

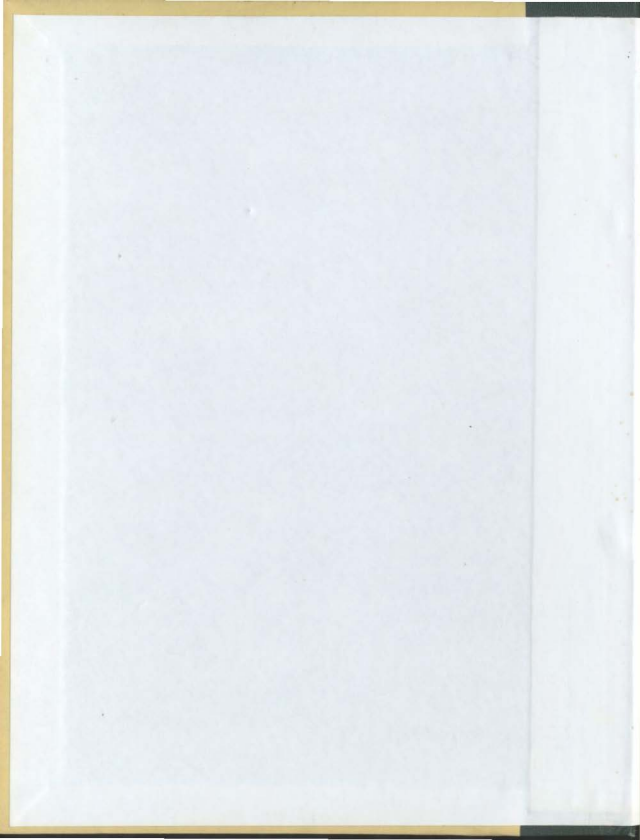
THE ORGANIZATION AND MANAGEMENT
OF
A HOSPITALWIDE CONTINUING EDUCATION DEPARTMENT

CENTRE FOR NEWFOUNDLAND STUDIES

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BRENDA HELEN KELLEHER



THE ORGANIZATION AND MANAGEMENT
OF
A HOSPITALWIDE CONTINUING EDUCATION DEPARTMENT

by



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An Internship Report submitted in partial
fulfillment of the requirements for the degree of
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ABSTRACT

The topic of special interest was the organization and management of a continuing education department within a hospital.

An open-systems theory for research was used as the conceptual framework. Questions derived from this theory were used as a basis during the field study.

The researcher was a participant observer, within a given hospital, utilizing focused interview techniques to gather data.

The data was analysed in light of the conceptual framework and recommendations were made for the future of continuing education for health workers in Newfoundland hospitals.

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CHAPTER I

INTRODUCTION

The need for continuing education in the health field, within Canada, as expressed and documented will be reviewed in this chapter. Next, inservice education, continuing education, and adult education will be defined; and distinctions cited. As a result, a definition of continuing education for use in the study will be offered. The Newfoundland situation, and pertinent financial considerations, will be reviewed in light of this rationale and this definition. Finally, the study undertaken will be explained, showing its significance for Newfoundland.

The Rationale

Administrators and educators in the health field are aware of the need for continuing education. The recognition of this need was illustrated by Dr. Maurice LeClair in a speech at the Second National Conference on Health Manpower.

... the health care delivery systems of the future, regardless of their structure, will have to make provision for the continuing education of health professionals. This is a must as obsolescence must be avoided.

A rationale for the development of a continuing education depart-

¹ M. LeClair, "Future Health Service Delivery Systems in Canada," 2nd National Conference on Health Manpower (Ottawa: Department of Health and Welfare, 1971), p. 1.

ment for all personnel, within a hospital, was stated by Professor J. Boudreau.

The development of a thorough and systematic training system in the institutions would then not only permit to give to the personnel the type of specialized knowledge and training required in the institutions but also would make it easy to continuously adapt this training to the changing needs. The same training facilities would also be available for people, already in the institution, who want or have to move horizontally to a different job, or vertically to a different level of the same type of activity. In the absence of such a training program integrated to the working milieu, people have to enter into the labor market already prepared for one specific job (that is not always relevant), unable to do anything else and unable to move to any other occupation unless they accept to go back to school.²

Returning to a formal school setting is often very difficult and costly for an adult once he/she has been gainfully employed. If a hospital wishes to help him/her bridge this gap, then it can be done through the establishment of either an inservice education or a continuing education department.

Inservice Education Defined

Inservice education is usually defined as a planned instructional or training program provided by an employing agency in the employment setting and is designed to increase competence in a specific area.³ The educational emphasis is not on the development of the total individual, but upon those areas which will upgrade his/her skill competencies. For example, the person in a non supervisory position will be offered little

² T. J. Boudreau, "Future Needs of Health Manpower," 2nd National Conference on Health Manpower (Ottawa: Department of Health and Welfare, 1971), p. 7.

³ S. S. Cooper and M. S. Hornback, Continuing Education in Nursing (New York: McGraw-Hill Book Company, 1973), p. 3.

training in the area of communications, interviewing or supervisory skills. Therefore, as the individual is promoted he/she will learn most of the necessary skills from the person presently holding the position. The other areas of personal development which are necessary grow as a result of the process of trial and error.

Continuing Education Defined

It can be seen that inservice education covers only one segment of the broader field of continuing education which is defined by the Dictionary of Education as:

(1) any extension of opportunities for reading, study, and training to young persons and adults following their completion or withdrawal from full time school and college programs; (2) education for adults provided by special schools, centers, or colleges or institutions that emphasize flexible rather than traditional or academic programs.⁴

Here the need to provide an opportunity for persons to develop in areas that they, and others responsible for their growth, see as important is recognized. The maturity of the individual is considered, and programs are adjusted accordingly. This flexibility permits evaluation of the individual's development and a tailoring of future offerings to meet disclosed deficiencies.

Today, the terms continuing education and adult education are often used interchangeably.

Adult Education Defined

Adult education in the Dictionary of Education is defined as:

⁴ G. V. Good, ed., Dictionary of Education (New York: McGraw-Hill Book Company, 1973), p. 133.

any process by which men and women, either alone or in groups, try to improve themselves by increasing their knowledge, skills, or attitudes, or the process by which adults or agencies try to improve men and women in these ways.⁵

Definition of Continuing Education for Use
in This Report

For the purpose of this internship continuing education was defined as: (1) formal academic study leading to additional diplomas and degrees; (2) short term courses offered by institutions, either general or specific to occupation, but not directed toward a diploma or a degree; (3) on-the-job technical training or supervision; or (4) independent study by personnel utilizing available resources and opportunities.

The Present Situation in Newfoundland

At present in Newfoundland Cottage Hospitals,⁶ inservice education programs are very limited in scope. Most city hospitals provide inservice education programs, mainly for nursing personnel. The one exception to this last statement is the Western Memorial Hospital in Corner Brook which has a hospitalwide staff development department. There has not been any research done on the field of inservice education in this province to date. This information is based on the writer's experience, and on an interview which was held with Mr. A. Hearn,⁷ the

⁵ Ibid., p. 16.

⁶ Small government operated hospitals situated in Newfoundland outposts. They have no board of directors, and their administrator, and assistant administrator work out of the Department of Health in St. John's. There are 12 such hospitals.

⁷ A. Hearn, personal interview, 3 July 1975.

Director of Hospital Services. He, also, explained that funds are provided by the department of health to the hospitals to be used to upgrade the skill competencies of the personnel.

Before other segments of the field of continuing education can be developed in our Newfoundland Hospitals, consideration must be given to the financial support needed for such an endeavour.

Financial Considerations

Central to the development of continuing education departments is the availability of funds. All hospitals receive the majority, if not all, of their revenue from the provincial government. By virtue of legislation⁸ every hospital authority must submit a budget within ninety days of its establishment, and before the first day of December each year thereafter.

Section 29, subsection 2 of this act⁹ gives the minister the authority to approve, disapprove, or modify the budget before approving it. If an institution wishes to expand a service or establish a new service it must submit a proposal to the government. If approval is granted a monetary allotment will be provided. If the proposal is rejected the idea has to be postponed.

Therefore, it is recognized that the provincial government must see the need for continuing education for all health workers. Its acceptance of this concept will affect the decision to make continuing education departments a reality.

⁸ Newfoundland, An Act to Provide for the Management and Operation of Hospitals in the Province (2 June 1971).

⁹ Ibid., p. 17.

The Topic of Special Interest

The main purpose of this research was to study the organization, and management of a continuing education department within a hospital, and to show its significance for Newfoundland.

The Significance of the Study

Traditionally health education has been very segmented. Inservice education has usually been confined to the nursing department. This trend is changing, as was illustrated by Dr. Marc Lalonde when he wrote that "raising 'care' to the level of 'cure' in the value system of the Health Care Organization is of critical importance. . . ."¹⁰ Emphasis is now being placed on the 'Health Team.' Basic training, today, stresses the importance of this health team and schools provide opportunities for students to work as members of teams.

It is impossible to read all articles, books, and journals that are published in one's field and to attend all relevant lectures. Therefore, one could not keep up with trends and techniques used in other departments. A continuing education department could meet the need for more interdepartmental education, opening broader channels of communications and thus increase understanding.

Also, a continuing education department would provide the link between the hospital's personnel, other health agencies, universities, and the post-secondary non-degree granting institutions. Thus it would be able to organize programs which will meet the various expressed or

¹⁰ M. Lalonde, "Care Versus Cure," A New Perspective on the Health of Canadians (Ottawa: Government of Canada, 1974), p. 60.

