

THE CONTINUING EDUCATION
OF HEALTH EDUCATION OFFICERS

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A Summary Report on the
Health Education Council/University of Surrey
Research Project

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Project History: A Brief Review

In 1977 the Education Committee of the Health Education Council supported a proposal to give financial support to 'the experimental development and evaluation of short-term training courses for Health Education Officers'. The scheme was devised and carried out by the Department of Adult Education of the University of Surrey in collaboration with the Education and Training Division of HEC.

HEC has among its functions "to encourage and promote training in health education work and to provide to other bodies advice and guidance on the organisation and content of courses of training, together with such practical help as may seem appropriate and within the resources of the Council". It was to improve and extend the training provisions that this research project was developed and mounted.

In 1978 the Health Education Officer group in England and Wales comprised 342. Approximately 40% of these had completed the Diploma of Health Education. Currently there are a wide range of other training opportunities; however there are often practical difficulties associated with attendance.

Job descriptions for HEOs tend to be broadly defined and may differ widely between Authorities; in addition interpretation can vary considerably, both among HEOs and between HEOs and those they work with and through. This comes about because both the role model of the HEO and the concepts and principles of health education itself are in the process of developing.

Socialisation into the HEO role takes place over several years; the Diploma in Health Education is a part of this process which includes local induction programmes, peer interactions and field experience with colleagues. This may include HEOs meeting regionally, both to develop co-ordinated health education activities within a National Health Service Region and to undertake self-generated training and development work.

In their contacts with HEOs, the officers of HEC had been made aware of the need for additional relevant training provision; in developing a scheme to meet the need, it is attempting to identify more clearly what the educational needs are, develop programmes to meet these needs and assess their effectiveness. The intended outcome is to do with enabling HEOs, with appropriate professional support, to organise and co-ordinate this educational initiative for themselves in Regional groups.

Research Strategy

The project brief required us to design and implement three trial courses of six-day duration in different centres in England in the period 1978-1979.

In order to develop appropriate structure in content and method for the courses, a model was adopted with the following elements:

1. identification of needs and selection of priorities appropriate to a series of study days
 2. identification of study centres, resource personnel, sequence and timing of relevant activities
 3. trial of each course in turn in each of three centres, with careful observation through attendance at the courses
 4. evaluation of the extent identified and emergent needs had been met, changes had taken place in course members and course activities had been appropriate to participants' needs.
- (1)

The identification of needs was carried out in two ways: firstly by consultation throughout the profession and with members of related professions to determine general needs applicable throughout the profession and, secondly, consultation with course members about their own specific needs and interests within the broader framework. This included, in the negotiation stage, consultations with Area Health Education Officers in the Regional Health Authority in which the course was taking place.

The course was designed as a continuing education model aimed at the professional development of its members; on shared experience and learning, on problem-solving approaches linked substantially to the short- and long-term concerns of members and on the assumption that small group work linked to the chosen themes could cater for differing needs of different individuals. Thus all HEOs regard less of experience or rank were invited to attend.

The length of the courses was chosen as the minimum time to verify determined needs and methods of meeting these needs. This was to avoid placing undue demands on service or budgets in committing HEOs to attend both for the project duration and with an eye to the longer term.

Action Research

The research team communicated actively with the field through a network of consultation and interview, through regular reporting to the HEO profession and the research Steering Committee and through the adoption of an action research strategy.

Reports on the development of the project were communicated by writing to AHEOs, to the officers of the Guild of HEOs, to the Association of AHEOs, to Area Medical Officers and through articles in Guild News. (2)

The Steering Committee contained members of different groups having influence and concern in the project and its outcomes and chosen to be representative of the most important of these. They were invited to assist the research team in its work, facilitate the development of appropriate communication channels and advise informally on the appropriateness of proposed research strategies and methods.

Thus we explored methods of facilitating the development of the course from within the HEO profession in order to maximise probability that it would be continued. This objective, as well as other considerations, implied that such courses be provided on a Regional basis - in practice this was found to be very helpful.

All pilot courses involved line managers. The second and third courses, in addition, involved meetings with Regional groups of AHEOs, to establish the principles of the course and a study day for all participants to launch the course. This inaugural meeting was designed on a humanistic basis to help participants meet as persons to identify and rank-order their perceived needs in a peer group setting. Participants did have prior information about those general and specific needs which had previously been identified.

The scepticism shown by some course members towards this information does suggest that it did not bias them. With differences of emphasis only, these needs were confirmed and added to as a result.

