



STUDY GROUP ON THE TRAINING AND PREPARATION
OF TEACHERS FOR SCHOOLS OF MEDICINE
AND ALLIED HEALTH SCIENCES

INDEXED

Geneva, 2-6 October 1972

THE FUNCTIONS OF A REGIONAL TEACHER-TRAINING
CENTRE FOR THE HEALTH PROFESSIONS

by

Dr Bahman Joorabchi¹



In the heady excitement over the "discovery" of the field of educational science and its application to the area of health care, one must not lose sight of the ultimate purpose of organizing a regional teacher-training centre. The ultimate objective is not to train teachers per se but to improve the health of the population.² The means of achieving such a global role is by necessity indirect. The more direct sphere of activity has generally been considered to evolve around the areas of training, service, and research. These areas have been well defined and their range of activities well outlined.^{2,3} Rather than reviewing these areas in an abstract fashion, this paper will make an attempt to relate them to the various stages in the functioning of a teacher-training centre or unit. For the purpose of discussion these stages have been divided into five areas; their separation is quite artificial and, as will be seen, they are closely interrelated. For the most part no given chronological order is applied.

1. Stage of recognition

A training centre, or for that matter any other institution, must legitimize its very existence before it can hope to function effectively. A source must be accepted before its message is heeded. The process of "selling" the centre must start well before its actual operation, as has fortunately been the case with the regional teacher-training centres now in the planning stage. The very fact of the interest of the World Health Organization in the inception of the centre is a potent legitimizer. Other facilitative steps are the creation and support of a specific department in the centre school, training of personnel in an internationally known institution, and organization of various workshops (on-site and elsewhere).

Such ground-breaking will not only pave the way toward acceptance of the centre as an entity, but will also promote an awareness of, and hopefully an interest in, the centre's function. Meaningful acceptance will naturally require more: the ultimate test will be a

¹ Department of Medical Education, Pahlavi University School of Medicine, Shiraz, Iran.

² Consultation on Teacher Training for Health Personnel, Geneva, 6-10 October, 1969. Report (Unpublished WHO document PGE/70.1).

³ WHO Expert Committee on Professional and Technical Education of Medical and Auxiliary Personnel (1966), The training and preparation of teachers for medical schools with special regard to the needs of developing countries. Fifteenth report (Wld Hlth Org. techn. Rep. Ser., No. 337).

The issue of this document does not constitute formal publication. It should not be reviewed, abstracted or quoted without the agreement of the World Health Organization. Authors alone are responsible for views expressed in signed articles.

Ce document ne constitue pas une publication. Il ne doit faire l'objet d'aucun compte rendu ou résumé ni d'aucune citation sans l'autorisation de l'Organisation Mondiale de la Santé. Les opinions exprimées dans les articles signés n'engagent que leurs auteurs.

demonstration of what the centre has to offer and what it has already achieved. The centre should not be too timid in making these achievements known, nor should it appear to force itself on the constituents. The decision to seek or heed advice must lie solely with the latter.

The same process of recognition and legitimation must be given due consideration in setting up national or local training centres. If the climate is not receptive, or does not remain receptive, the enterprise may be doomed before it starts.

2. Identification of the constituents

A training centre cannot function properly without an accurate identification and appraisal of its clientele. Such important areas as social and cultural backgrounds, educational philosophy, motivation, objectives, level of competency, and resources must be clearly defined. Obtaining such information may not be easy: the client himself may not have clearly formulated his thoughts on these matters. It is hoped, however, that when confronted with the questions he may have the opportunity to do so.

A vast area of descriptive research, for example, would be the definition of existing conditions in all the medical schools of the region. A good deal of insight and useful information could be obtained by exploring such important areas as objectives of the institution, strategy for implementation of such objectives, and evaluation of their achievement. At another level, exploration of such practices and policies as student admission, evaluation methodology, student promotion, student-teacher relationships, and student involvement in his own education, will further clarify the educational practice of the school, country, or region. Finally, and most significantly, a definition of the more important local problems as perceived by the local institution and its personnel will identify the areas of common concern requiring a solution.