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observed needs. This would help improve the patients' care -- home to hospital to home or other agency.

This study could also be significant for the non-professional worker, especially if he wishes to spend his working life in one institution. If hospitals are going to provide a career then they have to be willing to retrain or teach employees new skills so that they can move from one job to another. For example, a cook may wish to become a porter. His educational level and all other qualifications may meet the required standards but he has never been taught good body mechanics (how to lift a patient properly), how to take a stretcher or wheel chair in and out of an elevator, and other related duties. Therefore because he is leaving the dietary department to work in the nursing department, a central education department could help him to smoothly make the transition.

By providing employees, especially if they are unhappy in their present job, with the opportunity to move and upgrade their knowledge could help maintain high morale within the institution.

Department heads would be relieved of many of their teaching responsibilities, which would permit more time for their management functions.

The significance of this study for cottage hospitals would be indirect. The study could be applied if a continuing education department were set up, under the Cottage Hospital Division, Department of Health, with a travelling library and staff. This staff could either go out and assess the needs of the employees of these smaller hospitals or could make their services available upon request.

Hopefully, the internship report will provide administrators

with questions which need to be answered, and information necessary in order to set up and effectively manage a continuing education department which is committed to the team concept for health care delivery.

CHAPTER II

THE CONCEPTUAL FRAMEWORK

Questions, which need to be answered in order to develop the topic of special interest, will be generated from an open-systems theory for research. Following this, terms which will aid understanding of this framework will be defined. Finally, the objectives, with relevant questions, will be outlined.

An Open-Systems Theory for Research

An open-systems theory for research has been chosen to help generate questions, the answers to which will help meet the specified objectives of the internship. Also, it enables one to view a hospital as a complex, adaptive, social and problem solving system.

A hospital as a complex social system has as two of its main inputs patients and staff. Most of the everyday work is done by humans whose major aim is to serve the total needs of the individual, whether he is an in-patient or a member of the community (out patient or clinic services). The desired output is high quality patient care.

Hospitals, like other organizations, consist of many specialized departments. These departments work conjointly, utilizing all human and non-human resources, in pursuit of organizational objectives.

As with other organizations . . . the problems which the hospital encounters at a collectivity-level fall into seven basic categories: adaptation to the external environment; availability and allocation of resources; co-ordination of

effort; internal social integration; organizational strain; organizational output in terms of member performance, and member goal attainment; and systems maintenance.¹

First, adaptation requires an awareness of the pertinent changes in society, the hiring and retaining of sufficient and well qualified personnel, the formation and maintenance of open communication channels with significant interest groups and organizations, and the portrayal of a favorable organizational image.

Second, the organization must secure and allocate human and non-human resources in the most appropriate manner making sure that channels of communication are established and responsibility, authority, and tasks are distributed properly among the various specialists.

Third, co-ordination of effort is necessary if problems are to be solved and organizational objectives are to be attained. Co-ordination is not, totally, based upon the established hierarchical structure, and written rules. It depends upon the willingness of all personnel to be flexible, in order to accommodate the needs and requests of others. This necessitates an understanding of each other's roles. Either commitment to organizational goals must be dominant over personal goals, or changes must be perceived as not infringing upon the individual's efforts to work toward the satisfaction of these personal goals.

The activities of all groups and individuals must be aimed toward the solution of the organization's problems, and toward the attainment of objectives which will lead to the fulfillment of the organization's goals.

¹ B. S. Georgeopoulos, "An Open-System Theory Model for Organizational Research," Modern Organizational Theory (Ohio: Kent State University Press, 1973), p. 126.

Fourth, internal social integration is necessary in order to assure the co-operation of the personnel and their commitment to organizational values and norms. Integration must take place between the requirements of the institution and the individual's requirements so that personnel can attain job satisfaction.

It is natural for individuals to wish or strive toward the preservation of their own identity. This may result in many conflicts between individual and organizational goals. Personnel need to be selected carefully, orientated, and socialized into the work setting. Also, they need to feel as if they are having some impact upon the direction of the organization. This can be achieved if they feel as if they are participating in the decision making process. If members are not socialized, and do not identify with the organization, there is a possibility that the turnover and absenteeism rates will be high, and morale will be low.

Fifth, a method for handling individual and group tensions and conflict must be devised, so as to maintain harmony within the system. It is impossible to be free of strain because the system is constantly changing and adapting to internal and external forces.

There will always be a degree of uncertainty among workers resulting from the rapid change in the methods of health care delivery. Jobs are becoming more and more specialized causing greater interdependence among personnel. Also, technology is becoming more complex. These factors have resulted in communications among the various professions becoming less frequent, thereby interfering with the smooth handling of many problems and thus increasing the opportunity for misunderstanding.

As society changes, and the population becomes more transient,

turnover rates rise causing much more strain than if personalities remain unchanged.

Another factor which causes strain is the problem solving process. Some problems lend themselves to several possible solutions while others can only be partially solved.

Sixth, utilization of available talent and resources is necessary if high standards of patient care are to be reached and maintained, and if personal satisfaction and goals are to be attained.

Seventh, the system must be maintained, preserving its identity and personality. While high quality outputs are being produced, the organization must remain adaptable, changing to meet internal and external demands.

Therefore, the hospital as a problem solving system, realizing that its principle components are human beings, must rely upon the competencies of its personnel to assess events, define problems, plan strategies and solutions, act effectively, and evaluate results.

Unlike the case in certain industries, precise job descriptions and exact work schedules cannot be set down. Very few jobs are automatic and constantly routine. When making changes or decisions the human element must be taken into consideration. Psychological rejection of changes or decisions can be as detrimental as social rejection. Controls must be personal, and guidelines should allow for psychological security. The employee's commitment to the organization should not be underrated. Problems can occur if each individual is not motivated to work toward the attainment of the organization's goals.

Georgeopoulos (1973),² in brief, outlines the dominant motives of hospital personnel. Included among these are the needs for personal and recognized achievement, belongingness, status, and independence, self-development, and challenge. Personnel performance is affected by the working milieu, esprit de corp, opportunities for advancement, degree of involvement in decision making, and opportunities for continuing education.

Efforts to adapt to the changing needs of the environment can take the greater part of the administration's attention. This could result in a situation where internal problems and developing situations are overlooked or neglected, causing great strain within the system.

Even though, initially, all departments establish their aims and objectives so as to help the larger system attain its goals, this may not remain the case. If management's attention is externally concentrated, department heads, as time elapses, take on more and more responsibility. Without the necessary co-ordination a shift in goal emphasis takes place. Each department will begin to maintain expected outputs, to perpetuate itself, to insure survival, and as demands increase, to grow in size and/or numbers.

It can be seen that the calibre of employees, and the degree to which they are motivated, to achieve organizational goals, will affect the organization's problem solving ability, effectiveness and efficiency.

If top management wishes to provide an opportunity for the employee's personal growth and promotion, and to provide a link between the internal and external resources, then a hospitalwide continuing

² Ibid., pp. 122-123.

education department could provide this service. It must be remembered, though, that continuing education is not an end in itself, but a means to other ends:

- Improved manpower utilization;
- Career development;
- Improving the quality of health care;
- Providing a major axis for co-operative action among health care providers;
- Improved linkages between providers and consumers of health care.³

Therefore, before committing themselves, management should request that the feasibility of such a department be studied, and policies written accordingly.

Schechter (1974) outlined many questions which will need to be answered, some of which are these:

1. How can institutional goals and policies be translated into educational objectives?
2. What should be the scope of a hospitalwide program in a given hospital?
3. What form should the educational and training function be given, and where should it be located in the organizational structure of the hospital?
4. What guidelines may be applied in expanding the educational and training function from activities centered in departments to a central program? What will be the relationship of the director of the hospitalwide program to technical instructors in other departments?
5. What will be the relationship of the office of hospitalwide education to outside agencies, voluntary organization, and educational institutions that supply educational and training services?
6. Are there guidelines for sharing educational services? How may shared services be evaluated?
7. How can the hospitalwide educational program be co-ordinated with other programs -- such as management engineering -- to increase efficiency and quality in the delivery of health care?

³ D. S. Schechter, Agenda for Continuing Education: A Challenge to Health Care Institutions (Illinois: Hospital Research and Educational Trust, 1974), p. vii.

8. Who will answer these questions?⁴

In addition, other questions which were derived from the theory include:

9. What are the criteria for staffing the continuing education department?
10. What are the criteria for choosing and offering programs?
11. How can the hospitalwide education program be evaluated? Who should do this evaluation?

Answers to these questions, within the established framework, helped to meet the stated objectives.

Definition of Terms

The following definitions should help to clarify the terms as they are used in this study:

(1) "Hospitalwide Program" -- Hospitalwide education that is directed by a central office with clearly defined accountability for education, and training throughout the hospital.⁵

(2) "Institutional Goals" -- Institutional goals outline for the internal and external publics the purpose(s) for the perpetuation of the organization. The goals delineate the results, toward which all organizational and departmental short and long term planning and activities must be directed.

(3) "Integration" -- An organization structure that enables the personnel in each specialized department (sub-system), with its individualized environment, objectives and technology, to achieve its sub-

⁴ Ibid., p. 28.

⁵ Ibid., p. 27.

goals. At the same time each department must co-operate in order to facilitate the attainment of the organization's goals.

