WORLD HEALTH ORGANIZATION

Regional Office for the Eastern Mediterranean

ORGANISATION MONDIALE DE LA SANTÉ

Bureau régional pour la Méditerranée orientale

REGIONAL SEMINAR ON DEVELOPMENT OF FIELD TRAINING AREAS, THEIR NEEDS AND ADVANTAGES FOR THE TEACHING OF MCH AND FAMILY PLANNING TO HEALTH PERSONNEL

Isfahan, 25 - 30 May 1975

EM/DEV.FTA.MCH.FP.HP/8

15 May 1975

ENGLISH ONLY

CONSIDERATION OF OBJECTIVES FOR DEVELOPMENT OF FIELD TRAINING AREAS IN MATERNAL AND CHILD HEALTH AND FAMILY PLANNING

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INTRODUCTION

In the past ten years a radical change has taken place in education systems throughout the world, from an emphasis on classroom theory as a primary learning method to practical experience in the field. This has been particularly true of the medical education system. There has been an increasing awareness in medical education of the need to prepare health care personnel for service in the community, where the majority of health problems have their origins, in addition to the hospital environment, in which services rendered are primarily of a curative nature. However, no matter what the ultimate setting for the provision of these services, it is now widely accepted that training in the field, in conjunction with classroom theory, is the most productive learning method. This not only serves to alert the worker to health needs in the community, but can also better prepare him or her, both attitudinally and practically speaking, for service in the "real world". Thus, the use of field training areas has become an accepted mode of learning for health care trainees.

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In developing a field training area, a number of broad objectives need to be taken into consideration. Therefore, it is the purpose of this presentation to outline these objectives which, in our experience, have emerged as the most important and universal ones, and then to show how they have been applied at Pahlavi University in the training of medical students and primary-level rural health auxiliaries.

BROAD OBJECTIVES IN DEVELOPING FTAs

The three main objectives to be considered are first, that the site simulate future working conditions of the trainees; second, and closely related to the first, that existing conditions at the site be replicable for future development of new training sites, and third, that within the constraints imposed by the first two objectives, the site's location should facilitate ease of functioning. In more specific terms, the following should be considered before determining the actual locale of the training site.

1. The site population should represent, as closely as possible, the demographic, cultural, and socio-economic conditions of the target population and target locale.

2. The facilities, equipment, and general working conditions should be representative or, if possible, identical to the conditions prevailing in the areas to which the workers will be deployed.

3. When a training programme involves development of a new service which must be integrated with pre-existing services, the site should include some representative pre-existing services.

4. The site should have the necessary resources to support the training programme, or should allow the creation of the necessary facilities.

5. It should be located within reasonable proximity to supervisory and administrative services necessary for the functioning of the training project.

The necessity of choosing a site in which the population is representative demographically, culturally, and socio-economically goes hand-in-hand with the second objective, that is, that the site itself should have the same facilities, equipment, general working conditions and geographic characteristics prevailing in the area of deployment. The main idea behind using field training areas is that the trainees become familiar with the environment and the people with which they will work, and ideally, achieve a working understanding of the people and problems with which they will have to deal. A less obvious, but just as important concern is that the trainees should not be exposed or

become accustomed to working and living conditions far above the level of those in which they will later find themselves living and working. A prime example is in the training of rural health auxiliaries. Training them in an urban setting in, for example, a hospital clinic with sophisticated equipment, and housing them in school dormitories, poses the risk of creating expectations which cannot be fulfilled by the rural setting to which they will return. Thus, the ultimate risk of losing the worker to urban areas can be lessened by training them in the area or areas similar to those in which they will work.

Finally, as has been noted by Fendall [1], it is important that the trainee maintain his association, and increase his understanding of the people with whom he will work, in "thought, culture and way of life". Thus, realism in the field training site is perhaps one of the most important considerations.

The third objective also deals, to some extent, with the idea of providing a realistic setting for the trainees. By functioning during training within the same system(s) with which they will later work, they can be made aware of not only the limitations, but also the advantages of the existing system, and how to function within it to achieve optimal cooperation, utilization of resources and effectiveness.

The material needs of any training project require that the training area either provide the resources necessary to support the development of the training site, or allow the introduction of the required facilities. If the design of the intended project requires material input by the local populace in the provision of facilities, their willingness to do so must first be established. Existing facilities may be adapted to the project needs, as has been the case in an auxiliary training project in Guatemala, where an abandoned hospital was renovated and adapted for use as a training centre [2]. When integration of new and pre-existing services is also a goal of the project, this process may be initiated by using the pre-existing services to meet project resource needs. In the case of Pahlavi University's Village Health Worker training project, the location of a Health Corps Station, with a physician and auxiliary personnel, and clinic facilities which could be utilized for clinical training, was one of the determining factors in selecting the rural Kavar area as the training site. In addition, the willingness and ability of the villages to which the Village Health Workers were to be deployed to cooperate in providing village clinic space was carefully assessed.

Supervision of the trainees and the training project is deemed to be one of the most critical factors in the success or failure of a training project [3]. Thus the physical location of the site must be such that the training programme can readily draw upon the administrative, supervisory and instructional resources of the sponsoring institution.

Finally, if it is intended that the site will serve as a model for other training sites, the way in which the site is designed should be replicable, with minor adjustments, in other areas. This usually means keeping the training facilities as simple as possible, in line with the conditions prevailing in rural areas. How useful can it be to develop a model site with sophisticated audio-visual equipment, for example, when in fact the financial or material resources are not available if replication is desirable?

PRACTICAL APPLICATIONS OF THESE OBJECTIVES

Though I was specifically requested to discuss the use of field training areas in the training of medical students, the theoretical base for the objectives I have mentioned has come from the experience at Pahlavi University, and in other countries, with training rural auxiliary health personnel. However, these objectives can also be applied quite successfully to urban medical education programmes. As mentioned earlier, the medical profession has become increasingly aware of the need to train community-oriented health personnel. The majority of the world's population cannot avail itself of urban services, for reasons of limited mobility, limited income, or most often limited services. Thus, in training rural health auxiliaries, projects such as those operated by Pahlavi University are responding to the needs of the majority. The fact that a new type of health personnel has had to be trained in order to do so points up the need to re-structure the medical school training approach. On a small scale, the Department of Community Medicine at Pahlavi University has been attempting to integrate rural field experience with the classroom and hospital learning environment. During their fifth year in medical school students rotate through the Department for a one-month service period. At least half of the time is spent in field trips. Particularly useful are trips into the field with the Department's Mobile Clinic service, where they both observe and participate in the provision of primary health care for villagers. They also work on "mini-research" projects of their own design, in which they identify a community health problem and then proceed to discover its scope and, eventually, possible solutions. One such project studied family planning acceptance in a rural population. Much to their surprise, family planning acceptance and user rates had actually dropped, rather than rising.

But this is not enough. In answer to Iran's need for rural-oriented health personnel, the development of two new medical schools has just been approved. These schools will have a new curriculum aimed at preparing the graduates for service to Iran's rural population. All courses will be taught in Farsi. The schools will be located in Fassa and Khoramabad, two primarily remote areas of Iran.

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