In-Service Training in a Rural Health Department*

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One challenging duty of a health officer is to see that every staff member profits by his association with the department through mental stimulation, increased technical knowledge, maturation of judgment, and personality development. This task of overseeing the professional growth of an agency staff is one of the most neglected opportunities confronting the health administrator. How can this job best be done?

Occasional meetings, such as this,* occur too infrequently to be of real value in staff education. It is difficult to get an appreciable percentage of a rural agency staff to a meeting held two hundred miles away. Field visits to other agencies are expensive and impractical when attempted for an entire staff. Intensive field experience in other agencies is an impossibility without outside subsidy. If money is available, such field experience is a long-term program which only benefits a small percentage of any agency staff during any given period.

Importing skilled instructors to conduct institutes is splendid procedure, but this occurs too infrequently in most rural agencies to be of lasting value. To meet the major need, a rural agency must develop an in-service training program which utilizes its own personnel and resources. The members of a rural health agency must train themselves.

What may be achieved by such in-service training?

The fundamental objectives of an in-service training program have been summarized by Dr. George T. Palmer 2:

1. To make up for deficiencies in technical and scientific information required for the job generally.
2. To enlarge the outlook and understanding on the specific job.
3. To acquaint the staff with the fundamentals of personal and public relationships in order to encourage smoother functioning of the day-to-day job.
4. To keep the staff abreast of new technical, procedural and administrative developments as derived from experience in other jurisdictions.

San Luis Obispo has attempted to meet these objectives by a locally conducted staff education program.

This department became interested in in-service training one year ago through dire necessity. At this time three vacancies existed on the sanitary staff. There were no candidates for these positions who had any background in sanitation or public health work. As a result, the department was forced to hire three completely untrained men, ranging in age from 21 to 57 years. All three were high school graduates, eager to learn. A series of twelve intensive two hour sessions were given on the various aspects of environmental sanitation. Sessions occurred twice weekly and were attended by the health officer, assistant health officer, and chief sanitarian, in addition to the three trainees. The method of presentation was that a one hour formal lecture period, given by either the health officer or chief sanitarian, was followed by one hour of discussion and questions. Outside reading assignments were given and the trainees were required to submit papers once weekly on some aspect of the work dis-

* Presented before the Southern California Public Health Association at its Annual Meeting, March 22, 1946, in Pasadena, Calif.
discussed. These papers were then considered in class after being graded by the three amateur "professors."

It is interesting that there was frequent disagreement among the "professors" as to the grades, both relative and absolute, to be given the students. The subjects covered at the sessions included water purification, sewage disposal, milk handling, sanitation of eating establishments, rodent control, introduction to epidemiology, rabies, enteric diseases, the laboratory in relation to the sanitaryian, housing, nuisances, public relations, etc.

The classroom work was supplemented by field experience with the chief sanitaryian to correlate the theoretical presentation of the classroom with the practical experience of the field. The net result of this course was that the department developed three sanitarians capable of carrying on their work with supervision.

The health department at this time was undergoing a considerable turnover in both trained and stenographic personnel. Each new replacement, as he or she was hired, was given an orientation session with the various departmental heads. This helped each new individual to understand his relationship to the overall functions of the health department.

Because of the turn-over in personnel, it seemed desirable to review and evaluate the activities of the local department with the entire staff. General staff meetings were held monthly for this purpose.

At all times, the staff was encouraged to regard every aspect of the local program critically. It was emphasized that all programs must be constantly reappraised to serve the public most efficiently. The venereal disease, tuberculosis, communicable disease, crippled children, school health, maternal and child health, sanitation, laboratory, vital statistics, nursing, and administrative programs of the health department were discussed by various members of the agency. The ensuing discussions, in which the entire staff participated, frequently brought to light obsolete practices. Many helpful suggestions were made.

Individual staff members were encouraged to review independently any activity in which they were interested. They were requested to discuss any suggestions they might have with the health officer. At first, only a few different suggestions were made. As the staff meetings continued, less and less shyness was noticed. More and more valuable ideas were brought to light.

One major advance resulting from the participation technique was that the entire staff agreed and pointed out to the health officer that a health educator was necessary for the county. The local tuberculosis association was ready to hire a full-time executive secretary. The health officer, as a board member of the tuberculosis association participating in the selection of the executive secretary, was able to set up health education experience and training as part of the job requirements. Thus, voluntary funds provided this important personnel for the county.

Another advance resulting from these staff conferences was that discussions of the school health program indicated the need of a coordinating committee made up of both school and health department personnel to revise school health practices. This culminated in the establishment of a permanent regular meeting committee whose activity has done much to improve the school health program.

Questions asked at staff meetings and at informal discussions in the department indicated a need and desire by the entire staff for discussion of various broad phases of public health. Accordingly, it was decided to have, as a feature of the monthly staff meetings for the present year, a discussion of some particular aspect of public health of general interest. A representative committee consisting of a staff nurse, a sanitaryian, the health educator, and the health officer was selected to serve as program committee. The following is a partial list of the subjects selected for discussion:

1. Organized medical care
2. Community organization and health education techniques
3. The Gunn-Platt report on voluntary health agencies
4. Infant mortality
5. Restaurant sanitation
6. Organization and administration of health departments, including the Emerson report
7. Health practice indices; the use of the A.P.H.A. evaluation schedule
8. Brucellosis
9. Consideration of changing causes of death. New public health problems
10. Control of airborne diseases
11. Mental hygiene in the child health conference

Three people are selected for the presentation of each subject. Each discusses some aspect of the problem. Thereafter, the meeting is thrown open for general discussion. Interested members of the community are invited to attend. The program committee suggests the bibliography to the prospective speakers, but each speaker is encouraged to select supplementary material of his own.
Both professional and secretarial personnel participate. It is of interest that an outstanding presentation was made by our office manager on "A Medical Program for the Care of Migrant Farm Workers."

It must be recognized that effective learning depends upon the creation of a need in the individual being "educated." Often a need for information arises in relation to some particular current problem. This is the time to plan staff education along this line.

In-service staff meetings serve to increase intra-agency relationships and understanding. As a direct consequence, the department functions more smoothly.

It is possible to have this type of self-contained in-service program under the most adverse conditions. The major difficulty which has been encountered to date is in the lack of adequate library facilities and good reference material. This difficulty is not insurmountable.

The methods described here are an important adjunct to the other in-service training methods of refresher courses, field visits to other agencies, institutes, intensive field experience in demonstration agencies, and schooling on stipends.

Locally conducted in-service training in this agency has yielded benefits in program planning. It has served to stimulate members of this staff to seek further knowledge via other in-service training methods so that they may better serve in their present positions.

REFERENCES

Control of Gastric Cancer

December 5 and 6 are the date for a conference to consider new methods of attack on gastric cancer, to be held at Billings Hospital, University of Chicago. In making this announcement, Dr. Thomas Parran, Surgeon General, U. S. Public Health Service, explained that arrangements for the meetings have been made by the Gastric Cancer Committee of the National Advisory Cancer Council.

This will be the third conference on gastric cancer to be sponsored by the Council. Dr. George M. Smith of Yale University is chairman of the Gastric Cancer Committee.