Each department must be constantly made aware of the need to keep the organizational goals in sight, making sure that they do not become replaced with its own sub-goals.

(4) "Adaptation" -- A reaction(s) to disturbances in the external and internal environments which cause favourable reactions, or changes in behaviour as personnel work toward the attainment of institutional goals. These changes in behaviour and/or operation permit the continued operation of the system.

An assumption, in this definition, is that the changes are to be made by individuals in the system, and does not look at the possibility that the system itself may need changing.

Examples of external disturbances would include changes in budget allotment, occurrence of epidemics, and changes in the needs of society. Internal disturbances would include psychological withdrawal by staff (absenteeism, high turnover, tardiness), changes in technology, changes in hierarchy, and changes in the roles of individuals as new role categories evolve and are recognized.

Objectives

The objectives of the study were:

1. To enable the interne to observe, discuss and participate as a member of the Continuing Education Department in order to study 'what is.'
2. To gain the knowledge that will enable the interne to set up a Continuing Education Department, in the future.
3. To enable the interne to gain experience in a different

social and cultural milieu.

Questions that helped attain the objectives were divided into two groups. First, there were those which provided information about the department as it existed. These included:

1. What were the philosophy and objectives of the continuing education department, and how did these help the organization attain its goals?

2. What was the range of responsibilities of a hospitalwide education department within a given hospital?

3. In what manner were departments approached once it had been decided to set up a centralized department?

4. What was the relationship of the continuing education department to the relevant publics (staff, patients, other health institutions, and educational institutions)?

5. What were the criteria for staffing the continuing education department? The writer sought to determine the qualifications of personnel, the number of personnel, and the job descriptions for the personnel.

6. What was the budgeting system for the department?

The second group included questions which delved into the question of "what should be?" These were:

7. Who should evaluate programs and their effectiveness? When should these evaluations take place? Which methods should be used?

8. Who should evaluate the effectiveness of the continuing education department and its personnel? How should this be done?

9. Who should be responsible for studying the organizational situation, and drawing up policies as to the feasibility of setting up a hospitalwide continuing education department within the hospital?

CHAPTER III

METHODOLOGY

First, the type of internship pursued for the duration of the placement period will be reviewed. Then the methods used to collect data, with their advantages and disadvantages, will be described.

The Internship

Type of Internship

This internship was, as outlined in A Descriptive Statement of the Internship in Educational Administration, of the 'integrated' type.¹

The majority of the time was limited to studying the organization and management of a continuing education department within a hospital. The remaining time was spent pursuing other activities that will be outlined later in this chapter.

Placement and Duration

From April 13, 1975, to June 6, 1975, the internship was completed in the hospitalwide education department at Lions Gate Hospital, North Vancouver, British Columbia.

This hospital was chosen for several reasons. First, the educa-

¹ A Descriptive Statement of the Internship in Educational Administration as Partial Fulfillment for the Masters Degree in Education (St. John's: Memorial University of Newfoundland, 1974), p. 8.

tion department's staff did not consist of nurses only. Second, the department had been in existence for ten years. Third, the supervisor of the department was in the process of planning for new facilities. Fourth, the administration of the hospital and the supervisor of the department were very receptive to the idea of an internship being completed at their hospital.

Methodology

Participant Observation

Schwartz and Schwartz have stated that:

... participant observation is a process in which the observer's presence in a social situation is maintained for the purpose of scientific investigation. The observer is in a face-to-face relationship with the observed, and by participating with them in their natural life setting, he gathers data. Thus the observer is part of the content being observed, and he both modifies and is influenced by this content.²

Lutz and Iannaccone outline data collection methods related to participant observation. These include:

the observation and recording of descriptive data; the recording of direct, unstructured interviews; interaction frequently tallies; and the utilization of written records, in order to check the reliability of observed data.³

These data collection methods were used during the internship period.

² M. S. Schwartz and C. G. Schwartz, "Problems in Participant Observation," American Journal of Sociology, LX, No. 4 (January 1955), p. 344.

³ F. W. Lutz and L. Iannaccone, Understanding Educational Organizations: A Field Study Approach (Ohio: Charles E. Merrill Publishing Company, 1969), p. 113.

Advantages of Participant Observation

Lutz and Iannaccone,⁴ after reviewing the literature related to social anthropological research, have compiled a list of the advantages of participant observation. Some of these will be reviewed here briefly.

First, questions may be modified or rejected as the research progresses.

Second, the researcher is not bound to a set of preconceived ideas or hypotheses. He/she is free to choose respondents and to manipulate variables as necessary in order to verify or negate hypotheses as they are formulated. This means that "... the observer is free to move from data to theory and back again."⁵

Third, ideas quoted and situations described may appear irrelevant when initially written but may prove useful as time progresses.

Finally, the researcher can observe circumstances surrounding incidents and can explain his/her findings. Also, he/she can allow participants to freely explain circumstances as they perceive them.

Disadvantages of Participant Observation

If the researcher does not have time to participate in all relevant activities, or is refused permission to view and examine pertinent minutes and documents, it could prove to be disadvantageous. Meetings pertaining to the topic of special interest may be restricted to the participant. Also, biases on behalf of the writer and the external advisor could affect the data selected for reporting.

⁴ Ibid., pp. 115-116.

⁵ Ibid., p. 115.

The Focused Interview

An amplification of one of the data collection techniques of participant observation, namely the focused interview, will be offered in this section.

Advantages of the Focused Interview

The focused interview centers attention on some particular event or experience rather than on general lines of inquiry about the event.⁶

The interview is a valuable technique because it allows the interviewer to establish personal relationships based upon a sense of trust. This relationship could facilitate the gleaning of more accurate information.

Because of its unstructured nature ". . . the interviewer can follow up leads and clues in a manner that is not possible by means of an instrument prepared in advance."⁷ In addition, the interviewer can note the interviewee's non-verbal behaviour for conflict between attitude and verbal offerings, for factors that may be left unsaid, and for body and voice tone language.

Disadvantages of the Focused Interview

Potential sources of error and bias in the interview include rigidity of the interview structure, physical surroundings, number of interruptions, types of questions asked, methods of recording data, physical and psychological status of the participants, and personality

⁶ C. V. Good, Essentials of Educational Research (New York: Meredith Corporation, 1972), p. 258.

⁷ Ibid., p. 239.

characteristics of the participants. The cumulative effect of these sources could affect the reliability of the reported observations.

Data Collection

Interviews and informal discussions were held with as many administrative personnel as time and convenience permitted.

The department heads interviewed included those in admitting, business office, central supply room, dietary, housekeeping, laboratory, laundry, medical records (the assistant), personnel, pharmacy, purchasing, rehabilitation services, radiology, and social service. Also, the two directors of nursing, two nursing supervisors, and eleven head nurses were interviewed. Nineteen of the above sessions were recorded on tapes, and during the remainder the interviewer manually recorded comments.

Taped interviews were held with the two assistant administrators, and the acting administrator. Questions asked were derived from the six questions listed under objective number one.

The interview with the medical co-ordinator, which was recorded, centered around the relationships of the education department to the medical education committee, and to medical education in the hospital.

All staff in the education department were also interviewed. For personnel other than the supervisor, questions centered basically around the amount of supervision of their activities, evaluations received, and their roles as they perceive them. These conversations were all recorded on tapes.

The majority of the material gleaned from the interview with the comptroller is confidential.

During these interviews the writer found that many questions had

to be changed while others could not be answered. When a conflict of information was revealed, other respondents were chosen to check the reliability of the data being collected.

Even though the basic interview schedule found in Appendix A was used to make sure that all necessary information was obtained, the interviewer was able to follow-up on comments and remarks pertaining to the topic, but unrealized up to that time.

Awareness of the potential biases of the interviewer, the questions, and the interviewee made it necessary to cross check data. Also, the interviewer had to make sure that all words had the same meaning to all participants.

Appointments were made with all interviewees so that they would keep these periods of time free. All interviews were either conducted in the writer's office or, if more convenient, in the interviewee's office. This arrangement helped reduce the number of interruptions.

Taping the interviews permitted the interviewer to play them back as many times as necessary, reducing the possibility of misinterpretation of data.

The administrator vacated his post shortly after the interns arrived. This necessitated the sending of questionnaires (see Appendix B) to him, and to the senior assistant administrator, who in turn mailed one to a former director of nursing, who was there when the department was established.

Copies of all management job descriptions, minutes of meetings attended, the hospital's brochure, and the newsletter⁸ were obtained.

⁸The newsletter known as the Lamppoon is published periodically by inhouse staff and is used to share new inhouse happenings, promotions, and news.

Copies of the monthly reports, weekly programs, job descriptions, and budget breakdown, for the education department were made available. Also, copies of the hospital's and the education department's philosophies and objectives were secured.

Meetings attended within the hospital were those of the head nurses, the management council, and the forms committee. Outside the hospital, meetings of the executive of the Industrial Audio-Visual Association, as well as meetings of the British Columbia Continuing Nurse Educators Group, and an ad hoc committee set up to plan an audiovisual workshop for health educators, were attended.

Three days were spent at the office of the Director of Education for the British Columbia Health Association. Another day was spent visiting the British Columbia Nurses Association, and the British Columbia Medical Center.

A diary of all activities, interviews, and verbal offerings was kept daily. The interne's feelings, reactions, and interests were recorded in order to prevent biased interpretation after the information had been collected.