One must exercise caution in collecting such information. The purpose of seeking the information and the uses to which it will be put must be clearly understood by the client institution, department, or individual. One must not take an evaluative stance, nor probe too deeply into apparently sensitive areas. This is particularly important when the institution approached has not solicited any "help".

As for means of data gathering, one may use material already published by the school. The drawback to this method is that what is written may more closely represent the aspirations of an institution than its actual practices. Further, the material may not cover the information sought. Another technique is through the use of questionnaires. These are difficult to construct and suffer from low response rate (in itself a revealing piece of information), and uncertain validity and reliability. They are, nonetheless, the most practical method particularly when dealing with large numbers. Perhaps the most useful method and the only one that provides a two-way communication is an on-site visit by either (or both) sides.

In whatever way the constituents are defined, the information will serve as a "pretest" against which any progress or "learning" may be measured.

3. Planning of operations

In a way the planning of the centre's operation begins with the identification of the constituents. In the final analysis, the effectiveness of a training centre is determined by the extent to which the centre addresses itself to those problems identified by the client organization. At the stage of planning, the problem is defined more carefully and brought into sharper focus. Once the problems are defined, they should be assigned priorities and be classified as to whether they require short-term, intermediate, and/or long-term solutions.

Important areas of concern in planning any educational activity may be listed as follows:

(a) Definition of goals

This is self-explanatory, always vital but little practised. Consumer needs as the most logical goal determinant are generally not given the full attention they deserve. In the present context, a consumer is the public at large as well as the educator being trained. Among other goal determinants may be listed the prevailing educational philosophy, government and school policies, and available resources. The centre itself cannot play an entirely passive role and will undoubtedly influence goal selection and definition.

(b) Definition of setting - time and location

Whatever the activity, the time and place have to be planned carefully. The time should be so arranged as to meet the convenience of participants. Consideration should be given to national and religious holidays, school events such as registration and examinations, days of the week constituting the weekend, and unusual seasonal weather conditions.

If a workshop of any length is planned, every effort should be made to enable all participants to spend the entire period of time together in an area remote from the centres of activity. Group cohesion thus gained will facilitate teamwork.

(c) Choice of participants - the critical mass

An ideal participant should be well-motivated, competent in his field, and supported by his institution and his peers. The centre may not be directly involved in the choice of individuals, but it must insist on the choice of at least two, and preferably more, individuals from the same institution or department. The process of team-building that such individuals will almost inevitably undergo will prove a rewarding experience, and their future mutual support an invaluable asset.

(d) Consideration of resources

The goals should match the resources available: manpower, funds, facilities, space. If the resources are limited - as is so often the case - the goals should be less ambitious.

(e) Planning of change

An accepted definition of learning is the process which produces a change in behaviour; planning for change, therefore, must be considered a prime function of a training centre. Without going too deeply into this subject, it would suffice to list some questions of concern for the operation of the centre. Has the need for a change been demonstrated, or is the attitude one of "change for the sake of change"? Wherein lies the power and/or the authority, where the greatest popular support?

The proper role of the centre in the change enterprise is probably that of innovator rather than of change agent. The latter should be an "insider" so that a sense of "ownership" may be generated by the individuals directly in the path of change. Conversely, if the innovation comes from an outside source, specifically solicited for the job, the change is likely to be more palatable.

If the centre is for any reason placed in the position of the change agent, care should be taken to avoid a coercive approach as much as possible: "He that complies against his will/is of his own opinion still". There is apt to be resentment instead of commitment, and rejection or even sabotage instead of "ownership". Mutual and deliberate goal settings with an even distribution of power between the change agent and "changee" is most likely to lead to meaningful progress.

4. Strategy for implementation

In the context of a teacher-training centre, implementation means, among other things, teaching principles of educational sciences to health care professionals who are themselves involved in teaching. Thus the area of primary concern is the process of teaching, rather than the content area. The following are worthy of emphasis:

(a) Psychological aspects of learning

Consider the emotional charge in a group of competent professionals long accustomed to their roles as teachers, who are suddenly placed in the uncomfortable position of students by young fire-brands who seem to question and, at times, unmercifully attack, their cherished teaching methods. The fire-brand can do little about his youth, but a great deal about his approach. He should develop a mutual feeling of trust by acknowledging his "student's" capabilities and by showing a genuine interest in learning from them; he should have consideration for special sensitivities borne out of age, rank, or cultural constraints; he should not impose an informality with which participants may not feel at ease; he should strive to keep a clear line of communications, particularly when a language barrier exists, and should not assume accurate reception by participants on the basis of positive non-verbal signs alone; he should be sensitive to the undercurrent of interpersonal conflict that may be impeding progress; he should be generous with the use of positive reinforcement without overdoing it to the point of condescension; he should avoid negative reinforcement as a means of increasing the level of motivation.

