


LAST IN A SERIES

TRAINING OPPORTUNITIES FOR THE SANITARIAN

ON THE JOB TRAINING

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This part of the panel discussion on training opportunities for the sanitarian deals directly with the bread and butter approach—the sanitarian at the local level. That there are training needs at this level is without question even though they may be unrecognized. At this point it would seem appropriate to quote from the report of the Sub-Committee on Continuing Education of the Committee on Training of the Engineering and Sanitation Section Council of the American Public Health Association (1). "The success or failure of many public health programs is directly related to the competency of the staff at the local level, the firing line in public health administration today." With today's limited supply of sanitarians and public health engineers it is even more essential that specific training be provided for the new employee regardless of how his job specifications may be written.

Few graduates come to the job with adequate backgrounds in public health; thus, orientation and training in this field is essential. Not training just for training's sake—so many hours of lecture, so many feet of visual aids projected, the ears of so many trainees bent and their gluteal muscles sorely tested—but training with an objective. As emphasized elsewhere (2), such training should be directed at bringing about "desirable changes in knowledge, skills, attitudes, and behavior." Procedures for measuring some of those changes have been developed by the Professional Examination Service of the American Public Health Association which are called the Pre- and Post Evaluation Tests. The effective use of these measurement tools has been documented previously by Franklin et al. (3).

On-the-job training is much more than specific formal in-service training courses right on the job with appropriate visual aids. After all, one good picture is worth a thousand words. It also includes effective use of policy and procedures manuals of the specific agency as training guides to field actions. Staff meetings should be considered training when "used for passing the word" and the development and interpretation of policy. Certainly the supervisory conferences for individual guidance and development of the sanitarian is the supervisors' direct contribution to training. Another element of training is "supervised field training experience which provides the opportunity under supervision to observe and participate in the field application of the principles and practices of public health" (4). The last item of on-the-job training, but not the least, is the development of skills and techniques in the "school of hard knocks," the actual job itself.

So much for the needs for training, the objectives and the setting of the stage. The topic is, however, "Training Opportunities for the Sanitarian." My prejudices show rather markedly and a large part of my remarks are necessarily drawn from the training that goes on here in Pennsylvania, and more specifically here in Philadelphia. Recently Steigman et al.

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(5) described in detail the career development of the sanitarian in Pennsylvania. They reviewed the progress made in sanitarians’ training since the survey of Pennsylvania sanitarians and their backgrounds was reported by O’Brien (6).

Steigman et al. (5) described the three month orientation period for new personnel, the formal intensive twelve-week generalized in-service training course given at the Pittsburgh Field Training Station, and the last three months of supervised field training experience that provided an opportunity for the sanitarian to put into practice his previous observations and his learning experiences from his twelve week formalized training course.

In Philadelphia’s Division of Environmental Health, we like to think of using all the tools for career development. The undergraduate education of the sanitarian in sanitary science, dairy or food technology or biological sciences plus one year’s experience is used as a foundation upon which basic topical courses in milk sanitation, insect and rodent control and swimming pool sanitation are given. Specialized topical courses are developed and presented as program emphasis changes and new programs are undertaken. Not all courses necessarily are of purely a technical nature. Certain courses have been provided in the areas of inter-personal relations, public relations, communications, and supervisory development.

These short topical courses usually are from two to five days in length. They are designed to cover a specific subject, whether a technical subject such as rodent control or a non-technical subject in the social sciences such as communications. They are designed and developed to cover the area item by item after which speakers are asked to participate in the training program. This request might be made to the section chief, the assistant in a particular program area, one of our supervisors or field sanitarians, or a speaker from industry or a local academic institution. Asking for and obtaining participation of individual staff sanitarians provides a subtle way of reinforcing the specialized knowledge of the individual speaker. A basic library, with the standard texts in environmental health and an extensive catalog of technical material such as soft cover reference reports, sales brochures for equipment and flow diagrams, is an essential tool in subject preparation.

As an integral part of any training course, time should be set aside for one or more field problems of a practical nature. In addition, each training course should attempt to measure the effectiveness of the presentations with a final examination or quiz. We call it a written review but such a subterfuge is quite apparent. It is a measure of the effectiveness of the instruction—“if the pupil hasn’t learned, the teacher hasn’t taught.” A course evaluation with questions about content, time, sequence, effectiveness, etc., is filled out by the trainees. This assists in planning other training courses.