Summary

The researcher, in the role as a participant observer, used focused interviews as the main technique for data collection.

Sixteen department heads, two nursing supervisors, eleven head nurses, all top administrative personnel, and all staff of the education department were interviewed. Twenty-seven of these interviews were recorded on tape and the remainder were recorded manually. Also, three written questionnaires were used when personal interviews were impossible.

CHAPTER IV

LIONS GATE HOSPITAL: BACKGROUND INFORMATION

The hospital and its education department will be described before the analysis of the data collected during the field study is begun.

Lions Gate Hospital

After a lengthy study in 1954 by the British Columbia Hospital Insurance Service, the North and West Vancouver Hospital Society¹ was formed to represent the city of North Vancouver, the Municipality of the District of North Vancouver, and the Municipality of the District of West Vancouver. Plans were designed whereby one hospital would serve the area and it would be named Lions Gate Hospital.

The original hospital building, now called the activation wing, was built in the early 1900s. In the 1960s the main building was added, and the extended care unit (E.C.U.) was opened in 1970. Also, there are three houses which are used for psychiatric day care. The total capacity of the hospital at present is approximately 650 beds, 475 of which are used for acute care. Plans are being designed for a northern expansion which will be a service wing.

The board of directors of the Society consists of twenty-one

¹British Columbia, Societies Act (17 May 1961), pp. 1-2.

members, each municipality electing seven representatives.

The board of management of the hospital is composed of ten members. Six members are representatives of the board of directors of the Hospital Society, one official is elected from each of the three north shore areas, and one is appointed by the provincial government.²

The board of management of the hospital appoints the administrator. Other appointments are made at various levels within the organizational structure as outlined in the organizational chart (see Figure

1). Letters a, b, c, d and e on the organizational chart refer to:

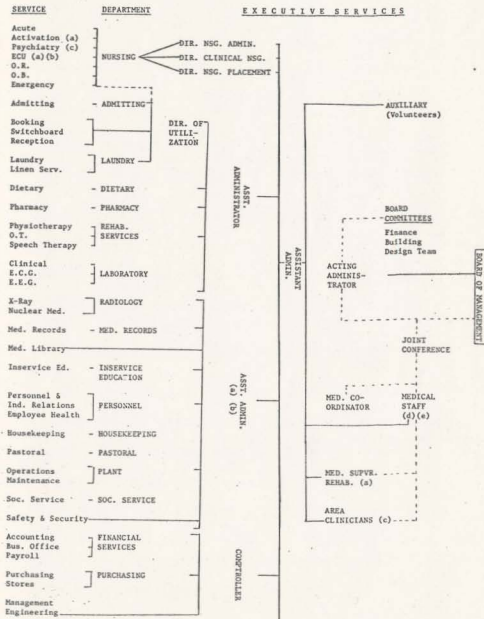
- (a) Medical Supervisor Rehabilitation liaises functionally with E.C.U. Nursing Supervisor, Director of Rehabilitation Services, and Assistant Administrator responsible for E.C.U./Administration liaison.
- (b) E.C.U./Administration liaison through Assistant Administrator.
- (c) Area Clinicians-Psychiatry liaise clinically through Division Chief to Administrator.
- (d) Medical Staff self governing organization responsible to Board of Management through Administrator.
- (e) Medical Staff Division Chiefs and Department Heads liaise functionally directly and through interlocking Committee membership with Hospital Staff Department Heads.³

The objectives of the hospital are stated as:

1. To develop a facility capable of providing a comprehensive program of care equal to other major centres in Canada.
2. To cooperate fully with other community agencies sharing a responsibility for health care.
3. To realistically foster research in all departments; having all departments constantly search for a "better way".
4. To develop and provide services for patients in keeping with standards determined by the hospital, Council on Accreditation, B.C.H.A., and other authorized bodies.
5. To develop public confidence and interest in the hospital aimed at developing incentive in the community to finan-

² Welcome to Lions Gate Hospital (August 1974), p. 11.

³ Lions Gate Hospital Organization (8 May 1975).



May 8, 1975

- cially and morally support the work of the hospital:
6. To develop sound personnel policies and safe job conditions to enhance the dignity of each individual employee.
 7. To manage the material and human resources of the enterprise to provide for continuity in growth within a sound professionally managed organizational structure.
 8. To maintain a Medical Staff government which can be fully accountable for the excellence of ethical and clinical practice.
 9. To be fair in all dealings with suppliers and contractors.
 10. To encourage a self-commitment and awareness among the senior staff which would lead them into active participation in service clubs, fraternal organizations, church or other community interested groups.
 11. To develop in all staff a sincere interest in the work of training and education with the fullest possible support of the employer.⁴

The objectives of the various departments (see Appendix C) were revised last on May 19, 1970, by the administrator. Those of the education department are not included here. They will be included in the discussion of this department which is to follow.

The Inservice Education Department⁵

In 1966 a new Director of Nursing was hired only to discover that "administration had already placed an advertisement in the local newspaper, stating they were prepared to give a refresher course and received in response, a number of applications from nurses."⁶

It was decided that a full time person would be hired and after this program was finished, she would be responsible for a hospitalwide

⁴ Welcome to Lions Gate Hospital, p. 12.

⁵ Even though the department was called Inservice Education it met with the criteria set down for a Continuing Education Department.

⁶ F. Trout, questionnaire response, 26 May 1975.

program. Thus in 1966, the inservice education department was established.

This person, after the appointment was made, approached each department separately in order to explain her role. Then for the first two years, she reorganized the orientation program for nurses, conducted programs, built up the nurses' library, and revised the nursing procedure manuals.^{7,8}

The need for a full time secretary, who was hired in 1968, was established when the revised manuals needed to be typed.

The program offerings were still mainly in nursing until 1970. Then another instructor (head nurse level) was appointed with the intention that she would respond to the needs of the other departments.⁹

Meeting the educational needs of all the departments plus offering an orientation program became a momentous task. In September 1974 an audiovisual technologist was hired.

The audiovisual technologist, using available equipment (see Appendix D), began putting the content of various programs (see Appendix E) into audiovisual formats. This assures that program content remains the same at each presentation and programs can more easily be repeated. Also, less personnel time is needed, for they only are necessary after the slide tape presentation to answer questions.

Up until this year the Supervisor of Inservice Education has not

⁷ Ibid.

⁸ Trout.

⁹ E. Lawson, personal interview, 18 April 1975.

been aware of the department's yearly total expenditure. Before this she knew that she had one hundred and twenty-five dollars per year to buy journals and books for the nursing library.¹⁰

Seven years ago the education department took the responsibility for the educational sponsorship budget¹¹ for the other departments. This responsibility, with stated amounts for each department, was passed back to the department heads as of April 1975.

The salary units, utilized by the education department's staff, come out of the nursing department's budget.¹²

The physical set-up of the department is scattered. The clerk and instructor share a space in the nurses' library which is on the fifth floor of the acute care building. The Supervisor's office is on the seventh floor of the same building, while the audiovisual technologist has his office in the basement of the extended care unit.

This arrangement does not allow the best system of communications since the clerk, instructor and supervisor share the same telephone extension, while the audiovisual technologist shares his with a management engineer, who is doing research. This hospital does not permit use of its intercom to page personnel and the only person with a beeper is the supervisor. When all staff are out of their designated areas the switchboard will beep the supervisor which leads to many interruptions for her while she is trying to perform other duties.

¹⁰ Ibid.

¹¹ A certain amount of money was allotted by administration to send personnel outside the institutions to educational sessions.

¹² E. F. Snook, personal interview, 15 April 1975.

The physical facilities available for use by the education department's staff include two clinic rooms, one on the sixth floor and the other on the seventh floor, and an auditorium, with a seating capacity of approximately one hundred persons, in the acute care building. Also there are two libraries in this building, the medical library and the nursing library. These are suitable as reference areas, but not for conferences.

In the activation building there is one conference room, on the fourth floor, which can comfortably seat approximately fifteen people. There are two offices adjoining this room, which does not permit its being free from interruptions.

There are two conference rooms in the basement of the extended care unit (E.C.U.). Their capacity is approximately twenty-five persons each.

There is a definite shortage of space in departments and near the nursing units. Conferences are held everywhere, from nursing stations to patient lounges to offices, depending upon what is free at the moment.

Summary

Lions Gate Hospital, serving three north shore areas, has a total patient capacity of 650 beds.

The inservice education department's facilities are scattered throughout the three buildings of the hospital, but this situation will be corrected as soon as the new northern expansion, now in planning, is built.

CHAPTER V

DATA ANALYSIS

In this chapter information collected during the internship will be analysed under the appropriate question, which is related to the preceding stated objective. This analysis will be done in light of the conceptual framework which is explained in Chapter II.

Objective I

The interne observed, discussed, and participated as a member of the continuing education department in order to study 'what is.'

The education department at Lions Gate Hospital is called 'inservice education.' According to the definitions in Chapter I it does offer more programs than those specific to the various occupations. For example, the staff are given time off to attend workshops and seminars outside the hospital, independent study is encouraged, and many programs (see Appendix E) produced and offered are very general in nature. Also untrained personnel are hired and then trained as nursing aides, or orderlies.

The department is functioning as a continuing education department even though it is called inservice education.

Question I

What were the philosophy and objectives of the continuing educa-

tion department, and how did these help the organization attain its goals?

