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THE MEDICAL ASSISTANT IN PRE-SCHOOL CHILD CARE

by

Dr A.F. El Sherbini*
WHO Temporary Adviser

The use of auxiliary personnel in the health services had been recommended by the WHO (1950) Expert Committee on Professional and Technical Education of Medical and Auxiliary Personnel.¹ The Committee recognized that in many countries it is still imperative that use be made of semi-trained workers and these, when properly supervised, may make an invaluable contribution to public health. The Committee felt that use of such workers should be encouraged as a stepping-stone toward development of more adequately trained personnel, and that provision should be made for training of such sub-professional workers.

A public health auxiliary is a paid technical worker in a particular field who has less than full professional qualifications and who is supervised by a professional worker. This is shown by WHO (1961)²(1969).³ The medical assistant is an auxiliary public health worker involved in medical care. Such a calibre of technical worker could be engaged in the field of pre-school child health. In the Eastern Mediterranean Region there are six countries who use these medical assistants in the manpowering of the health services. These are : Ethiopia, Iran, Iraq, Oman, Somalia and Sudan, as shown by WHO/EMRO (1974).⁴

The nature of the job of the medical assistant :

The assistant is an auxiliary technical worker. He is working under the supervision of the physician who is the professional technician in the field of medical care. He depends on continuing in-service training.

(*)

Professor of Family Health, High Institute of
Public Health, Alexandria, Egypt

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He has to do carefully defined tasks with continuous guidance. Besides, the technical work medical assistants are important for the implementation of the medical care programme, in their communities as they are nearer to the local cultural situation than the physicians.

The tasks of the medical assistant :

Medical care for the pre-school child could be analysed in the following actions :

- (1) Assessment of the health condition of the child.
- (2) Prescribing the curative medicine, either radical or symptomatic.
- (3) Conducting the curative management.
- (4) Conducting the personal preventive management.
- (5) Assessment of the degree of progress and sequelae of management and readjusting the treatment if needed.

Some of these actions are the job of the medical man to conduct, and some are nursing. While the assessment of the health condition is purely medical as well as prescribing the drugs and treatment, the conduct of treatment or personal preventive actions is a nursing job.

The medical assistant, as an auxiliary technical worker who can give symptomatic treatment for medical cases, can also conduct personal preventive measures such as vaccination against smallpox or typhoid. Thus he is carrying out some of the tasks of both the physician and the nurse. This is not a unique type of auxiliary worker; the assistant midwife as an auxiliary attends the delivery and prescribes treatment for symptomatic conditions as well as conducting nursing for cases under her care.

The role of the medical assistant in pre-school child care services :

The medical assistant can play his role in the care of the pre-school child in the following units of service :

- (1) The health unit or centre such as those in remote communities or rural areas.
- (2) In MCH centres in collaboration with the assistant nurse midwife.
- (3) In day care centres where the children are mostly healthy and need preventive care only. They need screening at the time of arrival and symptomatic management or transference to the medical officer if some serious condition is suspected.

The role of the medical assistant as health educator :

The major part of the need for medical care in developing communities is the search for curative services. The request for preventive services takes place either under the pressure of certain legislation or at the time of an immediate direct threat. The combination of curative care and preventive services is the most accepted form. The most fit person for that job is the medical assistant who is giving the curative services even if this consists of symptomatic care.

Single-purpose medical assistant versus general assistant :

There is definitely no place for a pre-school child medical assistant. Specialization defeats the concept of use of auxiliary personnel to face the shortage of technical personnel in developing communities. The medical assistant has to care for all the needs of the community, inclusive of pre-school children, so there is no place for the single-purpose medical assistant. Besides, coverage of the medical need for the community would oblige the engagement of a multitude of these assistants who would have to build a co-operative team together. Because of their limited scope of visualization it would be very difficult to put them in one co-operative team. The net result would be incoherent fragments of services. Thus the medical assistant's role in pre-school child care has to be part of the whole of general medical care of the community.

