultaneous establishment of regulatory and supervisory agencies, headed by competent and full-time personnel, within the national or state public health service. It was also noted that it is the large and average-size urban centers that still are considered to be the major public health problem in many countries, owing to their effect on the demographic indices and to the fact that they possess greater administrative and financial means for solving the problem.

### 3. *Structure and limitations of the rural medico-public health program*

The medico-public health services in rural areas should be as adequate as those offered

\* This report on the discussion of the topic was presented by the Rapporteur, Dr. Alberto Bissot, Jr., of Panamá. The introductory statement on the topic was presented by Dr. J. A. Díaz Guzmán, of Venezuela.