A philosophy is a statement of beliefs, ideas and convictions written by staff of a particular department. Based on this philosophy and the goals of the organization, sub-goals or objectives are written. As these objectives are attained, they should be replaced by new and more relevant objectives.

Findings

The philosophy of the education department states:

We believe that

The only justification for the existence of an Inservice Education Program is the improvement of patient care and patient services.

Planned inservice education programs can motivate staff, stimulate and sustain interest, and provide job satisfaction, so that each employee can make a maximum contribution to the attainment of the aims and objectives of the Lions Gate Hospital as well as the aims and objectives of the respective departments.

Teaching, inherent in successful team effort and the development of staff at all levels, depends on the communicating of knowledge by and to each individual concerned with any aspect of patient care.

Aug/71

The aims and objectives read:

1. To develop orientation, skill training and continuing education programs for all departments by adequately assessing individual and group learning needs for the purpose of:
 - 1.1 assisting employees to contribute to the aims and objectives of the hospital.
 - 1.2 contributing to staff satisfaction and personal growth.
2. To develop orientation programs for physicians according to their individual needs and assist with the development of medical education programs for all medical staff.
3. To develop orientation programs for all students who utilize the hospital facilities to attain their goals in the medical, paramedical and nursing fields.
4. To assist department heads, supervisors and head nurses with educational programs in their individual areas.

5. To assist in the provision of resources for the purpose of enabling the employee to meet standards established for quantity and quality of performance by:
 - 5.1 Preparing, revising and updating procedure manuals.
 - 5.2 Reprinting, revising and devising forms for use by the nursing department.
 - 5.3 Obtaining literature relative to specific topics as required or requested.
 - 5.4 Reviewing current literature for new information, methods and ideas.
 - 5.5 Operating and supervising the nursing library which includes purchase of books and pamphlets, purchase or rental of cassettes, tapes, etc. as needed.
 - 5.6 To provide educational information and counselling for individual employees as requested.
 - 5.7 To assist in the evaluation of patient care by the nursing Audit Program.
 - 5.8 To recommend to administration out service programs for individual staff member development.
 - 5.9 To organize and assist with tours of our hospital either to the public or other agency employees.
 - 5.10 To recommend to administration an operating budget, needed educational resources, equipment and facilities, so that the aims and objectives of the In-service Education Department can be achieved.
 - 5.11 To initiate and assist in research projects where needed.
 - 5.12 To promote a liaison with hospital medical education committees and programs, other educational institutions and hospitals.¹

Feb/75

"These are not working objectives. Yearly objectives are not set down."² Programs to be presented are organized on a weekly basis, and other matters and requests are handled as they arise. This method of operation does not permit long term planning, educational need assessment, or priority establishment.

Forty staff members, from various departments, were questioned, as to whether they had ever been asked to assess their own educational needs, and none had ever been approached by the education department's

¹Philosophy, aims and objectives of Lions Gate Hospital.

²E. Lawson, personal interview, 3 June 1975.

staff. There has never been an assessment conducted in any of the departments to see whether the educational needs which the staff perceive are the same as those perceived by the department heads.

"Great reliance is made on the head nurses, supervisors and department heads to assess the educational needs of their staff."³ All of these people, when interviewed, explained that they were periodically (how often I could not determine exactly) approached, or were at liberty to suggest needed programs to the education department's staff at any time.

Even though department heads feel free to use the facilities of the education department, it appeared as if there were a lack of internal integration or co-ordination of the various departmental functions. The philosophy, aims and objectives of the education department were allowed to remain constant over long periods of time (four years between the last revisions), which means that they are not being used to evaluate the effectiveness of the department. As a result the education department's activities were not being co-ordinated so as to complement those of the other departments. In other words, the education department is not adapting its programming to meet the educational needs of the staff as perceived by them.

The objectives are not changed to represent the changing demands of the institution, but do represent some of the activities presently undertaken by the department.

The education department's staff are very busy meeting the immediate demands or requests of other personnel. This hectic schedule,

³ Ibid.

including the activities listed under Objective I, could be interfering with the time that would normally be spent in planning.

Question II

What was the range of responsibilities of a hospitalwide education department within a given hospital?

Findings

The acting administrator sees the range of responsibilities as:

- Co-ordination, organization, and implementing in house programs and attendance by staff at out of hospital seminars
- Liaison with universities, other hospitals, other community and area educational facilities.⁴

The former administrator saw the range of responsibilities in this manner: "Improving competence at all levels; Training in the use of new machines and materials."⁵

From these two statements, it can be seen that there is a wide difference between the perceptions of the two top administrative personnel. As a verification of this, the head of the education department explained that there are no limits set on her range of responsibilities. She determines the range herself, and the department's responsibilities have grown as she has grown.

Many of the responsibilities are not clear-cut. For example, books and journals can be purchased through three internal sources. Expenditures for external educational activities are not determined in

⁴E. O'Dell, response to a written questionnaire, 23 May 1975.

⁵J. E. Bragg, response to a written questionnaire, May 1975.

any way by the education department's staff. Nevertheless they do process the applications.

A review of responsibilities which were observed will be reviewed.

First, the department is responsible for the nurses' library.

Second, the instructors orientate all new persons entering the premises either to work, study or tour.

Third, all audiovisual productions needed specifically for the hospital are produced in this department.

Fourth, programs are run in various departments, or in the auditorium at times which are scheduled one week in advance. An example of a weekly program is found in Appendix F.

Fifth, the staff are active members of various committees within and outside the hospital.

Sixth, the head of the department is responsible for planning the educational space for the new northern expansion.

Finally, many activities arise spontaneously. For example, the staff assist physicians prepare audiovisual presentations for weekly rounds.

Question III

In what manner were departments approached once it had been decided to set up a centralized department?

Findings

As explained in Chapter IV, the newly appointed department head approached each department in order to explain her new role as a hospital-

wide educator, and to make her services available to the staff of the hospital.

Question IV

What was the relationship of the continuing education department to the relevant publics (staff, patients, other health institutions, and educational institution)?

Findings

All new personnel, and physicians are orientated to the institution by the staff of the education department. For nursing personnel, they will also orientate them to the nursing department.

All secondary school students are toured, and their work experiences in the hospital are arranged through the education department.

Photography and filming for the administration and physicians are arranged through and completed by the audiovisual technologist.

Internal slide and tape productions are completed by the education department's staff. This includes data collection, photography, and script writing. Then persons, for whom the production is being done, are asked to preview and make necessary changes in the chosen format.

Use of available educational equipment has to be arranged through the education department. Also, films needed by the various departments are ordered through this department.

Nursing staff wishing to purchase texts can do so through the nursing library. Also, reference materials can be borrowed for use, or used directly in the library.

Educational sponsorship forms are processed by the education

department, making it necessary for staff involved to check with the supervisor of the department, in order to see whether they are accepted for the course or workshop for which they applied.

Patient teaching is not a direct responsibility of the staff of the education department. The majority of it is done by other relevant specialists in the hospital.

The relationship of the education department to other health agencies in the province is very difficult to describe. It was not uncommon for several letters to arrive from other hospital educators requesting information and/or advice. During the internship period, three such educators came and visited the education department, asking questions, and questioning methods and types of equipment used.

All affiliating students from the British Columbia Institute of Technology are free to use all available resources, and attend presentations.

The supervisor of the department is, also, an active member of various organizations. She is presently on the executive of the Industrial Audio Visual Association, and a member of the British Columbia Continuing Nurse Educators Group. Also, she is sitting on an ad hoc committee which is setting up a workshop on audiovisual presentations.

Question V

What were the criteria for staffing the continuing education department? The writer sought to determine the qualifications of the personnel, the number of personnel, and the job descriptions for the personnel.

Findings

The British Columbia government does not allot finances specifically for hospitalwide education departments. It does, however, support continuing inhouse education for the nursing staff.

The former director of nursing replied concerning the criteria for staffing that:

It was a policy at L.G.H. to appoint from within if at all possible as there were no particular courses devoted to developing inservice instructors, specifically, and the position paid head nurse salary only. I appointed a head nurse to the position with the understanding that she would take courses to self develop . . .⁶

Beyond this information it appeared that criteria were not used, but there are written job descriptions which include job specifications (see Appendices G, H, I, J).

The job summary for the supervisor states:

Develops orientation-skill training and continuing education programs for all departments by adequately assessing individuals and group learning needs. Assists department heads with educational programs in their individual areas. Assists in the provision of educational resources and administers the In-Service department.⁷

The job summary for the instructor states:

Assists the In-Service Supervisor in developing the orientation-skill training and continuing education programs for all departments. Assists Department Heads with educational programs in their individual areas. Assists in providing educational resources and assists In-Service Supervisor with the administration of the In-Service Department.⁸

⁶ F. Trout, response to a written questionnaire, 26 May 1975.

⁷ E. Lawson and J. MacGinnis, job description for the Inservice Education Supervisor, Lions Gate Hospital, North Vancouver, 25 June 1974.

⁸ Job description for the Inservice Education Instructor, Lions Gate Hospital, North Vancouver, May 1975.

The audiovisual technologist's job summary states that:

Under supervision of In-Service Supervisor assists in application of media technologies to medical education programmes, hospital education and Public Relation programmes. Must be willing to work staggered hours at times. Work load will dictate hours.⁹

The clerk's job summary states: "A non professional person who performs clerical, library and some graphic art duties."¹⁰

Neither the department's functions nor its range of responsibilities were studied, but positions were added as necessary to meet the demands created within the organization.