Supervision of the medical assistant :

The medical assistant works under the continuous supervision of the medical officer who is responsible for the health care of the pre-school children in the community. This physician might be the maternal and child health officer or the general medical officer. Because of the multi-purpose functionability of the medical assistant he is under the technical supervision of different professional technical personnel.

The aim of the supervisory function of the technical professionals is assessment of the assistant's technical skill as he practises, as well as on-the-spot training to do a better job. This educative approach is geared more to the guidance aspect, i.e. self-education through role playing.

Such supervisory work would presuppose training in adult education and guidance. Any programme which plans to utilize medical assistants is not complete unless it has a component of preparing the supervising medical officer in charge of these assistants.

Assessment of the functionability of the medical assistant :

As the prevailing medical problem in many of the developing countries is almost limited to a certain groups of pathological conditions which repeat themselves, so the main function of the medical assistant is to be acquainted with the management of mild straightforward cases for cure and prevention.

1. Technical knowledge and skill This is assessed by observing the assistant during his work. By casual interview the span of knowledge could be assessed. Promotion could be linked with a formal assessment of knowledge and skill.
2. Attitude . The attitude of the medical assistant towards his job is an important component of his functionability. Assessment of attitude could be performed through on-the-job observation - how he reacts to his clientèle, the casual interview is another technique for this assessment. Such an interview could be a pre-designed one, but it would be preferable that the recording sheet for the interview result not be shown to the assistant during interview. This might be taken as a weapon against him. Consequently, he will be cautious in his reactions, a situation which would interfere with the assessment of his attitude.
3. Skill : This is assessed by direct observation of the assistant during his work, to ascertain how he is able to manage the cases he is confronted with. An important point in the skill of the assistant is the degree of limiting himself within the boundaries of his technical capacities. An important index is the degree of severity and type of case he refers to the medical officer or the physician in the corresponding medical unit, whether a hospital or otherwise. Another index of skill of the assistant is the ratio of referred cases, their outcome and degree of seriousness.
4. Achievements : Assessment of achievements is obtained through the morbidity and mortality epidemiological features of the community the assistant is serving within his capacities. An important achievement is his screening success so that physicians of limited number in the hospital would only use their time in worthwhile activities. To maintain his acceptance by the community he is working with is an important achievement which is to be considered in assessment of his functionability.

The in-service training of the medical assistant :

This is an important component of any plan using medical assistants in pre-school child care. If the plan does not have this component it will not be complete.

1. On-the-spot job guidance : This is an informal type of in-service training in which the supervisor is the trainer. He guides the medical assistant to do his job for assessment of the health condition of the pre-school child, using anthropometric measures as well the anamnesis and any physical signs he would be able to use; so giving a tentative diagnosis and prescribing the treatment, or referring the case to the corresponding hospital. The success of the situation necessitates mutual acceptance between the supervising medical officer and the medical assistant. The training is not simply in technical skill but it must be on-the-job within the organization.
2. Formal in-service training : Periodic formal in-service training is important to maintain the medical assistants fit to do their job. Thus the training component of such a programme is a major part which is to be planned for and its finance to be considered as an investment in the field.
3. Periodical supply and technical instructions : This is another means of in-service training. Special periodicals in simple language and up to date in medical care for the pre-school child must be made available to the medical assistants to keep them informed about the topic. To motivate them to read, different incentives whether positive or negative are to be planned for.

The technical career of the medical assistants :

One of the major factors which inhibit medical assistants as well as other auxiliary personnel is the scale of promotion along a career hierarchy. Monetary payment is not the only way to secure satisfaction. The hope to have some technical status is an element which raises the morale of medical assistants. So long as the auxiliary is under the supervision of a professional he cannot be promoted to a supervisor. Thus a job, which might be called "controller" is to be considered. Such a job, which might give a degree of hope and job satisfaction, is to be a motive for the medical assistant in his efforts to do a better job. Another approach is that this controller might be in a special field such as pre-school child health care. Whatever technical career hierarchy is going to be constructed will definitely be of limited scope and under the technical supervision of the medical officer in charge.

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