The design and facilitation of the pilot courses was ultimately completely devolved to teachers in centres outside the NHS which were chosen by the HEO group. A fourth HEO group, again operating as a Region, sought the help of the project in inaugurating training using the study-day; subsequently, they are designing study courses on a modular basis.

Course Design and Implementation: An Overview

An essential part of the course development allowed potential course members to collaborate in the identification of training needs by participating in a structured study day, so designed that a series of interpersonal processes and interactions enabled felt training needs to be identified, discussed and ranked in order of importance. HEOs worked together in various groupings through a number of tasks; each activity built on to the preceding one, allowing participants to examine critically their achievements and failures, their strengths and weaknesses. By using supportive group work, the needs that this exercise identified were uncovered and accepted - sometimes in the face of considerable previous scepticism.

Three such identification exercises have been completed. Each has, with minor variations, confirmed the training needs identified in prior discussion with managers, HEOs and significant others.

These training needs are:

- Communication skills
- Role identification and clarification
- Management skills
- Project design
- Group-work skills
- Research and evaluation
- Interpersonal relationships

The course that was developed was constructed according to the educational, personal and physical resources available. Not all identified elements could be dealt with in the time available, nor were some others appropriate to the whole group. Nevertheless the group are now aware of these needs, and future individual or group initiatives can use the information in identifying training provision for individuals or groups. We cannot claim that these needs are a comprehensive account for the whole HEO group. We have evidence that needs in relation to curriculum and evaluation skills have been identified by at least one Regional HEO group and by other individuals.

The teaching/learning model employed on the three pilot courses varied from the didactic to interactive, participative exploration. Each element of the pilot courses will now be discussed briefly.

Communication skills - Effective communication is essential to successful health education. HEOs were enabled to identify the range of people and professions that form their communication network, to identify the mode and form of existing and potential barriers, to seek to find cause for the barriers and to suggest and experiment with solutions. Role-play was used effectively in this exercise.

Role identification and clarification - The HEO role is often ill-defined and ill-agreed by the post-holder, by the manager and by those with whom they need to communicate and interact. In the courses, participants clarified their personal role and HEO role relationships. They constructed a role model and identified role blocks, thus enabling an exploration not only of a less ambiguous role-set but also the means whereby conflicts could be resolved. One course mounted a small enquiry in which an hypothesis was confirmed, a strategy evolved and carried out through which a final outcome of improved and increased health education activity is anticipated.

Management skills - All HEOs are managers, but many of them have had little opportunity to acquire management skills through secondment to existing available NHS courses. While each of the pilot courses included some work on aspects of management, it is recognised that this is a matter requiring more time than was available in the project. Further exploratory work should be carried out on this aspect of HEO development, with particular attention being paid to the significant matter of lateral relationships.

Project design - The design and development of a project, with the proper attention to all the subsidiary matters that are necessary to support it, is a skill that can be included in management training. One exercise presented a model project which was then developed by small groups working through all the strategies necessary to take it to completion. The conclusions reached by each group were presented for critical, constructive and supportive analysis and were discussed by the whole group.

Group-work skills - HEOs often have a trainer role in respect of health educators from various disciplines. By discussion and role-play, they explored a variety of activities and strategies which seek to improve group dynamics, identify significant elements of group work and the means whereby they may thus improve their skills

Research and evaluation - As with management skills, it is recognised that this has training implications beyond the scope of this exercise. This is not necessarily appreciated by all, and group work exploration, based on research activities, aided clarification and appreciation of personal limits.

Interpersonal relationships - Each of the courses carried out small group exercises to enable participants to be aware of the dynamics of interpersonal relationships and to experiment with strategies and skills which they could use to improve their personal skills. One group participated in an audit in which they supported each other in the examination of a determined aspect of their work with the intention of improving performance. (3)

Each of these elements is essential within the HEO role; each is or should be incorporated in some aspect of core training; much however is assumed, by most managers and some trainers, to be part of those personal skills that are “not taught but caught”. The frequency with which the groups identified “group work skills”, “interpersonal relationships” and “communication skills” shows their identified real need. Although the amount of time available to each element was limited, the learning experiences in pilot courses can form the basis for further and more detailed relevant courses or become parts of existing courses.

Evaluation

To understand the process taking place within each group, we agreed that evaluation by observation during each pilot course was necessary using appropriate techniques (4) and as a basis for ‘illuminative’ enquiry (5). The options that were open to us included being a peer member of the group, a participant observer, a non-participant observer or a non-attender. The project's Research Worker chose to act as a semi-participant observer, each time seeking the approval of the group.