Question VI

What was the budgeting system for the department?

Findings

Each year an allotment of money is made to the departments for use in educational pursuits. The department heads spend the money in the manner seen to be most profitable and beneficial to the department.

Also, each year a figure for nursing education is allocated in the hospital's budget by the British Columbia government.

⁹ Job description for the Audio-Visual Technologist, Lions Gate Hospital, North Vancouver, May 1975.

¹⁰ Job description for the Clerk, Lions Gate Hospital, North Vancouver, May 1975.

DEPARTMENT _____

Budget Approved 1973 _____

Monies Spent 1973 _____

Balance _____

Budget Approved 1974 _____

Monies Spent 1974 _____

Balance _____

Budget Request 1975 _____

Signature

Fig. 2. The educational sponsorship budget request form. An example

Objective II

The writer, using the activities listed in Chapter III, worked toward gaining the knowledge that would enable her to set up a Continuing Education Department, in the future.

Questions I, II, III

I. Who should evaluate programs and their effectiveness? When should these evaluations take place? Which methods should be used?

II. Who should evaluate the effectiveness of the continuing education department and its personnel? How should this be done?

III. Who should be responsible for studying the organizational

situation, and drawing up policies as to the feasibility of setting up hospitalwide continuing education department within the hospital?

Findings

The above questions, after completion of the internship, were found to be fragmented. In order to more cohesively cover the area of what 'should be,' the following chapter will contain recommendations, and identify areas of concern which should be considered when attempting to establish a hospitalwide continuing education department.

Summary

The education department, because of constant demands placed upon it, has not done any long term planning, objective evaluation, or needs assessment. As a result of this the supervisor of the education department determines the scope and activities of the department.

This department does function, according to the definition in Chapter I, as a continuing education department.

CHAPTER VI

IMPLICATIONS FOR THE FUTURE DEVELOPMENT OF CONTINUING EDUCATION DEPARTMENTS WITHIN NEWFOUNDLAND HOSPITALS

In Chapter I the rationale for placing continuing education departments within hospitals has been stated. Then the writer used an open-systems theory to study a specific education department. In this chapter, based upon this material which was offered in the previous chapters, alternative ways of setting up educational activities, with their advantages and disadvantages will be offered. Then the writer will look at how the choices for the future education of Newfoundland's health workers are to be decided. Finally, a recommendation with further considerations will be outlined.

Assumptions

Assumptions underlying the discussion to follow, and the recommendations to be outlined are:

1. All health agencies must accept responsibility for the continuing education of their personnel;
2. Continuing education programs must be skillfully planned for compatibility with the goals of the organization;
3. Hospitals must base their efforts upon the team concept of health care delivery;
4. Administrators must seek to develop a climate in hospitals

where educational study and change are welcomed.

Educational Alternatives

Educational activities in hospitals can be structured in one of two ways. Each department could hire its own instructor, or a hospital-wide continuing education department could be established.

If a hospital chooses to permit its departments to provide individual services this could lead to the provision of more specific or concentrated learning experiences for its workers. Instructors, being responsible to department heads, could be influenced by the wishes of these department heads. Also the instructors could be used to fill in as workers in times of staff shortages, or could work as regular staff part time, and as educators part time. This type of organization would, also, mean that individual department heads would have more of an influence on finances spent for educational pursuits.

On the other hand, this type of situation would mean that the educational services would be fragmented. In addition, the possibility of duplication of work effort increases. The calibre of the individual instructors could also result in a situation where some departments would benefit more educationally than others. For example, instructors may steer away from areas in which they feel incompetent.

These weaknesses could be overcome by the establishment of a hospitalwide continuing education department. All educational aims could be set down, priorities established, and areas of common concern within departments could be dealt with together. This could be beneficial if departments combined efforts so that programs could be scheduled for several times, providing appropriate categories of staff with the oppor-

tunity to attend. The more persons attending each session, the more economical the effort becomes. Duplication of work effort is prevented because of the central co-ordination of all educational activities. Each instructor can compensate for the other's weaknesses. In other words, strengths can be pooled.

Because of the independent functioning of this department it would be less easily influenced by individual department heads, and it could use their suggestions plus physical resources to determine the learning needs of the personnel. This would provide the knowledge necessary to establish yearly objectives.

The department's purposes and activities could be co-ordinated so as to facilitate the adaptation of the personnel within the organization, and as well, aid in the attainment of organizational goals. Duplication of effort with that of external organizations, and institutions could be prevented if the role of the department was established.

As individuals' roles within health agencies become more specific, integration of the internal subsystems is becoming more difficult. Hospitalwide instructors could help overcome these barriers. By organizing appropriate programs, an opportunity for understanding and co-operation could be provided. Also, they could assist in the socialization of employees, by meeting demands such as the training of personnel, in order to facilitate their mobility. In addition, problems which necessitate personnel education, which are now overlooked because administrators do not have time to put them on their list of priorities, could be handled.

As a result of these reasons and the experiences of the writer, it appears that a hospitalwide education department would be more bene-

ficial than small individual inservice units within departments.

How are the Choices for the Future Education of
Newfoundland's Health Workers to be Decided?

Clearly the choice must be made on the basis of some set of goals and policy principles which convey the educational standards we wish to develop and maintain within our provincial hospitals.

Hospitals must respond to a wide variety of external demands. Services include patient teaching, public education, awareness and perpetuation of society's values, student teaching, and patient care.

Methods and technical innovations for health care delivery are so rapidly developed that institutions are continually caught between the accepted past and future developments while pledged to serve the present health care needs of a very diverse population.

Health professionals adapt to their changing environment and job requirements, but at the same time try to maintain or perpetuate some of their heritage.

Hospital administrators must decide whether to introduce innovations or to ignore these developments and maintain the status quo. As there is a need for change there is also a need to innovate in a conservative manner. This can be done if the resources in a continuing education department are used to provide personnel with the details of these changes, and the new interdependent relationships that will develop among the workers.

In order for the continuing education department to succeed it must be accessible, flexible in programming, and diverse in nature. It must respond to the needs of the various groups and at the same time be

accountable for its own performance.

If the department is to be accountable it must be remembered that:

This requires: (1) productive work; (2) feedback information; and (3) continuous learning.

It is folly to ask workers to take responsibility for their job when the work has not been studied, . . . the standards and controls have not been thought through; and the physical information tools have not been designed.¹

Therefore, rather than each hospital studying its own situation, in order to decide whether a continuing education department is feasible, a study of the provincial situation could provide a solid base on which individual institutions could build.

Recommendation

THAT THE PROVINCIAL GOVERNMENT STUDY THE FEASIBILITY OF ESTABLISHING CONTINUING EDUCATION DEPARTMENTS WITHIN NEWFOUNDLAND HOSPITALS.

Further Considerations

Embedded in the recommendation are the following considerations:

I. That the possible functions of the continuing education department include:

1. Supervision of an inhouse library;
2. Co-ordination of the educational activities of the affiliating students;
3. Assessment of the staff's educational needs, making provisions to meet these needs;

¹ P. F. Drucker, Management: Tasks, Responsibilities, Practices (New York: Harper and Row, Publishers, 1974), p. 267.

4. Provision of resources and/or services to meet educational requests;

5. Co-ordination of all finances used for educational pursuits;

6. Liason with other educational and health care institutions to set inhouse educational standards, provincial standards for the purchase of audiovisual equipment, so that resources can be shared and provincial standards for inhouse continuing education programs;

7. Provision of necessary resources to departments to be kept in the respective department;

8. Provision of orientation programs for all categories of personnel (including the physicians);

9. Provision of assistance to other departments, as needed, when they are planning their educational programs;

10. Keeping staff informed of new and established organizations, and with planned courses and workshops;

11. Co-ordination of the use of all available audiovisual equipment and educational space;

12. The representation of staff members on appropriate committees;

13. Translation of the objectives of the organization into educational objectives.

II. That the staff of the continuing education department include the librarians, the instructors, the secretarial staff who handle the everyday activities of the department and the audiovisual personnel.

III. That the continuing education department be placed in a staff position.

IV. That internal and external resources be assessed.

V. That the budget for the continuing education department

include the cost of:

1. Buying and renting resource material,
2. Operating expenses,
3. Estimated cost of hiring resource persons,
4. Estimated cost of sending personnel to educational activities,
5. Salary units for personnel,
6. Cost of running a hospitalwide library.

Summary

It has been shown that continuing education departments can serve many functions within a hospital if their feasibility has been studied and their frame of reference established.

Within Newfoundland, because there are so few hospitalwide education departments, a study by the provincial government would appear to be the best way in which to look at the overall situation. Then a decision could be made as to where such departments should be established, and where only sub-components are necessary.

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APPENDIX A

Basic Interview Schedule for Department
Heads and Head Nurses

APPENDIX A

Basic Interview Schedule for Department
Heads and Head Nurses

1. How long have you been working in this department?
2. How many staff work in this department?
3. 1) Do you feel as if you understand the function(s) of the Inservice Education department?
 - 1i) Could you outline the functions for me?
4. 1) Are programs run specifically for this department by inservice staff?
 - 1i) (If yes) How often?
 - 1ii) What types of programs?
5. 1) Are you asked to evaluate these programs offered by the inservice staff for your department?
 - 1i) (If yes) How often would you be asked to do this?
 - 1ii) Would this be a formal evaluation?
6. Do you run any programs in your department?
7. (For nurses only) Does your staff hold teaching ward conferences?
8. Does your department have any input into programs that inservice runs?
9. Do you ever get to evaluate the general programs put on by inservice (ex. fire, safety)?
10. Does your personnel (or yourself) ever get the opportunity to go outside the hospital to attend workshops or conferences?
11. Do you feel that more educational sessions are needed for your staff?
12. 1) Do you buy books and magazines through the Inservice Education department?
 - 1i) (If no) Through which department?