All of this in-service training is not a substitute for actual work experience, but it can do much to minimize costly mistakes and do much toward making the new sanitarian recruit feel more at home and develop his confidence. In the Philadelphia operation we have developed a system of rotation from district to district since field problems vary throughout the city. In this fashion the trainee receives a broadening of his knowledge and work experience in phases of environmental health that he may not have experienced in his previous district. We also use a system of rotation from district office assignments to specialized central office programs in accident control and radiation protection. These are short term, approximately six months, training assignments that provide an introduction to the subject area and develop a minimum working effectiveness in the area.

In addition to internal training, opportunities are provided for external training. For example, personnel are given opportunities to attend specialized courses at the Robert A. Taft Sanitary Engineering Center in radiological health, air pollution control or industrial hygiene. Furthermore, opportunities for graduate training leading to the M.P.H. degree are provided. In this program the individual sanitarian is given educational leave at three-fourths pay and the Pennsylvania Department of Health pays for the tuition.

Since 1954, eight sanitarians have been able to earn the M.P.H. while working with the Division of Environmental Health. A total of nineteen members from the Division have received this degree. The Pennsylvania Department of Health also has been exceedingly helpful by assuming the cost of fees for other short courses attended by Department Sanitarians at the local academic institutions. The other program at the graduate level is the M.G.A. degree program which is financed by the Samuel S. Fels Fund. In this program, a limited number of field sanitarians leave work early one day each week to go to the University of Pennsylvania, Fels Institute of Local and State Government, for courses in governmental administration. Although the City arranges part of the time for class attendance, the individual contributes the remaining time. Four of the Environmental Health staff have received Master’s Degrees in this fashion and four presently are enrolled in the program.

All of these training opportunities are aimed at the career development of the individual sanitarian to improve his competence and make him a more
effective public health worker. We trust that they are effective.

If much of this discussion, on my part, of training opportunities for the sanitarian has sounded like a subtle, or even more pointed, recruitment pitch you are probably 100 per cent correct in assuming that it is. In Pennsylvania we are proud of the progress we have made in the last few years in the career development of the sanitarian, his professional status, and the improved monetary support provided for him. Come to Pennsylvania and profit by the training opportunity for sanitarians!

REFERENCES


THE FOOD SERVICE INDUSTRY AND ITS RELATION TO THE CONTROL OF FOODBORNE ILLNESS

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Some viewpoints that I have acquired over the past 40 years in the food service business may prove of value to this group and the restaurant industry, and to our mutual interest, the public.

During my initial eight years, starting in 1921, as a cafeteria employee and supervisor, concern was that things be clean, which, of course, meant look clean. Of the next four years as manager, little of value is remembered of inspector visits or advice received. Cleanliness was largely a matter of the owner’s personal consciousness. Drying of tableware was universally effected by toweling, since dish washing facilities seldom found water hot enough for self-drying.

Refrigeration during those earlier days was accomplished through the iceman, who filled the overhead bunkers of ice boxes with ice, producing storage temperatures from perhaps 60 degrees, at best, and on up as the ice melted away.

As President and General Manager of our company, beginning in 1932, I passed through 20 years of varying experiences with state and local health departments. This involved contacts within our establishments and at association meetings of local, state and national level. I saw great advancement in official and operator understanding of hazards and how to cope with them.

During these years, growing public awarenesses and demands for local action often found officials of varying qualifications in positions of responsibility. They did the best they could through combining limited criteria with personal hunches for determining problem areas and effective corrective measures.

Conflicts within and between communities became increasingly obvious. Unfortunately, differences of opinion between operators and officials combined to spread doubts among operators and their personnel upon regulations, even those deserving of full justification.

We have seen confidence and understanding among food service operators, upon whom end results to the public must eventually depend, deteriorate. Often the effect has been frustration for both public health officials and food service operators.

Thus, until ten years ago, my personal understanding of the relationship between restaurants and the control of foodborne illness developed under these confusing circumstances, the latter years of which involved the operation of twelve establishments in seven cities, over three states.

Restaurant association contacts soon confirmed that my personal frustration in knowing what was right was being voiced by operators generally over the country. As Chairman of the National Restaurant Association’s first public health committee, appoint-