A semi-participant observer may take part occasionally in the interaction, is available as a reference point and can help the group through any problems that are the specific discipline of the observer. (The previous HEO experience of this observer provided a measure of credibility and additionally enabled her to bring learned HEO expertise to the interaction.)

These observations were complemented by questionnaire, by personal interview and by comments from course tutors.

Conclusions

In the light of our work, we draw the following conclusions and offer recommendations to develop the continuing education and training of health education officers:

- i. HEOs form a vulnerably small group with a role in the development of education for health. They need ongoing support and continuing education to help them fulfil this role. They and their AMOs welcomed our initiatives, explorations, negotiations and eventual support through our experimental programme.
- ii. Resources need to be made available on a modest scale to enable HEO staff meeting in Regional groups to use those meetings for a primary educational function as well as a business meeting. Special resources may be required to initiate and sustain the first few meetings of this kind, using facilitators external to the group. Subsequently, occasional use of such resources will be helpful to sustain the impetus for growth.
- iii. Specific needs have been determined, including some common to other professional groups, such as communication skills training.
- iv. Training methods to meet these needs have been tried and tested and have been documented in modular form. They are capable of extension and adaptation to suit initial training schemes.

- v. The training module for the inaugural day enabled two groups of HEOs to develop a degree of openness and trust, empathy and the support required to identify collaboratively significant particular and general needs to be met during the course.
- vi. In addition to the development of knowledge, attitudes and skills in the directions envisaged, an important and significant unexpected outcome of the project and its design was a heightened identity of the HEOs as a Regional group and enhancement of communication and support within the group.
- vii. The project explored the conditions necessary to optimise the possibility that HEOs continue the course process as a voluntary, co-operative effort after project completion. Two groups have taken responsibility for setting up a peer learning programme to follow the course and of keeping us informed of their developments. The inaugural study day, facilitated externally, and the groups' chosen local resources were remarkably helpful in achieving this end, which was an explicit aspiration of the project and considered by us to be a major success. We do not know how successful this will be in the longer term.
- viii. The course design and diversity of teaching methods used in the courses have provided a useful model for HEOs to apply creatively in their own in-service training ventures for health educators. We cannot fully assess the contribution such application has made to the development of such training, nor the extent to which HEOs will continue to draw on these models in their designs for continuing their own education.

Dissemination

- ix. HEOs as a professional group have been kept thoroughly informed of these initiatives and have been supportive of the research throughout. A paper was presented at the 10th International Conference on Health Education summarising the work of the project. (6)
- x. Evidence from the project was sought by and given to the National Staff Committee Working Party examining the training needs of the HEOs and related matters. (7)
- xi. HEC has agreed to publish the full results of this work in the HEC Monograph Series. This will provide a training tool for future use.
- xii. We recommend that further Support be given to aid in the dissemination process in new Regions: one Regional group has now been given assistance to-follow this lead. We believe that others will quickly follow.
- xiii. We recommend further exploration of the validity of the model developed and of appropriate modifications to suit the need of Regions who do not respond in a similar way in the near future.
- xiv. We recommend monitoring the continuation programmes to determine the need for further support to maintain them and particularly to determine the optimum frequency for the injection of ideas and skills from persons external to these groups to provide stability in their development. (8)

References

(1) For a theoretical and practical amplification of a model proposing these stages of curriculum development, see

Stufflebeam D L et al Educational Evaluation & Decision-Making Peacock, California 1971

For an application, see

Kilty J M Vocational Training: A Framework for Evaluation British Postgraduate Medical Federation 1977

(2) Kilty J and Randell J In-Service Training for HEOs Guild News Spring 1978

Kilty J and Randell J Continuing Education of HEOs - a Progress Report Guild News Spring 1979

(3) For an account of a theoretical rationale for such audit, see

Heron J Behavioural Analysis in Education and Training British Postgraduate Medical Federation and Human Potential Research Project, Department of Adult Education, University of Surrey 1977

For a theoretical and a practical account, see

Kilty J Self and Peer Assessment 4th International Conference on Higher Education 1978 (available from Department of Adult Education, University of Surrey)

(4) Stake R E The Countenance of Educational Evaluation Teacher's College Record 68 pp 523-540 1967

(5) Parlett M and Hamilton D Evaluation as Illuminative Occ. Paper 9 Centre for Research in the Behavioural Sciences Edinburgh University 1972

(6) Kilty J and Randell J The Continuing Education of Health Education Officers Paper presented at the Xth International Conference on Health Education September 1979

(7) Kirby R W (Chmn) The Recruitment, Training and Development of Health Education Officers Report of a Working Party DHSS January 1980

(8) At the time of writing, proposals (xii)-(xiv) are under consideration by HEC.