APPENDIX B

Questionnaire Filled in by Specific
Administrative Personnel

APPENDIX B

Questionnaire Filled in by Specific
Administrative Personnel

1. Why was an inservice education department established?
2. What was the original objective(s) of the department?
3. Was the inservice department seen as having a hospitalwide education responsibility in 1966?
4. Why was a nurse chosen to start the department?
5. Why was the inservice education department placed under the nursing service department?
6. When was the decision made to change the responsibility for inservice -- from nursing service to administration?
7. Who reviewed and approved the aims and objectives of the department since its beginning?
8. Who evaluates the Inservice Education department? How often was this evaluation done?
9. How has the scope of the inservice changed or evolved?
10. What do you see as the range of responsibilities of the Inservice Education department?
11. What needs necessitated the hiring of the original secretary?
12. What criteria were used for selecting the particular staff -- audio-visual technologist, clerk, and a nurse?
13. Were the other departments approached once the decision was made to set up an inservice education department?
14. Miss Lawson is classified as a nursing supervisor. Do you perceive her in this capacity or as a department head?
15. What prompted the recent decision to permit Miss Lawson to sit on the Management Council?
16. How would you perceive the future involvement or planning for the growth of the Inservice Education department?
17. Do you have other information which would help my research?

APPENDIX C

A Summary of Departmental Objectives sent in Memo
Form to Department Heads, May 19, 1970

APPENDIX C

A Summary of Departmental Objectives sent in Memo
Form to Departmental Heads, May 19, 1970

ADMITTING & BOOKING

1. To educate staff to admit each patient in a friendly and reassuring manner.
2. To develop admitting & booking procedure manual to distribute to doctors' offices.
3. To improve hospital communication center.
4. Department Head to exchange ideas with counterparts in other hospitals.
5. To continue to maintain highest possible standards.

LABORATORY

1. To review & revise:
 - Laboratory Ward Manual.
 - General Lab. Information Manual, Policy & Procedures.
 - Haematology Procedure Manual.
2. To evaluate organization of students' training program.
3. To catalogue all books, periodicals & journals in Laboratory.
4. To evaluate preventive maintenance program with Chief Engineer.

RADIOLOGY

1. To complete setting up and to commence operation of Nuclear Medicine Department.
2. To reorganize functions of the senior technical staff.
3. To develop a "work unit" as to evaluate department productivity.

PHARMACY & C.S.R.

1. To implement on trial the "Pharmacist on the Ward" project.
2. To submit proposal to administration for a centralized I.V. Additive Service.
3. To implement a Pharmacy Residency Program.
4. For C.S.R. to maintain own time cards to handle own relief staffing.

MEDICAL RECORDS DEPARTMENT

1. To evaluate Record needs for:
 - Extended Care Unit.
 - Northern Expansion.
2. To provide medical data semi-annually as time allows.
3. To provide utilization statistics & to compare them with P.A.S.
4. To update procedural manual.
5. To develop more efficient chart filing system.
6. To ensure histories are done within 48 hours of admission.
7. To evaluate a system of presenting hospital statistics to Legislature.
8. To remove duplication of any records by presenting statistics to include O.T.'s, Case Room, etc.

PERSONNEL & PAYROLL

1. To develop report on turnover of manual staff.
2. To study possible expansion needs.

NURSING

1. To complete Nursing Dept. reorganization.
2. To review Inservice Education Dept. role.
3. To establish day care services as space allows.
4. To determine kinds of staff needed for E.C.U. patients.
 - establish resources to obtain E.C.U. staff.
5. To establish Nursing audit procedures on routine basis.
6. To reassess staffing patterns to justify validity of analytical staffing method.

SOCIAL SERVICE

1. To plan for case aide or B.S.W. assistance.
2. To review & evaluate work & function of the present clerk.
3. To review record keeping and recording procedures.
4. To study Dept. Head's role to determine main responsibility.
5. To undertake new programs (four).
6. To review & evaluate Social Work student program.
7. To continue staff meetings.

PHYSIOTHERAPY

1. To acquire more treatment space.
2. To improve integration with psychiatric program.
3. To get role of Activation clarified and to improve service coordination and communication.
4. To establish preliminary patient goals for E.C.U.

5. To review Medical Staff Bylaws re: Physical Medicine.
6. To revise Department policy & procedure manual.
7. To more effectively supervise and assist staff.
8. To initiate rehab. program for cardiac & respiratory.
9. To emphasize specialty inservice education.
10. To establish research project on total hip replacement prosthesis.
11. To establish clinical studies.
12. To establish part-time position as Inservice Education Committee Chairman.

OCCUPATIONAL THERAPY

1. To more effectively integrate planning of patient treatment programs with nursing.
2. To promote staff development and the rotation program.
3. To improve discharge planning with Activation patients' families.
4. To be active in development of E.C.U. philosophy and treatment program.
 - to continue treatment development in acute wing.
5. To assess need and feasibility of out-patient program for psychiatric patients.

VOLUNTEER SERVICES

1. To be given autonomy in screening and engaging of volunteers.
2. To incorporate volunteer services into E.C.U.
3. To adjust and add shifts to conform with new visiting regulations.

4. To set up format for orientation and training of volunteers for E.C.U.
5. To publish booklet covering Diabetic Day Center.
6. To reorganize filing system.

DIETARY DEPARTMENT

1. To develop full services for E.C.U.
 - plan for Northern Expansion with architect - dietary & cafeteria needs.
2. To update dietary manual.
3. To develop a new set of menus.
4. To review catering procedures.
5. To develop a Trainex-type training program.

LAUNDRY & LINEN

1. E.C.U. policies and procedures to be set out.
2. To install new equipment and to implement changes in techniques.
3. To continue introduction of polyester linen.
4. To continue effort to standardize linen with Richmond and other hospitals.
5. To continue employee-management participation program.

PURCHASING & STORES

1. To purchase all the E.C.U. equipment & furnishings.
2. To set up standards & procedures for purchasing in E.C.U.
3. To develop a standardized manual for Purchasing & Stores.
4. To develop a procedure to control all hospital goods through stores.
5. To develop linen specifications with Laundry.

6. To review method of issuing forms to hospital departments.
7. To institute purchasing and inventory control in cooperation with BCHA.
8. To update policy re: Salesmen's calls.
9. To fully evaluate the tender basis of purchase.

STEAM PLANT - FIRE - SAFETY

1. To establish a Preventative Maintenance Program.
2. To take over some maintenance on equipment presently under contract.
3. To provide internal training program for general staff.
4. To provide extra maintenance for extra equipment and volume in Laundry.

APPENDIX D

A. V. Equipment Inventory

APPENDIX D

A. V. Equipment Inventory

<u>Model</u>		<u>Storage Site</u>
<u>Photography</u>		
ES	Pentax Body #1605	Operating Room
Spotomatic 1000	Pentax Body	A/V Production - ECU
Super Macro	Takumar Macro Lens	A/V Production - ECU
Super Macro	Takumar Macro Lens	Operating Room
Telephoto	Vivitar 135 mm. Lens - 2.8	A/V Production - ECU
Wideangle	Vivitar 35 mm. Lens - 2.8	A/V Production - ECU
Lunasix	2. Braun Flash	1. A/V Production - ECU
	2. Conversion Lens 1.85 B	2. Operating Room
	2.80	A/V Production - ECU
Super 110R	Super 8 Camera	A/V Production - ECU
<u>Projectors</u>		
SP 120	Coxco Sound Slide	North Stairwell
14A 650B	Dukane Film Strip	Auditorium or 5th Ins.
Super Micromatic		
#463 - 125	Lens (with projector)	
Elmo Sound	Bell & Howell - 16 mm.	Auditorium
8399		
556	Bell & Howell - 16 mm.	E.C.U.
400	R.C.A. - 16 mm.	
	C R.C.A. Loudspeaker	A-2
707 A0	Sawyer Rotomatic - 35 mm.	Auditorium
	Bfkeh Slide - 35 mm.	A/V Production - ECU
	Honeywell Master Slide Projector	Auditorium
Super Delux	Super 8 Projector	A/V Production - ECU
<u>Record Players</u>		
TC 102 M	Sony - Reel to reel	Auditorium
2550 C	Wollensak Cassette (2)	Auditorium
SA1	Elmo Recorder (synch with Super 8 Camera)	A/V Production - ECU
6000	Roberts Stereo	A/V Production - ECU

Video

EV 310	Sony Video Recorder 1"	A 2
NV 3130K	Panasonic Video Recorder 1/2"	North Stairwell Cupd.
Clip 1B	Color Pack	North Stairwell Cupd.
EVR - 310	Remote Control	A 2
FP 100	Shibadon T.V. Camera	A 2
SEC904	Satchel Carlson Color Monitor	A 2
ETV + 6B	Electroholms Monitor	North Stairwell Cupd.

