The Role of Medical Education Unit in Staff Development:
An Experience from AIIMS, New Delhi

K K Deepak, Balachandra V Adkoli, Yogesh Kumar, Sourav Sarkar

KL Wig Centre for Medical Education & Technology (CMET), All India Institute of Medical Sciences (AIIMS), New Delhi

Abstracts: **Context and Setting:** Attainment of health objectives depends on the capacity building of all categories of staff. While Medical Education has some provision for faculty development, the existing initiatives for staff development are too few and floating. We describe our experience in conducting a pilot training program for the administrative staff at AIIMS. **Need for innovation:** The competency and motivation of the administrative staff are crucial for better public dealing, and for organization's effectiveness. In the existing system, there was no such mechanism to drive these. **Description of innovation:** We selected Assistants and Office Supervisors (71) for the training program. Based on brain storming meetings with administrators and keeping in view the time constraints, we identified four modules - Team building, Effective Communication, Stress management and Use of computers (Application of MS Office).Each module was of three hours duration conducted by medical faculty, educationists and management experts. All sessions were highly interactive including case scenarios, exercises, games, role play and psychometric tools. We obtained feedback from the participants to evaluate the effectiveness. **Lessons learnt:** An overwhelming majority (>90% participants) perceived the content and the training process as "Highly Useful" (strongest rating). The trainees found 'Computer Application' highly useful, because of its utility potential. 'Communication skills', 'Team work' and 'Stress management' were also perceived as useful for their professional and personal lives. Effective collaboration of medical faculty, educationists and management experts led to the success of this program. We recommend that such model should be a regular feature and be linked with performance appraisal.[Deepak K K et al NJIRM 2014; 5(1) : 106-110]

Key Words: Staff Development, Medical Education

Author for correspondence: Balachandra V Adkoli, K L Wig Centre for Medical Education and Technology, All India Institute of Medical Sciences, New Delhi, India. E-mail: bvadkoli@gmail.com

Introduction: There has been increasing emphasis on building organizational capacity in order to achieve desired health outcomes[1]. Every organization strives to see that its staff members, who are precious human resources, are adequately trained and motivated to work towards its mission and goals. The Government of India, Department of Personnel and Training (DoPT) formulated a National Training Policy as early in 1996 to direct the States to adopt a comprehensive training of Civil Servants.[2] However, even after several years it was observed that systematic training was accessible mainly to the higher civil services. A large number of Group B and C employees were not entitled for any kind of training. Realizing this gap the National Training Policy was reviewed again in 2012 and the concept of comprehensive training was reinforced[3]. This policy highlights the need for expanding the scope of training to all level of civil servants, developing a suitable training infrastructure, preparing a flexible training calendar, and harnessing information technology.

A parallel initiative has been taken by the Ministry of Health & Family Welfare to formulate a National Training Policy (Draft), to address the training of health professionals in alignment with the objectives of National Rural Health Mission[4]. This policy emphasizes the need for comprehensive training systems to be in place for achieving the capacity building of all health professionals.

While the opportunities for the training of doctors or their counterparts in the civil services exists to some extent, the performance of administrative staff, support staff, and the allied health personnel working in health establishments is left alone to their individual capacity, motivation level and seniority in the profession. Neither there is a training infrastructure nor there any on-going mechanism in place to organize a systematic training. In response to this gap, we describe our experience of conducting a pilot training program for the administrative staff at the All India Institute of Medical Sciences, AIIMS, New Delhi.

AIIMS is an Autonomous institute of national importance, established by an Act of Parliament with objects to develop patterns of teaching in undergraduate and postgraduate medical education in all its branches to demonstrate high standards of medical education in India[5]. AIIMS established a Centre for Medical Education & Technology (CMET) as an in-house facility for providing media production and organising faculty development activities. The Centre organises workshops for the faculty and resident doctors on various issues in medical education technology, such as curriculum planning, teaching learning, role of media, and assessment strategies, ethics and scientific writing.

The need for innovation: AIIMS witnessed a phenomenal expansion resulting in greater interdependence of various staff that contributes to the organizational effectiveness collectively. The competency and motivation of the administrative staff are crucial for better public dealing, and for organization's effectiveness. While medical faculty have access to continuing medical education, technical staff and administrative staff have hardly any access to continuing learning.

The administrative staff cadre of AIIMS consists of two parallel streams – a) main administrative staff (397) (Lower Division Clerk (LDC), Upper Division Clerk (UDC) - Group C; Assistant, Office Superintendent, Assistant Administrative Officer - Group B; Administrative Officer, Senior Administrative Officer and Chief Administrative Officer -Group A. b) Secretariat staff (175) (Stenographer - Group C; Personal Assistant, Private Secretary - Group B; and Principle Private Secretary - Group A. Most of the secretariat and administrative staff are recruited as stenographer and LDC or UDC respectively and become eligible for promotion to higher level after certain years of service without undergoing any training. In this background, we describe our experience of planning, designing and implementing training program for a section of staff members, as a pilot project with a view to expand this initiative in the future.