If he has gathered enough experience and confidence to do all this, our fire-brand has solved his other problem also: he is no longer "young".

(b) The art of teaching

A teacher may use any approach in his teaching so long as he is sharply aware of what his student is expected to do after the teaching that he could not do before. If the teacher's goal is mere transmission of "knowledge", traditional lectures and some reading assignments will suffice. If he wishes his student to put this knowledge to some use other than by answering test questions, he should do more. He should allow his students significant freedom in choosing their own learning experiences in areas they deem relevant to their future needs. While encouraging self-initiated learning, he should not totally withhold his directive influence and completely eliminate all structure from his teaching; such an approach particularly early in the course may precipitate a great deal of counter-productive anxiety in a student steeped in the authoritarianism of conventional systems. This "unconventional" teacher should demonstrate the ways in which members of a group can learn from one another and how they can work together in building a learning team. At the same time he should encourage independent study projects of the student's own choice without, however, overemphasizing the product at the expense of the process. He should practise what is perhaps the most difficult and yet one of the most effective educational methods: experiential learning. In this type of teaching, the student is allowed to experience what is to be learned rather than just being exposed to it through a presentation. For instance, in teaching principles of learning, the student is asked to derive them from a personal learning experience in the past or from one provided in the classroom. One is frequently amazed at the similarity between the list drawn up by the student and that summarizing "expert" opinion.

Judicious use of teaching aids of a variety limited only by teacher ingenuity and available resources can facilitate learning to a remarkable degree. Care must be taken to avoid cumbersome designs lest they distract rather than facilitate.

Finally, the teacher should continually provide the student with feedback to keep him (the student) informed of his progress, strengths, and weaknesses.

An ideal and logical setting in which such programmes may be put to actual use is the centre school. The experience and the consequent confidence thus gained should be of immense value to the centre staff in their future undertakings.

(c) Disengagement

Built into the training strategy must be provisions for eventual disengagement. One must beware of fostering excessive trainee dependence and address himself instead to the task of building trainee confidence. Simply stated, the adviser must "work himself out of a job".

5. Programme evaluation

Self evaluation is an important function of a training centre. The most direct method of such self evaluation is that of trainee evaluation. It is only in this way that the centre can pinpoint its weaknesses and strengths, and intelligently modify its planning and implementation strategies better to achieve its stated goals. It may even become apparent that the goals themselves are inappropriate and need modification.

Trainee evaluation may be carried out on three levels:

- (a) Assessment of what the trainee has learned as a result of participation in a centre programme. This will cover the cognitive-affective area and the net gain may be measured by means of pre- and post-tests.
- (b) Assessment of the extent to which, and the effectiveness with which, trainee's learning has been put to practice in the everyday course of his teaching activities. This can be done by means of questionnaires, direct observations, peer ratings, and so forth, some months to years after the learning experience.
- (c) The ideal summative evaluation of a training centre would be an assessment of improvement in the health care delivery system and the general health status of the population. Since there are so many factors beyond the control of a training centre that more directly influence health measures, it will be most difficult, if not impossible, to make any cause and effect judgements. Nonetheless, the thought should serve as a reminder as to the ultimate raison d'être of a teacher-training centre for health personnel.

Summary

A pattern is described that is useful not only in defining the functions of a teacher-training centre for health personnel but also in providing a working model for operation of a variety of projects in any educational field. The model consists of the five interrelated areas of recognition, definition of constituents, planning of operations, strategy for implementation, and programme evaluation. It is hoped that with passage of time the first stage will become easy, the second comprehensive, the third flawless, the fourth wise, and the fifth painless.