Miscellaneous

41 - 23 - 82	Bausch and Lomb Epidiaseope	Auditorium
301	Bell & Howell Overhead Projector	Auditorium
AV6A	Amplivoice	Auditorium
	Bell & Howell Speaker	Auditorium
	Mirascreen - Sawyer	Auditorium
Electric	Leteron - Reynolds	5 B Inservice Office
Portable	Tripod	A/V Production - ECU
	Screen	Auditorium
Lavalier	Sony	Auditorium
Omnidirectional	Shure	A/V Production - ECU

APPENDIX E

Lions Gate Hospital Audio Visual Programs

APPENDIX E

Lions Gate Hospital Audio Visual Programs

1. Cardiac Arrest Procedure⁶
2. Isolation Policies and Procedures
3. Intravenous Policies and Procedures
4. Philosophy and Procedures in Extended Care
5. Orientation to Rehabilitation - for Patients
6. Induction Program
7. Pharmacy Policies and Procedures
8. Pastoral Care
9. Charting Policies and Procedures
10. Fire in Our Hospital

APPENDIX F

Inservice Education Program - April 14-18th

APPENDIX F

Inservice Education Program - April 14-18th

MONDAY	1100 hrs	<u>FILMSTRIP FOR ASSISTANT STAFF</u>	
	1430 hrs	Language Disorders - (Aphasia)	7th Clinic Rm.
April 14		" "	Auditorium
TUESDAY	1400 hrs	<u>FILMSTRIP FOR ASSISTANT STAFF</u>	
		Language Disorders - (Aphasia)	ECU - Conf - #2
April 15			
WEDNESDAY	1100 hrs	<u>FILMSTRIP FOR ASSISTANT STAFF</u>	
		THE STROKE PATIENT: Positioning, Range of	7th Clinic Rm.
	1430 hrs	Motion Exercises and Transfer Technique	
		THE STROKE PATIENT: Positioning, Range of	Auditorium
April 16	1500 hrs	Motion Exercises and Transfer Technique	X-Ray - Emergency
	1100 hrs	BACK CARE: Transfers - Miss Davies	ECU - Conf - #2
		FIRE PROGRAM FOR ALL STUDENTS	
THURSDAY	1100 hrs	<u>FILMSTRIP FOR ASSISTANT STAFF</u>	
		THE STROKE PATIENT: Positioning, Range of	ECU - Conf - #2
	1400 hrs	Motion Exercises and Transfer Technique	
		THE STROKE PATIENT: Positioning, Range of	ECU - Conf - #2
April 17		Motion Exercises and Transfer Technique	
		<u>FILMSTRIP FOR ASSISTANT STAFF</u>	
	1930 hrs	Language Disorders - (Aphasia)	Auditorium
	2000 hrs	" "	Auditorium
FRIDAY	1400 hrs	POSTURE; Miss Davies	6th T.V. Room
	1115 hrs	FIRE PROGRAM FOR ALL STUDENTS	ECU - Conf - #2
		<u>LECTURE FOR 6th FLOOR & ECU STAFF</u>	
April 18	1315-1415 hrs	By Pass Crafts & Aneurysms - Dr. Marinatos	6th Clinic Rm.
	1400 hrs	DIABETIC DIETS: Mrs. Byus	ECU - Conf - #2

NO ORIENTATION THIS WEEK

APPENDIX G

Job Description: Inservice Education Supervisor

APPENDIX G

Lions Gate Hospital Job Description

DEPARTMENT: In-Service Education

JOB TITLE: Supervisor

JOB SUMMARY: Develops orientation - skill training and continuing education programs for all departments by adequately assessing individuals and group learning needs. Assists department heads with educational programs in their individual areas. Assists in the provision of educational resources and administers the In-Service department.

- JOB DUTIES:
1. Supervises In-Service education staff and develops records and reports.
 2. Reviews current literature for new information, ideas and methods.
 3. Recommends to administration present and future space, equipment and staff requirements.
 4. Develops and operates the library (includes audio-visual library).
 5. Liaises with the Print Shop in relation to nursing forms.
 6. Liaises with other educational institutions.
 7. Responsible for the educational sponsorship budget.
 8. Initiates and participates in research projects as requested.
 9. Develops orientation - skill training and continuing education program.
 10. Hires department personnel.

JOB SPECIFICATIONS:

1. Experience: Five years experience in a hospital, with demonstrated supervisory ability.
2. Education: Nursing Diploma or Degree, with Adult Education training.
3. Work Direction Responsibility: The whole department.

4. Contact with Public, Patients and Personnel: A pleasant, courteous, tactful manner is important. Constant contact with personnel, public & patients.
5. Mental Requirements: Alert, able to work under pressure. Should be willing to continue self education.
6. Physical Requirements: Normal good health.
7. Surroundings: In-Service offices, works throughout the hospital.
8. Hazards: Nil.

DATE PREPARED: JUNE 25, 1974

PREPARED BY: E. LAWSON
J. MAGGINNIS

APPENDIX H

Job Description: Inservice Education Instructor

APPENDIX H

Lions Gate Hospital Job Description

DEPARTMENT: In-Service Education

JOB TITLE: Instructor

JOB SUMMARY: Assists the In-Service Supervisor in developing the orientation - skill training and continuing education programs for all departments. Assists Department Heads with educational programs in their individual areas. Assists in providing educational resources and assists In-Service Supervisor with the administration of the In-Service Department.

- JOB DUTIES:
1. Assists with the supervision of the In-Service staff.
 2. Reviews current literature for new information, ideas and methods.
 3. Develops and operates the library.
 4. Assists in initiating and participating in research projects as requested.
 5. Assists in developing orientation - skill training and continuing education program.
 6. Keeps records and reports of In-Service Education activities current.
 7. Assists Department Heads in developing workshops for education of staff.

JOB SPECIFICATIONS:

1. Experience: Previous experience in In-Service or Staff development or training fields, with demonstrated teaching ability.
2. Education: University or college graduate in teaching or a related field. Some training in adult education preferable.
3. Work Direction Responsibility: Supervises In-Service Clerk II.
4. Contact with Public, Patients and Personnel: Good inter-departmental relationships essential. A pleasant, courteous, tactful manner is important. Constant contact with personnel, public and patients.

5. Mental Requirements: Alert, able to work under pressure.
Should be willing to continue self education.
6. Physical Requirements: Normal good health.
7. Surroundings: In-Service offices, work throughout the hospital.
8. Hazards: Nil.

DATE REVISED: MAY, 1975

APPENDIX I

Job Description: Inservice Education

Audio-Visual Technologist

APPENDIX I

Lions Gate Hospital Job Description

DEPARTMENT: In-Service Education

JOB TITLE: Audio-Visual Technologist

JOB SUMMARY: Under supervision of In-Service Supervisor assists in application of media technologies to medical education programs, hospital education and Public Relation programs. Must be willing to work staggered hours at times. Work load will dictate hours.

- JOB DUTIES:
1. Operates and maintains photography, video, audio and film equipment.
 2. Assists in the preparation of scripts and direction of television, slide tape and film productions.
 3. Assists in the application of mixing and editing techniques to audio production ~~on~~ television, slide tape and film production.
 4. Assists in the operation of cameras for photography, film and video productions.
 5. Teaches basic media technology when requested.
 6. Assists with media cataloguing and storage.
 7. Other related duties as assigned by Supervisor.

JOB SPECIFICATIONS:

1. Experience: Previous experience in a hospital would be beneficial but not essential.
2. Education: High School graduation. Certificate or degree from a media resources program.
3. Work Direction Responsibility: Nil.
4. Contact with Public, Patients and Personnel: A tactful and diplomatic manner when dealing with medical staff, Department Heads, hospital staff, patients, visitors and public. Willing to take direction from numerous people.
5. Mental Requirements: Must be artistic, innovative and creative, be able to work in a busy area and adapt to frequent interruptions.

6. Physical Requirements: Normal good health..

7. Surroundings: Due to the lack of space, must be able to work in less than ideal conditions.

8. Hazards: Minimal.

DATE PREPARED: AUGUST 3, 1973

DATE REVISED: MAY, 1975

APPENDIX J

Job Description: Inservice Education Clerk II

APPENDIX J

Lions Gate Hospital Job Description

DEPARTMENT: In-Service Education

JOB TITLE: Clerk II

JOB SUMMARY: A non-professional person who performs clerical, library and some graphic art duties.

JOB DUTIES:

1. Performs general office and library typing plus procedure manuals and occasionally confidential reports and letters.
2. Prepares Masters for printing.
3. Makes posters to advertise In-Service programs.
4. Prepares graphics for audiovisual presentations.
5. Assists with cataloguing and library operation.
6. Operates business office machines.
7. Assists with operation of audiovisual equipment occasionally.
8. Performs other assigned clerical, librarian, graphic and audiovisual duties.

JOB SPECIFICATIONS:

1. Experience: One year business office experience preferable.
2. Education: Grade XII preferably with knowledge of medical terminology. Accuracy is preferred to high speed typing.
3. Work Direction Responsibility: Nil.
4. Contact with Public, Patients and Personnel: Daily contact with public and personnel, a courteous tactful manner is essential.
5. Mental Requirements: Creativity, artistic ability helpful. Able to work under minimal supervision.
6. Physical Requirements: Normal good health, well groomed, clean, well modulated voice.

7. Surroundings: Works in In-Service office and makes trips to nursing areas and other departments.

8. Hazards: Minimal.

DATE PREPARED: JULY 24, 1973

DATE REVISED: MAY, 1975