Description of Innovation: Training Need Assessment and designing the program. Though we

did not conduct any formal training need assessment, informal discussions were held with the concerned supervisory staff. The target group chosen was Assistants and Office Superintendents (N=71) working in various departments and units of AIIMS on a regular basis. The prioritization was based on the fact that these employees act as interface between the medical faculty or senior administrators on one hand and the technical staff, patients, their relatives, or general public on the other hand. By virtue of their position they can make or mar the efficiency, effectiveness or the quality of service rendered by the institute in education, patient care or research activity. Secondly, the entire group could be covered and handled by us easily in two batches.

During interaction with the administrators and supervisors, it was revealed that the staff members needed two kinds of skills, viz., the generic skills or soft skills which are required for every one irrespective of their place of posting and job specific skills, which are related to their job performance. Training in job specific skills requires 'on the job' training to be conducted by supervisors themselves. On the other hand, training in generic skills or soft-skills was found more feasible and cost-effective considering the available expertise. After much discussion, we decided to address four key issues, viz., team building & conflict management, stress management, and use of computers.

Faculty and Training methodology: The faculty team was drawn mainly from the core training staff of CMET including educationists and management experts. A medical faculty from the Department of Physiology also joined the team for the session on Stress Management. This arrangement gave an interdisciplinary flavour to the training.

Each module was of three hours duration consisting of variety of interactive techniques, based on the principles of adult learning. We included case scenarios, exercises, games, role play and psychometric tools besides power point presentations extensively in each module.

We held extensive discussions amongst our team members to make relevant literature search,

prepare the training resource materials, and adopt some of the established psychometric tools. Languages of some exercises were made simpler. Even some basic exercises were translated in to Hindi.

Module - 1 Working in a team
- Introductory session: Appreciative enquiry Through Microlab
- Group Activity on "Win as much as you can" and lessons of team building
- Why team fails? Working in Collaboration
- What is Conflict? How it affects a team/ organization?
- Strategies of Conflict resolution
- Activity to identify dominant style of conflict management using a psychometric tool

Module - 2 Stress Management
- What is stress? causes and symptoms
- Physiology of Stress
- Identify your stress using psychometric tool
- Work life Balance
- Identifying time wasters
- How to manage time effectively
- Group activity on time management
- Life style Management

Module-3 Effective Communication
- Basic theory of communication
- Role of verbal and written communication in organization
- Group activity on effectiveness of verbal communication
- Body language: A key to communication
- Barriers to communication
- Group activity on written communication

Module-4 Use of Computers - Application of MS Office
- Introduction to MS Word
- Demonstration of exercises followed by hands on exercises

Implementation of training: Participants were recruited by writing to the supervisors to depute their staff. Posters were also displayed at prominent places for giving wide publicity. Each of

the four modules was of half day duration. The morning session was held from 10:00 am to 1:00 pm and the afternoon session from 2 to 5pm. This arrangement was ideal for the participants as well as the departments, as it caused least interference with the routine duties of the participants. The program was conducted during May 2013 to June 2013

The training facilities included a lecture hall with round tables designed for facilitating group work, as well as on-screen presentations as required. Internet connection, soft-board and flip charts were readily available.

Program evaluation: During the last session, a program evaluation questionnaire was administered to the participants to obtain their feedback on the effectiveness and the usefulness of the sessions. The questionnaire included both open ended and closed ended questions to elicit the feedback from the participants on various aspects such as usefulness and relevance of the content, the process adopted, the adequacy of resources, quality of resource personnel, time allocation and administrative arrangements. Their comments and views were also elicited by an open ended question. While the quantitative response was tabulated using the spreadsheets, the qualitative responses were analysed manually by two investigators independently and the findings were shared with each other to arrive at a consensus opinion.

Results: The feedback received from the participants through program evaluation questionnaire has been shown in the table. (Table-1)

An overwhelming majority (>90% participants) perceived the content and the training process as 'very useful' or 'quite useful'. The quality of Audio-visual facilities and the resource persons were also found very useful or quite useful. An overwhelming majority also rated administrative arrangements as 'very good' or 'good'. Almost every one admitted that they learnt new things during the training, and would recommend the training to their colleagues. The analysis of free listed comments revealed that the trainees found 'Computer Application' module

highly useful, because of its utility potential. 'Communication skills', 'Team work' and 'Stress management' were also perceived as useful for their professional and personal lives. Many participants mentioned about time constraints and

commented that the duration and frequency of this type of training should be enhanced. Some of them experienced difficulty in understanding the psychometric tools.

