



Technical

Discussions



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METHODS OF IMPROVING THE EDUCATION OF PUBLIC HEALTH PERSONNEL

In-Service Education

INTRODUCTORY SUMMARY AND DISCUSSION PLAN

I. Objective and Purposes

To provide specific and practical instruction in the method of operation of a particular health department or agency.

To develop an understanding and appreciation of the value of the team approach in health programs, making each person feel himself a part of a group working towards a common goal.

To provide opportunity for more general participation in planning and in solution of problems.

To help establish clearly-defined functions for all health workers within the agency.

To provide opportunity for cooperative evaluation and adjustment of programs.

II. Categories

A - Orientation of new personnel to the service:

1. Professional groups
 - a. With only basic training
 - b. With post graduate training in public health
2. Sub-professional
 - a. Trained
 - b. Untrained

B - Specialized training when required

1. Professional
2. Sub-professional

C - Refresher courses

D - Continual distribution of current information on new technical developments.

III. Methodology

A - Locale - In-service education should be a continuous process in all health centers; the types and extent of the programs will depend upon the size of the center.

It is often desirable to have a single specialized center within a service which can give more attention to the educational process.

B - Schedule - Regular periods should be designated and attendance should be obligatory. Programs must be planned and publicized well in advance.

C - Leaders

1. National - It is desirable to have a director and coordinator of in-service education programs on a national level.

2. Local - In each center one person should be given the responsibility for leading the program, aided by a Committee representing the various professional groups.

In the larger unit or units designated as specific in-service education centers, it is essential that the leader of the program have this as one of his major responsibilities with assignment of adequate time. It is of course desirable to have a full-time teaching staff with no other responsibilities.

3. Supervisors - Teaching is an inherent part of supervision and, it follows that all supervisors contribute to in-service education. In addition they 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 need to become familiar with the content to education given and to follow through with specific advice in practical field work.

D - Types of Instruction

1. Classroom teaching and demonstrations (audio visual aids)
2. Supervised field experience
3. Case studies
4. Round-table discussions
5. Lectures by special consultants
6. Socio-dramas
7. Provision to individual staff members of literature with current information on recent developments in the health field.

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

IV. Evaluation

Evaluation of the educational program itself involves critical analysis, reports by the participants and review by outside consultants or by supervisors from a central unit.

Improvement of health services will be the ultimate proof of effectiveness of in-service education programs.