Table 1: Feedback from the participants (n=40)

Parameters	Very Useful	Quite useful	Limited Use	Not useful	No response
Usefulness of content	38	02	-	-	-
Relevance of Content	30	9	-	-	1
Quality of AV aids	24	14	1	-	1
Process/ activities	17	18	1	1	3
Resource Person	28	9	-	-	3
	Very Good	**Good**	**Average**	**Poor**	**No response**
Administrative arrangements	32	7	-	-	1
Folders/ resources	15	21	2	-	2
Refreshment	13	22	4	-	1
	Yes		**No**		**No response**
New learning achieved	39		-		1
Recommend for colleagues	39		-		1
Satisfactory time management	38		-		2

Lessons learnt: Through this experience, we were able to demonstrate a feasible method of sensitizing the staff in developing soft skills. The participants were satisfied with the content as well as the process adopted in the training. The perceived utility was highest in the module on Application of MS Office, possibly because of their day today application. The main limitations were lack of time, and difficulty level of some of the individual and group exercises.

Our own observations as 'faculty team' supported the fact that many of the participants faced difficulty in understanding the tasks, for example, the exercise on 'work – life balance'. This is presumably due to the varied participants' comprehension level. Though we translated some of the tools in to Hindi, the participants failed to understand the instructions which impaired their participation. Another lacuna observed was time constraint faced by the faculty in conducting their sessions. This might be because of lack of prior experience with the groups in imparting such a kind of training. The organisers also noticed some drop-outs in one or two sessions, which was mainly due to interference with the examination and

other duties allotted to the staff during the same period.

While our participants expressed that the training useful for their routine work, we need to wait and watch the results on a long term basis. This calls for a rigorous evaluation of the impact of the program on the performance of the staff. Some of the factors which might have contributed to our success are availability of a good training infrastructure, presence of a motivated faculty, and novelty of training experience given to the target group.

The shortcomings faced by the participants, viz., time constraints and difficulty in comprehending the tasks, must be addressed in our future attempts. Another limitation was absence of a systematic training need assessment done before the training. This exercise could have helped us better in designing the training program tailored according to the diverse needs of the participants.

The National Training Policy (Draft) has brought to the fore the need for a systematic and comprehensive approach to the training of all

category of workers[4]. This involves several important steps including, addressing the quality of training, accreditation of the training and linking training with career advancement of the staff. It is pertinent to note that a committee for restructuring non-faculty cadres at AIIMS has recommended that "a candidate must have undergone a short term training/orientation program, in-service or at any recognized academy for upgrading their skills for the post to which they are being considered for promotion"[5]. Steps are also being taken to establish an HRD Cell to facilitate training of all categories of staff linked with career progression. These steps call for a strong commitment on part of the governments and institutes to adopt various measures that support training.

Recommendations: Successful educational innovations have been reported from medical colleges in India[6]. Medical Council of India has already recommended setting up Medical Education Units in all medical colleges in order to strengthen faculty development[7]. We suggest that the scope of these units should be enlarged to organize such training programs for the staff including health workers at the grass root level[8]. It is equally important to state that training systems alone cannot help. They should be linked with performance assessment and promotion policy to be defined in the cadre structure. Organizing training of all categories of health personnel coupled with a career advancement policy is likely to contribute towards the implementation the National Training Policy in letter and spirit for achieving better health outcomes.

References:

1. National Health Systems Resource Center – The Knowledge gateway to public health. Available at http://nhsrcindia.org (accessed on 14 November 2013)

2. National Training Policy, 1996. Available at www.lbsnaa.ernet.in/lbsnaa/research/trdc/NTP /NTP01.html (accessed on 17 November 2013)

3. Government of India, Department of Personnel and Training O.M. No. 12021/8/2011-Trg.1 dated 19/1/2012 Available at www.persmin.gov.in/otraining/NationalPolicy.p df (accessed on 17 November 2013)

4. National Training Policy (Draft) Available at www.nihfw.org/pdf/NTP (accessed on 19 November 2013)

5. All India Institute of Medical Sciences, New Delhi. Available at www.aiims.edu (accessed on 7 October 2013)

6. Mahajan NR, Patel K, Patel V. Educational innovations/programs for 1 MBBS Batch -2012-13 under Regional Training centre, Smt Nhl Muncipal Medical College, Ahmedabad. NJIRM 2013;4(5):159-163

7. Adkoli BV, Sood R. Faculty development and medical education units in India: A survey The Natl Med J of India 2009; 22:28-32.

8. Deepak K K, Yogesh Kumar, Adkoli BV. Extending Professional Education to Health Workers at Grass Root Level: An Experience from All India Institute of Medical Sciences, New Delhi. Indian J Community Med. October 2014; 39(1) 38-42